

# Stillbirth Plan

---

## 1. Personal & Contact Information

- Full name, expected due/birth date, planned birth location \_\_\_\_\_

\_\_\_\_\_

- Primary support person(s), phone numbers \_\_\_\_\_

\_\_\_\_\_

- Care provider(s) (midwife, doula, obstetrician), phone numbers \_\_\_\_\_

\_\_\_\_\_

- Emergency contact \_\_\_\_\_

\_\_\_\_\_

- Medical record access and backup plan \_\_\_\_\_

\_\_\_\_\_

## 2. Labor & Birth Preferences

- Desired location / room setup (lighting, temperature, privacy) \_\_\_\_\_

\_\_\_\_\_

- Who may be present (family, doula, friends) \_\_\_\_\_

\_\_\_\_\_

- Movement and positioning preferences \_\_\_\_\_

\_\_\_\_\_

- Comfort aids: (e.g. music, aromatherapy, heat, water, massage) \_\_\_\_\_

\_\_\_\_\_

- Pain relief preferences (non-medical or medical) \_\_\_\_\_

\_\_\_\_\_

---

- Monitoring preferences for mother's health\_\_\_\_\_

---

- How I want to be informed if intervention is necessary\_\_\_\_\_

---

### 3. Handling of Baby After Birth

- I would like to see, hold, and spend time with my baby
- Option to bathe, dress, or photograph baby\_\_\_\_\_

- 
- Memory-making: handprints, footprints, keepsakes, mementos\_\_\_\_\_

- 
- Option for cord clamping/cord cutting\_\_\_\_\_

- 
- Decisions about autopsy, pathology, or tissue sampling\_\_\_\_\_

- 
- Documentation choices (photos, videos, footprints)\_\_\_\_\_
- 

### 4. Dignity, Privacy & Emotional Support

- Gentle, respectful, and sensitive language
- Control over who is present in the room
- Privacy for family moments and rituals
- Option for rituals, prayers, spiritual or memorial practices
- Access to grief counseling or bereavement support

## 5. After Birth / Postpartum Care

- Monitoring of bleeding, vital signs, and pain
  - Plan for placenta handling or pathology if needed \_\_\_\_\_
- 

- Plan for warning signs (infection, hemorrhage) \_\_\_\_\_
- 

- Follow-up visits from midwife, nurse, and/or doula \_\_\_\_\_
- 

- Emotional and mental health support resources \_\_\_\_\_
- 

- Space and privacy for grieving, with visitor control \_\_\_\_\_
- 

## 6. Communication & Decision-Making

- Clear, compassionate communication
  - Inclusion in all decision-making
  - \_\_\_\_\_ to act as advocate if I cannot
  - Explanations in plain language
  - How changes or deviations will be explained \_\_\_\_\_
- 

## 7. Special Values & Considerations

- Emotional journey honored with time for grieving
- Minimal interventions unless necessary
- Body autonomy respected
- Cultural, spiritual, or religious practices included
- Preferences around photos, keepsakes, and memory rituals
- Boundaries for visitors, announcements, and social media \_\_\_\_\_

