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Safety and appreciative communication through birth plans

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Zusammenfassung

In der Geburtshilfe rückt das Thema "Geburtstrauma" zunehmend in den Fokus. Geburtstrauma und Enttäuschung über die Geburt können z.B. auftreten, wenn Frauen sich nicht in die Entscheidungsfindung während der Geburt einbezogen fühlen, das Gefühl haben, nicht gehört zu werden oder nicht kontrollieren können, was mit ihnen geschieht. Die medizinische Geburtshilfe verfügt über viele Richtlinien und standardisierte Abläufe. Häufig lassen sich diese nicht mit den persönlichen und individuellen Bedürfnissen der Frauen in Einklang bringen. Laut Studien hilft ein Geburtsplan den Frauen, sich ihrer Wünsche bewusster zu werden, verbessert jedoch nicht die Kommunikation oder die Beziehungen zu den Betreuungspersonen. Folglich fühlen sich die Gebärenden nicht stärker in die Entscheidungen während der Geburt einbezogen und sind insgesamt unzufriedener mit dem Zuhören und der Unterstützung der Hebammen. Ein traumasensibler Geburtsplan kann den Eltern helfen, eine einladende und wohlwollende Atmosphäre zu schaffen und eine Basis für positive Kommunikation, Offenheit, den Vertrauensaufbau und den Blick für die Bedürfnisse der Eltern zu legen.

Stichworte: Geburtsvorbereitung, Trauma, Sicherheit, Kommunikation, Traumaprävention

Summary

Birth trauma is an increasingly prominent topic in obstetrics. Trauma and disappointment during childbirth often arises when women feel excluded from decision-making, feel unheard, or experience a lack of control over the process. While medical obstetrics operates with standardized procedures and guidelines, these often clash with the personal and individual needs of women. Studies show that although a birth plan can help women become more aware of their preferences, it does not necessarily improve communication or relationships with caregivers. Women in labor may still not feel more involved in decisions and generally report lower satisfaction with the attentiveness and support provided by midwives. A trauma-sensitive birth plan, however, can help parents create a welcoming and comforting atmosphere, laying the foundation for positive communication, openness, trust, and the fulfillment of their needs.

Keywords: childbirth preparation, trauma, safety, communication, trauma prevention

Overview

Introduction

When it comes to the topic of “birth”, there are many expectations and opinions in the room. The media and guidebooks also discuss birth from many different perspectives. In addition to childbirth classes that mainly teach medical standards, a market has developed around mobile applications and online resources, most of which focus on mental (top-down) concepts and relaxation techniques. Expectant parents now have more sources of information and options than ever before. Social media channels facilitate intensive yet “anonymous” exchanges among women and pregnant individuals. In the last five years, the topic of “violence in obstetrics” has gained increasing public attention. For example, in Germany, every year, parents who have experienced violence during childbirth lay a rose in front of a maternity clinic as a symbol of their experience. The campaign is widely publicized and has not gone unnoticed by expecting parents.

Nowadays, at least during childbirth classes, parents-to-be are repeatedly confronted with the topic of “birth plans”. These plans are often regarded as important instruments for recording the rights and wishes of women giving birth. Striving for “self-determined birth” through “informed decisions” serves as the most common denominator. However, opinions on what is necessary can differ widely.
This raises the question for many parents: Do we need a birth plan? What options can it open up?

1. History of Birth plan

Women have always planned the birth of their children in advance” (Kitzinger, 2000). Historically, they were supported by family members and relatives during home births. However, during the Enlightenment in the 18th and 19th centuries, obstetrics became more academic. Medical and technical progress gained prominence, leading to the development of obstetric and surgical instruments (Mertz-Becker, 2001). Obstetrics increasingly evolved into a science practiced by general practitioners. With the transfer of childbirth to medical care in the 1930s, the birth experience changed rapidly and dramatically, leading to a significant decline in parental participation during the process.

In the 50s and 60s, some “natural births” in clinical settings, along with accompanying pictures, made their way onto the front pages of lifestyle magazines. For many parents, this made their wishes more tangible and demonstrably achievable. As a result, many parents rebelled against the medical system during the women's movement in the 1970s, demanding more control and co-determination over their childbirth experiences. The first birth preparation courses were offered by parents who shared their experiences of “natural birth” with like-minded people. In 1980, the first written birth plans were introduced by Carla Reinke and Penny Simkin (Simkin, 2007) with the aim of “parents arming themselves against medical intervention” (Kitzinger, 2000). At that time, the aim of birth plans was to establish contact with medical staff before the birth, create a realistic plan for support during the birth process, and thus enable informed decision-making about the birth (Kitzinger, 1992). As a result, the birth plan quickly became institutionalized.
Even today, traditional birth plans are still designed to give parents an overview of the options available during childbirth and to help them become aware of their wishes and expectations. But what functions does the classic birth plan serve? Does this approach still align with today's goals? Where does it reach its limits, or could it even cause problems?

Today's birth plans focus on the medical measures and interventions (Ondek, 2000) that should either be undertaken or avoided. This approach allows parents-to-be to become more aware of their preferences, inform themselves in advance, and think about the birth.

Contrary to the original expectations of the 1970s and 1980s, numerous studies have shown that the use of a written birth plan is not significantly related to the level of involvement of women in decision-making during childbirth (e.g., Brown 1998). Although women found written birth plans helpful (Brown and Lumley 1998; Whitford and Hillan 1998), most research suggests that there were no differences between women who had a written birth plan and those who did not in terms of anxiety, pain or general experience (Brown and Lumley 1998; Lundgren et al. 2003) or feelings of control (Brown and Lumley 1998; Lundgren et al. 2003; Whitford and Hillan 1998). In a qualitative study on empowerment and birth plans by Toos (1996), women

perceived their choices as illusory and largely superficial; birth plans “did not enable women to have more control over birth”. Pickrell and Marshall (1989) reported a fourfold increased risk of operative delivery in women using birth plans.
In a case study analysis, ethicist Perry et al. (2002) identified a lack of communication as a major barrier to the success of birth plans and informed decision-making. The more support and information women received from their caregivers - regardless of how many of their wishes were ultimately fulfilled - the more satisfying it was for them to create the birth plan (Aragon 2013). According to the study by Shareef et al. (2022), women with very strict expectations and detailed birth plans reacted with significant disappointment to unforeseen birth outcomes, which can be associated with poor obstetric outcome parameters. Studies by Campos Silva (2020) and Cook (2012) found that the more specific the birth plan was, the less flexible women were in terms of changes to their birth plan during labor. Both healthcare professionals and birth mothers believe that birth plans can lead to inflexibility and rigidity, which can potentially lead to unfavorable birth outcomes (Doherty, 2010; Aragon, 2013). In their study, Mei et al. (2016) found a correlation between the number of items in a birth plan and maternal satisfaction. While women were more satisfied when more of their listed preferences were fulfilled, satisfaction decreased as the list became more extensive.

The way in which birthing women and healthcare professionals use the birth plan to communicate and make shared decisions during the birth itself proved to be crucial to the women's overall birth experience (Shareef et. Al. 2022). Brown's (1998) research findings are sobering: there is no compelling reason to continue advocating for measures that encourage pregnant women to complete their written birth plans (Brown, 1998).

Some recent studies also focus on the goals that a birth plan might achieve. It should be a living document that reflects evolving information, changing circumstances, and ongoing communication (Lothian 2006). According to Perry and Collective (2002), the birth plan should not simply be a list of wishes; rather, it should serve as a tool that facilitates the exchange of information between women and their caregivers during childbirth. Effective communication involves an ongoing dialogue throughout

pregnancy and birth to promote trust, respect, autonomy, and integrity for everyone involved (Perry et al. 2002).

Strict requirements in the birth plan from parents can make it more difficult to communicate effectively with clinical professionals, potentially undermining trust and leading to mistrust. Studies suggest that while a birth plan helps parents become more aware of their wishes, it does not necessarily improve communication or the relationship with caregivers (Jones et al., 1998). In fact, parents who presented a birth plan reported lower satisfaction with the listening, support and guidance provided by midwives compared to those without a birth plan (Toos, 1996; Brown and Lumley, 1998; Lundgren et al, 2003; Whitford and Hillan, 1998).

Midwives, in particular, often feel pressured by birth plans (Welsh and Symon, 2014), which can hinder the bonding process between the midwife and the parents. According to Jones et al. (1998), birth plans do not improve relationships; instead, they can irritate staff and negatively impact obstetric outcomes. Some midwives now even refuse to attend parents with very long and detailed birth plans. Additionally, some hospitals in Germany reject birth plans or indicate that they are not welcome. At the same time, most women in the study by Alba-Rodriguez (2022) stated that birth plans should receive more attention from professionals during childbirth.
In addition to the birth plan, some future parents in Europe also draw up advance directives that, in addition to establishing a legal framework for emergency situations, threaten hospitals with legal consequences in the event of non-compliance with the birth plan. Hospitals, particularly midwives, often refuse to accompany parents who present such advance directives, as they find it challenging to align their care with the legal consequences outlined in these documents.

In healthcare, interaction and interpersonal behavior are crucial for patients and strongly influence their experiences. For example, birth-related traumatic stress is often related to the perceived or actual interpersonal behavior of healthcare professionals (Ford 2011). According to Lothian's (2006) study, the tensions between healthcare professionals and clients caused by birth plans reflect broader issues in

antenatal care, such as conflicting beliefs about birth, perceptions of safety and effective care, and ethical concerns related to informed consent and informed refusal. As traditional birth plans almost exclusively reflect medical options (Ondek, 2000), the individual needs of women are almost completely ignored. Standardized templates for birth plans, widely available on the Internet, leave little room for parents' personal needs. But aren't there many more options beyond these?

Are there not other important aspects that extend beyond the choices outlined in a classic birth plan and the informed consent of parents?

2. The importance of safety

Some parents choose to create a long birth plan and/or a living will, for example, out of a need for security and self-determination, while others prefer to hire a doula to help them achieve a sense of freedom from fear or pain through self-hypnosis or mobile applications featuring relaxation exercises aimed at promoting a peaceful and natural birth. However, these strategies may have their roots in underlying insecurities, fears, and mistrust that can arise from negative past experiences, particularly within a medical context.

The feeling of a safe environment is essential for everybody during childbirth; it arises from the signals received from the environment and relationships. Parents must be able to perceive and classify their environment as "safe" so that they can perceive the attention or support provided to them as positive. To feel secure during the birth, it is necessary for parents to establish a good relationship and a trusting bond not only with the accompanying persons but also with the medical staff.

The physical and psychological changes that take place during pregnancy and childbirth activates the nervous system. This activation may be caused by the (pre)joy of new life or from feelings of uncertainty, the unfamiliar, the unexpected, or a mix of feelings and sensations. The activity of the sympathetic nervous system also affects bodily processes. In addition, the nervous system constantly adapts to the complex changes of pregnancy. Depending on the capacity of the individual (nervous) system, this activation can be contained and maintained. Some pregnant

women are able to access their resources, while others may reach their limits and find this activation to be rather stressful.

The polyvagal theory brought a new understanding of processes in the body and psyche. It provides information about physical reactions to external and internal influences. This knowledge enables an understanding of women and their reactions as well as greater mindfulness when accompanying them. The key to physical and emotional well-being is the sense of security felt in the body. This is of great importance for mother and child. “But medical guidelines give greater importance to cognitive safety than to emotional safety” (Porges 2017), just like 99% of birth plans.

Informed choice and self-determination are two separate processes, which contrasts with what has traditionally been advocated in healthcare. The autonomic nervous system governs our ability to act, while informed or logical decision-making is associated with the Cerebrum, respectively the frontal and temporal lobes. Essentially, the hierarchy of reaction chains favors the autonomic nervous system. This also means that during times of stress or danger, it is not possible to prioritize our logical thinking. The nervous system prioritizes fight, flight or freeze responses over the cognitive processes when constriction or danger is perceived during pregnancy/birth.

During labor, the autonomic nervous system prevails (Musa et al., 2017). “Let your monkey do it,” is Ina May Gaskin's famous encouragement to parents to stay in a kind of primal state where their bodies are at their best during labor. As a result, parents in the challenging situation of labor may have limited access to the knowledge they have acquired in preparation and the choices they have made in advance. During childbirth, this knowledge often conflicts with the body's instinctive reactions, leaving parents with little or no influence or self-determination when experiencing immobility or a “fleeing” response. Consequently, many parents often feel disappointment and hopelessness/helplessness when they are unable to use their knowledge and mental strategies despite being well prepared.

The traditional birth plan also makes it possible - at least theoretically - not only to avoid the stressful or overwhelming situations, but also to focus on the anxiety-inducing signals, which can increase their tendency for avoidance. As the usual birth plan focuses almost exclusively on medical interventions, a vicious cycle of avoidance and fear can develop.
The polyvagal theory makes us aware that we cannot actively influence our ability to act with the knowledge or decisions contained in a birth plan alone.

“The birth plan is often just a sideshow.” (Steinmann, 2021).

3. The unpredictability of birth

Expectations surrounding birth as the “perfect start to life” are high, and the irretrievability of the experience is another reason why the bar is set very high. What determines whether this moment is perfect or not? Is it our individual perception of the moment and the feelings associated with it, or is it the idyllic ambience and a certain predicted sequence of events? Ultimately, the best support in this specific situation usually depends on individual circumstances. As Elisabeth Noble states, “Whatever we think we know about birth in general, we know nothing about any particular birth” (Noble, 1989). Given the unpredictability of birth, traditional birth plans are often not reviewed to assess whether the expectations and wishes expressed are actually reasonable and realistic.

These wishes frequently reflect unfulfilled needs and emotional wounds from the past (Laubmann, 2023). Insecurities, fears, and reservations, as well as resources and strengths - everything that shapes us as we were and are - become apparent through pregnancy and the transition to parenthood. While this process can be challenging, it also offers an opportunity for a deep personal journey of self-discovery.
Unfortunately, typical childbirth classes rarely take our strengths, weaknesses, options, and resources into account.

In situations involving medical interventions or a corresponding environment, people who have experienced hospitalization, surgery, or other relevant stressful experiences – especially at a young age - are more likely to express discomfort,

anxiety, or reluctance. Today's childbirth preparation programs aim to meet medical and physiological standards, providing parents with an understanding of these aspects. But does this approach adequately address the needs of those who, for example, have fears related to the medical environment, treatments, and interventions?

Is that possible?
Giving birth requires constant reassessment of situations, and a rigid birth plan can get in the way. Prefabricated “sheets” and rational “for or against” decisions can prevent parents from remaining flexible and responsive during the birth. If parents in labor lack strategies to deal with unforeseen situations, they may quickly feel helpless. Therefore, a birth plan should also include coping strategies for situations identified as stressful, helping everybody involved to better adapt.

It takes openness and flexibility to constantly adapt to the birth process and make new decisions. If parents can focus on their intrinsic coping potential (the “I can”), it can make a significant difference to the “outcome” and personal experience. What coping strategies do prospective parents have? When can they feel safe? How can hospital staff help them to create an atmosphere of trust? This is often not taken into account. (Laubmann, 2023)

4. Openness

Openness increases our receptivity to new ideas and new experiences, and a birth plan can also support parents-to-be in this respect. Especially for women who have had negative experiences in the medical or interpersonal contexts, a birth plan can serve as a valuable tool for dealing with their fears. It encourages them to consider which strategies they can use to overcome such anxiety-ridden situations. The coping strategies developed help parents-to-be approach the stressful situation with an open mind. By addressing their personal expectations and core needs, they create opportunities for new, positive experiences through increased openness, flexibility, and improved communication with professionals.

5. Ability to act

When woman giving birth feels empowered to deal with unforeseen or stressful situations, they remain capable of acting and retain an active part in the process. As a result, this empowerment can lead to new positive experiences, broadening their horizons. If they can remain capable of acting and self-effective even in challenging moments, they are more likely to perceive themselves and the situation positively. Focusing on the own resources and abilities gives parents giving birth a sense of agency and encourages openness towards the situation. If parents cannot “do something this way”, it makes communication with the professionals easier if alternatives are pointed out. This collaboration enables both parents and medical staff to develop strategies for navigating the situation.

If, for example, parents feel insecure during a vaginal examination and refuse it outright, even though checking the baby’s position could be essential for the birth process, this can complicate communication with the midwife and severely restrict medical options. However, if parents are aware of what is causing their discomfort and have already developed a strategy to deal with it, the midwife can respond accordingly and try to make the uncomfortable situation as positive as possible.
It may help the parents giving birth to have the vaginal examination performed in a different position, such as lying on their side. Alternatively, they could hold the examining hand to regain a sense of “upper hand” and control during the examination (Simkin, Klaus, 2004). The midwife may also have other coping strategies that can be helpful in the situation.

For example, this could be communicated in the birth plan as follows:
“I feel ... (e.g. unsafe, in danger, frightened...) while being examined lying down. I can do this either lying on my side or sitting up. Would you be willing to help me deal with this difficult situation (in this way)?”

Building trust begins with language. Showing appreciation fosters a sense of equality. The midwife is the expert with the necessary specialist knowledge about the birth process. If parents request the midwife’s support for their needs during labor using

respectful language in the birth plan, it can significantly contribute to a trusting relationship on both sides.

The appreciation of their professional skills in the birth plan could look like this, for example:
“I am aiming for a natural birth as much as possible. Would you be prepared to support me on this path with your expertise? Specifically, I would appreciate your guidance on what can help facilitate this path.“
“I am always interested in your assessments and recommendations, whether everything goes naturally or if circumstances change. Are you willing to share your insights with me and my birth partner? Understanding your perspective on the birth process and the reasons behind your suggestions will help us feel more informed and engaged.”

It is also helpful for the midwife to understand the coping strategies that the parents have in place. This knowledge allows her to adapt her support to meet the specific needs of the woman giving birth. When a challenging situation arises, the midwife can respond effectively to the parent’s coping strategies, fostering a positive atmosphere that enriches the experience for both sides.

6. A trauma-sensitive birth plan

A positively formulated birth plan can also express the wish for a natural birth or greater involvement in decision-making during labor in just a few sentences, using appreciative language, as shown in the following example:

“If a situation arises and a decision needs to be made, I would like to be involved in the decision-making process. Are you willing to share your assessments and recommendations with me? This will help me understand how you feel about the situation, what you are suggesting, and why.”

With the help of a trauma-sensitive birth plan, parents-to-be can actively foster good communication and build a trusting relationship with professionals even before the birth. This new type of birth plan supports the woman giving birth to become aware of

her individual core needs and to develop useful coping strategies for dealing with stressful situations, providing her with a sense of security in both medical and interpersonal contexts. It also outlines ways in which she can communicate these positively to those around her.

With appreciation as a source of harmony, the positively framed birth plan can lay the foundation for a trusting relationship and facilitate a sense of security. A welcoming and trusting environment between parents and healthcare professionals can be created through birth plans that are based on positive communication, openness, building trust, and the needs of parents. When we make contact and build a really good connection, everyone is seen and heard equally. Everyone benefits. So let's also build connections within the birth plan. (Laubmann, 2023)

Info box:

On my website www.zuzana-laubmann.de/ressourcen or www.your-birthplan.com you can download the guide for an individual and trauma-sensitive birth plan free of charge. If you are looking for support, you are welcome to contact me for an appointment on site or online. I offer further training on this topic for professionals.

Autor:

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