ADVANCE CARE PLANNING
PERINATAL PALLIATIVE CARE PROGRAM
PLANNING FOR OUR BABY'S BIRTH

♥ At St Joseph Hospital, you and your baby are our top priorities. Our goal is to provide the very best care, while honoring your preferences for your birth experience. This birth plan was designed to meet the unique needs of your family, whose baby has been diagnosed before birth with a serious medical condition. Your doctor may need to make medical decisions at the time of your baby's birth that are not anticipated; any changes in the plan of care will be discussed with you.

Mother's Name _____ Father's Name _____ Baby's Name _____

Obstetrician _____ Pediatrician _____ EDC _____ Diagnosis _____

I/ We have discussed our birth plan with our support person and they are in agreement with our plan of care.

Support Person/Persons _____

Completed by: _____ Name/Title _____ Date

Section A

♥ **Labor and Delivery Care**

Please discuss your medical options with your doctor prior to birth:	**Comments/Date**
1. Preferable Mode of delivery: ☐ Vaginal ☐ Cesarean Section ☐ Undecided	
2. We **want / do not want** fetal heart monitoring during labor. If monitoring we prefer: ☐ Continuous ☐ Intermittent ☐ No monitoring ☐ Undecided	
3. Pain medication options to be used during labor: ☐ Fast acting narcotic given through the IV ☐ Epidural	
4. Have a family member cut the umbilical cord_____	
5. We understand that our baby has a very serious medical condition that may include the possibility of a short life. We prefer: ☐ All medical interventions available to assist our baby. ☐ To have selective interventions such as_____ ☐ No heroic measures, such as CPR or ventilation. We want our baby to receive comfort measures including medications, oxygen, suctioning, skin to skin and oral sucrose.	
6. Allow teaching services to be present (Medical residents and/or nursing students) ☐ Yes ☐ No	
7. Postpone weighing of our baby and obtaining lab work that is not medically indicated. ☐ Yes ☐ No	
8. Allow our baby to feed: ☐ Breastfeed ☐ Oral drops of breast-milk ☐ Formula	

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PATIENT ID

NB-MT

Section B

♥ These are our wishes for the personal care of our infant after delivery:	Comments/Date
1. Upon delivery and stabilization of our baby we prefer to: ☐ Hold our baby as soon as possible and as much as possible. Keeping our baby with us in labor and delivery. ☐ Briefly meet and touch / hold our baby. Then transfer our baby to the Neonatal Intensive Care Unit.	
2. Establish a plan for family and friends to celebrate our baby's birth and visit us. We designate _____ to provide updates to family and friends.	
3. We designate _____ as an adult chaperone for siblings. Siblings names / ages: _____ _____	
4. While holding our baby we prefer our baby to be: ☐ Placed skin to skin ☐ Wrapped	
5. Perform religious ceremonies / spiritual rituals. Faith Tradition _____ A representative for our faith community will be present ☐ Yes ☐ No_____	
6. Take pictures of our baby. ☐ Yes ☐ No	
7. Bathe and dress our baby. ☐ Yes ☐ No	
8. Obtain footprints and handprints of our baby. ☐ Yes ☐ No	
9. Obtain keepsakes such as: lock of hair, ID band, tape measure, crib card, hat, blanket and clothes. ☐ Yes ☐ No	

Section C

♥ End of Life Care			Comments/Date
1. Hold our baby while dying and after death.	☐ Yes	☐ No	
2. ☐ Autopsy ☐ Genetic Testing			
3. I / We are considering Organ Donation if possible.	☐ Yes	☐ No	
4. I am considering donating my breast-milk to the Mother's Milk Bank.	☐ Yes	☐ No	
5. Discuss plans for taking your baby home.			

The following changes have been made by the parent(s) upon admission to the hospital

_____

_____

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