Dilation & Curettage (D&C) Birth Plan

Purpose / Introduction

This document outlines my preferences and wishes for my D&C procedure. While I understand that medical judgment and hospital policy may necessitate changes, I ask that my values and emotional needs be honored to the fullest extent possible. My desire is for compassionate, respectful, and trauma-informed care.

1. Contact Information

- Patient name: _____

- Support person(s): _____

- Emergency contact: _____

- Care provider/OB: _____

2. Before the Procedure

- ☐ I would like clear, compassionate explanations of what will happen at every stage.
- ☐ Please use sensitive, non-minimizing language when speaking about my baby and procedure.
- ☐ I would like my support person to remain with me until anesthesia/sedation begins.
- ☐ I prefer staff to introduce themselves and explain their role.
- ☐ If possible, I would like options for comfort measures (list below)

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3. Anesthesia & Pain Management

- ☐ Please explain the type of anesthesia or sedation being used.
- ☐ I would like reassurance about pain management and opportunities to ask questions before the procedure.
- ☐ If choices are available, I prefer: _____

☐ After the procedure, I want clear instructions for managing pain, bleeding, and recovery at home.

4. Handling of Pregnancy Tissue

- I wish for my baby's remains to be treated with dignity and respect.
- My preferences are (check all that apply):

☐ I would like to keep the remains for burial/ritual.
☐ I would like the hospital to release the remains to _____ funeral home
☐ I consent to pathology/testing, explained beforehand.
☐ I prefer no unnecessary dissection/testing unless medically required.
☐ I would like to be informed before any remains are discarded.

5. Memory-Making (if possible)

- I would like to ask if any keepsakes are possible (e.g., photos, hand/footprints, ultrasound images).
- If none are possible, I would appreciate acknowledgement of my baby by name (if named: _____).
- I would like staff to refer to my baby as "baby" or by name, not as "products of conception."

6. After the Procedure

- Please provide privacy and space for my grief.
- My support person may rejoin me as soon as medically possible in recovery.
- I would like to be discharged with:
    - Clear written aftercare instructions (bleeding, cramping, infection warning signs).
    - Contact information for follow-up or complications.
    - Information about emotional/mental health support

7. Communication Preferences

- Please speak with compassion and clarity, avoiding dismissive phrases such as "it's not a big deal" or "you can try again soon."
- I would like all information presented gently, with time for me to ask questions.
- My support person may help advocate for me if I feel overwhelmed.

8. Special Considerations / Values to Honor

- My emotional experience matters — please allow me space to grieve.
- Please respect my bodily autonomy and obtain consent before procedures.

- Please allow me to decline students/observers unless I consent.
- My spiritual or cultural needs: _____

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- Other preferences: _____

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9. Notes / Personal Wishes

(Space for specific requests such as prayers, rituals, privacy, or how to handle communication with family/visitors.)

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