

## UNC Perinatal Palliative Care

### *“Planning and Support for the Special Circumstances of your Baby’s Birth”*

This **BIRTH PLAN** represents our wishes for labor, delivery, postpartum, and neonatal care. Your individualized plan will be prepared with help from our Perinatal Palliative Care Team at 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.

Our baby, \_\_\_\_\_

has been diagnosed with \_\_\_\_\_

\_\_\_\_\_  
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 / do not want our baby’s heartbeat 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 umbilical cord, if possible.
- We request that our baby be handed immediately to mother / father or \_\_\_\_\_
- We would / would not like a ritual (blessing, baptism, naming ceremony) performed after our baby is born. We would like \_\_\_\_\_ (name, phone #) to perform this ritual. A hospital chaplain is also available at all times.

### ***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.

Comfort measures may include:

- Medication (to promote comfort and ease pain)
- Oxygen
- Skin-to-skin contact
- Feeding or other oral comfort measures (pacifiers, breast-milk, formula, sugar-water) and love and special attention by all care providers.

- We would like our baby to stay in the room as long as possible.
- We would like to bathe and dress our baby.
- We would like help from the nurse to bathe/dress our baby.
- We plan to bring an outfit (the hospital also has special outfits for very small babies)

We understand that the nursing staff can take our baby to the nursery for us for a short time if we need a break.

### ***Breast Care***

- We would like to talk to someone about how to dry up the milk supply.
- We would like to talk with someone about donating breast milk.

### ***Sibling Education***

We understand our other children 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***

Home care nursing is available for help at home. A nurse, social work and/or chaplain would be involved to help teach you to care for your newborn and provide support to you, your other children, 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 condition.

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

Labor and delivery will give you mementos to honor and remember your baby. These mementos will be given in a keepsake carrier with grief pamphlets and information included.

We have made arrangements for a funeral/memorial service at \_\_\_\_\_.

(Name /phone# of funeral home)

***Additional Testing*** is offered to determine, if possible, the cause of baby's condition

Testing (amniocentesis or CVS) was / was not (circle one) performed during the pregnancy.

Results (if available): \_\_\_\_\_.

We would like to proceed with testing after delivery to try to determine a cause for our baby's condition, which may include:

physical examination by a pediatric genetics doctor (919-966-4202 or page on-site MD),

blood tests (by cord blood if possible)

X-rays/MRI

Autopsy if the baby dies before leaving the hospital.

We would like to discuss testing options further with the physician or genetic counselor before making a decision about further testing.

Additional Requests include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My Perinatal Care Coordinator is:**

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