

Birth Plan For

Copies to:

OB _____

L&D _____

NICU _____

Self _____

Name: _____

My Doctor(s): _____

Due Date: _____

Our precious baby, _____ was diagnosed with _____. Although we have a realistic understanding of **his/her** prognosis, we have never stopped praying for a miracle. She is our **son/daughter** and we will treasure and hold in our hearts every moment of time that we might have with **him/her**. As you must know, this bittersweet journey has been at times very painful and your compassion and understanding are deeply appreciated. We believe that the memories and interactions we experience with our baby will console us for years to come.

We request that you call our baby by **his/her** name and please feel free to ask us about her and any special stories from our pregnancy. Your interest means so much and it further validates and honors **his/her** precious life.

We have prepared this birth plan so that you might better understand our wishes for delivery. We understand that the labor and delivery process is not always exact. We only ask that you keep us informed so that we may participate in any decisions, keeping in mind what is best for our baby. Thank you in advance for your understanding and support.

Anesthesia: I prefer _____ for pain control. If medication is given during my labor, I prefer doses which will provide maximum comfort but allow me to stay alert. Please feel free to discuss methods of pain control.

Fetal Monitoring: Please ask us if we would like to hear our baby's heart beat early and before labor progresses. If possible we would like to see our baby via ultrasound prior to labor. If our baby's heart stops before delivery, **we do/do not want** to be informed.

Visitors: We understand due to heightened security, the number of visitors allowed may be limited. We request that **our liaison**, _____, periodically give updates to our waiting family and friends and that she be allowed to escort them to our room as requested. We would also request that our children participate, as appropriate/not participate.

Videotaping Delivery: _____ we want _____ we do not want

At Delivery: Please allow _____, to cut the umbilical cord. We would like oral/nasal suctioning for comfort and NO intubation without our permission. If our baby has fewer problems than expected, please discuss all options with us.

After our baby is born, we ask that weight, medications, and any tests be postponed if possible and that **he/she** be wiped off, wrapped in a warm blanket and handed to _____. Other than routine post delivery care, we ask that we be given private time to cuddle our baby. If our baby can't nurse/suck, we wish to provide comfort drops of formula/breast milk.

If our baby must be placed in NICU we ask that we have as much privacy as possible. We also want to be informed of medications and tests.

We wish to bathe and dress our baby if possible. ___ **we do** ___ **we do not have burial garments.**

We wish to hold our baby if **he/she** is dying or has died and we want to keep them with us as long as possible.

Baptism: We have planned a baptism to be performed by:
_____ ph. _____.

_____**We would like to speak with the hospital chaplain.**

Memorial/Funeral Service: _____ have been made. _____ have not been made.

Mortuary: _____ phone: _____.

Other considerations:

The importance of carrying a copy of this plan is understood. We hope this birth plan will be a useful tool for our care providers.

Thank you for your care and support. Please accept any changes to these requests as we feel are necessary.

Signed:

Baby's Parent(s): _____ Date: _____