

# SUPPORTING BIRTH & BEREAVEMENT

## A Guide for Quality Continuity of Care

| Surname:  | Mother's First Name: |                   | Age:      |
|---|----------------------|-------------------|-----------|
| Father/Partner's First & Last Name :<br>Contact Number (Home) : |                      |                   | Age:      |
| Contact Number (Home):  | (Cell) :             | (Other) :         |           |
| Marital Status:   |                      |                   |           |
| Siblings to the Infant (Names & Ages):                          |                      |                   |           |
| Mother's Next-in-Line Support Person N                          |                      |                   |           |
| Name of Birth & Bereavement Doula: _                            |                      |                   |           |
| Interpreter Required: Yes / No Name:                            |                      | Contact Number: _ |           |
|   |                      |                   |           |
| Maternal History  |                      |                   |           |
| Gravida: Term:  |                      | /(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 wi   | th Mother, including Pres  | entation of Ba | iby, Lactation, Other | r (Y / N) Describe: |
|  |                            |                |                       |                     |
| Briefly Describe Other Key   | <br>· Fvents:              |                |                       |                     |
| briefly bescribe other key   | Events.                    |                |                       |                     |
|  |                            |                |                       |                     |
|  |                            |                |                       |                     |
|  |                            |                |                       |                     |
|  |                            |                |                       |                     |
|  |                            |                |                       |                     |
|  |                            |                |                       |                     |
| Infant Profile   | Ondinal (In / III)         |                | Cirran Nama (a)       |                     |
| Surname:   | Ordinal: (Jr./ III)        | :              | al Ago (wooks):       |                     |
| Date of Birth (YYYY/MM/D<br>Birthweight (grams):   | س)                         | Gestation      | Death (grams):        |                     |
|  |                            |                |                       |                     |
| Inborn: Outborn: _<br>Apgar Scores: (1)  | VVIIETE                    | 10)            | _ Age of Transfer (C  | (20)                |
| Briefly Describe Other Key   |                            |                | (13)                  | (20)                |
| briefly bescribe other key   | information about imant    | •              |                       |                     |
|  |                            |                |                       |                     |
|  |                            |                |                       |                     |
|  |                            |                |                       |                     |
|  |                            |                |                       |                     |
|  |                            |                |                       |                     |
|  |                            |                |                       |                     |
| The Welcoming  |                            |                | oth II                |                     |
| Indicate Y/N   | Mom                        | Dad            | Siblings              | Others              |
| Saw Baby   |                            |                |                       |                     |
| Touched  |                            |                |                       |                     |
| Held   |                            |                |                       |                     |
| Dressed  |                            |                |                       |                     |
| Bathed   |                            |                |                       |                     |
| Photos   |                            |                |                       |                     |
| Bonding while Preserving   | Physical Form (cooling, as | necessary)     |                       |                     |
| 5 0  | . , , , , , ,              | ,,             |                       |                     |
|  |                            |                |                       |                     |
|  |                            |                |                       |                     |
|  |                            |                |                       |                     |



| Transitioning into Farewell  |   |                        |
|--|---|------------------------|
| Keepsake Making/"Nest Building" for He   | althy Bereavement                       |                        |
|  |   |                        |
| Certificate of Birth (Y / N):  |   |                        |
| Hair Clipping/ Print / Casting/ Items Touc   | ching Baby/ Other:                      |                        |
|  | \ D \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                        |
| Coroner Contacted (Y / N/ Not Applicable   | e) By Wnom:                             |                        |
| Autopsy Discussed: (Y / N) Consent Obtain  | ined (Y / N) By Whom:                   |                        |
| Ritual Making:   |   |                        |
| Baptism/ Blessing/ Other:  |   |                        |
| Daptising Diessing, Other.   |   |                        |
|  |   |                        |
|  |   |                        |
| Bereavement Support Resources  |   |                        |
|  |   |                        |
| Stillbirthday Birth & Bereavement Doula  | ,                                       |                        |
| Stillbirthday Birth & Bereavement Doula<br>Now I Lay Me Down to Sleep Photograph   | ,                                       |                        |
| Now I Lay Me Down to Sleep Photograph  | ,                                       |                        |
| Now I Lay Me Down to Sleep Photograph Discussed: Yes/ No   | ny                                      | Referral Made: Yes/ No |
| Now I Lay Me Down to Sleep Photograph Discussed: Yes/ No Date (YYYY/MM/DD):  | Referred By:                            | ·                      |
| Now I Lay Me Down to Sleep Photograph Discussed: Yes/ No Date (YYYY/MM/DD): Consent Obtained (Yes/ No)                       | ny                                      | ·                      |
| Now I Lay Me Down to Sleep Photograph Discussed: Yes/ No Date (YYYY/MM/DD):  | Referred By:                            | ·                      |
| Now I Lay Me Down to Sleep Photograph Discussed: Yes/ No Date (YYYY/MM/DD): Consent Obtained (Yes/ No)                       | Referred By:                            | ·                      |
| Now I Lay Me Down to Sleep Photograph Discussed: Yes/ No Date (YYYY/MM/DD): Consent Obtained (Yes/ No)                       | Referred By:                            | ·                      |
| Now I Lay Me Down to Sleep Photograph Discussed: Yes/ No Date (YYYY/MM/DD): Consent Obtained (Yes/ No)                       | Referred By:                            | ·                      |
| Now I Lay Me Down to Sleep Photograph Discussed: Yes/ No Date (YYYY/MM/DD): Consent Obtained (Yes/ No)                       | Referred By:                            | ·                      |
| Now I Lay Me Down to Sleep Photograph  Discussed: Yes/ No Date (YYYY/MM/DD):  Consent Obtained (Yes/ No)  Services Provided: | Referred By:By Whom:                    | ·                      |
| Now I Lay Me Down to Sleep Photograph Discussed: Yes/ No Date (YYYY/MM/DD): Consent Obtained (Yes/ No)                       | Referred By:By Whom:                    | ·                      |

| 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  | n  |         |      |
| Consulted Services (Cardiology, Genetics) |    |         |      |
| Stillbirthday Birth & Bereavement Doula   |    |         |      |
|   |    |         |      |
|   |    |         |      |
|   |    |         |      |
|   |    |         |      |
|   |    |         |      |
| Physician/NP Name (print)                 | Si | gnature | Date |
| RN Name (print)                           |    | ure     |      |
|   |    |         |      |
|   |    |         |      |
| Follow Up Contact (date, by whom)         |    |         |      |
| 1 Week Call:                              |    |         | <br> |
| 1 Month Call:                             |    |         | <br> |
| 3 Month Call:                             |    |         | <br> |
| 6 Month Call:                             |    |         | <br> |
| 1 Year Call:                              |    |         | <br> |
|   |    |         |      |
|   |    |         |      |
| Additional Notes                          |    |         |      |
|   |    |         |      |
|   |    |         |      |
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|   |    |         |      |



#### 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

<u>Farewell Celebrations</u>, funeral, cremation and other support resources

**Support for Medical Professionals** 

Bereavement Support Resources

Guidance for Loved Ones Caring for the Bereaved



# SDD SND

## HOSPITAL AUTHORIZATION FOR RELEASE OF INFORMATION

### TO INCLUDE A STILLBIRTHDAY DOULA ON THE CARE TEAM

| My signature below authorizes   | to pass my name   | e and limited event information                              |
|---|---|--|
| (hos  | spital/facility name)   |  |
| myself and my family during labor, b<br>doula can offer comfort measures, e | nally trained stillbirthday doula to property and early postpartum of my how the motional support, guidance in keep by family, all tailored according to my | ospital stay. I understand the osake making and referrals to |
| time.   |   |  |
|   |   |  |
|   |   |  |
| Mother's Signature  | Date  | Room Number  |
|   |   |  |
|   |   |  |
| Mother's Printed Name   | Baby's Printed Name   | Mother's Admission Date                                      |
| · ·   | art of Christian Childbirth Services Ll   | •  |
| ·   | ay, that neither the hospital nor still<br>or using or disclosing my informatio   | -  |
|   | presentations concerning the service  | -  |
| independent stillbirthday doula.  | presentations concerning the service  | es of products offered by the                                |
| I understand I may receive a copy of  | f this authorization after I sign it  |  |
|   | · ·   |  |
| **Hospital Staff: Please place signed                                       | d form with patient's chart and send  | to Medical Records at discharge.                             |
|   | <i>still</i> birthday   |  |
| beca  | nuse a pregnancy loss is still a birthd   | ay   |
|   |   |  |

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