This **BIRTH PLAN** represents wishes for labor, delivery, postpartum, and neonatal care. This plan will be prepared with help from the staff of the Perinatal Palliative Care Program through UNC Hospitals and the Center for Maternal and Infant Health.

We know that our baby may die during or soon after birth. We know that situations can develop that may require changes to our plan, but we ask that this plan serve as a guide for those caring for us and for our baby. We also know that we may change our plans.

_______________________ has been diagnosed with ____________________________

(baby name)

Mother’s Full Name and MR#                           Father/Partner’s Full Name

Siblings Names and Ages

Other Family who will be with us in the hospital

Obstetrician ____________________ Pediatrician _________________

Due date is: ____________________ (Induction of Labor date: _____________)

**Labor and Delivery**

- We **want/not want** the heartbeat to be monitored during labor.
- If there is a loss of the heartbeat prior to delivery, we **want/do not** wish to be informed.
- Preferences for pain management and medications during labor and delivery are:

____________________________________________________________________________________

____________________________________________________________________________________

- We **want/do not want** a cesarean section for fetal distress.
- We would like _____________ to cut the cords after delivery, if possible.
- We request that baby be handed immediately after delivery to **mother/father or _____________**.
- Comfort measures may include:
  - ___ Medication (to promote comfort and ease pain)
  - ___ Oxygen
  - ___ Skin-to skin contact
  - ___ Feeding or other oral comfort measures (pacifiers, breast-mild, formula, sugar-water) and love and special attention by all care providers.

- We would **/would not like** a ritual (blessing, baptism, or naming ceremony) performed after baby is born. We would like ____________________________ (name and phone#) to perform this ritual.
- A hospital chaplain is also available at all times.

Special requests include: ___________________________________________________________

_______________________________________________________________________________
**Comfort care after delivery:**

- The Labor and Delivery Staff understand that you will want as much time with your baby as possible. They will not do any procedures to you or your baby without discussing it with you first.
  - ___ We would like our baby to stay in the room as long as possible
  - ___ We would like to bathe/dress our baby
  - ___ We would like the nurse to dress/bathe our baby
  - ___ We will bring our own outfit to dress our baby

**Feeding our baby:**

- We would like to attempt to:
  - ___ Breast-feed or ____ bottle-feed or ___ both.
- If baby is unable to suck or swallow, then we may be offered options of feeding by dropper, spoon or nasal tube.
- Lactation consults are available to discuss breast care including how to dry up breast milk or donating breast milk.

**Sibling Education**

- We understand our other child/ren need to be prepared for the baby’s death.
  - ___ We would like help talking to our children.
  - ___ We have professional support (school counselor, child developmental specialist, pastor or priest, pediatrician) who can help us talk to our other children.
  - ___ We feel comfortable talking about this to our other children ourselves.

**Plans for home care**

- Community homecare-nursing is available for help at home. A nursing agency would be involved to care for your newborn and provide support to you, your other child/ren, and your family. They provide compassion, understanding, and a level of deep commitment by bringing heartfelt physical, emotional, and spiritual care to families and those living with a life-limiting illness.

**End-of-Life care (if our baby is stillborn)**

- Labor and delivery will give mementos to honor and remember your baby. These mementos will be given in a keepsake envelope (a grief pamphlets and information are included).
- We have made arrangements for a funeral/memorial service at __________________________
  (Name /phone# of funeral home)
- We would like to use the hospital cremation service. ___ Yes ___ No
- We would like the ashes to be returned to us and understand that it may take up to 4 months.
  ___ Yes ___ No
Additional Testing -- will be offered to determine the cause of baby’s condition, including:

- Physical exam by a pediatric genetics doctor (966-4202 or page on-site MD),
- Blood tests
- X-rays
- Autopsy

Additional request include: __________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Perinatal Care Coordinators:
___ Lisa K Welborn, LCSW  919-843-4690 or pager: 919-216-9509
___ Maya Lindley, LCSW  919-843-4428 or pager: 919-216-0177

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