

## Birth Plan for Twins and Some Triplet Sets

The following birth plan format may help expectant parents create a personal birth plan for full-term or close-to-term twin or triplet pregnancies. Expectant parents may adapt this plan by adding or deleting information. When higher-order multiples are expected or a surgical birth is planned, several aspects of the plan, especially those items listed with or in sections after *Surgical (Cesarean) Birth* may still be possible to implement.

Once you develop a birth plan, review and agree upon the information in advance with your spouse, your healthcare provider(s) and your labor support person(s). Ask your OB care provider to attach a copy to your in-office records and send another copy with the information about you that goes to the hospital obstetrical unit. Also, provide your spouse/partner and any labor support person or doula with a copy. Plan to take extra copies for your labor and delivery chart.

### Birth Plan Letter:

Birth Plan for (insert your name and your spouse's/partner's name)

Due Date (insert full-term due date)

Client/Patient of (insert the name[s] of your obstetric care provider[s])

To give birth at (insert name of hospital/birth site, and list a second hospital name if you plan to give birth a higher-level obstetrical care site if preterm labor or birth occurs)

(Insert today's date)

Dear Dr. (insert name[s]) and the staff of (insert birth site):

My spouse (partner) and I are looking forward to sharing the birth of our twins (triplets or more) with you. The following birth plan describes our preferences for care during various aspects of the labor, birth and postpartum experience. It includes our preferences whether the babies' birth is "by the book" or involves complications. We have been preparing for our babies' birth by reading books, attending (multiples-related) childbirth classes, and arranging for someone (doula or other) to support us during labor and birth.

I have been doing everything I can to have the healthiest possible pregnancy and minimize the risks associated with multiple pregnancy. However, my spouse (partner) and I recognize that multiple pregnancy, labor and birth may entail more risk than single-infant pregnancy and birth. We understand the need for flexibility during labor, birth and postpartum, and we know that a healthy outcome for the babies and myself is the main goal.

### Birth Team

No matter what situation arises during labor, birth or postpartum, my spouse (partner) and I expect to be treated as equal members of the decision-making team. We expect to take part in any discussion of, and to give permission for, any type of medical intervention being considered. If any of our birth plan preferences are not possible, or become impossible later, we expect to be provided with an evidence-based rationale, including the benefits, risks, alternatives, possible consequences with or without the intervention, or other options for a recommended intervention.

## Personal Wishes

- For issues of personal privacy, we request that the minimum number of staff necessary for an optimal outcome be included on the birth team.
- We plan to photograph or record the babies' births.
- We expect the birth doula we hired to remain with us for a vaginal or surgical birth.

## Labor and Birth

**Baby A** (Check any/all that you prefer): We prefer as little intervention as possible if labor is progressing normally:

- I want my spouse (partner) and/or labor support person (doula) to stay with me at all times, including during admission, examinations or any medical procedures.
- I prefer intermittent fetal monitor during labor to allow for mobility.
- I would like to walk during early labor.
- I would like to labor in water during active labor.
- I want to determine optional positions for active labor.
- I prefer a heparin (hep lock) or saline lock insertion to a standard intravenous (IV) line.
- I want to sip water or other clear liquids during labor.
- I prefer that vaginal exams be kept to a minimum.
- I prefer that labor progress without augmentation. If it becomes necessary, I prefer time to adjust to changes in contractions with any increase in dose.
- I prefer that the baby's membranes be allowed to rupture spontaneously.
- I prefer the use of nonpharmaceutical pain control techniques.
- I am an adult and able to request medication if desired. I do NOT want medication offered unless I so request .
- I prefer (insert type) anesthetic for each birth. (I understand that a general anesthetic may be necessary if a complication arises during the birth of Baby B [or C] if I choose to deliver Baby A [and B if there's a C] without anesthesia or with only a local anesthetic.)  
\*Some healthcare providers are willing to insert epidural tubing, but use it for analgesia/anesthesia only if a complication arises.
- I prefer to push and deliver Baby A in whatever position feels best to me at the time.
- I would like to hold Baby A skin-to-skin until labor begins for Baby B.
- When labor begins for Baby B, my spouse (partner) will hold Baby A skin-to-skin.

## Each birth

Assuming there are no complications:

- I prefer to have no episiotomy, unless absolutely necessary.
- I want *each* baby to be placed on my abdomen/chest skin-to-skin, immediately after birth.
- I want delayed cord clamping of at least 1 minute but preferably 3 or more minutes.
- My spouse (partner) would like to cut *each* baby's cord.
- We prefer that treatment of the babies' eyes with drops or ointment be postponed until an hour or two after birth, so they can see clearly during early interaction.
  - Option - We do not want our babies treated with eye drops or ointment. (Re: parents' health history)

### Baby B (or C)

- ❑ Once Baby B (or C) is engaged in my pelvis (and the fetal monitor is in place if to be used), I prefer to push and deliver that baby in whatever position feels best to me at the time.
- ❑ During second stage labor with Baby B (or C), my spouse (partner) would like to hold Baby A (and/or Baby B) skin-to-skin.
- ❑ If an emergency/urgent vaginal or surgical birth is necessary and I have had no anesthetic or only local anesthetic, I want a regional anesthetic if there is time.
- ❑ If general anesthesia is necessary for the birth, I would prefer the type and dosage be given in a way that allows me to regain consciousness as quickly as possible.
- ❑ If I am unconscious because of a general anesthetic, have my spouse (partner) hold one/both newborn(s) skin-to-skin until I regain consciousness.

### Surgical (Cesarean) Birth

- ❑ I would prefer a regional anesthetic (epidural, spinal block, etc.) if there is time.
- ❑ If general anesthesia is necessary, I would prefer the type and dosage be given in a way that allows me to regain consciousness as quickly as possible.
- ❑ I would prefer to be catheterized after receiving an anesthetic.
- ❑ I want my spouse/partner present at all times for emotional support.
- ❑ I would like to see and touch each baby, and have each placed skin-to-skin on my chest and/or one skin-to-skin on my spouse's (partner's) chest immediately after birth.
- ❑ If I am unable to have a baby placed skin-to-skin on my chest, we would prefer that both (all) babies be placed skin-to-skin on my spouse's (partner's) chest.
- ❑ I would like each baby' "seeded" with my vaginal secretions to benefit their GI microbiome. (I understand this is controversial and benefit/risk is not yet well known.)
- ❑ I prefer post-operative analgesic (pain) medication that allows me to remain alert and able to interact with my babies, such as local anesthetic infusion, epidural morphine (Duramorph) if I have had an epidural, or intramuscular (IM) or IV Ketorolac (Toradol®).

### Post-birth Recovery (4<sup>th</sup> Stage)

- ❑ I prefer that each baby be placed skin-to-skin on my chest and on my spouse's (partner's) chest during the immediate recovery period for at least the first 1-2 hours.
- ❑ I prefer that each baby remain with me in the birth and recovery room(s), unless a particular baby requires special care due to its medical status.
- ❑ I prefer a private room, such as a labor or LDR (labor-delivery-recovery) room for the recovery period.

### Breastfeeding

- ❑ I expect to breastfeed any stable, healthy twin (triplet) as soon as the infant(s) exhibits feeding cues, which is usually within the first hour of birth.
- ❑ If any or all babies require NICU care, I would like to initiate breastmilk expression (manual/hand) within the first hour 1 of birth.
- ❑ I would like the staff's help to breastfeed or pump within 2 to 3 hours of birth if I experience a complication that interferes with immediate breastfeeding or milk expression.

- ❑ If necessary, I would like the staff to actually hand express/pump my breasts or teach my spouse (partner) or another support person to do it until I am able.

### **Postpartum Unit Care**

- ❑ Rooming-in/non-separation: To care for multiple infants, I would like a private room. I expect any stable, healthy twin (triplet) to be admitted to the unit with me and stay in my room with me as soon as possible. (I understand that the degree of rooming-in depends on the condition of each baby and my condition after birth.)
- ❑ Temperature stabilization: We prefer that each baby stabilize physical systems via skin-to-skin contact on my chest and/or on my spouse's (partner's) chest, and that initial baths be delayed for at least 24 hours. We want the babies placed on my/our chest(s) immediately after their initial baths.
- ❑ We prefer that no artificial infant formula, bottles of any kind or pacifiers be given to any baby, unless found medically necessary and only after consultation with us.
- ❑ Support person(s): I would like to have my spouse (partner) or another support person remain in my room around-the-clock.
- ❑ We prefer that any physical examinations, tests, procedures, etc. of the babies take place in my room.
- ❑ Medication: I prefer medication options that allow me to remain clear-headed and able to interact with my babies and support persons.

### **Circumcision**

- ❑ We do not want our son[s] circumcised.
- ❑ If we want our son(s) circumcised, we prefer a local anesthetic be given.

### **NICU**

- ❑ No matter what situation arises during any baby's NICU stay, we expect to be part of any discussion of, and to give permission for, any medical intervention being considered for our child(ren).
- ❑ Breastfeeding/lactation: We want our babies to receive as much of my colostrum and milk as possible. Further, I would like help to initiate breastfeeding as soon as any baby shows signs of interest or begins to coordinate sucking and swallowing.
- ❑ If I do not obtain enough colostrum/expressed milk for both/all babies initially, we want our babies to receive donor human milk from a HMBANA-accredited milk bank (or from a known donor).
- ❑ Kangaroo Care: We would like to initiate skin-to-skin care as soon as possible, as supported by research evidence and implemented at high-level NICU centers.
- ❑ Co-bedding: If two or more of our babies require NICU care, we would like them to be co-bedded in a single crib as soon as two are medically stable.
- ❑ If co-bedding is not yet possible, we would like our babies' cribs (cots)/isolettes to be placed side-by-side. If not implemented, we expect to receive an evidence-based explanation immediately.

Thank you for respecting our wishes to the extent that is safely possible for the best outcome for us all and for providing evidence-based rationale when any of our preferences cannot be met.

Sincerely,  
(Your signature)