

Sample Advance Directive Birth Plan

To our caregivers:

Our precious baby _____ has been prenatally diagnosed with a life-threatening/life-limiting condition. We are aware that this may include birth defects and/or an illness with a naturally prognosis with possibility of our baby's death before or shortly after birth. This birth plan represents our preferences for labor, birth and the care of our baby. We understand that the situations and/or our desires and preferences may change.

This plan has been created with and approved by our midwife/doctor _____ (Name, signature of care provider and date).

_____ Our signatures

Our family Includes:

- 1.
- 2.
- 3.
- 4.

Our baby _____ has been prenatally diagnosed with:

Date we learned about our baby's health issues:

What we expect about our baby's health issues and what this means to us:

How we expect our baby will look:

Our family's greatest strengths:

Our family's greatest fears:

Spiritual/Cultural beliefs, traditions and support:

Wishes regarding labor and birth

What we are most looking forward to:

What we are most concerned about:

Although we cannot predict how things will go, this is our ideal scenario given this difficult situation:

What is most important to us regarding labor and birth

Hospital staff could help us by:

Preferences we have regarding staff involved with our labor, birth and baby care:

☐ Only necessary staff

☐ We welcome medical and nursing students and residents as a way for them to learn

☐ Palliative care staff to be present at birth or shortly after

We have taken a prenatal class:

☐ with previous pregnancy, ☐ with this pregnancy, ☐ none

Regarding fetal monitoring, we desire ☐ none, ☐ external (continuous/intermittent),
☐ internal

If there is a loss of heartbeat prior to birth, we do/do not wish to be informed.

Wishes for comfort measures during labor and birth (circle):

Walking, movement, position changes

Shower, bathtub

Music

Birth ball

Massage

Aromatherapy

Lighting

Sound or quiet

Other

Pain medication: epidural, intrathecal narcotics (ITN), IV medication

Our thoughts regarding episiotomy

Desired Pushing position

Support desired during pushing

We preferred ☐ delayed, ☐ immediate cord clamping,
_____ will cut the cord.

We ☐ would ☐ would not desire a c-section for fetal distress.

Immediately following birth we would like baby placed skin on skin with mother after birth, examined, or given to _____.

We would like the following people to be with us during labor and birth:

We would like the following people to join us after the birth of our baby:

Medical and Comfort Care Management of our Baby:

☐ We desire **comfort care** only for our baby. We do not wish to extend his/her life through heroic measures including intubation, ventilation or resuscitation. Comfort care includes: 1) warmth, swaddling, holding, 2) oral/nasal suctioning to clear secretions, 3) medication as needed to relieve and discomfort, and 4) feeding as decided by us.

☐ We desire to utilize all possible medical interventions available in an effort to save/prolong our baby's life.

☐ We desire all life prolonging, aggressive interventions to prolong our baby's life even if they may cause discomfort.

☐ We desire all possible medical interventions available with the exception of:

1. _____
2. _____
3. _____
4. _____

If our baby is able to suck or nurse, we wish:

- ☐ follow the baby's lead, if s/he seems hungry allow him/her to breastfeed as able.
- ☐ to provide comfort with drops of breast milk or formula
- ☐ feedings through a feeding tube
- ☐ intravenous fluids

☐ We do not want our baby to do to the Neonatal Intensive Care Unit (NICU).

☐ We do want our baby to do to the NICU.

If our baby goes to the NICU, we would like:

We will need both facts and recommendations from the health care staff regarding our baby's status and the treatments along with what effect and potential pain the intervention may cause. We would like the doctors and nurses to be clear and detailed about their assessment and recommendation. Please make sure you clearly define fact vs. opinion.

I would like my partner to _____ stay with me or _____ go with our baby.

We would like to send with our baby:

- ☐ A tape for you to play for our baby
- ☐ A sheet that has the scent of mom
- ☐ Other

As soon as possible, we would like:

- ☐ An update called to me on our baby's condition

- ☐ A picture brought to my bedside
- ☐ The blanket that our baby was wrapped in
- ☐ Other

It is also important to us to, i.e.:

- ☐ Have our baby be kept as comfortable as possible
- ☐ Have our baby go home to die, if possible
- ☐ Understanding that we do not know the future, we would like the health care providers to give us their best guess as to our baby's life expectancy
- ☐ Other

If our baby is stillborn, we request

- ☐ Time alone
- ☐ Other

We request a ceremony (baptism, blessing, etc...) in accordance with our spiritual beliefs to be performed by _____ by _____

Following the birth we wish to:

- See
- Hold
- Cut a lock of hair
- Take pictures/video
- Bathe
- Dress/wrap in a special blanket
- Desired keepsakes and treasures:
- Other:

Our goals (Examples):

We expect to request only care that will provide comfort for our baby. We would like to have as much uninterrupted time to be with him/her as possible. We would like to spend that time alone with him/her. Would be most comfortable if our nurse could spend time with us

Bathing, dressing, combing hair, wrap in special blanket; often parents, uncles, aunts, grandparents are honored to make other keepsakes/memories that may be important.

We would like our baby to be home when she/he dies if at all possible.

We wish to hold our child as he/she is dying.

We wish to hold our precious baby as long as possible. We will let you know when we have had the time with him/her we need.

After the birth, I would like to be as comfortable as possible without risking altering my mental state.