Sample Advance Directive Birth Plan

To our caregivers:

Our precious baby ____________ has been prenatally diagnosed with a life-threatening/life-limiting condition. We are aware that this may include birth defects and/or an illness with a naturally prognosis with possibility of our baby’s death before or shortly after birth. This birth plan represents our preferences for labor, birth and the care of our baby. We understand that the situations and/or our desires and preferences may change.

This plan has been created with and approved by our midwife/doctor __________________________________________ (Name, signature of care provider and date).

_________________________________________ Our signatures

Our family Includes:
1.
2.
3.
4.

Our baby ______ has been prenatally diagnosed with:

Date we learned about our baby’s health issues:

What we expect about our baby’s health issues and what this means to us:

How we expect our baby will look:

Our family’s greatest strengths:

Our family’s greatest fears:

Spiritual/Cultural beliefs, traditions and support:

Wishes regarding labor and birth

What we are most looking forward to:

What we are most concerned about:

Although we cannot predict how things will go, this is our ideal scenario given this difficult situation:
What is most important to us regarding labor and birth

Hospital staff could help us by:

Preferences we have regarding staff in involved with our labor, birth and baby care:
__Only necessary staff
__We welcome medical and nursing students and residents as a way for them to learn
__ Palliative care staff to be present at birth of shortly after

We have taken a prenatal class:
___with previous pregnancy, ___with this pregnancy, ___none

Regarding fetal monitoring, we desire ___ none, ___ external (continuous/intermittent), ___ internal

If there is a loss of heartbeat prior to birth, we do/do not wish to be informed.

Wishes for comfort measures during labor and birth (circle):
Walking, movement, position changes
Shower, bathtub
Music
Birth ball
Massage
Aromatherapy
Lighting
Sound or quiet
Other

Pain medication:  epidural, intrathecal narcotics (ITN), IV medication

Our thoughts regarding episiotomy
Desired Pushing position
Support desired during pushing
We preferred ___delayed, ___ immediate cord clamping, ____________ will cut the cord.

We __would __would not desire a c-section for fetal distress.

Immediately following birth we would like baby placed skin on skin with mother after birth, examined, or given to ________________.

We would like the following people to be with us during labor and birth:

We would like the following people to join us after the birth of our baby:
Medical and Comfort Care Management of our Baby:

__We desire comfort care only for our baby. We do not wish to extend his/her life through heroic measures including intubation, ventilation or resuscitation. Comfort care includes: 1) warmth, swaddling, holding, 2) oral/nasal suctioning to clear secretions, 3) medication as needed to relieve and discomfort, and 4) feeding as decided by us.

__We desire to utilize all possible medical interventions available in an effort to save/prolong our baby’s life.

__ We desire all life prolonging, aggressive interventions to prolong our baby’s life even if they may cause discomfort.

__ We desire all possible medical interventions available with the exception of:
   1. __________
   2. __________
   3. __________
   4. __________

If our baby is able to suck or nurse, we wish:
__ follow the baby’s lead, if s/he seems hungry allow him/her to breastfeed as able.
__ to provide comfort with drops of breast milk or formula
__ feedings through a feeding tube
__ intravenous fluids

__We do not want our baby to do to the Neonatal Intensive Care Unit (NICU).
__We do want our baby to do to the NICU.

If our baby goes to the NICU, we would like:

We will need both facts and recommendations from the health care staff regarding our baby’s status and the treatments along with what effect and potential pain the intervention may cause. We would like the doctors and nurses to be clear and detailed about their assessment and recommendation. Please make sure you clearly define fact vs. opinion.

I would like my partner to ____ stay with me or ____ go with our baby.

We would like to send with our baby:
__A tape for you to play for our baby
__A sheet that has the scent of mom
__Other

As soon as possible, we would like:
__An update called to me on our baby’s condition
__A picture brought to my bedside
__The blanket that our baby was wrapped in
__Other

It is also important to us to, i.e.:
__Have our baby be kept as comfortable as possible
__Have our baby go home to die, if possible
__Understanding that we do not know the future, we would like the health care providers
to give us their best guess as to our baby’s life expectancy
__Other

If our baby is stillborn, we request
__Time alone
__Other

We request a ceremony (baptism, blessing, etc…) in accordance with our spiritual beliefs
to be performed by __________ by __________________

**Following the birth we wish to:**

See
Hold
Cut a lock of hair
Take pictures/video
Bathe
Dress-wrap in a special blanket
Desired keepsakes and treasures:
Other:

**Our goals (Examples):**

We expect to request only care that will provide comfort for our baby. We would like to
have as much uninterrupted time to be with him/her as possible. We would like to spend
that time alone with him/her. Would be most comfortable if our nurse could spend time
with us

Bathing, dressing, combing hair, wrap in special blanket; often parents, uncles, aunts,
grandparents are honored to make other keepsakes/memories that may be important.

We would like our baby to be home when she/he dies if at all possible.

We wish to hold our child as he/she is dying.

We wish to hold our precious baby as long as possible. We will let you know when we
have had the time with him/her we need.
After the birth, I would like to be as comfortable as possible without risking altering my mental state.