

Family Birthing Plan

To the staff of the Hospital:

Our beloved baby, sadly, has been diagnosed with _____. However imperfect he/she appears, this is our child, whom we love deeply. This love compels us to revere and treasure every moment of our baby's life to its fullest natural extent. Your compassion and understanding during this bittersweet and difficult time are appreciated deeply. We believe that the memories of our actions during this sacred time with _____ will later console us.

We understand that after the birth, situations may arise that were not anticipated and decisions will need to be made. We simply ask you to keep us informed so we can participate in the decisions as to what is best for _____. We ask that no intervention be taken without our approval, other than what is outlined below. We trust you will respect our wishes.

Please call our baby _____. Ask us how we feel, if he/she has been active, and what special stories we have from this pregnancy. This validates and honors our baby's life.

During labor and delivery, we would like (special music, shower, foot back massage, etc.) _____.

We would like to remain in the same room for labor, delivery, and recovery.

Regarding fetal monitoring, we would like _____ none _____ external _____ internal.

We might like to hear our baby's heartbeat early, before labor progresses. If our baby's heart stops prior to delivery, _____ we do _____ we do not – want to be informed.

We would like these people in attendance: _____

We _____ want _____ do not want, the birth videotaped.

Any drugs given during labor to _____ should be given in doses to provide maximum comfort while allowing her to remain alert. Our other preferences regarding management of pain for _____ include _____.

Please allow _____ to cut the umbilical cord.

We would like oral/nasal suctioning for _____'s comfort only and *NO* intubation without our permission.

After our baby is born, we ask that he/she be wiped, suctioned (if indicated), wrapped in a blanket and: if alive, handed to _____; if stillborn, handed to _____.

We wish to cuddle our baby immediately and ask that vital signs, weight, medications and labs be postponed, if possible.

If our baby has fewer or more problems than expected, please discuss all options with us.

Other than routine post-delivery care, we wish for private time with our baby. We will discuss exceptions that should be made. _____

We prefer that our liaison _____ periodically give updates to our waiting family and friends and that h/she escorts visitors to our room, at our request, and helps us with phone calls.

If our baby can't suck or nurse, we wish to provide comfort with drops of breast milk or formula.

We have planned a _____ baptism _____(other) _____ to be performed by _____, or we wish to enlist the services of the hospital chaplain. Godmother/parents are _____.

Memorial/funeral plans _____ have been _____ have not been made for our baby.

If our baby is placed in the NICU, we request as much privacy as possible as we care for him/her.

Please discuss any medications and/or procedures with us before giving or performing.

We wish to hold our baby as he/she is dying or has died and want to keep their precious body with us as long as possible.

We would like to bathe and dress our baby _____. We have _____ we need _____ a burial garment.

We would like to keep the following items as keepsakes: cord clamp, lock of hair, ID bracelet, tape measure, crib card, hand and foot prints (molds, if possible) baptismal certificate, weight card, bulb syringe, hat/blanket/clothes, family handprints, and photographs – color and black and white.

Please give instructions to _____ (mother) on comfort measures/ milk suppression.

Please allow _____ (my husband) or _____ to spend the night in my room.

Regarding our other children we: _____

Other considerations:

Parent(s): _____

Date: _____

Our doctor is: _____

