

Gentle Caesarean Section Birth Plan

Please could you help my baby have a gentle birth that includes delayed cord clamping?

I have been advised to have Caesarean Section for the birth of my baby. I am aware that I can help my baby have a calm birth even by being born by C-section. I know by helping my baby have a gentle birth they will benefit emotionally and physically, short and long term. If there is no medical reason to justify why this can not be done please can you support me by performing the C-section taking note of guidelines presented below, as demonstrated by Professor Phillip Bennet, Consultant Obstetrician to Imperial Healthcare NHS Trust at Queen Charlottes and Hammersmith Hospitals

To accomplish this we would like:

- Latest research shows microbiome of swabbed babies are more similar to vaginally born babies. So I would like to do the following. The protocol the researchers are using is:
 - Take a piece of gauze soaked in sterile normal saline
 - Fold it up like a tampon with lots of surface area and insert into the mother's vagina
 - Leave for 1 hour, remove just prior to surgery and keep in a sterile container
 - Immediately after birth apply the swab to the baby's mouth, face, then the rest of the body
- Mum will be relaxed and 'within her birthing body' so in the first instance any questions to go to Dad.
- Mum's relaxation music playing, ideally on a player but can do headphones.
- Lights. We realise the need for bright lights around the area of operation but we ask for lights to be dimmed or darker when baby is passed to Mum.
- The drip in the non-dominant arm so that Mum can hold baby as soon as delivered.
- ECG dots away from front of chest so baby can be placed there after delivery. ECG dots to be placed on the back of shoulders and sides.
- Delivery of baby to be slowed to allow lung fluid to be squeezed out of baby's lungs.
- Delayed cord clamping

Delayed clamping is now recommended by the RCOG, UK Resuscitation Council Newborn Life Support guidelines, the World Health Organisation and the International Federation of Gynaecology and Obstetrics but, at the present time, not by NICE (NICE NOW RECOMMEND UPDATED 2014). More recently the European Resuscitation Council have advocated a delay of one minute, irrespective of gestation at birth.

If the woman requests that the cord is clamped and cut later than 5 minutes, support her in her choice [**new NICE 2014**]

The National Institute for Health and Care Excellence (NICE) has changed its guidelines. It now states that doctors and midwives should not routinely clamp the cord 'earlier than one minute from the birth of the baby', and instead should wait one to five minutes - and longer if the mother requests.

- Immediate skin to skin.
- All midwifery jobs to be done without separation of baby from Mum.
- If no medical problems baby not to be taken from Mum for at least an hour so she can have undisturbed skin to skin to really allow the oxytocin to flow.

- For the remainder of the stay in hospital Mum and Dad would like a private room if possible, to support bonding and recovery.

References:

Smith J, Platt F, Fisk NM 2008 The natural caesarean: a woman-centred technique by J Obst Gynaecol 115(8): 1037-42 **“The technique does not compromise either safety or sterility”**

- My hospital gown on backwards so that it is open at the front rather than tied up at the back. Easier access for immediate skin to skin with my baby.

Skin to skin after birth: I would really appreciate the above and for my baby to take their time and have our time together undisturbed. I know how beneficial skin to skin contact is and there is no reason why a C-Section should deprive a baby from this when they benefit in so many ways, *keeps baby warmer, regulates breathing and keeps blood sugar levels higher, enhances bonding, reduces postnatal depression, settles a baby, baby calms and sleeps, better gut health and immunity for baby feed.* I would like to wait until after an hour of skin to skin to weigh and dress my baby.

Thank you for your support.