**PERINATAL LOSS BIRTH/PARENTING ‘PREFERENCES’ PLAN Page 1**

**BIRTH/CARE Preference PLAN for**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_

**Hospital we will deliver at:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dr. Office/group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Loss Advisor/Baby Loss Doula:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background:**

Yes No

* Any known fertility issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Does the baby have a specific diagnosis?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Were you expecting this loss? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any previous losses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Children at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medical issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 
* Was there any genetic testing done this pregnancy? \_\_\_\_\_\_\_\_\_\_\_\_\_ 
* Any other Issue you wish to disclose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Religious affiliation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is Perinatal Hospice involved?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**History of this pregnancy:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a **Baby Loss Family Advisor**, Baby Loss Doula, Birth Planner, Parent Advocate, or other professional is available to be your navigating guide/advisor, when do you want them contacted and involved? How do you want them involved?

* Prior to admission
* During labor
* After the birth
* In and out as requested during and after the birth
* While family is there
* Only while making mementos

**PERINATAL LOSS BIRTH/PARENTING ‘PREFERENCES’ PLAN Page 2**

**BIRTH/CARE Preference PLAN for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This plan represents our wishes for labor, delivery, postpartum care, and/or neonatal care for our baby. We know that circumstances beyond everyone’s control may prevent or change some of the things outlined below, but we hope this will serve as a guide for our wishes. We reserve the right to change these plans at any time before during or after labor.

Spiritual/Cultural Support:

These are our faith, beliefs, or traditions that we rely on as a source of strength? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We would like a spiritual advisor, clergy, rabbi, chaplain, or other person involved during or after this birth?

 \_\_\_ No \_\_\_ Yes, before birth \_\_\_ Yes, during birth \_\_\_ Yes, after birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These are our ethnic or religious family traditions that we would like to be honored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our Goals, Intentions, Overall Hopes: Such as ‘Be present and alert with our baby the entire time if possible’ or ‘Act as the parent-doing as many parenting activities with our baby as possible’ or ‘Involve our family members in as many activities and experiences so they will also have memories that we can share over time.’ My/Our goals/intentions/hopes are as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After birth we would like to spend time with our baby and make these memories that are checked.

* See  Wrap in a special blanket
* Hold  Get a lock of hair if available
* Touch  Diaper baby
* Take handprints  Dress baby
* Take footprints  Draw outline of baby
* Take pictures  Dance with baby
* Bathe baby  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Use the Saline Bath Vessel
* Have professional pictures taken

**PERINATAL LOSS BIRTH/PARENTING ‘PREFERENCES’ PLAN Page 3**

**BIRTH/CARE Preference PLAN for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Our baby’s name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We have special music for our baby’s birth. \_\_\_ No \_\_\_ Yes

**Pain Medication**

This is my present plan for medication. (Please check what you want)

* I am okay with some pain but I want to remember meeting my baby and what he/she looked like
* I wish for no pain medications.
* I am okay with an epidural.
* I am okay with medications that may dull my memory of my baby (not recommended)
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Visitors**

I would welcome these visitors at these times:

These people may not visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Concerns**

These are my hopes/concerns/worries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do Not Disturb**

* I would like a “Do Not Disturb” sign for my door to be place up when I request
* I do not need a “Do Not Disturb” sign**.**

**Spouse/partner**

This is what I would like you to know about my spouse/partner example (He passes out at blood) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERINATAL LOSS BIRTH/PARENTING ‘PREFERENCES’ PLAN Page 4**

**BIRTH/CARE Preference PLAN for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Testing** (Please check what testing you would like)

* I wish for the placenta to be tested.

 (Chromosomal problems can be detected by the placenta testing)

* I wish for the umbilical cord to be tested.
* I wish for bacterial testing.
* I do not want any testing.
* I would like an autopsy on my baby.
* I do NOT want an autopsy on my baby.
* I would like my options explained to me.
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leaving the hospital** (Please check what testing you would like)

* I would like to take my baby home with me temporarily.
* I would like to take my baby to the funeral home.
* I would like my baby carried carefully to the morgue.
* I would like my baby carried carefully to the testing facility.
* I would like to hand my baby to the funeral director.
* I would like to leave while seeing the nurse holding my baby.
* I would like use of a cuddle cot if available.

**Saying Goodbye** (Please check all that apply)

* I am aware of the laws concerning my rights concerning disposition of my baby
* I would like to be made aware of the laws concerning my rights concerning disposition of my baby [*https://heavensgain.org/state-laws/*](https://heavensgain.org/state-laws/)
* I have chosen burial for my baby. .
* I have chosen cremation for our baby.
* He/she will be buried at \_\_\_\_\_\_\_\_\_\_ cemetery.
* I have chosen hospital disposition for my baby.
* I am aware of caskets and urns available on the internet. w*ww.heavensgain.org*
* My funeral home is \_\_\_\_\_\_\_\_\_\_\_\_\_ and my director is \_\_\_\_\_\_\_\_\_\_.
* I would like a funeral for my baby.
* I would like a burial service for my baby.

**PERINATAL LOSS BIRTH/PARENTING ‘PREFERENCES’ PLAN Page 5**

**BIRTH/CARE Preference PLAN for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Support**

* I would like referrals to a peer support group.
* I would like a referral to a professional support group.
* I would like a referral to a psychologist.
* I would like suggestions to support on-line.

**Ohio’s Laws**

[Death Certificates Ohio Funeral Directors](http://www.ohio-fda.org/aws/OFDA/pt/sd/news_article/32299/_PARENT/layout_details/true)

http://www.ohio-fda.org/aws/OFDA/pt/sd/news\_article/32299/\_PARENT/layout\_details/true

[Parent's Grieving Act](http://www.lsc.ohio.gov/analyses127/08-sb175-127.pdf)

<https://www.lsc.ohio.gov/documents/gaDocuments/analyses127/08-sb175-127.pd>

**Here are the laws that I understand for our state:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent (s):** We understand that this Birth Preferences Plan is meant to provide a guideline of our wishes for the delivery and care of our baby. We understand this may not be able to be followed in it’s entirely due to extenuating circumstances beyond our control, however, we wish to be consulted.

Parent 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_