

COMFORT CARE TEAM BIRTHING PLAN

Mother's Name: _____ MRN: _____

Phone Number: _____ Email: _____

Address: _____

Father's Name: _____

Phone Number: _____ Email: _____

Other Children (names / ages): _____

Baby's Name: _____

Prenatal-Diagnosis: _____

GOALS

- Emotional, psychological and spiritual support for parents during pregnancy, delivery, and long-term (bereavement / follow-up)
- Support for siblings and other family members
- Plans for memory-making during pregnancy and at delivery
- Plans for disposition at discharge, including introduction to hospice representative
- Creation of birthing plan
- BIRTHING PLAN COMPLETED AND SUBMITTED TO MATERNAL CHART**



BIRTHING PLAN

The following represents the mother's / family's wishes, pending the baby's condition.

1. ORGANIZATION OF DELIVERY DAY

- Family present in delivery room during delivery

Name(s): _____

- Siblings + other family members to come after delivery

Name(s): _____

2. WELCOMING BABY AT DELIVERY

- Skin-to-skin, holding
- Baby bath
- Baby clothes, hats, blankets
- Special dressing (for specific anomalies)

3. BABY'S ADMISSION

- Room-in with Mom
- NICU

4. RELIGIOUS CEREMONY

- Baptism
- Blessing
- Prayers
- None / Other: _____

5. MEMORY-MAKING

- Imprints
- Casts
- Photography
- Memory Box
- Now I Lay Me Down to Sleep*

6. DISPOSITION AT DISCHARGE *(pending baby's condition after delivery)*

- Home with hospice support [Referral Made? _____]
- Transfer to pediatric hospice / rehab [Referral Made? _____]
- NICU for end-of-life care