"MY BIRTH PLAN": EXPECTATIONS AND INDIVIDUALIZED CARE IN CHILDBIRTH PREPARATION – A CROSS-SECTIONAL DESCRIPTIVE STUDY

"Plano para o meu parto": expectativas e cuidados individualizados na preparação para o parto – um estudo descritivo transversal

"Plan para mi Parto": expectativas y cuidados individualizados en la preparación para el parto – un estudio descriptivo transversal

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ABSTRACT

Background: women's expectations influence their experience and satisfaction with childbirth, making it essential to understand them to provide individualized care. **Objective:** to explore women's expectations before starting childbirth preparation, considering the "My Birth Plan" as a tool for designing specialized care in Nursing-Midwifery. **Methodology:** a descriptive, mixed-methods, and cross-sectional study was conducted with pregnant women who had not yet started childbirth preparation. Data collection was performed using the "My Birth Plan" by Cardoso et al. (2023). A quantitative analysis assessed the level of importance attributed to birth preferences. **Results:** among the 43 participants, there was a strong preference for a physiological birth with minimal interventions, emphasizing autonomy. Key expectations included: the possibility of having continuous information on the progress of the birth (95.3%); allowing the baby to start its first feed when it is ready (93%); and allowing privacy during labor (90.7%). **Conclusion:** understanding women's expectations ensures individualized care and the alignment of childbirth preparation programs with their preferences. This approach promotes positive birth experiences and favourable maternal-neonatal outcomes.

Keywords: birth plan; patient preference; prenatal education; obstetric nursing

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RESUMO

Enquadramento: as expectativas das mulheres influenciam a sua experiência e satisfação com o parto, sendo crucial compreendê-las para proporcionar cuidados individualizados. **Objetivo:** explorar as expectativas das mulheres antes de iniciarem a preparação para o parto, entendendo o "Plano para o meu parto" como recurso para a conceção de cuidados especializados em Enfermagem de Saúde Materna e Obstétrica. **Metodologia:** foi realizado um estudo descritivo, misto e transversal, numa amostra de mulheres grávidas que ainda não haviam iniciado a preparação para o parto. O instrumento usado para a recolha de dados foi o "Plano para o meu parto" de Cardoso et al. (2023). Foi realizada análise quantitativa do nível de importância atribuída às preferências para o parto. **Resultados:** as 43 participantes evidenciaram preferência por um parto fisiológico, com intervenções mínimas e priorização da autonomia. Entre as expectativas destacaram-se: possibilidade de ter informação contínua sobre a evolução do parto (95,3%); permitir que o bebé inicie a primeira mamada quando estiver pronto (93%); e possibilitar privacidade durante o trabalho de parto (90,7%). **Conclusão:** conhecer as expectativas garante cuidados individualizados e programas de preparação para o parto alinhados às expectativas de cada mulher para a promoção de experiências de parto positiva e desfechos materno-neonatais favoráveis.

Palavras-chave: plano de parto; preferência do paciente; educação pré-natal; enfermagem obstétrica

RESUMEN

Marco contextual: las expectativas de las mujeres influyen en su experiencia y satisfacción com el parto, siendo esencial comprenderlas para proporcionar cuidados individualizados. **Objetivo:** explorar las expectativas de las mujeres antes de comenzar la preparación para el parto, entendiendo el "Plan para mi parto" como una herramienta para diseñar cuidados especializados en Enfermería de Salud Materna y Obstétrica. **Metodologia:** se realizó un estúdio descriptivo, mixto y transversal con una muestra de mujeres embarazadas que aún no habían iniciado la preparación para el parto. Los datos se recogieron utilizando el "Plan para mi parto" de Cardoso et al. (2023). Se llevó a cabo un análisis cuantitativo del nivel de importância atribuido a las preferencias relacionadas con el parto. **Resultados:** las 43 participantes mostraron una fuerte preferencia por un parto fisiológico, con mínimas intervenciones y priorización de la autonomía. Entre las expectativas destacadas se encuentran: recibir información continua sobre la evolución del parto (95,3%); permitir que el bebé inicie la lactancia cuando esté preparado (93%); y garantizar privacidad durante el trabajo de parto (90,7%). **Conclusión:** comprender las expectativas garantiza cuidados individualizados y programas de preparación para el parto que se alineen con las preferencias de cada mujer, promoviendo experiencias de parto positivas y resultados materno-neonatales favorables.

Palabras clave: plan de parto; prioridad del pacient; educación prenatal; enfermería obstétrica

INTRODUCTION

Each woman has unique needs and desires. The care provided by specialist nurses in maternal and obstetric health (EEESMO) focuses on the identification and implementation of individualized interventions, grounded in specialized knowledge (Ordem dos Enfermeiros, 2021). This ensures the delivery of high-quality, effective, and safe care. The initial assessment, carried out during the data collection process, is crucial for diagnosing women's needs (Cardoso et al., 2023; Herdman et al., 2024).

Childbirth preparation, as a specialized care program, empowers women by promoting health and strengthening their capacity to cope with labor, thereby contributing to improved perinatal outcomes and a more positive childbirth experience (Cardoso et al., 2023; Ordem dos Enfermeiros, 2022).

Childbirth expectations refer to the extent to which women feel that their needs, as well as those of their babies, are met during labor (Martínez-Borba et al., 2022). These expectations are shaped by prior experiences and knowledge, and they influence motivation, satisfaction, and childbirth outcomes. When realistic, they are associated with positive experiences, whereas unmet expectations may lead to adverse outcomes (Chang et al., 2018; Ghahremani et al., 2023; Medeiros et al., 2019).

According to Hodnett et al. (2007), women's perspectives on childbirth are shaped by their beliefs, values, previous experiences, and interactions with healthcare professionals. Women who feel informed, involved, and supported in decision-making report a more positive and satisfying experience. Furthermore, those who followed a previously developed birth plan reported higher satisfaction with their childbirth experience compared to those who did not (Farahat et al., 2015; Ghahremani et al., 2023). The birth plan is a tool that enables women to express their preferences, facilitates communication with EEESMO, and promotes their autonomy. Since 1996, the (World Health Organization [WHO], 1996) has recommended the development of birth plans due to their maternal and neonatal benefits. Several authors corroborate this, specifying and citing examples of such benefits, including a higher likelihood of vaginal delivery and fewer interventions, such as labor induction and episiotomy (Mohaghegh et al., 2023), higher Apgar scores at one minute (Ahmadpour et al., 2022), and a lower likelihood of neonatal admissions (Mohaghegh et al., 2023). The birth plan has been defined as a written document reflecting a woman's informed choices regarding the care she wishes to receive during labor, childbirth, and the postpartum period (American College of Nurse-Midwives, 2014). However, Cardoso et al. (2023) propose an innovative concept of the birth plan, considering it as a strategy for the diagnostic process, defining it as *"a childbirth planning, by the woman and the significant other, in accordance with her individual preferences, values, beliefs, and desires, which may or may not be written"* (p. 28), guiding the planning of care within the context of childbirth preparation. Nonetheless, the discrepancy between a woman's expectations and the reality experienced can negatively affect childbirth satisfaction. It is imperative that EEESMO understand and discuss women's expectations, using the birth plan as a starting point to identify these expectations and to provide individualized and effective childbirth preparation. Accordingly, this study aims to use the birth plan not merely as a document of preferences but as a diagnostic tool. This approach empowers women while

also contributing to the humanization of care and the promotion of more positive childbirth experiences (Ahmadpour et al., 2022; Ghahremani et al., 2023). Therefore, what concept of the birth plan best contributes to the quality of care provided and to women's satisfaction with their childbirth experience? Could the birth plan be more than a simple record of preferences to be presented at the time of delivery? In the literature, no studies were found that present the birth plan as a data collection strategy and a starting point for the implementation of individualized childbirth preparation interventions. Thus, taking as a reference the concept of the birth plan presented by Cardoso et al. (2023), could the "Plan for My Childbirth" serve as a tool to access a woman's expectations regarding her own childbirth, supporting EEESMO's care approach and facilitating the implementation of individualized care within the context of childbirth preparation?

Thus, the aim of this study emerges: to explore women's expectations prior to commencing childbirth preparation, understanding the "Plan for My Childbirth" as a resource for the conception of specialized care by EEESMO.

BACKGROUND

To consolidate the central concepts of this study, a conceptual map (Figure 1) was developed to provide greater visual and conceptual clarity.

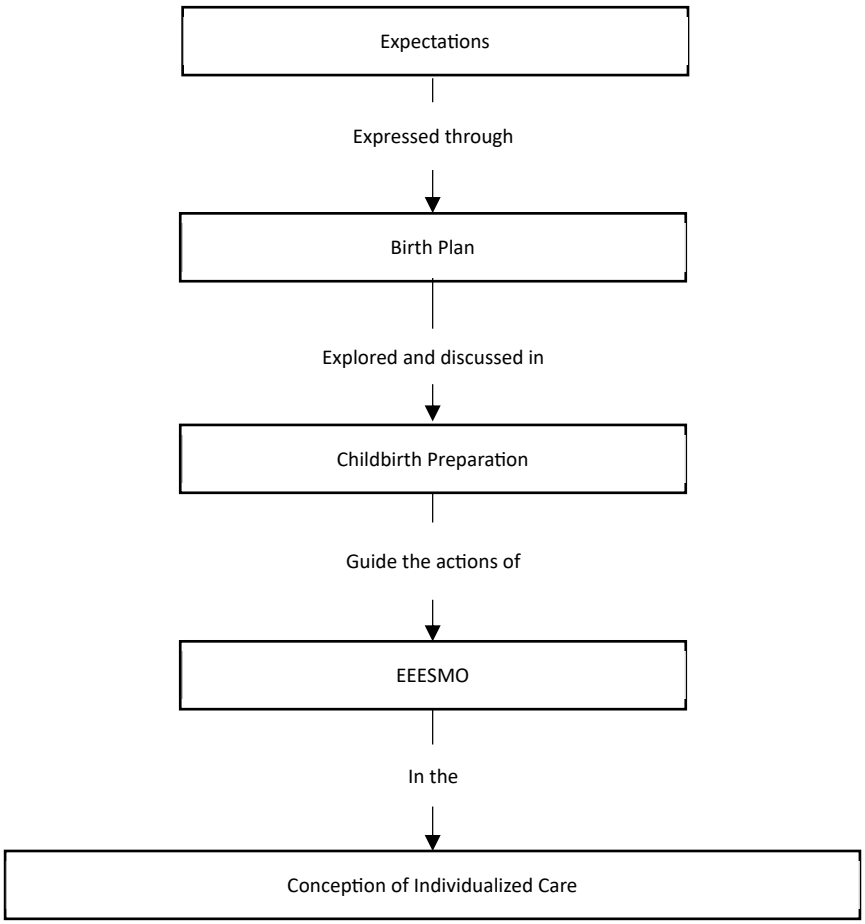

Figure 1

Conceptual map

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This conceptual map is supported by a comprehensive body of literature, as evidenced by multiple authors and studies.

According to López-Gimeno et al. (2018), women who had a birth plan were more likely to use non-pharmacological methods in combination with pharmacological interventions for pain relief and to benefit from earlier opportunities for skin-to-skin contact.

Regarding maternal benefits, a birth plan, when respected, promotes the reduction of unnecessary interventions during the normal progression of spontaneous labor. This premise was supported by the findings of Sánchez-García et al. (2021), who reported that enema use among participants with a birth plan was 6.85%, compared to 10.4% in the control group. In the intervention group, 42% of women considered the intake of food or fluids important, compared with 33% in the control group. This finding suggests that better-informed women are more able to value activities that may facilitate the progression of labor. The study by Hidalgo et al. (2021) also corroborates this principle, as the authors observed that 80.3% of women who did not have a birth plan (control group) used epidural anesthesia, compared with 69.7% of women who did have a birth plan (intervention group). Early amniotomy was performed in 55.6% of the control group compared with 34.3% of the intervention group. Oxytocin use was higher in the control group (55.1%) than in the intervention group (42.6%).

Regarding neonatal benefits, Hidalgo et al. (2021) demonstrated that in the intervention group (birth plan), 8.1% of Apgar scores at one minute were below seven, compared with approximately 20.6% in the control group. In the birth plan group, 8.7% of newborns had an umbilical arterial blood pH below 7.20, compared with 21.2% in the control group. Advanced neonatal resuscitation was required in 4% of the birth plan group, compared with 15.9% in the control group. According to Sánchez-García et al. (2021), immediate skin-to-skin contact after birth enhances developmental benefits for the infant by enabling more effective mother–newborn communication. This practice facilitates attachment and the initiation of exclusive breastfeeding. The study's results showed a significant increase in women in the intervention group who adopted this strategy (60.41%) compared with the control group (27.4%). Regarding delayed cord clamping, it was observed in 78.3% of women with a birth plan, compared with 63.1% of those without a birth plan.

According to Mouta et al. (2017), a birth plan provides women with essential information about their choices, guides care throughout the process, and enables healthcare professionals to offer personalized care, which in turn fosters the establishment of a bond between mother and infant.

Thus, the major challenge for healthcare professionals is to support pregnant women in developing a birth plan with realistic and flexible preferences, to establish constructive dialogues that also prepare women for unexpected situations, and to ensure the most closely guided planning possible (Divall et al., 2017).

METHODOLOGY

In order to explore women's expectations regarding childbirth prior to preparation, a quantitative, descriptive, cross-sectional study was conducted with pregnant women. The study population consisted of pregnant women referred to the childbirth preparation program at a Community Care Unit (UCC) affiliated with

a Local Health Unit (ULS) in the northern region of Portugal. Sampling was purposive, with the following inclusion criteria: 1) being pregnant and not yet having started the childbirth preparation program; 2) being over 18 years of age; and 3) having the ability to read and write in Portuguese.

The data collection instrument consisted of two parts: 1) data to characterize the participants, namely age, marital status, education, occupation, and sources of information, as well as obstetric variables such as gestational age, number of pregnancies, number of living children, and information related to previous experiences; and 2) the "Plan for My Birth" as developed by Cardoso et al. (2023). The "Plan for My Birth" is an instrument designed to collect data on women's expectations, perceptions, and knowledge regarding how they envision their childbirth experience (Cardoso et al., 2023). The document, completed in pencil, allows women to reflect on their expectations, wishes, and needs from the onset of labor to the immediate postpartum period. This model of the "Plan for My Birth" comprises six dimensions, in which women indicate their level of agreement (0–10) or the importance they attribute (0–10) to the items presented. These dimensions include expectations related to internal resources and innate capacities, the onset and type of labor, coping with labor, strategies for managing labor pain, the birthing environment, and actions in the immediate postpartum period. Data collection took place at the UCC between October 2023 and March 2024. For quantitative data analysis, the *Statistical Package for the Social Sciences* (SPSS®), version 28, was used. Subsequently, responses regarding the level of agreement or importance were aggregated into three categories. For questions focused on the level of agreement (0–10), responses were grouped as follows: 0–3 "Disagree"; 4–7 "Agree"; and 8–10 "Strongly agree." For questions focused on the level of importance (0–10), responses were aggregated as: 0–3 "Slightly/Not important"; 4–7 "Important"; and 8–10 "Very important." To characterize participants' expectations prior to starting the childbirth preparation program, responses scored as "Very important" were analyzed.

The ethical aspects of this study were carefully considered in accordance with the principles established by the Declaration of Helsinki, ensuring the protection of participants' rights and dignity. All participants were fully informed about the objectives, methodology, and purposes of the study, as well as the potential risks and benefits associated with their participation. Written consent was obtained only after comprehensive clarification and voluntary agreement, respecting the right to refuse or withdraw at any time without any detriment to the participants. Strict measures were adopted to ensure confidentiality and anonymity. Collected data were coded, stored in secure systems, and used exclusively for research purposes, preventing any direct or indirect identification of participants. All participants were treated fairly and equitably, guaranteeing non-discrimination and inclusion of all eligible individuals regardless of personal, cultural, or social characteristics. The data collected supported the implementation of individualized care within the context of childbirth preparation. To ensure compliance with ethical standards, authorization was obtained from the Health Ethics Committee of the Local Health Unit (ULS), and the study was conducted only after approval (Ref. 72/CLPSI/2023).

RESULTS

The study included 43 pregnant women, with a mean age of 33 years (range: 21–45 years) and gestational ages between 23 and 37 weeks, with a mean of 31 weeks. The vast majority of participants (97.8%) lived with the baby's father, reflecting a predominance of nuclear families, while only one woman (2.3%) reported living alone. The data indicate that participants generally have high educational levels. Most hold higher education degrees: 41.9% with a bachelor's degree, 27.9% with a master's degree, and 2.3% with a doctorate. In contrast, only 2.3% completed the final cycle of basic education, and 25.6% have secondary education. Participants reported using a wide range of information sources to prepare for childbirth, notably the Internet and blogs (90.7%) and healthcare professionals (60.5%). Books were also an important source (51.2%), whereas family members (32.6%) and individuals with personal experience (32.9%) were consulted to a lesser extent. The majority of participants (60.5%) were primigravida, while the remainder (39.5%) had experienced at least one previous pregnancy. Regarding the significance attributed to the current pregnancy, no participant rated it as an "experience to forget" (scores 0–3). Approximately one-third (30.2%) rated it as a "moderately memorable experience" (scores 4–7), while the majority (62.8%) considered it a "memorable experience" (scores 8–10). Among participants with previous pregnancies, most (53.0%) had one child. Regarding the type of delivery, of the nine women with prior experience, six had eutocic births and three had cesarean sections. Concerning the evaluation of previous birth experiences, no participant rated their experience as "to forget" (scores 0–3). Approximately one-third (33.3%) classified their experience as "moderately memorable" (scores 4–7), while the majority (55.6%) described it as "memorable" (scores 8–10), reflecting generally positive perceptions of childbirth. Regarding preparation for previous deliveries, 41.2% of women participated in preparation programs, while 29.4% reported having no specific preparation. Concerning the impact of childbirth preparation on the birth experience, no participant rated this impact as "undesirable to recall" (scores 0–3). Around 42.9% rated the impact as "moderately unforgettable" (scores 4–7), and the majority (57.1%) described it as "unforgettable" (scores 8–10), highlighting the positive influence of childbirth preparation on the obstetric experience. Most participants reported knowing more people with positive birth experiences than negative ones (N = 30; 69.8%).

Expectations related to internal resources and innate childbirth capacities revealed a strong belief in the body and mind as "superpowers" that help women cope with labor. As shown in Table 1, agreement was expressed by 79.1% of women, who indicated the highest levels, including 22 participants who rated the maximum level (10). A further 20.9% expressed moderate agreement, and no participant disagreed with the statement.

Table 1

Agreement with the belief in the body and mind as “superpowers” for coping with labor

Level of agreement	Disagree [0-3]	Agree [4-7]	Strongly agree [8-10]
Belief that the body is a “superpower” that carries one through childbirth	0	4 (20,9%)	34 (79,1%)
Belief that the mind is a “superpower” that carries one through childbirth	0	6 (20,9%)	34 (79,1%)

Expectations regarding the onset and type of labor varied, reflecting different levels of perceived importance. As shown in Table 2, the majority of participants (65.1%) considered it very important to have the most physiological labor possible (scores 8–10), while 18.6% attributed moderate importance (scores 4–7), and only 7.0% rated it as slightly or not important (scores 0–3). Conversely, cesarean delivery was considered slightly or not important by 37.2% of participants, with only 20.9% assigning high importance (scores 8–10), indicating a preference for vaginal births. Regarding spontaneous onset of labor, 60.5% of women considered it very important, 23.3% attributed moderate importance, and 9.3% rated it as slightly or not important. Scheduling the day of delivery was considered slightly or not important by 34.9% of participants, with only 7.0% assigning high importance. Concerning staying at home during the early phase of labor, 27.9% of women considered it very important, 39.5% attributed moderate importance, and 20.9% rated it as slightly or not important. Conversely, going immediately to the birth facility once labor begins was regarded as very important by 41.9% of participants, moderately important by 34.9%, and slightly or not important by 18.6%. The presence of a companion during labor was unanimously regarded as very important, with 86.0% of participants rating it at the highest level of importance (score 10), and no participant considering it slightly or not important.

Table 2

Importance attributed to the onset and type of labor

Level of agreement	Slightly important [0-3]	Important [4-7]	Very Important [8-10]
Having the most physiological labor possible	3 (7,0%)	8 (18,6%)	28 (65,1%)
Having a cesarean delivery	16 (37,2%)	12 (27,9%)	9 (20,9%)
That labor begins spontaneously	4 (9,3%)	10 (23,3%)	26 (60,5%)
Scheduling the day of delivery	15 (34,9%)	13 (30,2%)	3 (7,0%)
Staying at home during the early phase of labor	9 (20,9%)	17 (39,5%)	12 (27,9%)
Going immediately to the birth facility once labor begins	8 (18,6%)	15 (34,9%)	18 (41,9%)
Having a companion present	0	0	37 (86,0%)

Expectations related to the ability to cope with labor indicate that the majority of women attach great importance to practices that promote autonomy and respect during childbirth. As shown in Table 3, adopting the most comfortable position was considered very important by 86.0% of participants, and remaining active during labor was regarded as very important by 83.7% of women. Guidance in choosing the most favorable position for the progression of labor was highly valued, with 90.7% of participants rating it as very important and 9.3% as importante. Furthermore, having continuous information about labor progression and the fetus’s responses was unanimously considered very important by 95.3% of women. Performing vaginal

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examinations only when necessary or upon request was also highly valued, with 90.7% rating it as very important and 7.0% as important. Conversely, eating and/or drinking during labor was considered very important by 62.8% of participants, moderately important by 25.6%, and slightly or not important by 2.3%. Having the birth in the position chosen at the moment was regarded as very important by 55.9% of participants, while 25.6% attributed moderate importance, and 7.0% considered it slightly or not important. Perineal protection measures during the expulsive phase were rated as very important by 74.4% of women and as important by 7.0%. Avoiding unnecessary touching of the perineum was considered very important by 65.1% of participants and important by 16.3%.

Table 3

Importance attributed to the ability to cope with labor

Level of agreement	Slightly important [0-3]	Important [4-7]	Very Important [8-10]
Adopting the most comfortable position	0	5 (11,7%)	37 (86,0%)
Remaining active during labor	0	4 (9,3%)	36 (83,7%)
Receiving guidance on the most favorable position for labor progression	0	4 (9,3%)	39 (90,7%)
Receiving information on labor progression and the baby's responses	0	1 (2,3%)	41 (95,3%)
Having vaginal examinations performed only when necessary or upon request	0	3 (7,0%)	39 (90,7%)
Eating and/or drinking	1 (2,3%)	11 (25,6%)	27 (62,8%)
Giving birth in the position chosen at the moment	3 (7,0%)	11 (25,6%)	24 (55,9%)
Perineal protection measures implemented during the expulsive phase	0	3 (7,0%)	32 (74,4%)
Avoiding unnecessary touching of the perineum during the expulsive phase	0	7 (16,3%)	28 (65,1%)

Expectations regarding strategies for coping with pain during labor reflect a wide range of preferences among participants. As shown in Table 4, the strategy of remaining silent during contractions was considered important by 32.6% of participants and very important by 18.6%. The possibility of managing pain "in their own way" was highly valued, with 62.8% assigning great importance and 20.9% rating it as important. Only 2.3% considered this strategy slightly or not important. The use of breathing techniques and relaxation was widely recognized as relevant, being regarded as very important by 74.4% of participants and important by 11.7%. Similarly, massage was considered a very important strategy by 69.8% and important by 14.0% of participants. Regarding the use of music, 58.1% of women considered it very important, 20.9% considered it important, and 4.7% rated it as slightly or not important. The use of essential oils showed greater variability in responses: 30.2% considered it very important, 27.9% rated it as important, and 20.9% assigned little or no importance. The belief that a woman can "do anything during a contraction" was regarded as very important by 14.0%, while 18.6% attributed moderate importance. Epidural analgesia as soon as possible was considered very important by 58.1%, with 14.0% assigning moderate importance. Conversely, the option to have epidural analgesia only upon request was regarded as very important by 60.5% of participants.

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Table 4

Importance attributed to the ability to cope with labor pain

Level of agreement	Slightly important [0-3]	Important [4-7]	Very Important [8-10]
Remaining silent during contractions	0	14 (32,6%)	8 (18,6%)
Being able to manage pain “in their own way”	1 (2,3%)	9 (20,9%)	27 (62,8%)
Using breathing techniques and relaxation	1 (2,3%)	5 (11,7%)	32 (74,4%)
Using massage	1 (2,3%)	6 (14,0%)	30 (69,8%)
Using music	2 (4,7%)	9 (20,9%)	25 (58,1%)
Using essential oils	9 (20,9%)	12 (27,9%)	13 (30,2%)
Believing that one can “do anything during a contraction”	1 (2,3%)	8 (18,6%)	6 (14,0%)
Having epidural analgesia as soon as possible	6 (14,0%)	6 (14,0%)	25 (58,1%)
Having epidural analgesia only upon request	7 (16,3%)	1 (2,3%)	26 (60,5%)

Expectations regarding the birthing environment demonstrate a strong appreciation for elements that provide comfort, privacy, and personalization during labor. As shown in Table 5, privacy was unanimously considered important, with 90.7% of participants rating it as very important. Having control over lighting during labor was regarded as very important by 69.8% of women and important by 20.9%, while only 4.7% assigned little or no importance. Ambient temperature was also highly valued, being considered very important by 83.7% and important by 11.6% of participants. In contrast, having a pleasant scent showed greater variability: 25.6% of women considered it very important, 37.2% rated it as important, and 4.7% assigned little or no importance. Regarding personal items during labor, 34.9% of women attributed high importance, 41.9% considered them important, and 9.3% rated them as slightly or not important. Distraction points present in the delivery room were regarded as very important by 41.9%, moderately important by 32.6%, and slightly important by 11.6%. The use of water in the shower was valued, with 58.1% of participants considering it very important and 14.0% rating it as important. Concerning water immersion, 34.9% attributed very high importance, 20.9% considered it important, and 16.3% rated it as slightly or not important. Finally, the use of devices during labor (birth balls/support bars) was widely recognized as beneficial, with 60.5% of participants considering it very important and 14.0% important. No participant rated this item as slightly or not important.

Table 5

Importance attributed to the birthing environment

Level of agreement	Slightly important [0-3]	Important [4-7]	Very Important [8-10]
Having privacy during labor	0	4 (9,3%)	39 (90,7%)
Lighting during labor	2 (4,7%)	9 (20,9%)	30 (69,8%)
Ambient temperature during labor	0	5 (11,6%)	36 (83,7%)
Having a pleasant scent during labor	2 (4,7%)	16 (37,2%)	11 (25,6%)
Having personal items during labor	4 (9,3%)	18 (41,9%)	15 (34,9%)
Having distraction points during labor	5 (11,6%)	14 (32,6%)	18 (41,9%)
Using water in the shower during labor	2 (4,7%)	6 (14,0%)	25 (58,1%)
Using water immersion during labor	7 (16,3%)	9 (20,9%)	15 (34,9%)
Using devices during labor	0	6 (14,0%)	26 (60,5%)

Participants' expectations regarding immediate postpartum actions reveal a strong appreciation for practices that promote bonding between mother and baby, as well as active maternal involvement in the initial moments after birth. As shown in Table 6, the choice of who holds the baby at the moment of birth was considered very important by 62.8% of participants, while 4.7% assigned moderate importance. No woman rated this item as slightly or not important, indicating a strong desire for control at this moment. Similarly, the possibility of choosing who cuts the umbilical cord was also highly valued, with 62.8% of participants attributing great importance. Skin-to-skin contact with the mother after birth was unanimously considered very important by 95.3% of women. Allowing the baby to initiate the first feeding when showing readiness was equally recognized as very important by 93.0% of participants.

Table 6

Importance attributed to immediate postpartum actions

Level of agreement	Slightly important [0-3]	Important [4-7]	Very Important [8-10]
Choosing who holds the baby at the moment of birth	0	2 (4,7%)	27 (62,8%)
Choosing who cuts the umbilical cord	0	4 (9,3%)	27 (62,8%)
Skin-to-skin contact with the mother as soon as possible after birth	0	0	41 (95,3%)
Baby initiates the first feeding when showing readiness to nurse	0	0	40 (93,0%)

Regarding women's expectations concerning labor and the immediate postpartum period, the analyzed data show that women have well-defined expectations and prioritize specific elements to ensure a positive and respectful birth experience. To identify the expectations considered most important by participants, elements scored between 8 and 10 were considered (Table 7). The most highly valued expectations, regarded as very important by over 90% of participants, include continuous information about labor progression and fetal responses during labor (95.3%), skin-to-skin contact with the mother immediately after birth (95.3%), and allowing the baby to initiate the first feeding when ready (93.0%). Additionally, privacy during labor (90.7%) and performing vaginal examinations only when necessary or upon request (90.7%) were also widely recognized as important for a positive birth experience. Parameters related to comfort and autonomy were also highly valued. Adopting a comfortable position (86.0%), remaining active during labor (83.7%), and ensuring an adequate ambient temperature (83.7%) were highlighted as important factors to promote the physical and emotional well-being of parturients. The use of relaxation techniques, breathing, and massage (74.4%), as well as perineal protection measures during the expulsive phase (74.4%), were also highly valued. The moderately valued items—having the most physiological labor possible (65.1%), avoiding unnecessary touching of the perineum (65.1%), and eating and/or drinking during labor (62.8%)—reflect the importance of respectful practices that support the labor process. Using music (58.1%) and using water in the shower (58.1%) were also considered relevant for providing comfort, although with less unanimity among participants. Items with lower consensus regarding their importance, though still valued, include

giving birth in the position chosen at the moment (55.9%) and using devices during labor (60.5%). These results reflect greater variability in individual preferences.

Table 7

Expectations considered most important by women (scores 8–10)

% of participants who rated 8–10	Most valued expectations for a positive birth experience
>90%	Receiving information on labor progression and the baby's responses (95.3%) Skin-to-skin contact with the mother as soon as possible after birth (95.3%) Baby initiates the first feeding when showing readiness (93.0%) Having privacy during labor (90.7%) Receiving guidance on the most favorable position for labor progression (90.7%) Performing vaginal examinations only when necessary or upon request (90.7%)
80-89%	Adopting the most comfortable position (86.0%) Having a companion present (86.0%) Remaining active during labor (83.7%) Ambient temperature during labor (83.7%)
70-79%	Belief that the body is a "superpower" that carries one through childbirth (79.1%) Belief that the mind is a "superpower" that carries one through childbirth (79.1%) Perineal protection measures implemented (74.4%) Using breathing techniques and relaxation (74.4%)
60-69%	Using massage (69.8%) Control over lighting during labor (69.8%) Having the most physiological labor possible (65.1%) Avoiding unnecessary touching of the perineum (65.1%) Eating and/or drinking (62.8%) Being able to manage pain "in their own way" (62.8%) Someone holding the baby at the moment of birth (62.8%) Having the umbilical cord cut by a chosen person (62.8%) Having epidural analgesia only upon request (60.5%) Labor beginning spontaneously (60.5%) Using devices during labor (60.5%)
50-59%	Using music (58.1%) Having epidural analgesia as soon as possible (58.1%) Using water in the shower during labor (58.1%) Giving birth in the position chosen at the moment (55.9%)

The analysis of the data in Table 8, which presents the items least valued by women, reveals that certain practices and choices related to childbirth were considered of lower importance by the majority of participants. At this stage of pregnancy, a significant proportion of women (34.9%) did not attribute high importance to selecting the delivery date in advance, suggesting a greater acceptance of labor onset occurring spontaneously, in line with a more physiological approach. Although empowerment is important, "believing that one can do anything during a contraction" (18.6%) does not appear to have been a priority, possibly indicating that women need to further develop self-efficacy. The practice of using water immersion during labor was minimally valued, indicating that immersion may not be a relevant strategy for the majority of women.

Table 8

Expectations considered least important by women (scores 0–3)

% of participants who rated 0–3	Least valued expectations for a positive birth experience
30-40%	Scheduling the day of delivery (34.9%) Remaining silent during contractions (32.6%)
20-30%	Using essential oils (20.9%)
10-20%	Believing that one can "do anything during a contraction" (18.6%) Using water immersion during labor (16.3%)

DISCUSSION

The study shows that women have clear expectations regarding labor and the postpartum period, prioritizing autonomy, comfort, privacy, and respect for their choices. These results confirm the importance of humanized, person-centered care for a positive birth experience, as described in the existing literature (World Health Organization [WHO], 2018).

The birth plan is a fundamental tool for empowering women and promoting informed decision-making, being flexible and adaptable to their needs. Therefore, it should not be a rigid document but rather a starting point for discussion between the pregnant woman and the EEESMO, ensuring that individual preferences are considered and that preparation aligns with the woman's vision for childbirth, dynamically and flexibly adjusting expectation management (American College of Nurse-Midwives, 2014; Cardoso et al., 2023). Studies such as Ahmadpour et al. (2022) demonstrate that the use of a birth plan, combined with adequate preparation, increases satisfaction and reduces unnecessary interventions without compromising clinical safety. Moreover, women with a birth plan reported a lower need for medical interventions, such as epidural analgesia and cesarean section, and higher levels of satisfaction with their birth experience. In neonatal terms, health indicators, such as the Apgar score, showed no significant differences between groups, suggesting that the implementation of a birth plan does not compromise clinical safety.

The results of this study reveal that, prior to beginning childbirth preparation, women exhibit clear and diverse expectations regarding the birth process, as reflected in the "My Birth Plan." The main expectations focus on autonomy and active participation, physical and emotional comfort, and individualized care.

Regarding autonomy and active participation, several factors were identified. The ability to manage pain "in their own way" and respect for personal choices, such as performing vaginal examinations only when necessary or upon request, were highly valued. Participants also emphasized the desire to receive guidance on the most favorable position for labor and to choose their birthing position at the moment, reinforcing the importance of women's active and informed participation. These expectations require that the pregnant woman has sufficient knowledge to make informed decisions during labor. Practices such as continuous information on labor progression and fetal well-being, immediate skin-to-skin contact after birth, and initiating the first feeding according to the baby's readiness were valued by over 90% of participants. For instance, receiving information about labor progression and how the fetus is responding implies being prepared to receive and process information throughout labor. Furthermore, a positive birth

experience is closely linked to effective communication between women and healthcare professionals. Continuous and respectful communication is a cornerstone for ensuring that women's preferences are considered during labor (WHO, 2018). Additionally, participants expressed a desire for greater control over specific aspects of childbirth, such as adopting the most comfortable position, remaining active during labor, and having privacy. For example, giving birth in the position chosen at the moment requires understanding the various birthing position options and having experienced them beforehand. To realize these expectations, the pregnant woman needs to acquire knowledge and skills and adjust meanings during childbirth preparation. Remaining active during labor requires physical and mental preparation to adopt positions that favor labor progression, as well as the use of breathing, relaxation, massage, and devices to facilitate the process. This necessitates prior practice to utilize these resources effectively. The promotion of self-efficacy can also develop throughout childbirth preparation, as believing one can manage pain "in their own way" requires self-confidence and the practice of pain self-management strategies tailored to individual needs and preferences. Evidence has highlighted the importance of childbirth preparation in promoting women's empowerment, a more positive and less interventional birth experience, and improved obstetric outcomes. Hassanzadeh et al. (2019), who investigated the benefits of childbirth preparation, observed that women who participated in preparation programs experienced less anxiety, greater confidence in coping with labor, and a reduced need for medical interventions such as epidural analgesia and cesarean section. The quasi-experimental study by Chang et al. (2018) examined the impact of childbirth preparation—including breathing and relaxation techniques, positions, and pain management strategies—on the self-efficacy of primiparous women and obstetric outcomes. Participants who underwent childbirth preparation demonstrated greater confidence during labor, which led to a reduced need for medical interventions such as epidural analgesia and cesarean section, as well as higher satisfaction with the birth experience.

In the present study, a significant proportion of women attributed low importance to scheduling the delivery date. This initial perspective is often revised by the end of pregnancy. Indeed, labor inductions in low-risk pregnancies are increasing, and evidence has contributed to this trend (Dong et al., 2022; Middleton et al., 2020; Muller et al., 2023). Although induction can offer clinical benefits in specific high-risk situations without significantly increasing the risk of interventions such as cesarean sections or neonatal complications, spontaneous labor in low-risk pregnancies is considered best practice. Therefore, it is essential to align interventions with the individual expectations and values of pregnant women to ensure a positive and well-informed birth experience (Middleton et al., 2020).

Physical and emotional comfort during labor is one of the categories most highly valued by women, reflecting the need for practices that promote well-being and reduce the stress inherent to labor. Creating a comfortable environment was considered essential, with particular emphasis on appropriate ambient temperature (83.7%) and adjustable lighting (69.8%), as these contribute to a welcoming atmosphere that promotes relaxation and facilitates the woman's focus during labor. Privacy during labor (90.7%) also emerged as a priority, highlighting the importance of a respectful

and supportive environment for women. Kazemi et al. (2023) investigated environmental factors affecting the birth experience in labor, delivery, recovery, and postpartum units. The results underscored the importance of factors such as privacy, appropriate temperature, lighting, silence, cleanliness, and availability of suitable equipment to ensure comfort and safety. Furthermore, performing vaginal examinations only when necessary or upon request (90.7%) reflects a concern for minimizing invasive interventions and respecting women's bodily integrity. These findings reinforce the importance of woman-centered practices that prioritize autonomy and respect for individual decisions. Recent studies have questioned the routine practice of vaginal examinations. Moncrieff et al. (2022) investigated the effectiveness of routine vaginal examinations compared with alternative methods for assessing labor progression and their impacts on maternal and neonatal outcomes. The results indicated that there is no clear evidence that routine vaginal examinations are superior to other approaches in terms of safety and positive outcomes for women and infants. Although widely used as the standard for monitoring labor, the study highlighted that the systematic application of vaginal examinations can cause discomfort, increase anxiety, and, in some cases, lead to unnecessary interventions such as cesarean sections. Alternative methods, such as the observation of external signs (Michaelis Rhombus, purple line, changes in maternal behavior, fetal descent, early decelerations, and the progression of uterine contraction patterns), although less commonly used, demonstrated potential to be equally effective and more acceptable to women (Moncrieff et al., 2022).

Emotional support and bonding proved to be highly relevant. Participants valued practices that promote mother–infant bonding, such as skin-to-skin contact (95.3%), and the presence of emotional support, with 86.0% of women expressing the desire to have a significant person present during labor. The systematic review and meta-analysis by Hodnett et al. (2007) investigated the impact of continuous support during labor on maternal and neonatal outcomes. The results indicated that continuous support during labor is associated with several significant benefits. Women who received this support experienced higher rates of spontaneous vaginal births, a reduced need for medical interventions such as cesarean sections, epidural analgesia, and episiotomies, and reported greater satisfaction with their birth experience. Additionally, shorter labor duration and reduced reports of severe pain were observed. In neonatal terms, continuous support was also associated with improved outcomes, including a higher likelihood of elevated Apgar scores in newborns. Therefore, understanding and aligning women's expectations through appropriate childbirth preparation, facilitated by the "My Birth Plan," is essential to ensure satisfactory birth experiences and positive maternal and neonatal outcomes.

CONCLUSION

The birth plan has the potential to serve as a strategy for managing expectations, as it allows women to express their preferences, understand clinical limitations, and actively participate in healthcare decisions. Moreover, it can promote health literacy by providing essential information for informed decision-making, fostering a respectful birth experience aligned with personal expectations. However, effective

implementation requires a clear understanding of the concept and its applicability, as well as a commitment from the EEESMO or healthcare professional to integrate this woman-centered practice. This study concludes that women's expectations emphasize a physiological and respectful birth, reflected in the appreciation of practices such as the freedom to choose comfortable positions and remain active during labor. The importance women attribute to their autonomy and active participation is highlighted, valuing being informed and involved in decision-making throughout labor. The ability to manage pain according to their own preferences and the desire for the presence of a significant person underscore the relevance of autonomy in the birth experience. Physical and emotional comfort emerged as a priority, with women valuing a welcoming and comfortable environment, including privacy, appropriate temperature, and adjustable lighting. Expectations regarding skin-to-skin contact and early breastfeeding indicate that women value practices that strengthen bonding with the newborn. The expectations expressed in this study emphasize the importance of childbirth preparation programs that empower women to manage labor, enhance self-confidence, and align expectations with possible birth scenarios.

The study presented the following limitations: a short data collection period, low representativeness of participants, limited generalizability due to the single data collection site, and potential response bias given the emotional context of the study. These factors underscore the need to replicate this study in other contexts, such as through longitudinal designs or comparisons with control groups. In summary, a direct recommendation arising from the findings of this study for clinical practice is the systematic adoption of the "My Birth Plan" as a tool for data collection and care planning during childbirth preparation. This approach will enable EEESMO and healthcare professionals to guide interventions in their practice while enhancing the value of their professional work.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest in the preparation of this article.

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