

N432 Clinical Culture Report: Mothers who have a birth plan

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Expectant mothers with a birth plan set up are often more engaged and motivated in their birth experience and are involved and highly educated during one of the most important days of their lives. A birth plan can indicate to the health care team that the mother is educated on their wants, well informed, emotionally intuitive, organized, and holistic. The birth plan facilitates a dialogue between the patient and the physician on the birthing process, allowing for the safe integration of patient wishes (Ghahremani et al., 2023). Birth plan discussions should happen early in prenatal care, giving time to review options, address any preferences that may not be safe or feasible, and confirm what the chosen facility can support. Key topics often covered include the place of birth, who will be present for support, preferred care providers, the birth setting, choices for labor and its progression, monitoring the baby's well-being, pain management, delivery preferences, plans for a possible cesarean, newborn care, and any specific needs or concerns.

There is no specific religion associated with having a birth plan. Any expectant mother can have a birth plan. Still, if they are religious, it is essential to respect their values and beliefs regarding care, vaccines, the gender of the health care team, communication styles, and modesty and privacy. For example, a Muslim patient in the process of having a baby and being cared for, her religion would not allow for a male to take care of her and the baby, and she needs a whole female staff during their stay at the hospital (Attum et al., 2023). Mothers can create a birth plan with their religion influencing the decisions they are to make for themselves and their child. Most of the time, birth plans are seen in mothers who are more in tune with themselves rather than a spiritual being.

The birth plan should be a flexible guideline instead of a strict set of rules (Ghahremani et al., 2023). It's important to understand that preferences related to the birthing process must be

flexible because labor and delivery can be unpredictable. Expecting complete control over the birthing experience is not realistic or attainable. Many mothers who have birth plans view pain as a natural process and something they must go through and work towards for their baby. Mothers are more aware and in tune with what they can do to ease the pain they are experiencing, rather than relying on pharmacological interventions. But some birth plans may involve pharmacological therapy; it all depends on the mother and what she wants her experience to be like. Mothers can include other interventions for pain relief, such as movement, breathing exercises, and position changes. During the pain of childbirth, some patients may prefer a doula who is there to provide continuous support to the mother during labor (Leggitt & Ringdahl, 2025). Most mothers with a birth plan are more holistic and see having a doula as essential to help keep their birth plan on track.

There is no specific family dynamic that supports mothers who have birth plans. Mothers who have birth plans are commonly holistic and naturalistic. These traits are carried on in the household of holistic living. This can include healthy eating, relying on earthly healing processes, and nurturing the mind, soul, and body (Leggitt & Ringdahl, 2025). Most of the time, these families will have co-parents who are both involved in the family lifestyle. The family mostly shares the same values of life and how to live. The birthing mother's partner is usually involved in the birth plan and helps during labor and postpartum. Elders do not have any say in the birthing plan and family life since the parents are, most of the time, confident in their own well-being and way of life. The communication and emotional skills of a family with a birth plan will usually be essential to them.

Communication is essential for mothers who have a birth plan. Birth plans can facilitate good and adequate communication with the mother, partner, and health care professional and

shared decision making (Shareef et al., 2024). The birth plan will also aid in the provider and health care professionals involvement in the birth. If something were to stray away from the original birth plan, good communication will ensure there will be a respectable patient centered descion made. Early communication about a birth plan is ideal so the healthcare team knows what to expect and adjust with the family involved if needed. This communication of a birth plan will continue to progress and could change throughout the pregnancy, so it is key. The shared descion making will make the mother feel empowered, seen, and heard. Communication will lead to trust within mothers who have a birth plan.

Mothers who have a birth plan follow a more holistic lifestyle, which views diet as a significant contributor to their pregnancy. Other mothers who are not holistic but have a birth plan will view the importance of eating healthy during pregnancy as important. These mothers who have a birth plan will be well educated on what they should and should not eat during pregnancy and after pregnancy if breastfeeding. They will also take the proper supplements to ensure a safe pregnancy. Their approach to food is emphasizing organic and whole foods that support physical and emotional health. The hospital will have healthy food options most of the time so the mother and family will be able to be provided healthy choice options while in the hospital.

Women who create birth plans are more involved in the child birth experience and are influenced by elements beyond medical care (Leggitt & Ringdahl, 2025). Diet is seen to help promote fetal and maternal health during the pregnancy journey and healing postpartum. They are seen to eat whole and organic foods which health care professionals must recognize and support. Communication between the birthing mother and the healthcare team is important in honoring the autonomy of the mother and ensuring a respectful and safe birth. A more positive

birth experience can be seen in effective and open communication about beliefs and a birth plan (Shareef et al., 2024). Family life is important in a mother who has a birth plan because it involves shaping the childbirth experience. A partner is often involved in a birth plan and the decision-making process but ultimately respecting the birthing mother. Religion can influence a birth plan but there is not a specific type of religion that is more persuaded than another. Religious aspects can include food, rituals, same sex providers, which can all be involved in birth plans. Healing is important for a mother with a birth plan, emotionally, physically, and spiritually. It is important providers encourage mothers who are healing to use resources that aid in the healing process such as lactation support groups and postpartum wellness groups. Women who have birth plans are aware of their own autonomy, and a health care provider needs to be respectful, empowering, and patient centered when caring for a birthing mother.

A tip I can provide to classmates and other health care providers is to use the birth plan as a communication tool rather than a to-do list. Most mothers with a birth plan are aware it will not always go the way their plan states, so it is important you know that the plan reflects goals, values, and hopes and not demands. It is also important to note that supporting informed consent and autonomy is important. The right to choose and make decisions about her body and her experience should be important to the health care professional. Another tip is it is important to be flexible and compassionate during the labor process. It is important to communicate and acknowledge the plan and explain the shift and change clearly and empathetically to the mother and team. This leads to the mother feeling respected with is important.

References:

- Attum, B., Hafiz, S., Malik, A., & Shamoan, Z. (2023, July 3). Cultural competence in the care of Muslim patient and their families. *StatPearls*. National Library of Medicine.
<https://www.ncbi.nlm.nih.gov/books/NBK499933/>
- Ghahremani, T., Bailey, K., Whittington, J., Phillips, A., Spracher, B., Thomas, S., & Magann, E. (2023, May). Birth plans: definitions, content, effects, and best practices. *American Journal of Obstetrics and Gynecology*, 228(5). [https://www.ajog.org/article/S0002-9378\(22\)02272-4/fulltext](https://www.ajog.org/article/S0002-9378(22)02272-4/fulltext)
- Leggitt, K. & Ringdahl, D. (2025). Taking charge of your wellbeing: Holistic pregnancy & childbirth. *University of Minnesota*. <https://www.takingcharge.csh.umn.edu/how-can-i-best-prepare-pregnancy-and-childbirth>
- Leggitt, K. & Ringdahl, D. (2025). Taking charge of your wellbeing: Holistic pregnancy & childbirth. *University of Minnesota*. <https://www.takingcharge.csh.umn.edu/what-about-pain>
- Shareef, N., Said, P., Lamers, S., Nieuwenhuijze, M., Vries, M., & Dillen, J. (2024). The contribution of birth plans to shared decision-making from the perspectives of women, their partners and their healthcare providers. *National Library of Medicine*, 19(6).
<https://doi.org/10.1371/journal.pone.0305226>