THE COMPLETE GUIDE TO INDUCED BIRTH

BE PREPARED, INFORMED AND CONFIDENT

MAKING INFORMED DECISIONS IS THE KEY TO POSITIVE BIRTH.

INDUCED BIRTH IS DIFFERENT - LET'S GET YOU READY

INDUCED BIRTH IS DIFFERENT BUT IT CAN STILL BE A POSITIVE EXPERIENCE

This Guide is designed to support you if you'd like a better understanding of induced birth or to help you decide if it's right for you if your care providers have recommended it.

As well as information it has lots of practical tips and advice for a Positive Induction experience. Many of my clients have gone on to have positive experiences.

If after reading through this you decide you still need more support then I also offer **121 Birth Coaching online**. This would give you time and space to discuss your concerns, ask questions and form a clearer picture of what you need for this birth experience to be a positive one. To find out more, please get in touch: **rose@birthandmore.co.uk**

I'm sure you will find this Guide helpful and I'd love you to share what you thought and if it made a difference to you.

Rose

...women give birth in an environment that is safe from a medical perspective and also allows them to have a sense of control...which leaves them with a sense of personal achievement.

WHO Guidelines for Positive Childbirth Experience

WHAT MAKES BIRTH POSITIVE?

Before we get into the practical planning let's reflect on what we mean by 'positive birth'.

Let's start with what we don't mean as that's easier! I bet you can list on both hands the things you don't want to happen in birth. Things like not feeling in control, feeling overwhelmed by pain, not being with your birth partner and feeling like you can't do it.

These are all totally valid feelings. These days negative perceptions of birth are pushed on us by the media and well meaning friends and family. They are hard to dismiss. But we must release ourselves from a negative perception of birth.

Positive birth is **not** a prescribed set of events.

Positive birth **is** about how you *feel* during birth.

Have you given much thought to what type of birth experience you'd like to have? Where are you and who is with you? What are you doing? What tools are you using?

A birthing woman who feels informed about her choices, prepared and has people and tools to support her will feel in control and confident. **She'll let go of fear, trust her body knows how to birth her baby and she is more likely to perceive her birth as positive.**

Did you know that **only around 5% of babies are actually born on their due date?** The majority will arrive two weeks either side of that so due dates really are more of a guide! In some countries like Japan, they actually give mums-to-be a 'due month' instead which must take the pressure off. Sometimes, inducing your labour becomes a helpful option and if that's where you are right now, then this guide will give you the information you need to confidently decide if it's right for you.

WHY MIGHT INDUCTION BE OFFERED?

You might be offered induction if:

1. You have a **medical condition** that puts you or your baby at a higher risk (e.g., gestational diabetes, pre-eclampsia)
2. Your pregnancy goes **beyond 41–42 weeks** aligned with NICE guidance. You can read the NICE Guidelines on the Induction of Labour here. The NHS recommends mums are offered a sweep after 39 weeks. We do see mums offered induction from 38 weeks!
3. Your waters break, but labour doesn't begin or become established **within 24 hours**
4. There's a **suspected infection** posing a risk
5. Your baby is larger than expected so you may be induced before full term as there's a **risk of Dystocia in labour** (difficult or obstructed labour) or their growth rate is lower than expected
6. You're **40 or over,** or have had **IVF** and therefore this as standard practice

DO I HAVE TO ACCEPT INDUCTION?

Absolutely not, although you may be strongly advised to follow their recommendations. Be prepared for that discussion. As with any medical procedure, you must consent to being induced. **It's also key to a positive induction that you understand why it may be the best option for you and your baby and feel listened to and able to voice your concerns.** This allows you to enter into induction feeling empowered and supported - therefore, your body is much more likely to respond favourably rather than resisting the process.

Additional, evidence-based, reading
My go-to for all things induction is Dr Sara Wickham. She has a book as well as a series of blogs:

- Link to Website hub with links to resources
- Link to Instagram account for snapshot information

Induction is really common now. Some people think it's oversold. It's often not discussed in depth, and women are sometimes given an induction date without even being asked whether this is what they want.

Dr Sara Wickham, 10 things I wish every woman knew about induction of labour

HOW TO DECIDE IF INDUCTION IS RIGHT FOR ME AND MY BABY

My top 3 questions to ask when being offered any form of intervention:

1.Is this recommendation based on hospital policy (i.e. just the way it always is) or is it based on a medical recommendation?

2.If the latter, please share the evidence that this is beneficial to me and my baby. Please use numbers not percentages to discuss this.

3.How will opting in affect my birth preferences? *It is important to know upfront if your birth plan needs to adapt*. Find out for the whole process of induction in case you need the full journey of intervention, including which pain relief options will be available to you.

Apply the BRAIN decision making process:

BENEFITS: what is the evidence for the intervention.

RISKS: what are the risks of opting in and opting out.

ALTERNATIVES: is there something else you could try? Could you wait a few more days? Do you need further testing/evidence first? Is a c-section preferable to you?

INSTINCTS: how are you feeling about the prospect? How do you feel about the evidence being presented?

NOTHING: waiting, taking some time to see if labour happens spontaneously.

WHAT IS INDUCTION OF LABOUR?

In simple terms induced birth, is birth started artificially via medical intervention as opposed to being spontaneous. The aim of induction is always to stimulate your body to go into labour and therefore take over. How quickly your body responds to intervention varies from person to person but I generally advise my clients to prepare for three days on average. There are ways you can support the medical process and encourage things along.

METHODS OF INDUCTION

It's important to understand the full process of induction and later we'll discuss ways to support the process. There are of course risks associated with each and everyone reacts differently so it's not possible to predict your own experience. It's key therefore, to prepare thoroughly for Induced Labour and have plenty of support tools and techniques available. If you'd like to discuss how I can help you further do get in touch: rose@birthandmore.co.uk.

The first stage of intervention is focused on methods to stimulate the cervix to soften and ripen and start to dilate. Some women may need more than one type of intervention before this is achieved. Only then can your waters be broken to further stimulate labour.

How do they know if my cervix is responding? You'll be offered vaginal exams. This is so they can check how ready or ripe (soft and open) your cervix is for giving birth. Your care team will try to minimise the number of exams carried out as they come with a risk of infection.

I'll outline below all the possible steps that you may experience, however, know that your body may respond favourably and then you won't have to complete all intervention types.

Here are the most common techniques used in Surrey, UK:

- **Membrane sweep (cervical sweep)**: Usually performed by a midwife in your antenatal appointment, they gently sweep a gloved finger around your cervix to separate the amniotic sac from the uterus. This releases hormones called **prostaglandins**, which may help trigger labour without the need for synthetic hormones. It's a drug-free way to encourage labour, it can reduce the need for medical induction, as it increases the chance of going into labour within 48 hours. On the other hand, it doesn't always work. It can cause discomfort, cramping, and light bleeding. And some women find the procedure a very uncomfortable experience. It can be repeated a few days later however, so if you're trying to avoid drug-based options that might be your preference. NHS recommends it's offered after 39 weeks but in reality I hear mum's being offered them before that. **Please note: most hospitals, including East Surrey, do not categorise a 'sweep' as a form of induction.** This means that they do not include women who've had sweeps and no further intervention in their induced birth statistics. **It also means they won't proactively discuss the follow on steps of induction if the sweep doesn't lead to active labour. Know that a sweep is the start of a cascade of interventions and shouldn't be opted into lightly.**

- **Synthetic (artificial) prostaglandin hormones, East Surrey uses 'Propess' pessary or gel:** Prostaglandin is a hormone released naturally by the body in labour. A synthetic prostaglandin is inserted into the vagina and behind the cervix and can remain for a maximum of 24 hours before removal. The aim is to soften and prepare the area and open the cervix. In cases where mum and baby are both well, this process can be carried out as an outpatient induction at home. You will be asked to return in 24 hours (unless otherwise indicated) for reassessment and removal of the pessary.

    - **Can you still use the Birthing Centre?** Following induction of labour using Propess (when not requiring continuous fetal monitoring) you may be deemed suitable to use the Birthing Centre. However, an initial CTG will be required to rule out fetal hypoxia (baby showing signs of distress/lack of oxygen). Example situations include induction for: maternal age, post due date or gestational diabetes that is diet controlled, with normal blood sugars and normal growth scans.

    - **Possible side effects of synthetic prostaglandin hormones include:** feeling sick (nausea), being sick (vomiting), diarrhoea (runny poo), hyperstimulation of the womb. Hyperstimulation of the womb means your womb is contracting too much. This could affect your baby's heart rate. If this happens, your midwife or doctor will try to slow your contractions by stopping this medicine and, if possible, removing it. They may give you a different medicine to slow your contractions. It can also increase your discomfort and increases the likelihood of pain relief.

At East Surrey Hospital:

- **Osmotic dilator (cervical rods), East Surrey use Dilapan-S:** Dilapan are non-medicated soft rods (Ea*st Surrey describes them as similar to a cotton bud, if you want to see an image click here)* made of **hydrogel**, which absorbs the fluid from the cervical tissue. Using a speculum, a midwife will insert 3-5 rods into the cervix, which can each expand to 15mm. These can remain for 12-24 hours and can dilate the cervix so your waters can be broken.

    - Dilapan is the recommended method of induction for **VBAC** (vaginal birth after caesarean section) **women who will be offered Dilapan as the first line for IOL.**

At Epsom Hospital:

- **Balloon catheter**: A Foley bulb or Foley balloon is a catheter-like device that is inserted and gently inflated with saline solution to encourage the cervix to soften and open. Click to see an image here. Sometimes it's comfortable enough to move about and you may be permitted to go home.

- **Synthetic (artificial) prostaglandin hormones**, East Surrey uses **Prostin**: Will be used as a second method if initial Propress has not opened the cervix enough to enable Artificial Rupture of Membranes (ARM). Prostin is a pessary in the form of a tablet or Gel containing the hormone prostaglandin. This is inserted into the vagina, behind the cervix and releases the hormone over a 6 hour period. Prostin is also the typical method of induction for those who have prolonged rupture of membranes (>24 hours) where labour has not started spontaneously.

    - **See previous list of possible side-effects**

Once your cervix is deemed ready, the second stage of intervention can begin.

- **Artificial rupture of membranes (ARM or "breaking waters"):** Once your cervix is considered to be ready you will have your waters broken using a small plastic hook to make a hole in the sac of fluid around your baby. It might not work the first time, so your midwife or doctor may need to do it more than once. You'll feel the fluid leak out of your vagina. Once your waters have broken, your baby's head should press on your cervix and this may help to start your contractions. If your contractions do not start within 2–4 hours, your midwife or doctor will usually recommend an oxytocin hormone drip to help them start. However, you can decide if you'd like to wait a little longer, although you may be encouraged to follow hospital policy. Vaginal exams will not be performed afterwards, unless absolutely essential, as the risk of infection to you and baby is higher now.

    - There is a small risk that the hook makes contact with your baby and causes a small injury.

- **Synthetic (artificial) Oxytocin hormone drip:** Your body produces oxytocin to start and maintain contractions naturally. But this does not always happen in induction of labour, namely because Oxytocin needs to feel undisturbed, unobserved and safe which can be a challenge in a medical environment and on a busy ward. If you have had synthetic prostaglandin hormones to help prepare your cervix for labour, you will need to wait 6 hours before starting synthetic oxytocin.

    - This typically requires constant monitoring. Your midwife will use a machine (usually strapped to your bump) to constantly monitor your baby's heartbeat. This is so they can make sure your womb is not contracting too much (*hyperstimulation*) and that your baby is coping with induced contractions. If your midwife or doctor is worried that your womb is contracting too much, they will remove your drip.

    - Using Synthetic Oxytocin to induce labour means you have stronger contractions faster, without the slow build-up of spontaneous early labour. This can affect how your body deals with the pain and increases the likelihood of using drug-based pain relief. Please know that if you're struggling with the intensity you can also ask for it to be removed.

    - Some hospitals do not have monitoring equipment or it isn't available that can be used in a birth pool. This means you would not be able to have a water birth. Challenge this on the day and be sure that's the case rather than them just preferring you didn't use the pool.

BIRTHING YOUR PLACENTA AFTER INDUCTION

After your baby is born, you will need an additional dose of Synthetic Oxytocin in to help you birth the placenta (this is called 'active management' of the Third Stage of Labour). This has been shown to reduce the risk of losing too much blood after birth in induced labours.

EAST SURREY HOSPITAL (SASH) FLYERS ON INDUCTION

- Induction of labour webpage
- Your Induction of Labour at East Surrey Hospital Flyer
- Induction of Labour Decision Making Process Flyer
- Induction of Labour using Dilapan-S Flyer

OVERALL DRAWBACKS & BENEFITS

Drawbacks:
Generally induced birth takes longer, feels more intense, requires hospital birth, and may involve more monitoring or interventions and drug-based pain relief. There's also an increased chance of birth after c-section as labour doesn't continue to progress or mum is feeling too exhausted to continue.

Benefits:
If your care team advises induction and there is a good reason for it, then it can reduce the risk of post-term complications (including stillbirth) and bring forward your baby's arrival in a safer way. This is individual and should become clear if you follow my decision-making process and tips outlined earlier.

PAIN RELIEF OPTIONS FOR INDUCED BIRTH

Here's a guide to what's available, including drug-free alternatives to help you feel more in control.

Natural & Alternative Pain Relief Options

These methods work by supporting your body's natural ability to cope with labour, often used in early stages or alongside other methods.

Hypnobirthing

Many mums find hypnobirthing techniques—like breathing, visualisation, and relaxation—help them stay calm and focused during contractions. It's also invaluable when accepting induced birth is right for you and letting go of any anxiety around it before it begins. This will help your body respond to the process.

- I can support you with bespoke 121 coaching online to discuss your Induced Birth Plan and I also have a Guide and Digital Positive Induced Birth Course available. Just get in touch to discuss.

Birth Combs

A simple but surprisingly effective tool. By gripping a comb, you apply pressure to acupressure points in your hand, which distracts from contraction pain. Definitely an affordable option and easy to bring your own comb to hospital. Can also be used alongside other options.

Water (Showers & Birth Pools)

Warm water can be a huge relief in early labour. Soothes aches, supports movement, promotes calm. It may not be available during later stages of medical induction or with certain monitors in place.

Aromatherapy, massage, movement & breathing

Many mums find walking, using a birth ball, or having a supportive birth partner apply counter-pressure during contractions helps a lot. Natural, empowering, and effective for many. Can be combined with other options later.

Inhaled Pain Relief

Entonox (Gas & Air)

A mix of oxygen and nitrous oxide you breathe in during contractions. Quick, self-controlled, no lasting effects so if you don't enjoy the effect it doesn't take too long to wear off. It can cause dizziness or nausea.

Injection-Based Pain Relief

Pethidine or Diamorphine

An opioid injection into your thigh or bottom, used to take the edge off stronger contractions. Helps you rest, especially in early labour, but can cause drowsiness and affect baby's alertness after birth so it won't be recommended during later stages of labour.

Remifentanil (PCA – patient-controlled analgesia)
A fast-acting painkiller you control through a drip. Typically available on labour wards. Quick relief, wears off fast which is good if you don't get on with it. It does require close monitoring and can make you feel sleepy or lightheaded.

Epidural
An epidural is a type of local anaesthetic injected into your back that blocks pain from the waist down. Available on labour wards. Excellent pain relief, especially for long or intense labours. May limit freedom of movement and require additional monitoring or assistance during pushing.

P**ain relief in labour isn't just about medication**—it's about having choices, feeling heard, and being supported. Whether you prefer to lean into natural methods like hypnobirthing and birth combs, or are open to an epidural when things get intense, discuss all your options ahead of birth.

Remember: Induction doesn't mean you can't have a positive, empowered experience. Talk through your options with your midwife or get in touch if you'd like my help to discuss your preferences and create your birth plan. You deserve to feel calm, confident and cared for—no matter how your baby's journey into the world begins.

HOW TO HAVE A MORE EFFICIENT AND MORE COMFORTABLE INDUCED BIRTH

First we need to discuss what supports physiological birth as after all we want to encourage our bodies to take over.

Oxytocin, the love hormone, is needed for strong, powerful and effective contractions. It is present in times of intimacy but also when we feel calm, safe and loved. This can be a challenge on a busy hospital ward. Melatonin, the sleep hormone, is best friends with Oxytocin which is why spontaneous labour often starts whilst asleep in your own bed. Both hormones are shy and need you to feel safe & supported, undisturbed and unobserved. So try these ways to encourage them to flow:

- Eye mask and ear buds, either for quiet or to listen to music that helps you relax. Closing your eyes is a shortcut to triggering your parasympathetic nervous system by blocking stimulation to your brain.
- Ask for minimal interruptions, should certainly be possible in early stages.
- Bring comfort measures to the hospital, a throw and cushion on your own, cosy clothing.

Minimise surges of Adrenaline, the stress hormone, which in brief spells can bring a welcome energy boost but if allowed to dominate can inhibit Oxytocin. Work on releasing fear and anxiety ahead of induction, form a sense of calm, confidence around the intervention. Work during induction to stay calm and in control. Practicing Hypnobirthing techniques could really benefit you here, see more below.

The temptation to just sit/lay on the bed and wait for labour to just happen is strong whilst in hospital. **Stay mobile and active when you feel comfortable to do so**. But try and negotiate the ability to take walks around the ward, bring a birthing ball in with you and spend time stretching, walking and moving. Practicing Pregnancy Yoga before induction will familiarise you with movements to support active birth. Find out about my classes in Dorking, UK here.

Be mindful to **maintain energy levels** for what could be a long process. Rest when you can. Eat nutritious meals and stay hydrated. Honey makes a great active labour snack as easy to consume and digest. Coconut water is great for re-hydration and preferable for some over sports drinks.

THE POWER OF HYPNOBIRTHING FOR INDUCTION

Just because induced labour is very medicalised does not mean there's no place for Hypnobirthing. In fact I'd argue it's ever more important and I've had several clients find it extremely beneficial. Hypnobirthing techniques support you to let go of fear around birth and promote feelings of calm and confidence - still relevant in induced birth. These feelings provide the right environment for birth hormones to surge and prevent stress hormones from dominating and ultimately derailing your birth.

THE MIND-BODY CONNECTION

S**imply put, how you feel alters the chemical balance (hormones) and triggers a physical response.** If you feel scared, anxious, stressed, then stress hormones (Adrenaline and Cortisol) will surge and inhibit birth hormones (Oxytocin and Endorphins) slowing or even stopping your labour from progressing.

Ideally you want to be present in your **Parasympathetic Nervous System**, your calm state of mind, during labour. This allows you to turn inward and let your body lead. If you labour in your Sympathetic Nervous System instead your Fight, Flight or Freeze mode will be activated and your body will think it's not safe to give birth and slow or stop labour. It's still possible that your Fight, Flight or Freeze mode may be activated when using Hypnobirthing, but you'll be equipped to take back control and not let it dominate.

Hypnobirthing doesn't take away the sensation of your contractions but it prevents you from feeling overwhelmed by them. This could really make a difference when induced birth often causes more intense contractions.

Hypnobirthing works using Guided Relaxation Scripts, Anchors and Techniques such as Touch or Breathing Techniques, to move you from fearing birth towards calm, confidence and learning to trust your body. Practicing these techniques frequently in pregnancy means they'll be very powerful during labour. I also have a set of recorded scripts dedicated to supporting women preparing for induced birth.

What makes birth positive

I'm often asked what to do to ensure a more positive birth experience but it's much more about what you need to be *feeling* in order for birth to be positive. If you dread and fear birth then your body will see it as a medical crisis and panic. This will make birth longer and much more uncomfortable.

Often mums I support, describe their birth as positive not because of the specific journey it took but rather how they felt. They talk of feeling in control, empowered to make decisions that feel right to them, they felt prepared in the first instance and didn't feel overwhelmed by their contractions. They are often in awe of what their body has achieved and yet couldn't quite pinpoint for you exactly what they did as it was more about their mind-set during the birth. Do get in touch if you'd like to know more about Hypnobirthing: **rose@birthandmore.co.uk**

PACKING LIST FOR INDUCTION

I'm going to focus on specific things that you may not have already thought of:

- Energy boosting snacks: whilst on the ward you may feel hungry outside of meal times, be considerate of others and choose things that don't have a strong smell though!

- Extra long phone charger: the plug is often high above the head of the bed and you'll want to be able to listen to music, Hypnobirthing scripts or contact your birth partner.

- Home comforts: own pillow (make sure the case is brightly coloured so won't get confused for a hospital one!)throw and comfortable clothing and toiletries that help you relax such as hand cream with a scent you enjoy to mindfully massage hands and feet.

- Ear plugs so you can sleep if the ward is noisy

Partner packing tips

To be honest I don't generally recommend partners plan to stay in hospital on the first night as things can be slow to start. You may also be able to rest more whilst alone. But once they are in hospital they should be self-sufficient, change clothes, toothbrush and toothpaste, chargers and snacks. Don't expect to be fed on the ward as you're classes as a visitor so take time for breaks at meal times and this could help refresh you.

Discussing your concerns with your partner and care team is part of the process towards a positive induction experience.

Rpse, Birth & More

SUMMARY OF THE GUIDE

So we've covered an awful lot of information from the medical process of induction to how to support a positive induced birth. Here's a summary of the key points I'd like you to take away with you as you prepare for your birthing day:

Make an informed decision: this will increase your chances of having a more positive experience should you opt into Induction.

Mindset is key: plan for being in hospital for around 3 days, use tools and techniques to release fear and anxiety ahead of induction and during, work to tell your body it is safe and it's the right time for birth. To optimise your preparation, consider learning movements to support birth at a Pregnancy Yoga class and mindset techniques with Hypnobirthing.

Discuss your preferences: plan for how you'll support labour to start on a hospital ward, discuss pain relief options, talk through all the scenarios and your preferences. Make a note and be sure that your birth partner is clear on them too and supports you.

Clear the noise: what you decide is no one else's business, buffer yourself from any unhelpful comments or discussions, including social media and WhatsApp. Digital detox during the procedure, focus on turning inwards and working to support birth to happen.

Plan for the fourth trimester: all birth is physically exhausting but induced birth may mean its been longer since you had a decent meal or night's sleep. Plan now for a 'baby bubble' of calm at home, get meals prepped or buy Cook meals! Get the house ready and cosy for you to recover in peace as a family. Have the contacts you need should you need extra support afterwards with breastfeeding or help around the house.

I've given you lots to reflect on I'm sure and if you'd like my support to discuss this further and develop your own Induced Birth Plan do get in touch: **rose@birthandmore.co.uk**

Every one deserves to feel positive about their birth, no matter how labour started. Sincerely wish you a positive birth experience and if you found this Guide at all helpful please do let me know.

Subscribe for news and booking access here.

Follow me on Instagram for more birth tips.

MY BIRTH PREFERENCES

Full name:

Name I'd like to be called:

My birth partners name and relationship to me:

My due date:

This is my first birth / I've given birth before

I do / don't know the sex of my baby / I want to discover the sex of my baby myself

We plan to take photographs / video the birth

I am planning to give birth: at home / in a midwife-led birthing unit / on a maternity unit in hospital

My ideal birth would be:

I consent to vaginal exams / If all is well please don't interrupt me for vaginal exams

I do / I don't want to know how many centimetres I'm dilated

Pain relief preferences:

Active birth preferences:

Birth environment preferences:

MY BIRTH PREFERENCES

In labour I will be using the following tools to support me: (circle)

Hypnobirthing Breathing techniques Playlist/Recorded guided relaxation

Visualisations Birth affirmations TENS machine Birthing pool Massage

A quiet/private birth room Positive & encouraging language

Delivery preferences *(position, location, environment, coaching)*:

I wish the baby to be delivered onto my tummy / I wish to hold my baby straight away / I wish for the baby to be washed and then given to me

Cord management preferences:

I will breastfeed my baby and would like support with latch / I don't want support with latch

Third stage preferences:

I do / don't consent to Vitamin K injection

Aftercare preferences:

If tearing occurs I prefer not to have stitches unless it is essential to healing / I prefer to be stitched

If stitching is necessary I do want a local anaesthetic to be well administered prior to stitching

If I need to be separated from my baby after birth, my birth partner will stay with me/baby

If I need to be separated from my baby after birth, I do not want my baby to be given any formula

MY BIRTH PREFERENCES

Emergencies:

Please consult my birth partner on any eventualities as they arise and outline all the risks and choices. They will discuss with me so I can remain calm.

Please share any concerns with us as soon as they arise. We may ask for time to consider our options if possible.

Assisted delivery preferences:

Unplanned cesarean preferences:

Postnatal preferences:

I do not want my baby to be given any formula

I would like my baby with me at all times unless I request otherwise

I would like to be present when my baby has a nappy change or bath

Other notes:

BIRTH AFFIRMATIONS

You could spend some time handwriting the ones that you most connect with and display them around your home. Why not share them with your birth partner so they can text them or say them to you when you're in labour.

I am informed and prepared

I am ready to give birth and meet my baby

I trust my body is perfectly designed to birth my baby

My baby is the perfect size for my body

I am supported and loved

I am strong and in control

I am calm, I am confident

I inhale calm and exhale tension

I release, I relax, I soften

I ride the waves of my contractions as they rise and fall

I am not overwhelmed by my contractions as they are me

I am enjoying a positive birth

I am enjoying a comfortable birth

My baby and I work as a team

Women all over the world are birthing with me

Each wave brings me closer to meeting my baby

I listen to my body and let it lead

I make the best possible decisions for my baby and I

My baby will arrive when they’re ready

Giving birth is an amazing and empowering experience

Let me support you prepare for the positive birth experience you deserve!

Rose Founder and Instructor at Birth & More

ABOUT BIRTH & MORE

Antenatal, hypnobirthing classes & mum and baby classes in Dorking, Surrey

I launched Birth & More after the first Covid-19 lockdown in 2020 following the closure of the franchise I was part of. Grabbing the opportunity in both hands I redesigned my courses to include mindfulness so mums and mums-to-be can truly unwind and rest after class. Women who take my courses can expect support well after the classes end and I see many familiar faces in my postnatal classes too.

Rose

If you'd like my support preparing for a positive birth experience do email me so we can have a chat: rose@birthandmore.co.uk

Birth & More is a Surrey based antenatal business for expectant parents. Founded by Surrey mum Rose Scott, Birth & More wants expectant parents to get the most from their antenatal experience - the comfort of a caring community, the confidence of mindful birth education and the reassurance of personalised long-term support. To continue her support to mums before and after birth, Rose also teaches Pregnancy Yoga, Baby Classes and hosts socials for mums and mums-to-be.

Rose Scott, Founder and Instructor at Birth & More Ltd