PERINATAL COMFORT CARE PROGRAM
PLANNING FOR OUR BABY'S BIRTH A PARENT'S REVIEW LIST

- ♥ Let your doctor and Labor/Delivery staff know the name of your baby.
- ♥ Your baby's condition may be different at time of birth than expected right now. Your doctor may need to make immediate medical decisions at the time of your baby's birth in order to give your baby the best chance for a quality life. Some of your plans may not be possible in this situation. Please talk about this with your doctor before your baby's birth.

Mother's Name _____ Father's Name _____ Baby's Name _____

Obstetrician _____ Pediatrician _____ EDC _____ Diagnosis _____

Completed by: _____ _____
Name/Title Date

Section A

♥ **These are our wishes for the *personal care* of our baby at time of birth.**

	Comments/Date	Revisions/Date
1. Hold our baby as soon as possible and as much as possible		
2. Establish a plan for family and friends to celebrate our baby's birth/ visitation on the floor. Designate _____ to give updates to family and friends.		
3. Designate _____ as adult chaperone for siblings. Siblings names/ages:		
4. Have a family member cut the umbilical cord		
5. After delivery, give my baby to me after being quickly wiped and suctioned - Wrapped or placed skin to skin.		
6. Perform religious ceremonies / Spiritual rituals		
7. Videotape our baby		
8. Take pictures of our baby		
9. Make footprints & handprints of our baby		
10. Bathe our baby		
11. Allow teaching services (Medical residents and/or nursing students) present ☐ YES ☐ NO		
12.		

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Section B

♥ These are our wishes for the *comfort care* of our baby at time of birth	Comments/Date	Revisions/Date
1. ☐ Continuous ☐ Intermittent ☐ No Monitoring		
2. Perform oral/nasal suctioning, blow by oxygen, skin to skin, oral sucrose for comfort only		
3. Do not perform advanced life support without explaining why it is necessary		
4. Delay taking vital signs, weighing our baby, giving medications and obtaining lab work if not medically necessary		
5. Allow our baby to feed: ___ breastfeed or ___ drops of expressed milk or formula		
6. I am considering donating my breast milk to the Mother's Milk Bank		
7. Provide our baby with medications as needed for comfort care		
8. Provide our baby with pacifier, breast, oral sucrose for comfort		

Section C

♥ End of life care	Comments/Date	Revisions/Date
1. Hold our baby while dying and after death		
2. Obtain keepsakes such as: lock of hair, ID band, tape measure, crib card, hat, blanket and clothes		
3. Organ Donation Wishes:		
4. ☐ Autopsy ☐ Genetic Testing		
5.		

Section D

♥ Discuss your *medical options* with your doctor prior to birth:	Comments/Date	Revisions/Date
1. Medications to be used during labor		
2. Use of sports bra for management of milk suppression		
3. Physical comfort measure after birth		
4. Review your wishes for Post Partum Placement		
5. Discuss plans for taking your baby home if this is an option		
6.		

Plan of Care reviewed by: _____ _____
(Signed by Hospital Staff)

The following changes have been made by the parent(s) upon admission to the hospital

_____

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