

**Perinatal Palliative Care
Sample Birth Plan**

Name _____ Date of Birth _____

MRN _____ Due Date _____

Support Team for Birth	
Name	Relationship

Preferences	
Birthing Plan	Care for Newborn
<p>Fetal Monitoring</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Intermittent</p> <p><input type="checkbox"/> Continuous</p> <p>Mode of Delivery</p> <p><input type="checkbox"/> Vaginal</p> <p><input type="checkbox"/> Cesarean section</p> <p>Comfort Measures</p> <p><input type="checkbox"/> Position changes</p> <p><input type="checkbox"/> Birthing/ peanut ball</p> <p><input type="checkbox"/> Massage</p> <p><input type="checkbox"/> Labor in tub or shower</p> <p><input type="checkbox"/> Music</p> <p>Pain control</p> <p><input type="checkbox"/> None preferred, will notify if changes</p> <p><input type="checkbox"/> Narcotic pain medication</p> <p><input type="checkbox"/> Epidural</p> <p>Education</p> <p><input type="checkbox"/> Childbirth</p> <p><input type="checkbox"/> Lactation</p> <p><input type="checkbox"/> Milk donation options</p> <p><input type="checkbox"/> Milk suppression techniques</p>	<p>Name _____</p> <p>Immediate care</p> <p><input type="checkbox"/> Support person cut umbilical cord</p> <p><input type="checkbox"/> Baby placed skin-to-skin on chest</p> <p><input type="checkbox"/> Clean baby then in arms</p> <p>Resuscitation Measures/ Level of Interventions</p> <p><input type="checkbox"/> Full interventions</p> <p><input type="checkbox"/> Full comfort measures</p> <p>Goals for Medical Management</p> <p><input type="checkbox"/> Respiratory support</p> <p><input type="checkbox"/> Nutrition support</p> <p><input type="checkbox"/> Diagnostic testing</p> <p><input type="checkbox"/> Imaging</p> <p><input type="checkbox"/> Consults</p> <p>Pain/ Comfort & Symptom Management</p> <p><input type="checkbox"/> Colostrum</p> <p><input type="checkbox"/> Formula</p> <p><input type="checkbox"/> Sucrose water</p> <p><input type="checkbox"/> Morphine</p> <p><input type="checkbox"/> Other _____</p> <p>Anticipated Location for Care</p> <p><input type="checkbox"/> Birthing suite <input type="checkbox"/> NICU <input type="checkbox"/> Nursery</p>

End of Life Care	
<p>Memory Making/ Mementos</p> <p><input type="checkbox"/> Photography</p> <p><input type="checkbox"/> Bath</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Crib card/ Band</p> <p><input type="checkbox"/> Blanket</p> <p><input type="checkbox"/> Lock of hair</p> <p><input type="checkbox"/> Other _____</p> <p>Spiritual Care/ Ceremonies</p> <p><input type="checkbox"/> Blessing</p> <p><input type="checkbox"/> Baptism</p> <p><input type="checkbox"/> Other _____</p>	<p>Testing</p> <p><input type="checkbox"/> Chromosome studies</p> <p><input type="checkbox"/> Autopsy</p> <p>Time with Baby</p> <p><input type="checkbox"/> As much time as possible</p> <p><input type="checkbox"/> Cooling bassinet</p> <p>Final arrangements</p> <p><input type="checkbox"/> Advance directives/ POLST</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> Hospice</p> <p><input type="checkbox"/> Cremation: Funeral Home _____</p> <p><input type="checkbox"/> Burial: Funeral Home _____</p>

Additional Information

Adapted from Marc-Aurele K. L. (2020). Decisions parents make when faced with potentially life-limiting fetal diagnoses and the importance of perinatal palliative care. *Frontiers in pediatrics*, 8, 574556. <https://doi.org/10.3389/fped.2020.574556>

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