



SUPPORTING BIRTH & BEREAVEMENT

A Guide for Quality Continuity of Care

Family Profile

Surname: _____ Mother's First Name: _____ Age: _____
Father/Partner's First & Last Name : _____ Age: _____
Contact Number (Home) : _____ (Cell) : _____ (Other) : _____
Marital Status: _____
Siblings to the Infant (Names & Ages) :

Mother's Next-in-Line Support Person Name: _____ Relationship: _____
Name of Birth & Bereavement Doula: _____ Contact Number: _____
Interpreter Required: Yes / No Name: _____ Contact Number: _____

Maternal History

Gravida: _____ Term: _____ A (P&IL): _____/(DOLIU) _____ Living: _____
EDD (YYYY/MM/DD): _____
Previous Obstetric History:

Current Pregnancy History:

Assisted Reproductive Technology used (Y / N) Describe:

Multiple Pregnancy (Y / N) List:



Labor & Delivery

Bereavement & Dystocia: Physical Position Changes & Non-Medical Comfort Measures Offered (Y / N)
Describe:

Discuss the Welcoming with Mother, including Presentation of Baby, Lactation, Other (Y / N) Describe:

Briefly Describe Other Key Events:

Infant Profile

Surname: _____ Ordinal: (Jr./ III): _____ Given Name(s): _____

Date of Birth (YYYY/MM/DD): _____ Gestational Age (weeks): _____

Birthweight (grams): _____ Weight at Time of Death (grams): _____

Inborn: _____ Outborn: _____ Where: _____ Age of Transfer (days): _____

Apgar Scores: (1) _____ (5) _____ (10) _____ (15) _____ (20) _____

Briefly Describe Other Key Information about Infant:

The Welcoming

Indicate Y/N	Mom	Dad	Siblings	Others
--------------	-----	-----	----------	--------

Saw Baby _____

Touched _____

Held _____

Dressed _____

Bathed _____

Photos _____

Bonding while Preserving Physical Form (cooling, as necessary) _____

Go slow. Validate. Provide Options. Supplement Resources.



Transitioning into Farewell

Keepsake Making/"Nest Building" for Healthy Bereavement

Certificate of Birth (Y / N): _____

Hair Clipping/ Print / Casting/ Items Touching Baby/ Other: _____

Coroner Contacted (Y / N/ Not Applicable) By Whom: _____

Autopsy Discussed: (Y / N) Consent Obtained (Y / N) By Whom: _____

Ritual Making:

Baptism/ Blessing/ Other: _____

Bereavement Support Resources

Stillbirthday Birth & Bereavement Doula (www.stillbirthday.com/find-doula)

Now I Lay Me Down to Sleep Photography

Discussed: Yes/ No

Referral Made: Yes/ No

Date (YYYY/MM/DD): _____ Referred By: _____

Consent Obtained (Yes/ No) By Whom: _____

Services Provided:

Referral Papers and/or Memento Keepsake Box Presented (Yes /No)

Received by Family (Yes / No)

Stored (Yes/No)

Bereavement Follow-Up Support Resources

Caregivers Involved (as applicable)	Notification (by whom), Date (YYYY/MM/DD), Time
Staff/Physicians	
Nurses	
Nurse Practitioners	
Social Worker	
Chaplain	
Children's Aid Worker	
Neonatal Follow Up	
High Risk Obstetrical	
Family Physician	



OB/Midwife	
Postpartum and Lactation Support	
Assisted Reproductive Technology Program	
Consulted Services (Cardiology, Genetics)	
Stillbirthday Birth & Bereavement Doula	

Physician/NP Name (print) _____	Signature _____	Date _____
RN Name (print) _____	Signature _____	Date _____

Follow Up Contact (date, by whom)
1 Week Call: _____
1 Month Call: _____
3 Month Call: _____
6 Month Call: _____
1 Year Call: _____

Additional Notes



Stillbirthday Resources

www.stillbirthday.com/during-birth/

[How to Bathe a Baby Not Alive](#)

[How to Photograph](#)

[What an SBD Doula Is and Does](#)

[How to Doula in Birth](#)

[How to Doula in Bereavement](#)

[Find a Doula](#) , photographer, and other support resources

[Farewell Celebrations](#), funeral, cremation and other support resources

[Support for Medical Professionals](#)

[Bereavement Support Resources](#)

[Guidance for Loved Ones Caring for the Bereaved](#)

Hospital Release Form



HOSPITAL AUTHORIZATION FOR RELEASE OF INFORMATION TO INCLUDE A STILLBIRTHDAY DOULA ON THE CARE TEAM

My signature below authorizes _____ to pass my name and limited event information
(hospital/facility name)
with a local independent, professionally trained stillbirthday doula to provide individualized support to myself and my family during labor, birth, and early postpartum of my hospital stay. I understand the doula can offer comfort measures, emotional support, guidance in keepsake making and referrals to additional support for myself and my family, all tailored according to my needs and wishes during this time.

Mother's Signature

Date

Room Number

Mother's Printed Name

Baby's Printed Name

Mother's Admission Date

I understand that stillbirthday is a part of Christian Childbirth Services LLC and is not owned by or affiliated with the hospital in any way, that neither the hospital nor stillbirthday will receive financial or in-kind compensation in exchange for using or disclosing my information. I also understand the hospital makes no warrants or makes any representations concerning the services or products offered by the independent stillbirthday doula.

I understand I may receive a copy of this authorization after I sign it.

**Hospital Staff: Please place signed form with patient's chart and send to Medical Records at discharge.

stillbirthday
because a pregnancy loss is still a birthday

The MOM Center: Stillbirthday Headquarters
11117 N. Oak Trafficway
Kansas City MO 64155
www.stillbirthday.com/find-doula
www.stillbirthday.com

Birth & Bereavement Doulas



TRAINED THROUGH STILLBIRTHDAY

An Introduction for Medical Personnel

Since August 1, 2011, stillbirthday serves as a global resource, providing birth and bereavement support for families and professionals alike.

When you see a doula who is wearing the purple zero logo, you can know that this doula has committed to a collegiate level of training, and holds qualification to support families giving birth in any trimester and in any outcome. SBD doulas, as they're known, are located all over the world, speak multiple languages, and network within their communities to bring comprehensive support.

The Birth & Bereavement Doula is credentialed through stillbirthday and serves with four key principles in mind: *go slow, validate, provide options* and *supplement resources*. Time and again, you will be able to identify these core steps of support in your SBD doula.

*Birth & Bereavement Doulas:
support for **birth**, support for **bereavement**,
support for **both**.*

Your Birth & Bereavement Doula will demonstrate an ability to serve families experiencing birth, enduring bereavement, and those who are facing both. The SBD doula steps into these spaces with honor, integrity and love.

If you have any questions about working with Birth & Bereavement Doulas or if you have any feedback whatsoever you'll like to share in regard to working with a stillbirthday Birth & Bereavement Doula, please contact Heidi Faith directly at Heidi.Faith@stillbirthday.com.

For You and For Families,

Heidi Faith

stillbirthday founder, Birth & Bereavement Doula instructor and certifier
www.stillbirthday.com