

BIRTH PLAN

Parents or guardian names:

Your baby's name:

Name of your OB/GYN(s) and phone number(s):

Name of your baby's doctor(s) and phone number(s):

Name of important support person(s) and number(s) (friends, family, clergy, etc):

LABOR AND DELIVERY WISHES

Choose as many as you wish:

- ☐ Vaginal birth
- ☐ Cesarean birth
- ☐ Fetal heart monitoring during labor
- ☐ Who should cut the umbilical cord

Labor Comfort

- ☐ I would like to be able to move around as I wish during labor
- ☐ I would like to be able to drink fluids during labor
- ☐ An intravenous (IV) line for fluids and medications
- ☐ A heparin or saline lock (this device provides access to a vein but is not hooked up to a fluid bag)
- ☐ A birthing ball
- ☐ A birthing stool
- ☐ A birthing chair
- ☐ A squat bar
- ☐ A warm shower or bath during delivery
- ☐ Music (what type: _____)
- ☐ A quiet labor room
- ☐ I don't have any preferences

I would like the following people with me during labor (check hospital or birth center policy on the number of people who can be in the room):

It's OK [] It's not OK [] for people in training (such as medical students or residents) to be present during labor and delivery

I would like to try the following options if they are available (choose as many as you wish):

Anesthesia Options (choose one):

- ☐ I do not want anesthesia offered to me during labor unless I specifically request it
- ☐ I would like anesthesia. Please discuss the options with me
- ☐ I do not know whether I want anesthesia. Please discuss the options with me

Delivery

I would like the following people with me during delivery (check hospital or birth center policy):

For a vaginal birth

- ☐ To use a mirror to see the baby's birth
- ☐ For my labor partner to help support me during the pushing stage
- ☐ I prefer to avoid an episiotomy unless it is necessary
- ☐ For the room to be as quiet as possible
- ☐ For one of my support people to cut the umbilical cord
- ☐ For the lights to be dimmed
- ☐ To be able to have one of my support people take a video or pictures of the birth (Note: Some hospitals have policies that prohibit videotaping or taking pictures. Also, if it is allowed, the photographer needs to be positioned in a way that does not interfere with medical care)
- ☐ For my baby to be put directly onto my chest immediately after delivery, if possible and safe to do so (please discuss any exceptions you have based on your baby's medical needs)

- ☐ To attempt breastfeeding my baby as soon as possible after birth
- ☐ Other: _____

For a cesarean birth

- ☐ I would like the following person to be present with me:

- ☐ I would like one of my support people to hold the baby after delivery if I am not able to
- ☐ I would like one of my support people to go with my baby to the nursery
- ☐ I would like my baby to go to NICU if indicated
- ☐ Other: _____

BABY CARE

Medical Care

- ☐ If baby appears to be in distress, I desire a cesarean section if otherwise indicated
- ☐ We desire to have NICU in attendance for the birth
- ☐ If baby needs respiratory help we desire:
- ☐ All interventions indicated to include: oxygen supplementation, pressure support, and/or intubation if indicated
 - ☐ Only oxygen and pressure support
 - ☐ Only oxygen support
 - ☐ No intervention

- ☐ If baby is in severe distress and would otherwise need CPR, we request:
 - ☐ All interventions to include: chest compressions, IV insertion, necessary medications and fluids
 - ☐ Medications only
 - ☐ No interventions
- ☐ We desire our baby to be admitted to the NICU if otherwise required
- ☐ We desire measures such as OG, NG tubes as indicated for feeding
- ☐ We desire comfort care only
- ☐ No NICU admission. Let us have a quiet, separate room
- ☐ No invasive feeding measures such as orogastric tube, nasogastric tube, or G-tube for feeding
- ☐ We choose to be consulted and involved in all end-of-life care decisions and to ensure that our baby receives care that is consistent with comfort, dignity, and our values
- ☐ Wishes for delaying routine procedures or providing them while baby is in parent's or support person's arms
- ☐ We desire confirmation testing for trisomy 9
- ☐ We desire all indicated consults while in the NICU
- ☐ Other: _____

Feeding the Baby

Keep in mind that the baby's ability to breathe and swallow may be compromised and may require necessary interventions to support breathing and feeding.

I would like to (check as many as you wish):

- ☐ Breastfeed attempts
- ☐ Bottle-feed attempts
- ☐ Tube feeding
- ☐ A pacifier
- ☐ Sugar water
- ☐ Breastmilk
- ☐ Formula
- ☐ IV nutrition (TPN)

POST BIRTHING PLAN

We understand that our baby's condition may be life-limiting, and we are committed to ensuring that our baby receives the best possible care while maintaining comfort and quality of life.

- ☐ Would you like to go home at discharge
- ☐ Code status at discharge
- ☐ Name of support team (home health, hospice, etc) that will be assisting at home
- ☐ Anticipated needs at home
- ☐ Plan if emergency care needs arise at home
- ☐ Other: _____

Plans if baby dies before discharge

- ☐ Plans to ensure baby is comfortable during the dying process
- ☐ We desire to keep baby in room with family
- ☐ We desire for organ/tissue donation if eligible
- ☐ We desire for further testing after death
- ☐ Funeral home information
- ☐ Wishes for your child's funeral and burial arrangements

- ☐ Special wishes about transportation of baby's body
- ☐ Discuss the possibility of organ donation
- ☐ Other: _____

MEMORY MAKING

Wishes for memory-making and support

- ☐ Do you wish to have any siblings or family members involved and if so, when

- ☐ Do you wish to have a photographer (not all hospitals have a photographer on staff)
- ☐ Keepsakes: footprints, handprints, heartbeat recording, hand molds, foot molds, locks of hair, crib card, ID bands, blankets, clothing, etc
- ☐ Wishes for baby and special outfits
- ☐ Spiritual rituals and/or wishes to be followed during delivery and after-birth care
- ☐ Other: _____