



# Wishes

## for Your Hospital Stay and Birth

*Please accept our condolences on the loss of your baby. This guide will assist you in discussing your wishes with your partner/support person/family/providers. By completing this plan, you give your caregivers an idea of how to best care for you and your baby*

*The following options and suggestions are a guide that can be adjusted any time you want; some of them you may not have an answer for at this time, which is fine. Your caregivers can give you specific information about what is available at your hospital, provide you with more information, and assist you in meeting your needs. Ask your caregivers how much time you have to make decisions, so you do not miss any important opportunities for memory making or testing. Please share this plan with the hospital staff during your admission or hospital stay and make a copy for yourself to keep.*

### What to do first if you are not in labor or having a health issue

Most parents' initial reaction to the loss of a baby is to want to be in the hospital and start the labor/delivery of their baby. If your provider has no concerns about your health and you are not in labor, you can ask if you can go home, even if it's just for a couple of hours. This will give you time to be in the comfort of your home, and allow you to express your feelings in a private setting. Having some time before starting labor allows you and your partner/support person to contact any family/friends/religious leaders that will be supportive; find out about resources available; consider the options discussed in this plan; plan for your absence from home; and gather items for you and your baby.

We encourage you to look at the options on the following pages. You can also ask your provider if there is someone at the hospital to discuss this plan with you prior to admission.

# birth plan

Parents' Names: \_\_\_\_\_

Support Person/Family who will be present: \_\_\_\_\_

Siblings' names and ages: \_\_\_\_\_

\_\_\_\_\_

Anything you would like to share about your pregnancy or baby: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Packing for the Hospital

- Insurance cards, hospital forms, and birth plan
- 2-3 pairs of warm socks and/or slippers or flip flops that can get dirty
- A warm sweater or robe
- 2 Maternity bras
- Toiletries including hairbrush, toothbrush, deodorant, face wash, makeup, shampoo and conditioner, lip balm
- Eyeglasses or contacts
- Labor comfort items such as birth ball, pillow, massager, music, ice pack etc.
- Change of clothes and snacks for labor partner
- Pen and paper
- Cell phone and charger
- A list of people you would like to let know about the delivery
- Camera, film or extra memory card and charger
- Video camera and charger
- Comfortable clothes for going home
- The outfit you were planning to take the baby home in and one or two extras
- Any special baby items you would like to have for pictures
- Any special religious items you would like to have for pictures (ie, rosary)
- Baby book

# birth plan

## Planned Method of Delivery and Pain Medication

Your first instinct may be to want to get the delivery of your baby over and done with as quickly as possible. However, vaginal delivery will give you additional time to plan for the arrival of your baby and make it special. While a Cesarean section may seem easier emotionally, it is important to note that a cesarean section is major surgery and your recuperation will be much more difficult than from a vaginal delivery. It is also important to remember that if you have a cesarean, there are implications for future pregnancies.

- Vaginal delivery
- Vaginal delivery after Cesarean (VBAC)
- Cesarean Section
- I would like to labor using natural methods of pain relief
- I would like pain medication or epidural as per my provider
- I would like medications to augment labor including cervical ripening agents and Pitocin
- I would NOT like medications to augment labor including cervical ripening agents and Pitocin
- I would like my partner or myself to cut the cord

## Mother's Hospital Care

- I would like my other children to visit
- I would like my family/friends to visit
- I would like to know my options for the location of my stay after delivery and the benefits/cons of each

## Breast Care

For most women, after their baby has died, their body will produce breast milk. Most women will want to suppress or stop the milk production. Your hospital may have a lactation consultant or nurse who can visit you to assist you with a plan for the hospital and home to help you. Some women make the personal decision to donate their milk and the lactation consultant or nurse can give you information on this option.

- I am unsure and would like more information or time to decide
- I would like information on what can help to suppress/stop milk production
- I would like information on donating my milk

## Naming your baby

- Baby's Name: \_\_\_\_\_
- I/we have decided not to name our baby.
- I/we do not wish to know the gender of the baby
- I/we are still choosing a name

# birth plan

## Seeing/Holding your baby

- I/we are unsure and would like more information or time to consider
- Immediately after birth wrapped in blanket after being quickly cleaned
- Immediately after birth placed skin to skin
- Immediately after birth baby to be given to \_\_\_\_\_
- Baby to be taken out of room and brought in when I/we ask
- Request unlimited time to spend with baby
- Wish to see (not hold) baby only
- I/we would like our provider or nurses to explain what baby looks like before making a decision
- At this time I/we do not wish to see the baby, but understand we can change our minds

Other options to consider include one parent only or other family and friends seeing/spending time with the baby outside of your room if hospital is able to accommodate; sitting in a rocking chair, reading to your baby.

## Photographs/Video

- I/we are unsure and would like more information or time to consider
- Hospital camera (if available)
  - Own personal camera/phone
  - Video
- Pictures printed at hospital (if available)
- Pictures on a memory card or disc (if available)
  - I/we will provide memory card if needed
- Hospital photographer (if available)
- Now I Lay Me Down to Sleep Volunteer Photographer (if available) [www.NILMDTS.org](http://www.NILMDTS.org)
- Own personal photographer (pre-arranged)
- Candid pictures of the baby with family, during bath, memory making or blessing/baptism
- I/we would like pictures taken, but want to know our options if we do not want to take them home
- At this time I/we do not want pictures, but understand we can change our minds up to a certain time.

## Bath

- I/we would like to help bathe our baby
- I/we would like \_\_\_\_\_ to bathe our baby
- Nurse to bathe baby \_\_\_\_ in our room \_\_\_\_ outside of our room.
- I/we are not sure

# birth plan

## Mementos

Please bring any items from home you would like your hospital to use for your baby such as clothes, blanket, hat, stuffed animal, jewelry, religious item, books, music; pictures can be taken with these items. Ask that all items be returned to you. Below are some suggestions that may be available, however, depending on the age of your baby, some of these may be difficult to obtain. You may create any mementos that will be important to you. If any of the items is not available at your hospital, have a family member or friend provide it.

- I/we are not sure if we want these and need more information
- Footprints
  - I/we will provide kit if not available (can be purchased from most baby/retail store)
- Handprints
- Footprint molds
  - I/we will provide kit if not available; can be purchased from most baby/retail store
- Baby ID bracelet
- Lock of hair if possible
- Tape measure
- Crib card
- Diaper
- Record of the baby's weight and length
- Blanket, hat, gown
- Anything the hospital offers
- I/we would like these collected, but would like to know our options if we do not want to take them home
- I/we do not want mementos at this time, but understand we may change our minds up to a certain time.

## Memory Making

- Spend time alone with the baby
- Rock your baby    \_\_Read to your baby    \_\_Sing to your baby    \_\_Play your favorite music
- Include family and friends
- Take pictures of baby being weighed, bathed
- Make a journal or baby book
- Create a video compilation of your story and pictures

# birth plan

## Blessing/Baptism/Dedication/Rituals

Religious Affiliation: \_\_\_\_\_

- I/we desire a Blessing or Dedication by our own clergy
- I/we desire blessing or dedication, by someone other than our own clergy, please inform me of the hospital's procedure
- I/we desire another ritual, Describe \_\_\_\_\_

- 
- I/we desire Baptism (in accordance with the beliefs of our religion)
  - I/we do not desire any ritual, but understand we may change our mind\*\*\*

## Autopsy/Chromosome Testing/External Exam/Other Evaluation

You will be asked to make a decision on the type of testing you would like done to help determine why your baby died or if the findings could possibly affect future pregnancies. Ask your provider to explain the options. A discussion should include the hospital's policy on costs, if any. You will be required to give written consent for most testing.

- I/we are unsure and would like more information or time to consider
- I/we would like an autopsy
- I/we would like a limited autopsy (discuss with provider, can state on consent specific areas to exclude)
- I/we would like an external exam only (if available)
- I/we would like chromosome testing
- I/we would like to know if there is other testing suggested
- I/we do not want an autopsy or any testing at this time, but understand we can change our mind up to a certain time (please ask your providers)

## Burial/Cremation

The State of New Jersey requires that all babies born after 20 weeks are either buried or cremated. Private burial or cremation is the responsibility of the family; discuss with your hospital if there are any other options. Outside financial assistance may be available to those that qualify, please discuss this with the social worker, bereavement staff or pastoral care department at your hospital. Your religious leader may also provide guidance.

Some families choose to have a funeral or memorial service soon after the death or a delayed memorial service. Other families have chosen no service or a private burial. Many options exist for burial and final disposition of your baby, please discuss this with your funeral home. Generally, this information is not required immediately and can be decided after your baby is born, check with your hospital on their policy.

# *birth plan*

## *Burial/Cremation cont'd*

- I/we are unsure and would like more information or time to consider
- I/we need information on funeral homes
- I/we are planning on a burial
- I/we are planning on cremation
- I/we need information on any financial assistance available

## Certificate of Birth Resulting in Stillbirth

The New Jersey Department of Health, upon request, will provide parents with a "Certificate of Birth Resulting in Stillbirth" Certificate. This is a keepsake certificate. The form to request a Certificate of Birth Resulting in Stillbirth is available at [www.nj.gov/health/vital](http://www.nj.gov/health/vital) on the forms tab. Follow the instructions for submission to the state.

## Further Birth Plan Information

Birth plans for a variety of situations are available at: [www.stillbirthday.org](http://www.stillbirthday.org).

*We hope this information helps guide you  
through this difficult time.*