Miscarriage at Home Plan

Purpose

Key Contact Information

Example: This document outlines my preferences and wishes in the event of a miscarriage occurring at home (whether spontaneous or during expectant management). Its purpose is to guide support persons, caregivers, and medical professionals in honoring my values, comfort, and safety. I understand that medical judgment may necessitate deviation for safety; please communicate clearly with me about any changes.

- Primary support person(s) (name, phone):
- Other trusted contacts (family, friend, doula, midwife):
- Obstetric provider / miscarriage care provider (name, phone):
- Emergency contact (name, phone):
- Medical records location (digital, paper, access):

Safety / Medical Warning Signs

Signs at which I want to be transferred to a hospital immediately or contact emergency services: Heavy bleeding (soaking more than one pad per hour for more than 2 hours) ☐ Passing large clots (size of a lemon or larger) ☐ Fainting, dizziness, or feeling "out of it" ☐ Severe pain not relieved by comfort measures ☐ Fever or chills (suggesting infection) ☐ Foul odor or unusual discharge ☐ Rapid heartbeat or signs of shock ☐ Inability to move, difficulty breathing, chest pain □ Other: _____ If any of these occur, my preference is: ☐ Contact 911 / ambulance ☐ Be transported to (name of hospital) ☐ Support person(s) may escort me ☐ I wish for my support person(s) to be present, unless medically contraindicated **Comfort Measures & Support** During the miscarriage process (before, during, after), I would like: ☐ Freedom to move and positions I find comfortable ☐ Use of heat (warm packs), warm baths / showers Low lighting, calm environment, minimal interruptions ☐ Soft music, gentle sounds, aromatherapy (if safe) ☐ Support person(s) present for emotional support ☐ Privacy as much as possible Access to water, light snacks (if allowed), ice chips ☐ Guided breathing or relaxation techniques

Comfort items (blankets, pillows, massage, counterpressure)

Other:

Option of grief/transition rituals (e.g. candle lighting, music, writing)

Pain / Symptom Management		
Over-the-counter pain relief (ibuprofen, acetaminophen)		
Herbal or home remedies		
☐ Comfort techniques: heat, warm compress, movement, rest		
\square If pain becomes unmanageable: contact provider, consider medical management		
Dignified Handling of Pregnancy Tissue		
☐ Be informed about any passed tissue before disposal		
☐ Keep tissue (burial, ritual) if safe and permitted		
☐ If handled by hospital/provider: minimal intervention		
☐ Baby/placenta/sac treated with dignity and respect		
☐ See, photograph, or collect remains		
☐ Saline bath to preserve baby for photos		
☐ Bury my baby at home		
☐ Hospital/medical personnel to handle baby's remains		
☐ Consent before pathology or lab testing		
☐ Request sensitive language and confidentiality		
Please Use the Following Language		
☐ Baby		
☐ Fetus		
☐ Products of conception		
Birth		
☐ Miscarriage		
☐ Spontaneous Abortion		
Loss		
☐ Death		
☐ Other:		
Aftercare / Recovery		
☐ Monitor bleeding, infection, pain		
Receive clear written instructions for warning signs		
☐ Follow-up contact from provider		
Option for home visits by midwife, nurse, doula		
Access to emotional/mental health support		
☐ Space for private grieving ☐ Spiritual ritual or mamorial practices (if desired)		
☐ Spiritual, ritual, or memorial practices (if desired)		

	Limit visitors until ready	
	Other:	
Communication & Decision Preferences		
	Full, clear, compassionate information	
	Included in all decisions unless incapacitated	
	Support person to act as advocate if I cannot	
	Explanations in plain language	
	Gentle, nonjudgmental tone; avoid harmful language	
	Other:	
Specia	al Considerations / Values to Honor	
-	Emotional experience matters — allow grieving	
	Prefer minimal intervention unless needed	
	Dignity, respect, and compassion always	
	Body autonomy respected	
	Control over visitors and privacy	
	Cultural, spiritual, or ritual preferences honored	
	If unstable: stabilize first, then discuss decisions	
Notes	/ Personal Preferences	
	for personal additions: religious beliefs, rituals, what to say or avoid, visitor	
	nces, etc.)	
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This template can be downloaded at pregnancyafterloss doula.com/plans $\,$