Miscarriage at Home Plan

Purpose

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.*

Key Contact Information

- 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):

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_____

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)
- ☐ Option of grief/transition rituals (e.g. candle lighting, music, writing)
- ☐ Other: _____

Pain / Symptom Management

- ☐ Over-the-counter pain relief (acetaminophen)
- ☐ Herbal or home remedies _____
- ☐ Comfort techniques: heat, warm compress, movement, rest
- ☐ 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 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: _____

Special 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

(Space for personal additions: religious beliefs, rituals, what to say or avoid, visitor preferences, etc.)

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This template can be downloaded at pregnancyafterlossdoula.com/plans