



three little birds
PREGNANCY & INFANT LOSS SUPPORT

ADVOCACY RESEARCH SUPPORT VALIDATION
SERVING THE PHILADELPHIA & SOUTHERN NEW JERSEY METRO REGION

BIRTH PLANNING WORKSHEET

Three Little Birds Perinatal has developed a specialized birth plan to serve as a guide for the care of you and your baby during labor and delivery and immediate newborn care for families with an uncertain diagnosis. It is important the family is involved in decisions about their care and the care their baby will receive during labor and delivery and after birth. This customizable birth plan may be used as a guide by parents to share their wishes for support and the care they would like their baby to receive, as well as honor any wishes they have regarding how they would like to honor their child in the event of their death. It is our goal to support families in empowering themselves with their options and how they wish to honor their birth and baby. Please complete the form below and return to us and we will prepare an official Birth Plan document for you to give to your medical care team in advance of your delivery.

Mother to Be: _____

Partner/Husband: _____

Address: _____

Phone Number: _____

Email Address: _____

Support Family Member: _____

Contact Information: _____

Requested Doula: _____

Contact Information: _____

Baby's Name: _____

Diagnosis: _____

Due Date: _____

Hospital: _____

Practitioner _____

Delivery Method: _____

The following pages offer you and your partner various options during all stages of labor. Please consider each of these options and make the decision you feel that is best for you and your child. Only you as parents know what is best for your special child. We are able to provide support in a variety of ways that honor and respect all religious, spiritual, ethnic, cultural and personal diversity. You are not locked in to any options you choose should circumstances change leading up to or during delivery. You are still in control on your birth experience.

Please do not hesitate if you want further information or definitions of each option. It is important you are making informed consent and understand what your choices are.

STAGES OF LABOR

SETTING/ATMOSPHERE

<input type="checkbox"/>	Dim lights, peaceful setting
<input type="checkbox"/>	Limited visitors
<input type="checkbox"/>	Friends and Family/Extended Visitors
<input type="checkbox"/>	Music
<input type="checkbox"/>	Wear my own clothes
<input type="checkbox"/>	Support Doula present
<input type="checkbox"/>	Remembrance Photography

MOBILITY

<input type="checkbox"/>	Maintain mobility (walking, rocking, birthing ball)
<input type="checkbox"/>	Mobility not important (ok with limited mobility)

MONITORING

<input type="checkbox"/>	Intermittent Monitoring with Doppler or external monitor
<input type="checkbox"/>	Continuous Monitoring with Doppler or external monitor
<input type="checkbox"/>	Our baby will likely be participating in neonatal organ donation. He/She will need intermittent monitoring (hourly rate checks)

PAIN RELIEF OPTIONS

<input type="checkbox"/>	Only if I ask
<input type="checkbox"/>	Only if uncomfortable
<input type="checkbox"/>	Offer as soon as possible

NON-MEDICAL

<input type="checkbox"/>	Relaxation
<input type="checkbox"/>	Hot/Cold Compress
<input type="checkbox"/>	Positioning
<input type="checkbox"/>	Massage
<input type="checkbox"/>	Water/Tub Shower

MEDICAL INTERVENTION

<input type="checkbox"/>	IV Pain Medication
<input type="checkbox"/>	Epidural
<input type="checkbox"/>	General Anesthesia
<input type="checkbox"/>	Other

PREVIOUS BIRTH EXPERIENCE

Please use this space to discuss anything you wish to share about your previous birth experiences.

INDUCTION/AUGMENTATION

<input type="checkbox"/>	Natural (walking, nipple stimulation, intimacy)
<input type="checkbox"/>	Prostaglandin gel (cervix)
<input type="checkbox"/>	Pitocin (IV)
<input type="checkbox"/>	Ruptured Membranes (breaking water)
<input type="checkbox"/>	Cytotec (oral or vaginal)
<input type="checkbox"/>	Due to our baby's condition, if rupture of membranes is necessary for labor progression, please use the pin prick method to allow for a slow, controlled leak rather than using the typical hook method.

PUSHING OPTIONS

<input type="checkbox"/>	Spontaneous bearing down
<input type="checkbox"/>	Directed pushing
<input type="checkbox"/>	Squat/Birth bar
<input type="checkbox"/>	Prefer people hold legs (partner, nurse, doula)
<input type="checkbox"/>	Feet in stirrups

PERINEAL CARE

<input type="checkbox"/>	Prefer no episiotomy (massage, positioning, etc)
<input type="checkbox"/>	Prefer to tear
<input type="checkbox"/>	Episiotomy
<input type="checkbox"/>	Local anesthesia for repair

CORD CUTTING

<input type="checkbox"/>	Immediate
<input type="checkbox"/>	Delayed
<input type="checkbox"/>	Partner to cut cord

CESAREAN

<input type="checkbox"/>	Spinal/Epidural
<input type="checkbox"/>	General anesthesia
<input type="checkbox"/>	Partner present
<input type="checkbox"/>	Doula/Support Person present
<input type="checkbox"/>	Remembrance Photographer

GOALS FOR LABOR/DELIVERY

Please use this space to detail your ideal birth experience.

POST-PARTUM /PALLIATIVE CARE

In the moments following my baby's delivery, we would like:

- Baby directly placed on mom's chest
- Baby to be taken and cleaned/wrapped up before holding

Other wishes/notes for our time meeting baby:

Our baby has been diagnosed with a life-limiting condition. We have discussed our options and decided to:

- Use comfort/palliative care for our baby.
- To utilize the following medical interventions: _____
- We have chosen palliative care and neonatal organ donation for our baby

We would like our baby to:

- Stay in our room for the duration of his/her care, if possible
- We would like to bathe and dress our baby in the room while assisted by our doula/support person
- We would like our baby to spend as much time as possible with us before and after any procedures
- We are interested in the use of a Cuddle Cot to keep baby in the room with us for an extended amount of time
- We would like some time with the baby and the option of him being taken to another room while we rest

Other wishes/notes for our time with our baby:

BREAST MILK/BREAST CARE

- We would like to speak to a lactation consultant regarding breast care and comfort as milk supply builds and decreases
- We are interested in learning more about milk donation banks and the process of pumping and donating breast milk.
- We would like information and resources regarding comfort measures during milk drying

CAPTURING MEMORIES

- We would like a remembrance photographer to capture images of our time making memories with our baby.
- We would like photographs of family and friends interacting/holding our baby.
- We plan to have someone capture video of our baby
- We would like foot and handprint molds and stamps
- We would like all items used to measure, bathe, dress baby, crib card, baby bracelet, etc.
- Lock of hair, if possible
- Christmas ornaments or other special momentos

Other memory making wishes for our baby:

SPIRITUAL/CEREMONIAL NEEDS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- We would like to have a baptism for our baby with our own pastor/priest
- We would like a baptism performed by hospital staff or pastoral care
- We would like a baby dedication ceremony with either our own pastor/priest or pastoral care
- We would like to have a private/family prayer or ceremony
- We would like to plan a birthday party or celebration of life ceremony.

Other ceremonial/memorial wishes for our baby:

FUNERAL PREPARATIONS/OTHER CONSIDERATIONS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- We would like an autopsy performed.
- We intend on burial
- We intend on cremation
- We have contacted a service provider

Other Considerations

Please use this space to explain any other information, considerations and wishes you have for your baby:
