

Sharing • Healing • Inspiring • Nurturing • Enduring  
**S.H.I.N.E.**

**PERINATAL PALLIATIVE CARE**

**Birth and Journey Plan**

Dear staff at \_\_\_\_\_(hospital name),

We have received the news that our baby, \_\_\_\_\_ (baby's name), has been diagnosed with \_\_\_\_\_. Our love and belief in the plan for our baby's life has led us in these decisions. We wish to support our baby's quality of life as long as possible using this plan to guide the path. Your kindness, compassion, and understanding during this difficult but cherished time are greatly appreciated. We believe that the memories of our actions during this time with our baby will later comfort us.

We understand that decisions may need to be made after the birth, which were not anticipated. We simply ask that you keep us informed so we can make decisions together for what is best for our baby. Each of you can assist during this time by understanding and respecting our following wishes:

1. Please call our baby by his/her name, \_\_\_\_\_. This is very comforting for us to hear.
2. These are some of \_\_\_\_\_'s family members we would like you to know about (siblings, grandparents, etc).\_\_\_\_\_
3. Prior to delivery, we would like assistance with Childbirth Education.  Yes  No
4. In regards to fetal monitoring, we request  external  internal  none.
5. If there is loss of our baby's heart rate prior to birth, we  do  do not wish to be informed.
6. We would like these people in attendance at our baby's birth:  
\_\_\_\_\_  
\_\_\_\_\_

7. We  will  will not plan on videotaping our baby's birth.



**Blank Children's Hospital**  
UnityPoint Health



**UnityPoint at Home**

8. We ask that \_\_\_\_\_ be able to cut the umbilical cord.
9. We request that our baby be baptized or blessed as soon as possible after his/her birth. Our \_\_\_\_\_ (i.e. priest, pastor, religious leader) \_\_\_\_\_ (name) will perform the ceremony. If possible, we prefer that this ceremony take place while our baby still has a heart rate.
10. Following delivery, we wish to hold our baby immediately; and that his/her vital signs, weight, medications, and laboratory tests be postponed if possible.
11. We have talked with our doctor and would like the following care for our baby at birth and during his/her life:
- |   |   |
|---|---|
| <input type="checkbox"/> Comfort care only          | <input type="checkbox"/> Breathing tube                           |
| <input type="checkbox"/> Oxygen per:                | <input type="checkbox"/> Heart (cardiac) compressions             |
| <input type="checkbox"/> Extra breaths per bag/mask | <input type="checkbox"/> Medication to support his/her heart rate |
12. We want our baby to be as comfortable as possible and would like to have the following offered:
- |  |  |
|--|--|
| <input type="checkbox"/> Skin to skin holding            | <input type="checkbox"/> Sucrose                 |
| <input type="checkbox"/> Holding                         | <input type="checkbox"/> Pain/comfort medication |
| <input type="checkbox"/> Pumped or expressed breast milk |  |
13. We understand that our baby may be born with more or fewer problems that anticipated. If this is the case, we ask that our options are discussed with us and, if necessary, further diagnostic testing may be needed.
14. Other than the basic care needed after delivery, we would prefer to be left alone without interruption to have private time with \_\_\_\_\_ as much as possible.
15. Other than the basic care needed after delivery, we would prefer to have quiet time with our baby but prefer that \_\_\_\_\_ (i.e., nurse) remains in the room with us.
16. We would like to keep our baby with us as much as possible. We will let you know if we want him/her to go to another private space with a nurse.
17. We request assistance in giving periodic updates to our waiting family and friends.

18. If there is a room available, please provide a private waiting space for our family and friends.

19. We have identified \_\_\_\_\_ as our helper in contacting family and friends of our baby's birth and condition.

20. Please allow \_\_\_\_\_ (father) or designated person \_\_\_\_\_ to spend the night(s) in my room if possible.

21. Personal items for our baby:

We have brought clothing and/or blankets for our baby.

We would like to select clothing and/or blankets for our baby from gifts provided from the maternity department.

22. We would like to have the opportunity to care for our baby as much as possible. Some of the cares we would like to provide are:

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Holding     | <input type="checkbox"/> Hold skin to skin | <input type="checkbox"/> Go outside/take a walk |
| <input type="checkbox"/> Bathing     | <input type="checkbox"/> Rocking           | <input type="checkbox"/> Go to the chapel       |
| <input type="checkbox"/> Diapering   | <input type="checkbox"/> Feeding           | <input type="checkbox"/> Other:                 |
| <input type="checkbox"/> Dressing    | <input type="checkbox"/> Reading/Singing   |   |
| <input type="checkbox"/> Temperature | <input type="checkbox"/> Massage           |   |

23. We wish to hold our baby as he/she is dying or after he/she has died.

24. We would like to keep the following items as keepsakes:

- |  |  |
|--|--|
| <input type="checkbox"/> Recording of his/her heart sounds | <input type="checkbox"/> Crib Card             |
| <input type="checkbox"/> Cord clamp                        | <input type="checkbox"/> Hat, blanket, clothes |
| <input type="checkbox"/> Lock of hair                      | <input type="checkbox"/> Clothes               |
| <input type="checkbox"/> ID Band                           | <input type="checkbox"/> Foot prints           |
| <input type="checkbox"/> Tape measure                      | <input type="checkbox"/> Hand prints           |
| <input type="checkbox"/> Bulb syringe                      | <input type="checkbox"/> Hand/foot molds       |

25. Photos:

We plan on taking photos with our camera.

We have contacted Now I Lay Me Down to Sleep for assistance with photography of our family around the time of birth. Please notify the photographer \_\_\_\_\_ at \_\_\_\_\_ and let them know we have been admitted.

We would like assistance in locating a local volunteer photographer (if available) to take photos of our family.

26. Before discharge, please give us information on milk suppression and physical comfort measures for \_\_\_\_\_ (mother).

27. We would like assistance in contacting a lactation consultant after discharge if we have additional questions about comfort and/or milk suppression.

28. We have made the following arrangements for our baby:

Funeral home: \_\_\_\_\_

29. We  have  have not received information on organ donation.

30. We  would  would not like an autopsy done.

31. Other things we would like you to know:

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\_\_\_\_\_ (Mother) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Father) \_\_\_\_\_ (Date)