



<input type="checkbox"/> Labor & Delivery
<input type="checkbox"/> Family
<input type="checkbox"/> Embracing the Journey
<input type="checkbox"/> Family Liaison
<input type="checkbox"/> Doctor/Midwife

FAMILY BIRTHING PLAN

From the family of: _____

To the staff of: _____

I am a patient of: _____

We would like to share our wishes for the journey upon which we are embarking. The beloved baby we are expecting is diagnosed with _____. We understand this diagnosis is terminal. However, the love we share for our child persuades us to carry out this pregnancy until our baby's life comes to a natural end. We appreciate your understanding and compassion as we embark on this journey to build memories and interact with our child to the fullest extent. This is a bittersweet time for us and we appreciate your honoring our wishes.

Please keep us informed as events arise that would require a prompt decision. In our situation it is difficult to anticipate all possible scenarios. We ask for open communication so that all decisions can be made with informed counsel while keeping our baby's best interest in mind. We trust that no intervention will be taken without our approval.

We have named our baby _____; therefore, we ask that you call our baby by **his/her** name. Calling our baby by name validates the life we are striving to memorialize. We are in a grieving process; therefore, it may be difficult at times to respond to your questions. We **do/do not** welcome questions about the pregnancy, our process of carrying and expecting a baby with a lethal anomaly, and our plans for the future. We are grateful for your understanding that this has been a painful time for us.

For our comfort, we **do/do not** wish to recover in the same room in which we labored and delivered. If allowed, medication given during labor should be in doses to provide maximum comfort while remaining alert. I anticipate using _____ method of relieving pain. However, please discuss with us all available types of pain control.

Our baby will receive ____ **no** ____ **external** ____ **internal** fetal monitoring. Please ask if we would like to hear our baby's heart beat, before labor progresses. If possible, we would like the nurses/physicians to show us our baby via ultrasound prior to his/her birth. In the event our baby's heart stops before delivery, we **do/do not** want to be informed.

We understand that hospital regulations may limit the number of visitors allowed in our room. We **do/do not** want our children to participate in the delivery. We **do/do not** wish non-sibling children be allowed to visit. We **do/do not** wish for extended family and friends to have the opportunity to see us and our baby through various stages of the labor, birth and recovery. We prefer that our liaison _____ periodically give updates to our waiting family and friends, and that he/she escort visitors to our room as we request. The liaison will assist with many situations as they arise including making and receiving phone calls if necessary.

We **do/do not** want a pediatrician/neonatologist to speak with us prior to the birth. Following the birth, please allow _____ to cut the umbilical cord. For _____'s comfort we would like oral/nasal suctioning and **NO** intubation without our permission. We **do/do not** want a pediatrician/neonatologist present to examine the baby. Please wipe, suction, and swaddle _____ in a blanket and hand him/her to _____.

We **do/do not** wish to cuddle our baby immediately. In order to build memories and to allow interaction with _____, we wish to hold _____ as he/she is dying or has died in order to keep our precious little baby with us as long as possible. We desire as much quality time with our baby as possible. Please postpone if possible the checking of vital signs and weight, medications, and laboratory tests. If our baby cannot suck or nurse, we wish to provide comfort with drops of breast milk or formula.

Our baby may have fewer or more problems than anticipated; please discuss all findings and options with us as they become available.

We **would/would not** like to bathe and dress _____. We have planned for the following religious ceremony(ies) _____ which will be performed by _____. The hospital chaplain **may/may not** provide his/her services. We **have/have not** made memorial/funeral plans for our baby. To assist in memorializing our baby, we would like to keep any or all of the following items: cord clamp, lock of hair, ID bracelet, weight card, tape measure, crib card, hand and foot prints (molds), baptismal certificate, bulb syringe, hat/blanket/clothes, family hand prints, and photographs (color and/or black and white) as well as: _____. If we choose not to accept these items at this time, we ask that they be given to _____.

Please honor our bonding and grieving time following delivery by keeping visits and interruptions to a minimum.

Other considerations: _____

Thank you for honoring our birth plan in order to provide caregivers with our wishes for care and support. Please accept any changes to these requests as we feel they are necessary.

Signed: Baby's Parent(s) _____
Date ____/____/____