**(Your Name's) Birth Plan**

As (name) parents, it is our greatest wish to be able to cherish every moment we have with our baby, in a loving and caring environment. We have compiled this list of requests and wishes regarding her care in order to make this experience as easy as possible for all involved. Please do not hesitate to ask us for clarification if it is needed. Please don’t mind if we change our wishes at any time. Our wishes all revolve around our need to spend as much precious time with (name) as possible and to prevent her from suffering during that time. Our wishes are as follows:

* We DO wish to have a sign placed on our door that designates what type of situation (name) birth is.
* We DO NOT wish to have extraneous staff entering our room without speaking to our nurse first (i.e. housekeeping, dietary).
* We DO NOT wish to have continuous fetal monitoring during labor and delivery.
* Periodic monitoring of heart tones is preferred.
* We DO NOT wish to have an emergency cesarean section in the event that (name) heart tones are undetectable or decreased. However, we do realize that if one is necessary to protect (mother’s name), we will take the advisement of our doctor.
* We DO NOT wish to have any life-saving intervention on (name) behalf. The focus should be on care and comfort.
* We DO wish to have routine care for any newborn such as having her mouth and nose suctioned with a bulb at the perineum and drying her/him quickly.
* We DO NOT wish for extensive deep suctioning in order to stimulate spontaneous breaths.
* In the event that (name) is born apneic, with or without a heartbeat, we DO NOT want any efforts to revive her/him, including, but not limited to, positive pressure ventilation, oxygen delivery, intubation, medications, or chest compressions. As long as it is safe for (mother’s name), we want her/him to be able to hold (name) immediately following delivery. If (mother’s name) is unable to hold (name), we would like (name) to be handed to (father’s name).
* We wish to cherish all the time we have with her/him. Every second counts.
* We DO ask that you give us privacy, without abandoning us. Encourage us to do whatever feels right.
* We DO NOT want (name) to be taken from the delivery room at any time, by any person, for any reason.
* We DO NOT wish to have any routine admission medications given, such as erythromycin ointment, or Vitamin K, nor do we want her blood sugar monitored.
* We DO NOT wish to have a nasogastric tube inserted in order to feed (name).
* We do not wish to prolong (name) life with nutritional supplementation. (Mother’s name) will decide if she/he wants to nurse (name) after she/he is born, and if she/he is able.
* In the event that (name) does not die immediately, or soon after birth, we MAY wish to consider having an IV inserted and buff-capped for the administration of pain medication, such as fentanyl. We wish to make (name) time on earth as pain-free and comfortable as possible.
* In the event that (name) is experiencing severe seizures and seems uncomfortable or in pain, we MAY wish to consider the administration of anti-seizure medication.
* We DO NOT wish for (name) to be transported in the metal crib in our presence. Please carry her/him into and out of our presence.
* We DO wish to keep (name) warm with the use of kangaroo skin-to-skin care, warm blankets, hats, or the radiant warmer.
* We DO wish to have (name) baptized or dedicated to the Lord at our request.
* We DO want the nursing staff to weigh and measure (name) when we request it. Should we forget to request it, please do it prior to her/him leaving the hospital.
* We DO request that Dad be allowed to give (name) her/him first bath.
* We DO request that Mom be allowed to dress (name) in her/him own clothes.
* We DO NOT want these clothes to be removed at any point or by any other person than her parents. (Name) is to be wearing these clothes when she/he goes to the mortuary.
* We realize that (name) will look differently physical and will have facial anomalies. We hope that everyone can see her/him for what she/he is, our beautiful little baby, (name). She/he will be greatly missed and never forgotten.
* Any keepsakes that mom or dad leave with (name), such as blankets, lovies, and jewelry, are to remain with her/him at all times, even when she/he is taken by the mortuary personnel. These items are to be placed in the casket with her/him.
* We DO NOT want (name) to go to the morgue at any time.
* We DO request that the hospital contact (Name) Funeral Home directly when we are ready to say goodbye to (name).
* We wish for her/him to be picked up directly from us or the nursing staff and be taken by a staff person from (Name).
* We have made prior arrangements for this. (Name) Funeral Home can be contacted at (number for photographer).
* We have contacted Now I Lay Me Down to Sleep, a bereavement organization, and arranged for a photographer to come to the hospital and take professional pictures of us and our baby. We ask that you accommodate them in anyway that is helpful. Their numbers are (number for photographer).
* We DO wish to allow our family members to visit, as we deem appropriate. Please DO NOT allow anyone in our room without talking to us first.
* We DO wish to have the option to bring our other children to the hospital to meet (name) and spend time with her. We ask your assistance in keeping them updated as we request it.
* We DO wish to be with (name) and holding her/him at the time of her death.
* If any caregiver has a suggestion or an idea that you think may be helpful, please share it with us, as there are many things we haven’t thought of.
* If any nurse, doctor, or other caregiver on our team is uncomfortable with any of this, please excuse yourself from our care if possible.
* We DO wish to have as many keepsakes and mementos as possible. Please save the following items for us to take home:
* The bassinet card
* Hats
* Baby blanket
* Any photographs taken by the hospital
* Hospital ID bracelet and cord clamp
* Hand and footprints (we also wish to have footprints put in books we have brought with us)
* Mold of hands and feet (we have kits with us)
* Lock of hair if possible
* Clothing (name) may have worn
* And any other things you think we may wish to have

Thank you for being a partner in our baby’s birth. Please be patient with us. We don’t know how to do this sad thing and are learning as we go.

Signed,