

Birth Plan for Nevaeh Mrotz

Saturday, June 30, 2007

By: Dawn Mrotz

Birth plan for a vaginal delivery. Details for a live birth and also a still birth.

BIRTH PLAN FOR NEVAEH FAITH MROTZ

Written by her mother

Nevaeh is a miracle and gift from God. Her birth is an occasion for rejoicing such, even if she is stillborn, or dies soon afterward. She is our third child, and was diagnosed with Trisomy 18 during my level II ultrasound and amniocenteses done at 18 weeks. We understand that this syndrome is not compatible with a long life. If she makes it to birth, we may only have a little time (if any) to spend with our baby. Understandably, we want that time spent with her to be precious. We know that circumstances beyond everyone's control may prevent or change some of our wishes we have listed below.

- 1.) We wish to have a vaginal birth, and want as little pain medicine as possible. I would like to be alert during and after the delivery. I received a shot of Nubian with my past deliveries, and I did not like the way I felt. I also request no IV's or an episiotomy unless necessary.
- 2.) If Nevaeh has a heartbeat at the start of my labor, I do not wish for constant fetal monitoring. With our understanding of her heart problems, the monitoring will probably show she is in distress. Instead, please just do spot-checking; we would like to know if there is a loss of a heartbeat.
- 3.) We have not decided if there will be anyone else, besides Augie, present during the delivery. It will be decided sometime before the birth.
- 4.) We also ask that Nevaeh be placed immediately on my stomach/chest after her birth, and that all unnecessary procedures be delayed (if possible) for a later time. If any procedures must be done, we would like them to be done while she is being held by either of her parents.
- 5.) We would like the umbilical cord to be cut by either my husband (Augie) or myself.

If Nevaeh is stillborn, we want her to stay with us for as long as we feel necessary. We ask that you give us privacy to grieve, without abandoning us. Please encourage us to do whatever feels right. We would also like to bathe and dress her, as we feel ready to do so, as a family.

If Nevaeh is born alive, we request comfort care only, no heroic measures to prolong her life. We would like her to be given routine care that would be given to any normal newborn (i.e. suctioning, rubbing, oxygen). We request that Nevaeh be warmed up using warm blankets and skin-to-skin contact. If she is interested and able, we would also like to try and feed her (drops of breast milk). We also would like to bathe and dress her, as we feel ready to do so as a family.

We are prepared to let Nevaeh go when her time comes, even if it is at the moment of her birth. Our two children, Desiree and Dylan, are to be the first to have the chance to meet their sister, before the rest of the family. We ask that our family and close friends be allowed to visit when we are ready for visitors. We do not want to have set visiting hours, as this may be the only chance the family may get to meet her.

To help us celebrate and remember this special time, we have thought about keepsakes and other

things we would like to do. Here is a list of the things; if there are other things you think we might want, we would be grateful for those suggestions:

- *crib cards *hats
- *blankets *lock of hair (if possible)
- *hand & foot prints *bracelets
- *cord clamp *lots of pictures
- *molds of hands & feet (we have kits with us)
- *videotaping

This is a very difficult time for all of us including you, as you work to support us and care for us through this part of our journey. We have tried our best to prepare for this short but precious time with Nevaeh and want to spend as much time with her as possible. We truly appreciate your help and support, and ask that you understand if we seem indecisive or even angry at times. We also appreciate and find great comfort in your expressions of grief, be it through tears or even humor. So please do not hesitate to cry or be sad in front of us, if that is how you feel. Thank you and bless your hearts for all your kindness while caring for our family.

Birthplan for Natalie Carolyn

Wednesday, November 22, 2006

By: T18 Staff

Comfort care with fetal monitoring

Our little girl is named and should be referred to as Natalie. Natalie has Trisomy-18 as well as a malformed heart; therefore, she is not expected to live very long, if at all outside her mother's womb, but it is our goal that Natalie be born alive.

We are very excited to meet this precious little girl no matter what the outcome. For many years, she has been dreamed about and hoped for by her parents, so eager to hold her in their arms, to kiss her, and to smell her beautiful skin. There have been some that suggested terminating the pregnancy, and there have been some that do not value her life as much as other sweet little babies born without her genetic makeup. But to us Natalie is our daughter, and she will be throughout eternity. God has blessed us with this special spirit intentionally; she is not a "mistake". This was God's plan for our little girl from the beginning, and Natalie has anxiously waited for her time on this earth that she may experience the joys of mortality and become an eternal member of a family who will always love her. In the scheme of eternity all lives, no matter how short or long, are just as triumphant and essential to eternal progression. Though her life will be short compared to our standard mortal existence, we are joyous over the gift God has granted us and anticipate the day we will be able to hold our little girl forever. We hope all who help and meet Natalie on this anticipated day will share in our joy and acknowledge her tremendous, beautiful, and significant life.

We understand there is no "right" answer and that no choice we make will guarantee Natalie's life, so in order to ensure Natalie has a peaceful, happy and as long a life as God would have her live, we have prayerfully contemplated and decided on the following birth plan balancing peaceful comfort and life-sustaining measures.

Natalie's birth is such an exciting event for our family and for Natalie's eternal progression, and should be treated as such.

Fetal monitoring is to be performed constantly throughout labor and delivery.

Hillary needs to be as alert as possible during and after the delivery; therefore, any medications used should have the smallest side effects to both Hillary and Natalie while still providing pain relief. We request no narcotics be given to Hillary.

If warranted, Hillary will be supplied extra oxygen to help Natalie's oxygen supply.

Hillary and Ian will be notified immediately of the outcome of Natalie's birth. Always keep us informed of any distress during and after the delivery.

If Natalie is stable, Ian should be allowed to cut the umbilical cord. We understand this is a critical point for Natalie and may be the terminating event in her life, but feel it is important for Ian to perform that procedure.

If stable, Natalie should be delivered onto Hillary's belly.

Quickly wipe and wrap Natalie and hand her to Ian. Please perform standard suctioning, rubbing, and vigorous drying to aid in her respiratory and cardiac efforts, if possible, these procedures should be performed while Ian is holding Natalie.

Please postpone any other procedures including weighing, measuring, footprints, eye ointment, vitamin K, etc. until after both parents have held Natalie and until she is stable. Then the procedures should be performed while Ian or Hillary is holding Natalie and in our private room. We do not want Hep B or newborn screenings done.

Natalie is not to be placed on a warming table; rather she is to be warmed by warm blankets and skin-to-skin contact with her parents.

If Natalie is having difficulties after the delivery, an ambu bag/PPV may be performed for five minutes. If possible Hillary and Ian should be holding Natalie during this time.

At this time, we do not request any more extreme life support including ventilators and chest compressions.

We desire for Natalie to suffer as little as possible. Oxygen and pain medication should be given to her in the least painful and intrusive way possible. At this time, we request no IVs be used, though we may change our minds later.

If, for unforeseen circumstances, Natalie needs to leave Hillary, Ian should be holding and accompanying Natalie throughout the hospital.

We desire Natalie stay in the room with Hillary and not be in the NICU, unless discussed and agreed upon with Hillary and Ian.

Hillary will attempt to breastfeed Natalie. If Natalie is not able to breastfeed, Hillary will express milk into a Haberman feeder and/or a medicine dispenser provided by Hillary and Ian, and given to Natalie. If Natalie is still not able to feed, we will discuss at that time if we desire to provide nutrition through alternative means.

We request that NOBODY enter the room without first understanding our situation, then ONLY those necessary or requested will be allowed in the room. (No students, etc.)

If possible, we request a room somewhat secluded from other delivering parents.

Whether Natalie is born stillbirth or living, we desire to bath her ourselves and dress her in clothes we brought for her.

Please take pictures of the three of us after the delivery with a camera we provide. We will also bring a camcorder to use after the delivery.

Please have a nurse or social worker periodically update any family in the waiting room.

If Natalie passes away in the hospital we request that either Ian or Hillary be holding her. We also request that we have as much alone time with her as possible to say our hellos and goodbyes in private. We ask that you be sensitive to the length of time this may take whether it is 30 minutes or 2 days. Depending on the circumstances, we request Natalie stay with us until the funeral home arrives.

We request that no autopsy be performed.

As time is essential, we ask that family and friends be allowed to meet Natalie upon the request of Hillary and Ian. Please do not make visiting hours an issue. We ask your help with necessary phone calls and clearance to allow family and friends to visit Natalie as this may be the only time they will have to meet her. We do not want any avoidable regrets or missed opportunities.

We do not request a chaplain to be present.

We request that as soon as Hillary is stable, we return home to spend precious time with Natalie as part of our family.

If Natalie is to be delivered via cesarean and after she is stable, she is to be held by Ian and Hillary in the surgery room during the remaining surgery. She is to stay with Hillary and Ian and not be sent to the nursery.

We request your help in gathering all possible keepsakes for Natalie including:

- her bassinet card
- hats
- baby blankets
- hospital ID bracelets
- hand and footprints
- lock of hair (if any)
- routine newborn hospital pictures
- molds of hands and feet (we'll bring a kit)

We reserve the right to change our minds at any time regarding this birthplan.

No matter how painful it will be to say "Goodbye for now" to our little girl when the time comes, we are so blessed God has granted Natalie to grow and become part of our family.

Care Plan for Jordan Davidson

Friday, March 11, 2005

By: T18 Staff

Perinatal/Neonatal Care Plan

Perinatal/Neonatal Care Plan

Mother: Jennifer Davidson

Father: Charles Davidson

Infant: Jordan Davidson

Prenatal Diagnosis: Trisomy 18 (confirmed by amniocentesis)

EDD: 5/7/2005

I met with Jennifer and Charles Davidson on January 31, 2005 to discuss the care plan for their baby who carries the prenatal diagnosis of Trisomy 18. Both parents have done extensive study from various texts and Internet websites. They realize the serious nature of this diagnosis and the risk of preterm delivery, stillbirth and early death if born alive. They also are aware that a small but significant number of babies live to be discharged with their parents. To optimize the potential for discharge of their baby, knowing the shortened life expectancy they wish for the following care plan:

- At birth, if indicated, the baby should be intubated and also, if indicated, cardiac meds could be administered by endotracheal tube. An IV should not be started to administer cardiac meds as part of the resuscitation. If the above measures are deemed futile then resuscitation efforts should be discontinued.
- The intent of resuscitation at birth is to intervene as has been done for others with this diagnosis in the hope that a brief period of support may actually allow for subsequent extubation and ultimately discharge home. If after this period of intervention it appears as though there is little hope of successful extubation and discharge home then discussion should ensue regarding withdrawing support at a time that allows maximum involvement of the family.
- Additional measures to be taken if indicated would include oxygen administration, suctioning, pain medications, and nutritional support from formula and breast milk. Lactation consultation should be requested and parents should be taught to tube feed the baby.
- Application of erythromycin eye ointment should be delayed until the family and baby have had an opportunity to bond visually.

Every attempt should be made to involve the family. Siblings should be close-by at the time of birth. Bill Randall, the spiritual leader will be notified by the family and participate in the dedication of the baby at the appropriate time as determined by the family.

Comfort measures should be available and provided for:

- Warm blankets and hat
- Rooming in with minimal disruptions within a medically safe practice for the mother.
- Appropriate lighting
- Liberalized visitation for siblings and extended family
- Provide bereavement preparation and memory building, if indicated, to include hand/footprints, pictures, videos, locks of hair, crib-cards etc.
- Allow parents to provide care such as bathing, feeding, diapering.

If the baby's condition is serious and discharge to home is not likely then every effort should be made to provide a private room for the parents to share with the baby and other family members. This could be on the third floor or in Pediatrics. Similarly, a private room should be provided for the family if life support is withdrawn.

Birth Plan for Abigail Grace

Saturday, August 9, 2003

By: Mindy Wilsford

Birth plan for a scheduled c-section with comfort care only

Parent's wishes for the birth of Abigail Grace Wilsford

Abigail is a miracle and gift from God. Her birth is an occasion for rejoicing. Please treat it as such, even if she is still born or dies soon afterward. Please refer to her as Abigail or Abby and share our joy and sorrow with us. Our wish is that if she dies, Steve or Mindy is holding her. As a result, we ask that all possible procedures be done in our presence or delayed until her condition is assessed to see if she is stable. Our intent is to provide primarily comfort care for Abigail with minimal intervention. We truly appreciate your help and support, and ask that you understand if we seem indecisive at times. We also appreciate and find great comfort in your expressions of grief, be it through tears or humor, so please do not hesitate to cry or be sad in front of us, if that is how you feel.

Delivery (C-section):

We desire to have a third person (in addition to Steve and Mindy) in the OR to take photograph and/or video.

We desire no mechanical ventilation at any time, no CPR (no chest compressions) at any time. Rather, immediately after birth, perform standard suctioning, rubbing, and vigorous drying to aid in her respiratory and cardiac efforts. We desire that the following comfort care guidelines be observed:

1) Assess Abby's respiratory effort after drying, warming, and suctioning.

- If no respiratory effort, do not try to resuscitate. Give her to Mother or Father.
- If she breathes well, weigh & measure; then, give her to Mother or Father. Other procedures (footprints, eye ointment, vitamin K, etc.) are to be delayed until both parents have held her; and, if possible, these procedures should be done while the parents are holding her.
- If she shows some respiratory effort, but has trouble breathing, institute PPV, checking periodically to see whether she can breathe on her own. An umbilical catheter may be inserted at this point for epinephrine administration, comfort care meds, and/or blood testing.
 - If Abby does not begin to make respiratory efforts after 5 minutes, do not continue PPV or try to resuscitate. Give her to Mother or Father immediately.
 - If Abby begins breathing effectively, oxygen may be administered (prefer nasal cannula) as well as morphine to ease breathing. At this

time, if her heart rate is slow, one dose of epinephrine may be administered. Weigh & measure her, then give her to Mother or Father. Other procedures (footprints, eye ointment, vitamin K, etc.) are to be delayed until both parents have held her; and, if possible, these procedures should be done while the parents are holding her.

- If Abby is making respiratory efforts, but they are not effective, PPV may be continued for up to 15 minutes. At the end of fifteen minutes, if she is struggling to breath or in distress, morphine should be given through umbilical line to ease her breathing, and she should be immediately given to Mother and Father. Please give her morphine as often as needed to relieve respiratory distress.

2) Comfort Care (DNR) orders are instituted at this point (after the above has been attempted).

3) We desire that Mother or Father be holding her at all possible times.

4) We desire no warming tables, etc. Rather, use warm blankets with skin-to-skin contact against parent's chest.

5) We desire that no procedures be done without parents' presence. Steve is to be with Abigail at all time. As soon as is practical, please have Abigail join Mindy in the recovery room.

6) We desire full rooming in (no NICU, transition nursery) for at least first several hours; later arrangements to be made with parents' permission only.

7) We desire that Steve and Mindy bathe Abigail themselves if possible. If not possible, please bath her in the same room with the parents.

8) We desire that our children and other relatives be allowed in to see Abby ASAP for as long as we wish.

9) We desire that Mindy try to nurse Abigail. Request that the lactation consultant visit as soon as possible for assistance (Mindy has nursed two previous children).

10) If Abby stabilizes, we desire to take her home ASAP on comfort care.

In case of death:

If Abigail dies during our stay, please notify staff members as soon as appropriate. Mindy will be recovering from a C-section and will probably be best cared for on the maternity floor, but the staff should be sensitive to the situation when possible. Is there a wing for post-surgical patients, gynecological patients, or antepartum patients?

If she dies before being bathed, we desire to bathe and dress her ourselves.

After she dies, we desire that Abigail be with us as long as we desire. Also, we desire that our children and relatives be allowed to be with us during that time.

Abby's name, Abigail Grace Wilsford, must be on the death certificate.

Birth Plan for Abigail Rose

Sunday, August 26, 2012

By: T18 Staff

Birth plan for family wanting natural birth or c-section if Abigail went into distress, but only comfort care after birth.

Birth Plan for Kristine and Matt and their daughter Abigail Rose

We have known for quite sometime know that our daughter has Trisomy 18 and that she is not expected to live very long. We appreciate all the support that you can give us during this difficult time.

Our Goals are that:

1. Abigail be born alive

We would like both Kris and Abigail to be monitored during labor and delivery. If Abigail goes into distress during labor we will make the decision whether or not to do a C-section at that time after consulting with our OBGYN. After she is born, please perform standard suctioning, rubbing, and vigorous drying to aid in her respiratory and cardiac efforts.

2. Abigail suffer as little as possible

She may be given pain medication and/or oxygen to make her more comfortable

3. Abigail be given only comfort care

Mechanical assistance may be temporarily used immediately after delivery to initiate breathing only, not to maintain breathing.

4. Either Matt or Kris be holding Abigail if she dies

Please delay all procedures (weigh, measure, footprints, eye ointment, vitamin K etc.) until both parents have held her and if possible these procedures should be done while the parents are holding her. We desire no warming tables, etc. Rather use warm blankets with skin-to-skin contact against parents chest. Since we don't know how long Abigail will live we want to spend as much time with her as possible. If there are any procedures that need to be done outside the room Matt will go with Abigail.

5. Kris be allowed to try to breastfeed Abigail

If she is not able to suck we will discuss alternative feeding arrangements.

6. We take her home as soon as possible

We have made/will make arrangements with Hospice

8. If she dies we be allowed to keep her with us as long as we wish

Please give us some privacy to grieve and say hello and goodbye to our daughter

9. We make and take home as many memories as possible

Allow family and friends to visit and stay as long as we feel up to it. Please give us any keepsakes

(bassinet card, hats, baby blanket, hospital ID bracelet, handprints and footprints). Please take pictures of us with Abigail immediately after the delivery.

Audrey Grace's Birth Plan

Saturday, April 10, 2004

Birth Plan for elective c-section with comfort care

Birth Plan for Audrey Grace Upson

As drawn up by her parents Kevin and Sherry Upson

Sixteen weeks into our pregnancy journey, our daughter, Audrey, was diagnosed with Trisomy 18. We chose to continue her life, even though we have been told by our doctors that she probably would not live long after birth. We firmly believe that she is a gift from God and will treasure any time we have with her. We prayed for a miracle, while loving her, and we realize that God has given us our miracle: our little girl will be born.

We may have only seconds or minutes with her alive, but we may also be blessed with hours or days. Whatever we are given, we intend to make the most of it, and we ask for your help and support in accomplishing that. We ask that everyone refer to her as Audrey or Audrey Grace. It is our wish that for her birth, and during her short life, Audrey be surrounded by a loving and caring environment.

After considering the options, and with the advice of our Doctor, we have scheduled a C-Section for Wednesday, 15 October 2003 at UNC Chapel Hill, believing that this will be Audrey's best chance for life. Dr. T is our Maternal-Fetal Specialist and will be performing the surgery. Dr. M is our Neonatologist and Pediatrician.

C-Section:

- We have agreed that a spinal block will be used during the C-Section.
- We have also agreed to use the same incision as my previous C-Section.

Emergency:

In the event that we have an emergency and are unable to make it to UNC Chapel Hill, we will go to Womack Army Medical Center for assessment, where Dr. A is our Doctor. If time is of the essence, in order to meet Audrey alive, we are requesting a MEDEVAC flight to UNC Chapel Hill. If this is not in the best interests of Sherry and Audrey, we request that Dr. A perform the C-Section if Audrey is alive and / or in distress. If she has already passed away, we want to attempt a VBAC.

Some of the things that we think will help us through this difficult time are listed below.

We know that circumstances beyond everyone's control may prevent or change some of these things, but we thought it would be helpful to have this in writing in case of indecision or great stress.

If Vaginal Birth is Indicated:

If our plans for a C-Section are not to be, this is our wish list:

- We would like the staff to be informed and aware of our situation.
- If Sherry's water breaks at the onset of labor, there are no signs of infection and Audrey isn't in distress, she would like to wait 24 hours before induction is considered.
- Sherry would like to be able to use her own pillows as well as clothing during labor. Once she cannot be mobile, she will use a hospital gown.
- We would like to have soothing music. We will bring CDs that we have played for Audrey up to this point, in hopes that it help make her transition as peaceful as possible.
- We ask that Sherry be allowed to walk, rock, shower, move around, use the restroom, use her birthing ball, eat, etc during early labor. She requests suggestions regarding positions for laboring and later for birth, in the hopes that a proper position can help to diminish pain and make contractions more effective.
- We wish to be supported in using natural childbirth techniques, and only offered pain relief when it is requested.
- Sherry needs to be alert during and after delivery, to the extent medically possible. Sherry would very much like a walking epidural when the time is right.
- Sherry would like to avoid an episiotomy, instead using natural means (warm compresses, perineal massage) to stretch the perineum. She would prefer a tear to being cut. Please use a local anesthesia when repairing any tear.
- We prefer that the membranes not be ruptured artificially.
- We wish to have a nurse or social worker update the waiting family, or those calling by phone, in the last stages of labor and delivery.
- We would like for Audrey to be monitored throughout the labor and delivery and to be immediately informed if Audrey is experiencing distress. If there becomes a point in time where it appears that Audrey could possibly die during labor, we want to have a C-Section to get her out and prevent that from happening. We would want to take the time to properly medicate Sherry, via spinal block, so she does not have any pain during the procedure, but at the same time, we want to ensure that she is alert throughout the procedure and that Kevin is by her side. We want Sherry to have the best physical outcome possible, but our primary goal is to ensure that Audrey has every chance to meet us and that she is protected from unnecessary pain and suffering. We have come so far in our journey to meet her and then let her go, that we will want to do whatever we can to prevent missing out on that chance.

Following the Birth, C-Section or Vaginal:

- If Audrey is not breathing immediately after birth, we ask that stimulation (such as vigorous rubbing or CPR) be used to initiate it. If oxygen is needed, we agree to its use. We do not want extraordinary measures taken to maintain her

breathing. We ask that she not be put on a ventilator. If it is her time to go, we wish for her passing to be as peaceful as possible.

- If her heart is not beating at birth, we wish for CPR to be attempted. But, again, we do not wish for extraordinary measures to be taken.
- Since Audrey is expected to be with us for such a short time, we want every second possible with her in our arms. We understand that Audrey has an open Neural Tube Defect and she will need have it covered as soon as possible. We ask that once that is accomplished, and her heart is beating and she is breathing, that she be handed to her daddy, Kevin.
- If Audrey is born alive and conscious and is interested, Sherry would like to breastfeed her. Audrey is to receive some kind of nutrition. Our first preference is breast milk. If Audrey is unable to nurse, Sherry would like to express breast milk. We will bring our own Haberman feeder, but we are open to suggestions of other feeding methods which may be easier and more effective for our daughter.
- If Audrey has complications that cannot be resolved without extraordinary means being taken, we ask that she be wrapped in a blanket and handed to her daddy, Kevin.
- We have brought clothing for Audrey that we would like to dress her in, when the time is right.
- If Audrey dies during our hospital stay, please notify staff members as applicable. Please allow us space to grieve without abandoning us. We would like time alone to hold Audrey after her death to say our goodbyes.

Mementos:

To help us celebrate and remember this special time with our daughter, we have thought about mementos we would like to keep and other things that we would like to do. Here is a list of those things; if there are others that you think we might want, we would be grateful for those suggestions.

- ? Bassinet Card
- ? Hats
- ? Baby Blanket
- ? Photographs (please help us to take pictures; we will have a couple of disposable cameras ready)
- ? Video (after the birth)
- ? Hand and foot prints
- ? Hand and foot molds (we have kits with us)
- ? Lock of hair
- ? Hospital bracelets
- ? We want to bathe and dress Audrey at an appropriate time

If Audrey Lives a While:

We do not know at this time at which point we will want to call family members and have them come to be with us. If Audrey lives for some period of time, we want to be able to call our immediate family and have them join us, regardless of time of day. We have a four year old son, Hunter, whom we will want to have come immediately (once Sherry is cleaned up and stitched back together). Please do not

make visiting hours an issue. We ask your help with phone calls and getting visitors in at any time, as time will be of the essence for us, and we do not want to have any avoidable regrets or missed opportunities.

If Audrey Passes Away During Our Stay:

Once Audrey has passed on, we will want to keep her with us for a period of time. We would like space to grieve, but at the same time, may need your help with notifying relatives and the Army's Casualty Office at Ft. Bragg, and in making decisions about next steps. At this time, we do not plan to have an autopsy performed on Audrey's body. We do expect that geneticists might want to examine Audrey, and if there is a recommendation that there is a specific need for an autopsy, we will consider it at that time.

- o We wish to keep Audrey with us until the funeral home comes to get her, if possible. We realize that this is dependent upon time of day and other circumstances, so we will be open and flexible as to what is appropriate.
- o We wish for Kevin to remain with Sherry, overnight and as needed throughout this time. We expect that Kevin will stay overnight with Sherry possibly throughout her entire hospital stay.

This is a very difficult time for all of us, including you, as you work to support us and care for us throughout this part of our journey. We truly appreciate your help and support, and ask that you understand if we seem indecisive or experience variety of emotions at times. We also appreciate and find great comfort in your expressions of grief, be it through tears or even through humor, so please do not hesitate to cry or be sad in front of us, if that is how you feel.

We have tried our best to prepare for this short time with our beloved Audrey, and we want to be able to spend as much time with her as possible. Thank you so much for helping us and supporting us through this celebration of our daughter's short but precious and meaningful life.

THIS PLAN IS NOT WRITTEN IN STONE. WE CAN CHANGE OUR MINDS AT ANY TIME CONCERNING ANY ASPECT OF THIS PLAN, TO INCLUDE FULL LIFE SAVING MEASURES.

Birth Plan for Ethan James

Friday, November 2, 2012

By: T18 Staff

Vaginal delivery with the possibility of c-section, and resuscitation after birth

Birth Plan for Ethan James Coulter

By parents Phillip and Deborah Coulter

Birth Partner:

My birth partner will be my husband, Phillip, whom I would like to be with me as much as possible during all stages of the delivery and for him to be with our son at all times after birth.

Labor:

We would like a private labor/delivery and recovery room and full room-in for my husband and our baby.

It is very important to us that NOBODY enter our room or the delivery room without knowing our situation and if possible, for us to receive a room somewhat secluded from other delivering parents.

We do not want to have people present who do not have to be there (like students).

Fetal Monitoring: Minimum and intermittent monitoring is preferred as we do not want to cause any unnecessary stress.

Delivery:

We'd like a vaginal birth if possible. However, we'd leave it to the doctor's discretion to intervene and do a C-section if it is deemed necessary (e.g.: if Ethan's in a breech position).

Should a C-section be required, even if in emergency, we'd prefer an epidural in order for us both to have the chance to spend as much time with Ethan as possible.

Deborah needs to be alert during and after delivery, to the extent medically possible. She would very much like a walking epidural when the time is right, no sedatives.

Deborah would like to avoid an episiotomy if possible, instead using natural means (warm compresses, perineal massage) to stretch the perineum.

We'd like Ethan to be delivered directly onto Deborah's abdomen.

We wish to have a nurse or social worker update the waiting family, or those calling by phone, in the last stages of labor and delivery.

Following the Birth:

If Ethan is not breathing immediately after birth, we ask that stimulation (such as vigorous rubbing or CPR) be used first to initiate it. If that doesn't work, please initiate full intervention for resuscitation.

Since Ethan is expected to be with us for such a short time, we want every second possible with him in our arms. We ask that once his heart is beating and he is breathing, that he be handed to his daddy, Phillip.

Since we don't know how long Ethan will live, we want to spend as much time with him as possible after delivery and request the delay of any procedures that can be put off until later (eye ointment, weight, bath).

Please have a nurse or chaplain take pictures once Ethan is born.

If Ethan is born alive and conscious and is interested, Deborah would like to breastfeed him. Ethan is to receive some kind of nutrition. Our first preference is breast milk. If Ethan is unable to nurse, Deborah would like to express breast milk, but we are open to suggestions of other feeding methods which may be easier and more effective for our son.

We would like the opportunity to bathe Ethan and have brought clothing for him that we would like to dress him in, when the time is right.

We would like to be able to remain in the hospital for as long as possible in order to prevent frequent, early revisits (on the assumption that he survives birth) and as long Ethan requires hospitalization.

If Ethan has complications that cannot be resolved without extraordinary means being taken, we ask that he be wrapped in a blanket and handed to his daddy, Phillip.

If Ethan dies during our hospital stay, please notify staff members as applicable. Please allow us space to grieve without abandoning us. We would like time alone to hold Ethan after his death to say our goodbyes as well as allow extended family time with him.

Please help us to create memories through picture taking and holding. Please give us as many mementos as you can (footprints and handprints, Hand and foot impressions, swatch of hair, bassinet card, hats, ID bracelets).

Thank you for your help and compassion during this difficult time.

Birth Plan for Gina Prayer

Friday, November 2, 2012

By: T18 Staff

Birth plan for a vaginal delivery with possibility of c-section with comfort care only

Labour and Delivery Wishlist

We are writing this list in order to help this experience go as we would like for us and our daughter, Gina Prayer. We also hope to help the hospital staff understand what our wishes are during this difficult time. Because of the high possibility of a stillbirth and the diagnosis with impending death, it is very important to us to make this experience as memorable as possible and minimize any regrets. We greatly appreciate your help in making this happen.

The decisions defined herein are based on the following principles:

1. Dr. Mary Rauff has the final authority on all decisions which affect the health of the mother and/or the baby.
2. In so much as it does not contravene with the first principle, the wishes of the mother are to be paramount.
3. In so much as it does not contravene with the first principle, procedures during the progress of the labour and delivery are to be discussed with the mother and the father.

Birth Partner:

My birth partner will be my husband, Scott Guthrie, whom I would like to be with me as much as possible during all stages of the delivery and for him to be with our daughter at all times after birth.

Labour/Delivery/Recovery Room:

1. We would like a private labour/delivery and recovery room and full room-in for my husband and our baby.
2. It is very important to us that NOBODY enter our room or the delivery room without knowing our situation and if possible, for us to receive a room somewhat secluded from other delivering parents.
3. We do not want to have people present who do not have to be there (like students).
4. We would like to be able to remain in the hospital for as long as necessary in order to prevent frequent, early revisits (on the assumption that she survives birth) and as long Gina requires hospitalisation.

First Stage:

1. Induction: This is left to the medical discretion of the obstetrician. If not necessary, we'd prefer to avoid it. A spontaneous onset of labour is preferred if possible.
2. Activity & Nourishment: During the first stage, I'd like to remain as active as possible. We'd also like to have water available for nourishment throughout the process.
3. Hospital prep: Enema is fine
4. Type of labour support and comfort measures: I'd like if possible:
 - to remain as active and mobile as long as possible
 - to practice breathing techniques with the guidance of my birth partner and/or hospital staff

- to use comfort aids which I may bring in: massage aids, focal point, extra pillows, gym-ball, aromatherapy oil burner, TENS
 - freedom of choice for positioning during contractions (standing up, leaning over bed, or on all 4's, etc.)
5. Foetal Monitoring: Minimum and intermittent monitoring is preferred as we do not want to cause Gina any unnecessary stress.
6. Artificial speeding up of labour: at the doctor's medical discretion
- Breaking of the waters: if necessary once labour has established itself
 - Using a drip: if the contractions really don't come regularly enough or if it looks like the first stage is going to take longer than the average 8-9 hours.
7. Pain relief:
- I'd like to start without pain relief and rely on techniques of relaxation and breathing.
 - However, please have gas and air available in case I need it!
 - If it looks like the labour is going to be a long and tiring process (longer than the average) and/or the pain becomes unbearable or unmanageable, I'd like an epidural. This is to ensure that I do not become too exhausted to enjoy the precious time I will have with my daughter after birth.
 - No sedatives please as I do want to be fully alert after Gina's birth.

Second Stage:

1. Episiotomy: Only if necessary. I'd like to first see if the perineum can stretch naturally first before an episiotomy is performed.
2. Delivery & Immediately after:
 - We are assuming that a paediatrician will be present for the birth.
 - We'd like a natural birth if possible. However, we'd leave it to Dr. Rauff's discretion to intervene and do a C-section if it is deemed necessary (e.g.: if Gina's in a breech position).
 - Should a C-section be required, even if in emergency, we'd prefer an epidural in order for us both to have the chance to spend as much time with Gina Prayer as possible.
 - Since there is a high likelihood of stillbirth, we would like a simple statement from the doctor at birth like "I'm sorry, Gina didn't make it" or "Congratulations! She is breathing" or "We have a heartbeat".
 - We'd like Gina Prayer to be delivered directly onto my abdomen.
 - We'd like the clamp and cord cutting to be done by nurse or doctor immediately and as discreetly as possible
 - Gina will be breastfed. If she cannot suck, we wish to feed her with an eye dropper of breast milk or formula. A nasogastric tube may be used if necessary (placed and maintained while Gina remains in our room). We request that no intravenous nutrition or medication be administered.
 - Only after Gina has proven able to breathe unaided should she be cleaned and any necessary tests administered. Should she be stillborn or not survive for many minutes after birth, we would like some time with her alone. We will request for her to be cleaned when we are ready.
 - Immediately after delivery will be a time we, the parents, need to be alone with our daughter. We want Gina to be with us, not placed in a warmer, etc. We know Wendy needs medical care also, but would request "alone time" after Wendy is stabilised. We want to have as much time with Gina as possible, whether she is stillborn or alive.
 - Whether stillborn or alive, we wish to dress Gina in the clothes we have brought along.
 - We would appreciate help in making her foot and hand prints and photos.
 - If Gina's medical condition begins to deteriorate, we wish to continue to care for her. We wish to hold her at the time of her death.
3. Resuscitation:
 - We fully understand the diagnosis of Full Trisomy 18 and have discussed at length the options for life

support. We DO NOT wish to have Gina resuscitated, put on a ventilator or given any other life sustaining measures.

- Mechanical assistance (suctioning, O2, ambu bag) may be temporarily used immediately after delivery to initiate breathing only, not to maintain breathing. No extra-ordinary means should be taken to prolong her life.

Third Stage

We understand and are agreeable to an injection being given to speed up the delivery of the placenta.

We appreciate your help in making this event as memorable and special for us as possible. Please let us know in advance if any of our requests cannot be fulfilled or alternatives that may be more appropriate.

Thank you,

Scott & Wendy Guthrie

Birth Plan for Grace Anne

Sunday, November 9, 2003

By: T18 Staff

We have known for months that our unborn baby is very ill and not expected to live very long. We have made an informed decision to carry this baby to term and keep our baby as long as possible. It is our priority to have our baby born alive. Please honor our request to preserve the dignity of our baby's special life.

We have known for months that our unborn baby is very ill and not expected to live very long. We have made an informed decision to carry this baby to term and keep our baby as long as possible. It is our priority to have our baby born alive. Please honor our request to preserve the dignity of our baby's special life.

1. We would like staff to be informed and aware of the situation. If possible we would like to visit and meet the staff before the delivery.
2. In order to maximize the chance of a live birth, we would like the baby to be delivered by scheduled C-section. Chris would like an epidural and pain relief. We also want the baby to be monitored as well as Chris. Chris wants to be aware, alert and present for the delivery and afterward.
3. We would like staff to know we are waiting to see if it is a boy or a girl at delivery. If the baby is a girl we would like her to be referred to as Grace. If the baby is a boy we would like him to be referred to as John.
4. We would like the doctor to cut the cord. This is the baby's lifeline to us and it may be hard to do.
5. We request that our baby be immediately handed to Mom/Dad depending on the circumstances.
6. If a nurse or technician could take pictures at this time, we would appreciate it. We will provide a polaroid camera to take a picture of our baby.
7. We would like a social worker, nurse or staff member to give updates to family and friends waiting. When the baby is born, we ask that the picture of the baby be shown to waiting family members.
8. Our baby will be baptized as soon as possible after cutting the umbilical cord. Since the delivery will be scheduled we will notify Father Steve from St. Patrick's to be present at the delivery. If this is not possible, Grandma Bernadette will do the baptism. We ask that the grandparents be present at this time if possible.
9. We will have a parish priest come up as soon as possible to bless our baby (baptism and confirmation).
10. Since we don't know how long the baby will live, we want to spend as much time as possible after delivery and delay any procedures that can be put off till later.

11. Our baby should be offered comfort care: feeding, bathing, swaddling and holding by his/her parents and family.
12. We would like to "room in" with our baby. If there are any procedures that need to be done to the baby outside the room, Paul will go with the baby.
13. Paul will have the option of spending the night with Chris in her room.
14. The baby will be breastfed, if he/she can. If he/she cannot, we wish to feed the baby with an eye dropper of extracted milk or formula before doing an IV.
15. If it is possible, we are looking into Hospice to take our baby home. This depends on the baby's condition and health issues.
15. If we are not able to take our child home, we wish to be with our baby and hold our baby at the time of death.
16. If the baby dies, we want some time however long we decide to be together as a family alone.
17. We would like to bathe/dress our baby.
18. We would like to be alone, away from other newborns before and after the baby's birth.

Keepsakes Requested

1. Bassinet Card
2. Hats
3. Baby blanket
4. Photos
5. Hospital ID Bracelet
6. Handprints / Footprints
7. Plaster molds of both hands and both feet
8. Lock of hair

Birth Plan for Jeremiah David

Tuesday, August 26, 2003

By: T18 Staff

Birth plan for family wishing a scheduled c-section and comfort care.

Birth Plan for Jennifer and David S and their son Jeremiah David

Twenty-one weeks into our pregnancy our son, Jeremiah David was diagnosed with Hypoplastic Left Heart Syndrome. We were devastated, but fully intended to begin the three-stage heart surgery following his birth. At 31 weeks Jeremiah's weight and measurements dropped several weeks behind (less than 5th percentile) and at 32 weeks an amnio was performed. Our hearts were broken when the test results came back positive for trisomy 18 November 15, 2001.

It is our wish that for his birth, and during his short life, Jeremiah be surrounded by a loving and caring environment. We believe the following list will help us make the most of our time with Jeremiah:

1. We would like Jeremiah to be delivered by a scheduled cesarean section on December 11, 2001. Any drugs used should have minimal side effects while still providing pain relief; giving it in the smallest dose that will be effective. Jennifer wants and needs to be alert during and after delivery.
2. If Jeremiah experiences any distress in his birth we wish to be informed of the situation. After determining whether or not there is a heartbeat or breathing, we request that the doctors use phrases such as "I'm sorry Jeremiah didn't make it", or if he is alive, "We have a heartbeat", "He is breathing".
3. Mechanical assistance (suctioning, O2, bag) may be temporarily used immediately after delivery to initiate breathing only, not to maintain breathing. No extra-ordinary means should be taken to prolong his life. We request that Jeremiah be quickly wiped, wrapped in a blanket, and handed to his father, David.
4. A photographer will be present to record Jeremiah's birth and we would like to have a nurse or social worker periodically give updates to the family waiting.
5. Since we don't know how long Jeremiah will live, we want to spend as much time with him as possible after delivery and request the delay of any procedures that can be put off until later (eye ointment, weight, bath).
6. Jeremiah should room in at all times. If there are any required procedures that cannot be performed in the room, Jeremiah will be accompanied by his father, David who will video tape them and offer support.
7. Our pastor will be present shortly after delivery to dedicate Jeremiah.
8. Jeremiah will be breastfed. If he cannot suck, we wish to feed him with an eye dropper of breast milk or formula. An NG tube may be used if necessary (placed and maintained while Jeremiah remains in Jennifer's room). We request that no intravenous nutrition or medication be administered.

9. When Jeremiah's medical condition begins to deteriorate, we wish to be the ones to continue care for him. We wish to hold him at the time of his death.

10. Please give us privacy without abandoning us. Help us to create memories through picture taking and holding. Please give us as many mementos as you can (footprints and handprints, bassinet card, hats, ID bracelets).

Thank you for your help and compassion during this difficult time.

Birth Plan for Jeremiah Edward

Tuesday, August 26, 2003

By: T18 Staff

A birth plan for an at-term birth. The parents wanted to try a natural birth, but were willing to use medical interventions as and when necessary.

Birth Plan for Heather and Trevor and their son Jeremiah Edward

Believing that God has created our son, and believing that regardless of his physical and mental handicaps or his life expectancy that he is as valuable as any other human being, we would request the same care for Heather and Jeremiah during labor and delivery as would be given to any other baby. This includes:

1. Fetal monitoring as per any other labor. This includes, but is not limited to continuous monitoring.
2. A cesarean section if Jeremiah goes into distress.
3. Any and all medically necessary interventions should be started with Jeremiah. We will not force his life, but he needs all the chance you would give to any other baby. Please keep us updated on what is happening and give us the opportunity to decide when enough is enough.
4. If Jeremiah is born stillborn, or dies shortly after birth, please help us make as many memories as possible, including footprints, pictures, time to cuddle, hospital bracelets, name cards, etc.

For Heather:

1. We request that my midwives be present in the birth, and for them to be as involved as possible.
2. We request as natural a birth as possible.
3. We request the avoidance of pain medication unless medically necessary.

Birth Plan for Kathryn Rachel

Thursday, August 28, 2003

By: T18 Staff

Birth plan for family wishing neither monitoring during labor and delivery or medical interventions following delivery.

Birth Plan for Eve and Casey F. and their daughter Kathryn Rachel

We are writing this list in order to help this experience go as we would like for us and our daughter, Kathryn. We also hope to help the hospital staff understand what our wishes are during this difficult time. Because of the high possibility of a stillbirth and the diagnosis with impending death, it is very important to us to make this experience as memorable as possible and minimize any regrets. We greatly appreciate you all for helping us make this happen!

1. Our daughter's name is Kathryn Rachel.
2. We would like for only the grandmother to be present with us during delivery, no other family members.
3. We have discussed the option of monitoring Kathryn's heartbeat during delivery and DO NOT want her to be monitored.
4. Since there is a high likelihood of stillbirth, we would like a simple statement from the doctor at birth like "I'm sorry, Kathryn didn't make it" or "She is breathing" or "We have a heartbeat".
5. We have discussed cesarean section and determined it unnecessary in this case.
6. Eve would like an epidural for pain but no other sedatives, etc. during delivery because she wants to be fully alert after Kathryn's birth, given we will most likely have very little time with her.
7. An emergency baptism will be performed by Kathryn's grandmother at delivery. It will only take a few seconds and will be done alongside delivery. The doctor is NOT expected to interrupt any medically necessary procedures during this time.
8. We fully understand the diagnosis of Full Trisomy 18 and have discussed at length the options for life support. We DO NOT wish to have Kathryn resuscitated, put on a ventilator or given any other life sustaining measures. We would like her to be given free-flowing oxygen if necessary and a feeding tube NG Tube if necessary, if she survives to that stage.
9. We would like the clamp and cord cutting to be done by nurse or doctor immediately and as discreetly as possible.
10. Immediately after delivery will be a time we, the parents, need to be alone with our daughter. We want Kathryn to be with us, not placed in a warmer, etc. We know Eve needs medical care also, but

would request "alone time" after Eve is stabilized. We want to have as much time with Kathryn as possible, whether she is stillborn or alive.

11. Whether stillborn or alive, we wish to bathe Kathryn ourselves and dress her in the clothes we have brought along.

12. We would appreciate help in making her foot and hand prints on cards we have prepared. We would also like a lock of her hair (if she has any!!), routine newborn picture and her i.d. ankle bracelet.

13. It is very important to us that NOBODY enter the room without knowing our situation and if possible, for us to receive a room somewhat secluded from other delivering parents.

We appreciate your help in making this event as memorable and special for us as possible. Please let us know in advance if any of our requests cannot be fulfilled or alternatives that may be more appropriate.

Birth Plan for Olivia Grace

Thursday, July 11, 2013

By: T18 Staff

Birth plan desiring comfort care, no c-section.

BIRTH PLAN FOR MIKE & LYSSA AND DAUGHTER OLIVIA GRACE

We have known for several months that our unborn daughter, Olivia Grace, has been diagnosed with Trisomy 18, a chromosome abnormality. We are fully aware of the severity of her condition and also of the probability that she may not survive very long after birth. We are writing this birth plan to help the hospital staff and those involved in her birth understand our wishes for her birth and during our hospital stay. We have chosen to administer comfort care with minimal intervention after her birth. It is our desire that during her birth and life that she be surrounded by a loving and caring environment. Our primary goals are:

- 1) that everything be done to give Olivia the best chance to be born alive, and
- 2) that her life and passing each be as peaceful as possible.

We appreciate your understanding and your help and support and your expressions of grief, be it through tears or humor. Please do not hesitate to cry or be sad in front of us if that is how you feel.

*We would like the staff to be informed and aware of our situation.

*We desire to have a third person, (in addition to Mike and Lyssa) in the delivery room to assist us in any way necessary.

*Any and all procedures not specifically outlined in this birth plan should be approved in advance by Mike or Lyssa.

*We desire no fetal monitoring during labor and delivery. We would consider listening in periodically.

*We have discussed cesarean section and determine it unnecessary in this case.

*If Olivia is breathing on her own at birth, please immediately hand her to Mike or Lyssa.

*We desire for Lyssa to try to breastfeed Olivia.

*Certain procedures (weighing, measuring, eye ointment, vitamin K, etc) are to be delayed until both parents have held her; and if possible, these procedures should be done while the parents are holding her.

*We desire that Mother or Father be holding Olivia at all times possible.

*We desire no warming tables, incubators, etc. Rather, the use of warm blankets with skin-to-skin contact against parent's chest.

*We ask that no procedures be done without one of the parent's presence.

*If Olivia is not breathing immediately after birth, please perform standard suctioning, rubbing and vigorous drying to aid in her respiratory and cardiac efforts. The use of an O-2 bag is acceptable. We do not want extraordinary measures taken to maintain her breathing. We ask that she not be put on a ventilator.

*If her heart is not beating at birth, we do not wish any attempts at CPR.

*An NG tube may be used if necessary (placed and maintained while Olivia remains in Lyssa's room.)

*We would appreciate help in making her foot prints and hand prints on cards we have prepared. We also would like a lock of her hair (if she has any!), her ankle bracelet, bassinet card, wrist bracelet, pictures or any other mementos to help us maintain memories. We will have disposable cameras available, please take pictures as you like for us.

*We would like to room- in with our daughter and request that any and all procedures be done in our presence. We would like Mike to accompany Olivia during any and all procedures that must be done elsewhere.

*We would like to give Olivia her first bath, dress her, and have as much hands on contact with her as possible.

*It is very important to us that NOBODY enter the room without knowing our situation and if possible, for us to receive a room somewhat secluded from other delivering parents.

*We request that our family and friends be able to meet Olivia as soon after her birth as practicable and as often thereafter as desired.

*Please do not make visiting hours an issue. We ask your help with phone calls and getting visitors in at any time, as time may be of the essence for us, and we do not want to have any avoidable regrets or missed opportunities.

*We ask that our children and other relatives be allowed in to see Olivia ASAP after her birth for as long as we wish.

*If Olivia stabilizes, we want to take her home as soon as possible on comfort care and with the presence of Hospice.

*If we are unable to take Olivia home, we would like to be holding her at the time of death and request time alone as a family after her death.

Olivia is a miracle and our gift from God. She is precious to us and we would like for you to treat her as a precious baby. We want this to be an occasion for joy. We have tried our best to prepare for this

short time with our angel Olivia Grace and we want to be able to spend as much time with her as possible. This is a difficult time for all of us, including you, and we appreciate your help and support and care for us and hope that this might be a special time for you too.

Birth Plan for Priya Brane

Tuesday, January 11, 2005

By: T18 Staff

Birth Plan for Tom, Suja, and Priya Brane

"For You created my inmost being; You knit me together in my mother's womb.
I praise You because I am fearfully and wonderfully made; Your works are wonderful, I know that full well. My frame was not hidden from you when I was made in the secret place.
When I was woven together in the depths of the earth, Your eyes saw my unformed body.
All the days ordained for me were written in Your book before one of them came to be."
Psalm 139:13-16

Birth Plan for Tom, Suja, and Priya Brane

What started off as a "routine" ultra-sound on 4/1/04 because Suja was measuring 2 cm small and had feeble fetal movements lead to further tests and visits with various specialists. The conclusion: our little baby girl, (Priya Elizabeth)...pronounced (Pree-ya), has been diagnosed with Edward's Syndrome/Trisomy 18. Except in a few cases, Trisomy 18 is not compatible with life. After hours of educating ourselves on T18, several discussions with specialists but most importantly, after seeking God's wisdom and guidance for Priya's precious little life, we have decided to allow her to live out the life that God intended. Given the poor prognosis associated with T18, we have also decided to not be unnecessarily aggressive and to cherish the hours, days, or weeks that we will have to spend with Priya.

We know with certainty that our LORD is the Creator and Giver of life and the Giver of Good gifts. We know how precious and valuable each life is to Him. Even before conception, we know that God was in full control of Priya's life. And though we desire for our baby to be healthy, we accept her just as she is and we feel honored to have the privilege to love and care for her as long as she is here with us.

(I included this just to give the nursing staff a little background info about where we were coming from and how we were approaching the situation)

We created a birth plan so that we could appropriately communicate to the medical staff taking care of us what our desires are in hopes of making this experience as memorable for us as possible and avoid any regrets. Thank you so much for being a part of our journey with us and for trying to honor our requests to the best of your ability. Do not hesitate to ask questions or offer any suggestions that we may not have thought of. Please refer to our baby as Priya. A lot of tears will most likely be shed during our time there. It is healthy for us and we are comfortable with it and hope that you will be too. Our two primary objectives are that Priya does not suffer (nutrition, warmth, and love) and that we celebrate Priya's life.

Active Labor

1. Desire to have a SVD as naturally as possible acknowledging that any use of narcotics could cause small amount of respiratory depression for Priya or an epidural could prolong labor. However, if despite non-pharm methods of pain relief, Suja is unable to tolerate the labor pains, meds can be

used at Dr. M's discretion. Would like to use the bathtub if available.

2. Do not desire to have Priya's heart rate continuously monitored but instead to obtain Priya's heart rate about once an hour so that we know at the time of delivery whether Priya will be born alive or stillborn.
3. Do not desire a C/S except if Suja's health is in concern which is to be determined by Dr. M (maternal indications only).
4. Would like Tom and Suja's mother, Mary, in the delivery room. Our parents and siblings will be in the waiting room.

Delivery of Priya

1. Dr. A, neonatologist, will be present for the delivery and all ultimate decisions regarding Priya's condition and treatment will be decided by him as we have at length expressed our desires and wishes to him.
2. Desire comfort care measures only for Priya.
3. Do not desire intubation, chest compressions, epi, umbilical cath, IV's, or other aggressive life-sustaining measures for Priya.
4. Would like for Priya to be delivered and placed on my abdomen with the use of warm blankets. Do not want her taken to the warmer. This has been discussed with Dr. A who is in agreement with this plan and will do all appropriate measures for Priya with her on my abdomen. Given the potentially short time that we have with Priya, we want to cherish each second and want to be as close to her as possible.
5. Please perform standard suctioning, rubbing, and drying to aid in Priya's cardiac and respiratory efforts.
6. Mechanical assistance in the form of PPV may be used temporarily immediately after delivery to help initiate breathing if Dr. A finds it appropriate. PPV should not be continued if Priya does not respond after 3-5 minutes.
7. If Priya's condition begins to deteriorate, we wish to be the ones holding and caring for her at the time of her death.
8. Please delay all procedures such as weight, length, vit K, eye ointment, etc; until Priya's condition has been stabilized and we have had an opportunity to hold and say hello to our little girl.
9. We desire to bathe and dress Priya in the clothes that we brought for her.
10. Please perform as many procedures in the room as possible.
11. Do not want Hep B or newborn screening done.

Stillbirth

1. If Priya passes away in utero or shortly after delivery, we desire to keep Priya with us for as long as we want whether that be 1, 12, or 24 hours so that we can say our hello's and goodbye's in privacy. Also, please allow specific family members or friends that we request to do the same and help us potentially keep other visitors away.
2. We desire to bathe and dress Priya in the clothes that we brought for her.
3. Our faith in Jesus Christ has been the anchor that is sustaining us. However, we do not wish for a chaplain to be present. We believe in adult immersion and will not be performing any infant baptism.

Life with Priya Beyond the First Hour

1. If Priya's condition begins to deteriorate, we wish to be the ones holding and caring for her at the time of her death.
2. During apneic episodes, we do not desire for Priya to be stimulated. We most likely will chose to

just hold and love her during these moments.

3. Desire to feed Priya breast milk via NG tube and bottle if she is able to suck. Will not use IV's.
4. Want Priya to room with us at all times and for all procedures to be done in the room if possible.
5. Please help us to save any momentos (bassinet cards, hosp ID bracelet, hand/feet prints/molds, etc;) and help us create as many memories with our little girl as possible.
6. Desire to take Priya home with us as soon as Suja is stable for discharge.

Though we will have clearly expressed to people that we do not wish to have visitors except for immediate family and few close friends visiting us, we know that sometime people still come. Could you please help us monitor who comes into the room by first checking with us.

Once again, thank you so much for all your help and assistance.

Tom and Suja

Birth Plan for Hannah Rachelle

Due Date: 2/10/2007

Trisomy 18 Hypoplastic Right Heart Syndrome and Spina Bifida

Labor

I would like a labor room with a Jacuzzi tub.

I would prefer that no students, interns, residents or non-essential personnel be present during labor/birth.

I would like to be free to walk around and change positions during labor.

I would like to be able to have fluids by mouth.

I would like the environment to be kept as quiet as possible and the lights in the room to be kept low.

I would prefer to keep the number of vaginal exams to a minimum.

I do not want an IV unless I become dehydrated. If it is necessary, then I prefer a Heparin Lock.

Monitoring

I do not wish to have continuous fetal monitoring.

I would like to have monitoring of contractions to indicate the progress of labor.

Labor Augmentation/Induction

If labor is not progressing, I would like to have the amniotic membrane ruptured before other methods are used to augment labor.

Anesthesia/Pain Medication

I realize that many pain medications exist, however, I would like NO drugs (natural childbirth) unless requested.

Cesarean

Unless absolutely necessary due to risk of my health, I would like to avoid a Cesarean.

Episiotomy

I would like to use perineal massage to help avoid the need for an episiotomy.

I would appreciate guidance in when to push and when to stop pushing so the perineum can stretch.

I would prefer not to have an episiotomy unless absolutely required for the baby's safety.

Delivery

I would like to have Hannah placed on my stomach/chest immediately after delivery (after a quick assessment to make sure that she is stable).

If needed, oxygen may be given to her.

I'd like to wait for the placenta to deliver naturally.

Immediately After Delivery

I would prefer that the umbilical cord stop pulsating before it is cut and to have my husband cut the cord.

I prefer that the assessment of Hannah (by a Neonatologist) be done with her on my abdomen, if possible, with both of us covered by a warm blanket.

If Hannah must be taken from me to receive medical treatment, my husband will accompany Hannah at all times.

I would like to delay the eye medication for Hannah until a couple hours after birth.

Hannah may be provided mild pain relief if it appears that she is showing signs of distress.

Hannah may be provided oxygen if she needs assistance with breathing.

Please ask us about all other decisions regarding Hannah (Spina Bifida surgery, medications, feeding, breathing, etc.)

Postpartum

I would like a private room. I would like to have Hannah 'room in' with me and my husband at all times.

Breastfeeding

I plan to breastfeed Hannah and would like to begin nursing very shortly after birth.

Unless medically necessary, I do not wish to have any bottles given to Hannah (including formula, glucose or plain water). I do not want Hannah to be given a pacifier.

Other

We would like Hannah to be baptized.

We would like our son to be with us after Hannah is born.

Now I Lay Me Down To Sleep Photography Company will be allowed to take pictures of Hannah and our family after her birth.

We will provide clothes and blankets for Hannah.

We would like to take Hannah home with us if she is stable - Home Hospice will assist us.

We would like the following keepsakes: Bassinet cards (if applicable), Hospital ID bracelets, Foot & Hand prints, Lock of hair (if possible), Photographs, Foot & Hand casts, etc.

