## UNC Perinatal Palliative Care --- Support Program

"Planning and Support for the Special Circumstances of Baby's Birth"

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.

nas t	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 hea	artbeat to be monitored during labor.
• If there is a loss of the hea	rtbeat prior to delivery, we want/do not wish to be informed.
Preferences for pain mana	gement and medications during labor and delivery are:
	esarean section for fetal distress.
	to cut the cords after delivery, if possible.
<u> </u>	anded immediately after delivery to mother/father or
<ul> <li>Comfort measures may inc</li> <li>Medication (to promo</li> </ul>	
Oxygen	te connoct and case pain)
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	e a ritual (blessing, baptism, or naming ceremony) performed after
	ke(name and phone#) to perform this ritual.
<ul> <li>A hospital chaplain is also</li> </ul>	
Cracial requests include:	
Special requests include:	

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Com	tort	care	atter	delivery:

<ul> <li>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</li> </ul>
first.
<ul> <li>We would like our baby to stay in the room as long as possible</li> <li>We would like to bathe/ dress our baby</li> </ul>
We would like the nurse to dress/bathe our baby
We will bring our own outfit to dress our baby
Feeding our baby:
<ul> <li>We would like to attempt to: Breast-feed or bottle-feed or both.</li> </ul>
• If baby is unable to suck or swallow, then we may be offered options of feeding by dropper, spoon or nasal tube.
<ul> <li>Lactation consults are available to discuss breast care including how to dry up breast milk or donating breast milk.</li> </ul>
Sibling Education
<ul> <li>We understand our other child/ren need to be prepared for the baby's death.</li> <li>We would like help talking to our children.</li> </ul>
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
<ul> <li>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.</li> </ul>
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
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	to determine the cause of baby's condition, include	ling:
Physical exam by a pediatric g	genetics doctor (966-4202 or page on-site MD),	
<ul> <li>Blood tests</li> </ul>		
• X-rays		
<ul> <li>Autopsy</li> </ul>		
Additional request include:		
Perinatal Care Coordinators: Lisa K Welborn, LCSW Maya Lindley, LCSW	919-843-4690 or pager: 919-216-9509 919-843-4428 or pager: 919-216-0177	Updated 3/11/11