

Birth Plan:

Mother's Name _____ Contact Number _____

Father's Name _____ Contact Number _____

Baby's Name _____ Gender M F

Due Date: _____

Mother's Doctor: _____

Anticipated Baby's Doctor: _____

Diagnosis: _____ Date informed _____

Prior to Hospitalization: (Please check all that apply):

- We would like a tour of Labor and Delivery
- We would like a tour of the NICU if available (Neonatal Intensive Care Unit – a specialized unit for babies who need of medical support)
- We would like to talk with a Neonatologist (a specially trained Pediatrician who cares for the sick and premature infants)
- We have talked with a Neonatologist
- We would like to talk with a Pediatric Palliative Care Physician (a specially trained Pediatrician that focuses on the relief of pain, stress, and other symptoms of serious illness, whose goal is to relieve suffering and improve quality of life for patients and families. *Palliative Care is not dependent of the prognosis and can be delivered at the same time as treatment that is meant to cure)
- We have talked with a Pediatric Palliative Care Physician
Name _____
- MOLST Completed (a form that highlights decisions regarding life sustaining treatment)

Prenatal Testing you have had done:

- Ultrasound (Sonogram)
- Genetic Testing/Counseling
- Amniocentesis
- Other (please specify) _____

Prior to Delivery:

- We would like the baby's heart rate checked from time to time
- We want continuous monitoring of our baby's heart rate
- We want IV pain management and/or epidural for labor

Delivery Plans:

We have discussed delivery options with Obstetrician:

- Vaginal birth
- C/Section (Repeat__ or for baby's health__)

Support person we would like present for our labor and delivery:

Family member/friend present to care for our children during labor and delivery:

Family member/friend designated to communicate between medical staff and family:

Baby:

- We would like to hold our baby as soon and as long as possible
- We would like to hold our baby skin to skin as soon and for as long as possible
- We want any non urgent nursing procedures delayed to give us uninterrupted time with our baby (Weighing baby, test, etc.)
- We wish for the NICU team to be present at the delivery
- We would like _____ to accompany the baby to the NICU if necessary and be informed of all testing and care
- We would like to bath our baby
- We would like to use our own clothing and blankets
- We would like pictures taken with our camera

Feeding:

- If the baby is able, we would like to breast feed
- If the baby is able, we would like to bottle feed
Formula preference_____
- If our baby can not suck we would like feeding via dropper or tube

If our baby is still born or dies soon after the delivery:

- We would like our baby swaddled and immediately handed to us
- We would like to hold our baby skin to skin
- We would like to bathe and dress our baby
- We would like (name) _____ to bathe and dress our baby
- We would like the nurse to bath our baby
- We would like to use our own clothing and blankets
- We would like pictures taken with our camera
- We would like the baby with us as long as possible
- We plan to use this funeral home: _____ # if known_(____)_____

Family Support:

- We would like our children/family brought in as soon as possible after the delivery
- We would like to be alone with our baby as much as possible with frequent checks from our nurse
- We would like to remain on L & D for our entire stay if possible
- We would like to move to the postpartum floor as soon as medically safe
- We would like to move to a floor that does not have newborn babies

Sibling Support:

Sibling Name: _____ Gender M F Age _____

Sibling Name: _____ Gender M F Age _____

Sibling Name: _____ Gender M F Age _____

Sibling Name: _____ Gender M F Age _____

- We would like all our children brought to L & D shortly after our baby's birth
- We have an alternative plan for our children if our baby is born still or dies shortly after delivery:

- We would like Child Life Support (CLS) (Child Life Specialists are professionals who help children and their families better understand and cope with crisis surrounding medical events. As experts in child development, CLS use play, preparation, and teaching, to support children).
- Child Life Support is already involved with our children (Name) _____

Spiritual Support:

- Spiritual care support is desired
- Hospital Chaplin
- Personal Chaplin (name) _____ # if known _____

This ritual is important to us and we would like it done shortly after birth:

If the hospital can provide the following, we would like (please check):

- Pictures
- Footprints/handprints
- Foot/hand molding and clay
- Lock of hair
- Crib card
- Clothing (hats/blankets)
- Ring
- Stuffed animal
- Baptismal/blessing certificate

- Moses Basket
- Monitor Strip
- Memory Box
- ID Bracelet
- Sealed bags for clothing and items to preserve baby's scent
- Now I Lay me down to Sleep Photography

Photographer Name (if known): _____ Phone: _____

If there is anything else you would like to share with us to better care for you and your family, please note below:
