







# THE USE OF THE BIRTH PLAN BY PREGNANT WOMEN IN PRENATAL CARE: A SCOPING REVIEW

## O USO DO PLANO DE PARTO POR GESTANTES NO PRÉ-NATAL: UMA REVISÃO DE ESCOPO

## EL USO DEL PLAN DE PARTO POR MUJERES EMBARAZADAS EN PRENATAL: UNA REVISIÓN DEL ALCANCE

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### ABSTRACT

**Objective:** to identify the existing literature on the development and use of the birth plan. **Method:** this is a scoping review built based on the PCC strategy, with "P" being the population (pregnant women), "C" the concept (birth plan), and "C" the context (prenatal). The search was performed in PubMed, Scopus, and BVS databases. Full studies in English, Spanish or Portuguese were included, involving the theme of the birth plan and having been published until December 2019. Data were collected from October to December 2019. The selected texts were read in full and data extracted of the production characterization, main results, and the use of the birth plan was highlighted. **Results:** the final sample consisted of 27 eligible articles, which were organized according to the flowchart of Preferred Reporting Items for Systematic Reviews and Meta-Analyses. Most articles were published in 2019 (n=6) and from the United States (n=9), followed by England (n=3). The main theme found was about the use of the birth plan and its relationship with the satisfaction, empowerment, and improvement of the experience of pregnant women. **Conclusion:** the use of the birth plan is an incentive for the entire professional team to comply with the agreements made with the pregnant woman and her family, modifying care practices during childbirth in health institutions and making them more respectful.

**Keywords:** Women's Health; Obstetric Nursing; Health Education; Pregnancy; Humanization of Assistance; Prenatal Care.

### RESUMO

**Objetivo:** identificar a literatura existente sobre a elaboração e utilização do plano de parto. **Método:** trata-se de revisão de escopo construída com base na estratégia PCC, sendo "P" a população (gestantes), "C" o conceito (plano de parto) e "C" o contexto (pré-natal). A busca foi realizada nas bases de dados PubMed, Scopus e BVS. Foram incluídos estudos na íntegra em inglês, espanhol ou português, que envolvessem a temática do plano de parto e tenham sido publicados até dezembro de 2019. Os dados foram coletados de outubro a dezembro de 2019. Os textos selecionados foram lidos na íntegra e extraídos dados de caracterização da produção, principais resultados e foi destacado o uso do plano de parto. **Resultados:** a amostra final foi de 27 artigos elegíveis, os quais foram organizados conforme o fluxograma de Itens de Relatórios Preferenciais para Revisões Sistemáticas e Metanálises. Em sua maioria os artigos foram publicados em 2019 (n=6) e com origem nos Estados Unidos (n=9), seguido pela Inglaterra (n=3). O principal tema encontrado foi sobre o uso do plano de parto e sua relação com a satisfação, empoderamento e melhoria da experiência das gestantes. **Conclusão:** o uso do plano de parto é um incentivo a toda a equipe profissional para o cumprimento dos acordos realizados com a gestante e sua família, modificando as práticas de cuidado no parto nas instituições de saúde e tornando-as mais respeitadas.

**Palavras-chave:** Saúde da Mulher; Enfermagem Obstétrica; Educação em Saúde; Gravidez; Humanização da Assistência; Cuidado Pré-Natal.

### RESUMEN

**Objetivo:** identificar la literatura existente sobre el desarrollo y uso del plan de parto. **Método:** se trata de una revisión de alcance construida a partir de la estrategia del PCC, siendo "P" la población (gestantes), "C" el concepto (plan de parto) y "C" el contexto (prenatal). La búsqueda se realizó en las bases de datos PubMed, Scopus y BVS. Se incluyeron estudios completos en inglés, español o portugués, que involucran la temática del plan de parto y que hayan sido publicados hasta diciembre de 2019. Los datos fueron recolectados de octubre a diciembre de 2019. Los textos seleccionados se leyeron íntegramente y se extrajeron los datos de caracterización de la producción, principales se destacaron los resultados y el uso del plan de parto. **Resultados:** la muestra final estuvo conformada por 27 artículos elegibles, los cuales fueron organizados de acuerdo con el diagrama de flujo de Itens Preferidos para Reportes para Revisiones Sistemáticas y Metaanálisis. La mayoría de los artículos se publicaron en 2019 (n = 6) y se originaron en los Estados Unidos (n = 9), seguidos de Inglaterra (n = 3). El tema principal encontrado fue sobre el uso del plan de parto y su relación con la satisfacción, empoderamiento y mejora de la experiencia de la gestante. **Conclusión:** el uso del plan de parto es un incentivo para que todo el equipo profesional cumpla con los acuerdos realizados con la gestante y su familia, modificando las prácticas de atención durante el parto en las instituciones de salud y haciéndolas más respetuosas.

**Palabras clave:** Salud de la Mujer; Enfermería Obstétrica; Educación em Salud; Embarazo; Humanización de la Atención; Atención Prenatal.

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## INTRODUCTION

The need for clear and reliable information is urgent during pregnancy. Prenatal care is an important strategy in which the health professional, through lasting and close contact with the pregnant woman, can create a bond of support and trust.<sup>1</sup> In this way, he takes care of the physical and emotional aspects of the pregnant woman and her family, in addition to providing information and answering questions.

The health professional involved in prenatal care recognizes the needs of the pregnant woman and provides the corresponding and necessary guidelines<sup>1</sup>. This interaction can be established through the implementation of spaces for dialogue that consider beliefs, values, and concerns of women, working to incorporate health education practices essential to the promotion of their maternal health.<sup>1</sup>

The nurse is one of the professionals who carry out health education. The trained professionals carry out low-risk prenatal consultations in primary care, supported in Brazil by the Professional Practice Law 7.498/1986, and the Nursing process, according to Resolution 358/2009 of the Federal Council of Nursing.<sup>2</sup>

The Nurse welcomes the pregnant woman and her family in the health service and promotes the formation of bonds. Welcoming guarantees the maintenance of their dignity, respect for their rights<sup>3</sup> and allows the construction of a collaborative partnership, which are fundamental elements for freedom and security to question, express fears and concerns. The birth plan is a strategy for the health education of pregnant women during prenatal care, which can be performed by nurses.

The birth plan is a written document, with legal value, prepared by the woman and her partner or family member during pregnancy, with the support of the health professional who accompanies her in prenatal consultations. In this document, the pregnant woman expresses her desires and preferences for the parturition process. The professional must present evidence-based recommendations to the woman, aiming to help her to make conscious choices, based on her possibilities and clinical conditions. Therefore, the birth plan can be considered a strategy that allows women to have more empowerment and knowledge about the physiology of the parturition process.<sup>4</sup>

The use of the birth plan is one of the recommendations for a positive birth experience in the latest guideline for intrapartum care of the World Health Organization (WHO)<sup>5</sup>.

Thus, the following concern emerged: "What is being published internationally about the development and use of the birth plan?" To approach this recommendation, we first sought to know how the birth plan is used with pregnant women based on scientific publications on the topic. Thus, it becomes a means to give visibility to this instrument among health professionals and disseminate the knowledge generated from its application. Due to the scarcity of scientific publications on the birth plan in Brazil, there was a need to gather information about the development and use of the birth plan through this investigation. Therefore, this study aimed to identify the existing literature on the development and use of this plan.

## METHOD

This is a scoping review following the recommendations of the flowchart of Preferred Reporting Items for Systematic Reviews and Meta-Analyses, in its extension for scope reviews (PRISMA)<sup>6-7-8</sup>, and in the five steps of the method proposed by the Joanna Briggs Institute: the identification of the research question; the identification of relevant studies; selection of studies; data analysis; and the grouping, synthesis, and presentation of data.<sup>9</sup>

A scoping review examines new evidence and maps and explores the extent of literature and current knowledge on a particular topic, paving the way for future research with a more specific direction.<sup>8-9</sup> Because the birth plan is still a subject little explored in Brazil, we chose to adopt this method in our study.

We used an adaptation of the PICO strategy for the construction of the search strategies (P: patient, I: intervention, C: comparison, O: outcome). For this type of study, the PCC strategy was "P" of the population (pregnant women), "C" of the concept (Birth plan), and "C" the context (Prenatal care). The descriptors and keywords and their combinations used to build the search strategies were: (Pregnancy OR Gestation OR Parturition) AND ("Birth plan") AND ("Prenatal care"). The descriptors were chosen according to the Medical Subject Headings (MeSH) index of terms, with Birth Plan being a keyword.

This review included studies published in full text in English, Spanish or Portuguese, which addressed the birth plan. The search was carried out in the PubMed, Scopus, and VHL databases for articles published until December 2019. These databases were chosen because of their wide dissemination and diversity of publications in the health area.

Data were collected from October to December 2019. We identified 485 publications but 37 of them were duplicates. Subsequently, two reviewers read and analyzed the titles and abstracts of the 448 articles independently to identify those potentially eligible for the study. When there was doubt about the inclusion of the article, the reviewers read it in its entirety and, in case of disagreement, a third party was called for consensus.

After reading the title and abstract, 419 articles were excluded for not addressing the topic of this research. Thus, 29 articles were read in full, leading to the exclusion of two for not being available in full or for not addressing the use of the birth plan directly. The final sample consisted of 27 publications, according to the PRISMA international guide (Figure 1).<sup>6-8</sup>

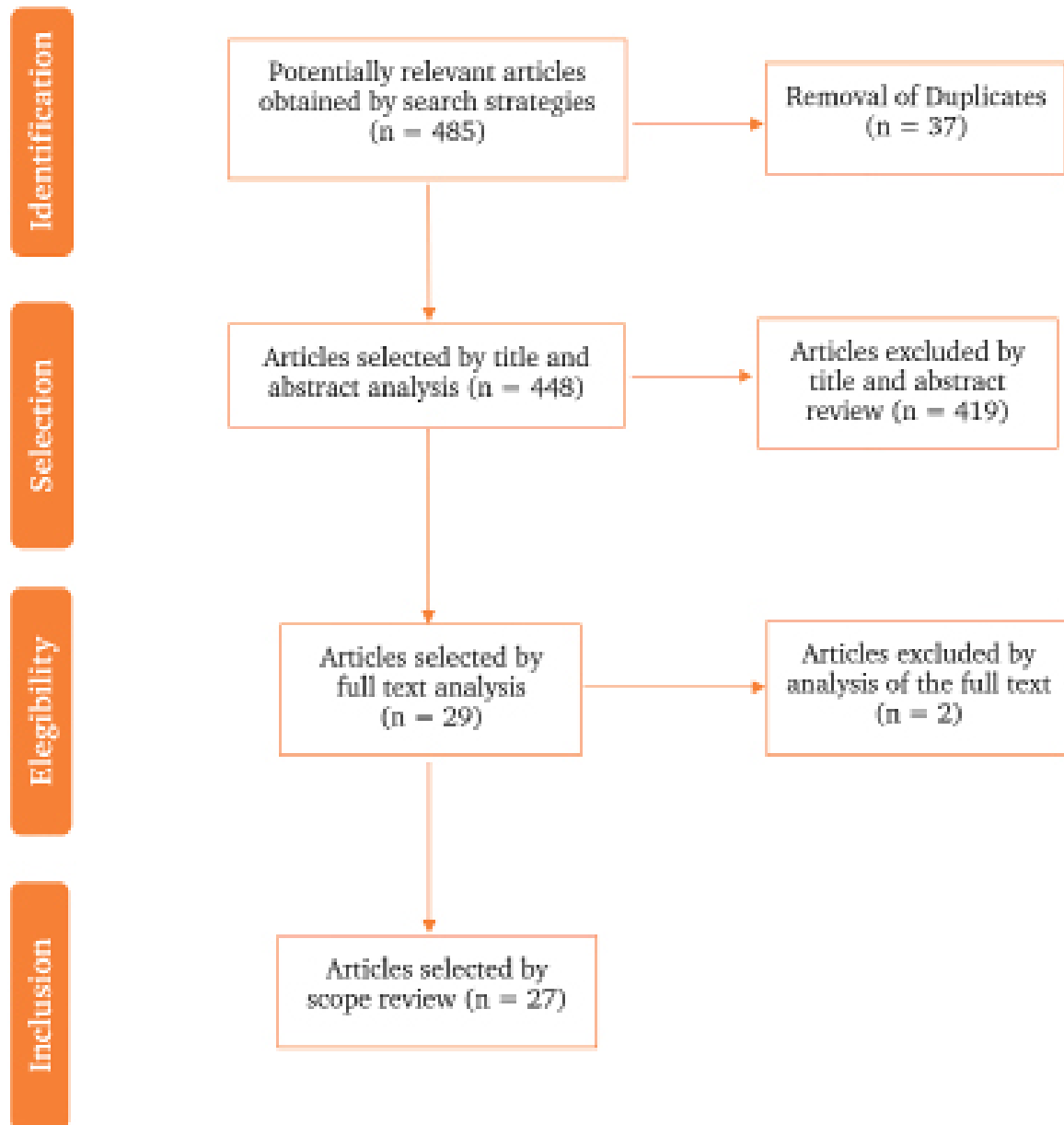


Figure 1 - Flowchart identifying the studies included in the review (PRISMA)  
Source: the authors (2020).

This scoping review considered all study types and methodologies. At the end of the sample, data were read in full and we extracted data on the characterization of production, type of study design, and the quantitative and characteristics of the participants included in the studies. Also, we highlighted how the birth plan was used. In each publication, the results, discussion, and conclusion were identified. For the data extraction from each publication, the authors performed an instrument containing title, author, author's profession, country, journal, year of publication, study objective, methodology, outcomes, and results.

## RESULTS

The findings were organized into tables and synthesized in a narrative form, demonstrating the development and use of the birth plan. To analyze the data extracted from the articles, we considered the main focus of interest of each publication.

According to data in Figure 2, 27 articles were selected for analysis of this scoping review. The year 2017 had the highest number of publications and the oldest study found was the year 1992. Two journals had the highest number of publications: Birth - Issues in Perinatal Care and Midwifery.

Figure 2 - Publications that made up the scoping review, according to author, year, journal, country, and methodological design of the study. Curitiba, PR, Brazil, 2020

Author	Year	Journal	Country	Design
Moraes Carrilho et al. <sup>10</sup>	2019	JMIR Formative Research	Brazil	Descriptive, exploratory, observational study
Cortezzo et al. <sup>11</sup>	2019	Journal of Palliative Medicine	United States	Mixed-method, descriptive, exploratory study
Westergren et al. <sup>12</sup>	2019	Midwifery	Sweden	Qualitative study, content analysis
Mirghafourvand et al. <sup>13</sup>	2019	International Journal of Nursing Practice	Iran	Systematic review
Fair et al. <sup>14</sup>	2019	Midwifery	United States	Qualitative, retrospective study, content analysis
López-Gimeno et al. <sup>15</sup>	2018	Matronas Profesión	Catalonia, Spain	Multicenter, descriptive, cross-sectional, cross-association study
Soriano-Vidal et al. <sup>16</sup>	2018	Midwifery	Spain	Prospective, multicenter, observational study
Afshar et al. <sup>17</sup>	2018	Birth	United States	Cohort study, prospective
DeBaets <sup>18</sup>	2017	American Journal of Obstetrics and Gynecology	United States	Reflection
Divall et al. <sup>19</sup>	2017	Midwifery	England	Qualitative, descriptive study
Biescas et al. <sup>20</sup>	2017	Sexual & Reproductive Healthcare	Catalonia, Spain	Qualitative study, content analysis
Afshar et al. <sup>21</sup>	2017	Birth	United States	Quantitative, retrospective, cross-sectional study
Mei et al. <sup>22</sup>	2016	Birth	United States	Cohort study, prospective
Kalisa e Malande <sup>23</sup>	2016	Pan African Medical Journal	Rwanda	Quantitative, cross-sectional study
Suárez-Cortés et al. <sup>24</sup>	2015	Revista Latino - Americana de Enfermagem	Spain	Cohort, quantitative, cross-sectional, observational, descriptive study
Whitford et al. <sup>25</sup>	2014	Birth	Scotland	Qualitative, longitudinal, exploratory study
Lewis et al. <sup>26</sup>	2014	Midwifery	Australia	Mixed method study (quanti-quali)
Magoma et al. <sup>27</sup>	2013	Tropical Medicine and International Health	Tanzania	Randomized trial
English e Hessler <sup>28</sup>	2013	Journal of Obstetric, Gynecologic, and Neonatal Nursing	United States	Literature review
Kuo et al. <sup>29</sup>	2010	International Journal of Nursing Studies	Taiwan	Randomized clinical trial
Bailey et al. <sup>30</sup>	2008	Obstetrics and Gynecology Clinics of North America	United States	Literature review
Simkin <sup>31</sup>	2007	Birth	United States	Reflection text
Mulogo et al. <sup>32</sup>	2006	East African Medical Journal	Uganda	Quantitative, prospective, exploratory study
Lundgren et al. <sup>33</sup>	2003	Journal of Midwifery & Women's Health	Sweden	Cohort study, prospective
Moore e Hopper <sup>34</sup>	1995	Birth	Australia	Cohort study, prospective
Smoleniec e James <sup>35</sup>	1992	Journal of Obstetrics and Gynaecology	England	Quantitative, retrospective, cross-sectional study

Source: the authors (2020).

Among all publications, 12 were in journals in the areas of Nursing or Obstetrics. Also, in 17 of the publications analyzed, at least one of the researchers was in the Nursing area.

The largest number of publications were from the United States, with a total of nine articles, followed by England with three. Two Brazilian articles were selected and one of them was published in an international journal. The methodological designs of the articles were diverse, with no specific one predominating.

As for the main results found, two articles primarily addressed the use of the birth plan as a communication tool for health professionals, to improve the exchange of information and the clear expression of desires and concerns of pregnant women.<sup>12,17</sup> The most frequent theme found in 11 of the 27 articles was about the use of the birth plan and its relationship with the satisfaction, empowerment, and experience of pregnant women in different scenarios, from primary care to the time of delivery in a hospital environment.<sup>4,12,13,19,22,24,26,29,31,33,34</sup>

In four articles, the birth plan was also the subject of study, elaborated and constructed through educational strategies, such as workshops, collective classes, and other modalities.<sup>15,16,21,30</sup> In general, these strategies were applied in the primary health care environment in groups of pregnant women and individual care, seeking to clarify the women about the possibilities they would have at the time of childbirth. The use of the birth plan was also used as a strategy for planning childbirth and postpartum care and reducing maternal and child mortality, identified in three articles from the African countries Uganda, Tanzania, and Rwanda.<sup>23,27,32</sup>

The construction of the birth plan together with the family and reference professionals and the benefits of its use in situations where the fetus presents a disease and/or life-threatening condition were also themes found in two other articles.<sup>11,28</sup> Conditions such as severe congenital malformations, chromosomal syndromes, such as trisomy of chromosome 18 (Edwards syndrome), teratomas, cardiac anomalies, and others, diagnosed during the prenatal period were mentioned. In these cases, where the prognosis was uncertain, life-limiting, or lethal, the use of the birth plan was part of the guidelines, specific to each case, as some included palliative care, measures such as cardiopulmonary resuscitation and intubation of the newborn soon after delivery, when there was a possibility of it occurring.<sup>11,28</sup>

The investigation on the efficiency of the use of the birth plan in reducing operative rates and interventional practices was carried out in three articles.<sup>17,21,35</sup> These concluded that, although the existence of a birth plan

has not interfered with the mode of delivery in most cases, its use contributed to the improvement of indicators, such as epidural anesthesia and a reduction in the risk of babies needing admission to a neonatal intensive care unit.

Three other articles presented different themes about the purpose and means of constructing the birth plan, including the development of an application,<sup>10</sup> the development of a plan for home birth in water<sup>14</sup> and a plan for elective cesarean.<sup>26</sup>

## DISCUSSION

From the results obtained in this scoping review, the partnership relationship between health professionals and pregnant women was perceived through the movement of offering guidance and identifying health needs through the birth plan. It also becomes a means to help the search for information based on scientific evidence and rights.

Nursing has been growing in the exercise of the so-called patient advocacy, which consists, in general terms, of protecting the patient against practices that are not of their interest, whether interventions, treatments, surgeries, or other behaviors that are not essential to recovery or promote their health. Patient advocacy provides for educating them so that they can exercise their autonomy and make informed decisions about the care they may receive and the nurse does this through effective communication and recognition of the patient's needs.<sup>36</sup>

Patient advocacy is based on the principle that they have the right to the dignity of receiving qualified care and correct information about the health care they are receiving. The nurse is present more than any other health professional in situations that provide opportunities for the development of actions that strive to respect the rights of patients.<sup>37</sup> The articles in this scoping review demonstrate that the birth plan is a topic that has been discussed and studied with increasing attention by Nursing. It is an instrument to promote care and health education and can be a means of protecting pregnant women and their families to make them aware and participatory in the care process.

The birth plan, as an instrument for the exercise of the patient's autonomy, can be a support for the woman who enters a health service, with the premise that her birth plan is respected and fulfilled. It leads to the belief that it contributes to raising awareness among caregivers, encouraging respect for the needs and choices of the pregnant woman and her family, as well as encouraging

vaginal birth, to reduce cesarean rates or to perform it after real clinical needs.<sup>38</sup>

Cesarean rates in Brazil are currently among the highest in the world, reaching the rate of 55%. Part of the reason is due to cultural issues also including the professional predilection for the procedure, in contrast to normal birth. This is a serious and complex problem, given that the WHO recommendation is only 10 to 15%.<sup>5</sup> The implementation of the birth plan has been related to the reduction of cesarean rates, as it favors a process of more natural/physiological delivery and provides better obstetric and neonatal outcomes.<sup>4,24</sup> Studies also reveal better Apgar and umbilical cord pH results, increased skin-to-skin contact, and delayed umbilical cord clamping.<sup>21,24</sup>

Articles analyzed in this scoping review studied the use of the birth plan to increase women's satisfaction and empowerment during labor, postpartum, and puerperium and demonstrated that the use of this tool can contribute to increasing their confidence and participation in decision-making in care.<sup>4,12-13,19,22,24,26,29,31,33,34</sup> It also contributes to the improvement of communication and relationship with health professionals.

One of the main reasons for this improvement in the experience is that the construction of the birth plan during prenatal care, especially when it is done together with qualified professionals, is an opportunity for these women to acquire information and health education. From this, they assume a more active posture when making decisions about their health.<sup>29,34</sup> This is one of how the birth plan contributes to the mother's empowerment, enriches the experience, and promotes satisfaction at the time of delivery.

Another form of elaboration and use of the birth plan includes those women who, due to health needs or personal choice, have their babies by scheduled cesarean. A study carried out in Australia by Lewis evaluated the speeches of 117 women, 71 of whom had completed a birth plan, about expectations for scheduled cesarean and, later, about their experience.<sup>26</sup> The article showed that there were positive experiences when women felt respected in their choices and properly informed. Negative experiences arose from the perception of non-fulfillment of primordial desires in their birth plans, such as skin-to-skin contact right after birth and the presence of a companion during epidural application.<sup>26</sup>

Some articles in this scope analysis consider that pregnant women should not be guided about practices that cannot be complied with by the team or the

institution, as well as preventing them from creating expectations of perfect delivery.<sup>4,13,19,22,35</sup> Thus, it should be ensured that its construction is consistent with the care reality of each health care facility and institution.

More realistic and objective birth plans were associated with better experience and satisfaction. Birth plans do not have a specific format to be followed, they can be presented as a form, composed of alternatives and structured items, in which the pregnant woman can mark her options. They can also be presented in text form, which allows explaining their preferences in more detail.<sup>4</sup>

The development of birth plans needs to be timely, realistic, and flexible. Prenatal education needs to help women in the process of choosing the most suitable professional and birth environment for their beliefs and needs, guiding them on the different practices and philosophies of care that can be adopted in different birth scenarios.<sup>4</sup> Research conducted in Catalonia also showed the importance of discussing the birth plan gradually throughout the prenatal period, while pregnant women receive information about the health establishment and the options they will have. Thus, it is not ideal to prepare the plan early, before 12 weeks of gestation, nor too late, after completing 37 weeks, given the emotional intensity of both periods and the information overload that occurs both at the beginning and towards the end of the pregnancy.<sup>15</sup>

Regarding communication with the health team, some authors highlighted that delivery plans with an excessive number of requests such as "be warned before the procedures are performed" or "be treated with respect" caused the professionals' animosity towards the plan.<sup>4</sup> They considered that women who included these items in their birth plans did not believe in their capacity as professionals of different categories and these plans tended to be less respected and used than others. For some authors, building a bond of trust and open and respectful communication between the health provider and the patient is more effective in achieving a humanized birth than a written birth plan.<sup>19,25</sup>

The practice of educating only patients, pregnant women, and parturient women about its use is not successful. The continuing education of medical and Nursing teams about respecting the patient's preferences is a fundamental component for care that can change the efficiency of birth plans.<sup>31</sup> The use and incorporation of a document, such as a birth plan, in institutions must be accompanied by proper



training and awareness of the health professionals involved to be effective.

Another important aspect related to the elaboration of the birth plan is the presentation of a document that has already been prepared and structured in advance. Some authors studied the application of ready-made models from this document and realized that the models of birth plans need to be inclusive and adjustable in cultural, physical, and linguistic diversity among women, so as not to create barriers to access their empowerment.<sup>20,25,29</sup> Thus, the birth plan needs to be as individualized as possible and, even when they follow standard models, they cannot be mere descriptions of routines already practiced in maternity hospitals, otherwise, the plan loses its purpose of existence.<sup>20</sup>

Regarding the countries of origin of the scope studies, nine are from the United States and three from England. Considering that the first model birth plan was developed in the United States by Sheila Kitzinger in 1980, to give women more autonomy and reduce unnecessary interventions, it is not surprising that most research on the theme is still originated in that country.<sup>39</sup> Anglo-Saxon countries echoed this new document and began using it to demand a delivery that was as least interventionist as possible.<sup>24</sup>

The main concern of articles from developed countries was humanization, the quality of the experience, and the satisfaction of women and families with childbirth. However, the three articles from African countries addressed the theme of the birth plan as a strategy for preparing for childbirth, reducing maternal and child morbidity and mortality.<sup>23,27,32</sup>

This way of planning care is called birth preparedness and complication readiness, a strategy advocated by the WHO to increase the access of parturient women to qualified professionals in obstetrics in developing countries, reducing maternal and fetal morbidity and mortality in these regions, which many sometimes face cultural barriers to access professional care.<sup>39</sup> It is a use of the birth plan that is different from what is seen in developed countries, being a strategy adapted to the local reality and aimed at reducing negative outcomes related to accessibility to health services and the process of delivery and birth.

Some research studied the use of the birth plan as an instrument that can help to reduce the number of births without qualified care.<sup>23,27,32</sup> These studies showed that the birth plan was useful in helping families to be a plan for the time of childbirth, contemplating their needs, such as transport to a maternal and child health service for childbirth, a reserve of financial resources for the period

when the woman will not work, help with the care of the other children, among other items. These are issues that are not addressed in the birth plans analyzed in developed countries, but as it is a flexible and adaptable instrument, and it can be well used in different contexts.

The limited number of articles published on the topic was a limitation found in this scoping review, which made it necessary to include materials published more than five years ago to recognize more widely the existing publications on the topic and how it is developed. The need to continue to explore the theme in further studies is perceived to know how the professionals and institutions build and use their birth plans, given the growing dissemination of the practice of birth planning observed today and potential diversifications of its use in the future.

## CONCLUSION

This scoping review elucidated that the birth plan has been used in different countries around the world in different ways, but always involving the pregnant woman and her family. We found that most of the publications using this instrument were from developed countries, obtaining favorable results for its use, although using different approaches and with different conclusions about its effectiveness and methods of implementation.

By being guided about their rights and by recognizing the various types of resources and behaviors that may be available to help them in the parturition process, the woman can develop autonomy and participation in the care process that she and the baby receive during childbirth and postpartum. The empowerment in decision-making that the birth plan promotes is valuable not only at the time of the birth but later as a testimony of the valuation of this woman in society. Health professionals are starting to recognize the birth plan as an opportunity to promote health and rights education and be a means of advocacy for the patient.

The results of this review show that the birth plan is a flexible and adaptable tool and there is no single model that fits all women, health institutions, or cultures. It needs to be appropriate and written according to the characteristics of each country, assistance model, or need to be met, not only as a guarantee of rights but also of information, bond and respect, including in negative conditions and outcomes.

When it is developed together with the multidisciplinary team during prenatal care, the birth plan tends to be more adjusted to reality and can be a way to prevent misunderstandings and frustration of expectations by the pregnant woman and to promote effective communication between professionals of health and the family.

The use and construction of the birth plan should be encouraged by the multidisciplinary team and health institutions that attend to pregnant women and parturient women to promote care. This practice should be disseminated in scientific articles to spread and encourage knowledge about this instrument.

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