

16. Allow teaching services (Medical residents and/or nursing students) present <input type="checkbox"/> YES <input type="checkbox"/> NO		
17. Organ Donation Wishes		
18. Autopsy -		
19.		

Section B

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

Comments/Date

Revisions/Date

	Comments/Date	Revisions/Date
1. Let me know if our baby has a heartbeat		
2. Perform oral/nasal suctioning and blow by oxygen 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. Provide our baby with medications if needed for comfort care		
7.		

Section C

♥ **Discuss your *medical options* with your doctor prior to birth:**

Comments/Date

Revisions/Date

	Comments/Date	Revisions/Date
1. Medications to be used during labor		
2. Management of milk suppression		
3. Physical comfort measure after birth		
4. Review your wishes for extended stay		
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



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

PATIENT ID