



BirthPlan

Addendum

Contingency Planning for
NICU and Higher-Level Care



ABOUT

BEATA PRYSZCZ

Hi, My name is Beata Pryszcz. I am the founder of Sleeping Little Angels, a business dedicated to postpartum families.

But what about my private experience? My daughter was born 1 month early and spent 3 weeks in the NICU. Nobody informed me about any health problems. I was very young at this time, and my pregnancy was in Poland, where, in 1991, delivery and postpartum care was terrible—especially in hospitals. I remember visiting her and watching her through the glass window, where I observed problems with breastmilk production, difficulties with pumping, and her inability to breastfeed. I remember this beautiful baby doll with a fluffy head. My joy and worry. I felt both happy and scared when no one supported me. And my mother-in-law thinks I am such a bad mother if I leave the baby in the hospital. But now Katie is an adult who graduated from PA school in Boston. I understand so well all those opposite feelings: joy, happiness, scariness, and upset. Asking myself: Why does this happen to me???

I have so much empathy for my clients.

I have been working with families in NY, IL, and FL for 24 years. Of the more than 500 clients, 1/2 are NICU families. I worked for Isabell Elaine (2 lb 12 oz) and Loren Yumi (2 lb 6 oz), with mothers with preeclampsia, triplets where 3 were in 2 different hospitals, a baby born drug addicted, and much, much more.

I know what life after NICU means. In most cases I started my job just supporting parents outside the hospital or in the waiting room. And supporting NICU babies and their families after graduating from the NICU.

I am so happy I can support you.



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& NEWBORN CARE SPECIALIST

Birth Plan Addendum:
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Facility and NICU Information:

Does the facility that I plan to give birth in have a NICU?

- Yes
 No

What level of care does the NICU provide?

- Level I (Basic Care)
 Level II (Specialty Care)
 Level III (Subspecialty Care)
 Level IV (Highest level of NICU care)

If I or my baby require a higher level of care, does my facility support this?

- Yes
 No

If no, do I know (or prefer) what facility I would like to be transferred to?

Preferred Transfer Facility:

Name: _____

Address: _____

Contact Information: _____

Distance from current facility: _____

Post-Delivery NICU Plan:

If my baby needs to go to the NICU after delivery, who will accompany the baby and who will stay with me?

Person accompanying baby to NICU:

Name: _____

Relationship: _____

Person staying with me:

Name: _____

Relationship: _____



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What are my preferences for immediate newborn care if my baby requires a NICU?

- Skin-to-skin contact as soon as possible
- Delayed cord clamping if possible
- Partner to cut the umbilical cord if possible
- Me and/or my partner to be the first visitors
- Be present for all "firsts" (ie. feeding, dressing, bathing)
- Other preferences: _____

What are my preferences for vaccinations and newborn procedures?

- Vitamin K injection
- Hepatitis B vaccine
- Erythromycin eye ointment
- Other: _____
- Delay or refuse (please specify): _____

If I need to give birth under general anesthesia without a partner present, what initial steps would I like to happen with my baby if possible?

- Immediate skin-to-skin with the partner
- Baby to be shown to me as soon as I am conscious
- Partner to stay with the baby until I am awake
- Other preferences: _____

Communication Preferences

How would you like to receive updates about your baby's condition if they are in the NICU?

- In-person from medical staff
- Via phone call
- Via text message
- Partner to receive updates
- Other: _____



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Cultural, Spiritual, and Personal Preferences

Are there any specific cultural or spiritual practices you would like respected during and after birth?

Yes (please specify): _____

No

Any specific personal preferences or rituals to be observed?

Yes (please specify): _____

No

Breastfeeding and Feeding Preferences

What is my plan/preferences for establishing breastfeeding after delivery if I am separated from my baby or my baby is not able to eat by mouth immediately after birth?

Begin pumping immediately after delivery

Provide colostrum via syringe

Lactation consultant support for milk expression

Use donor milk if available

Formula feeding until breastfeeding is possible

Other: _____

Pump immediately after delivery (regardless of maternal medical state)?

Yes

No

If possible

Assisted hands-on pumping if unconscious or unable to pump for myself?

Yes

No

Additional notes on breastfeeding/feeding:



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Emergency Procedures

If an emergency arises, who is my designated medical decision-maker if I am unable to make decisions?

Name: _____

Relationship: _____

Contact Number: _____

What are my preferences for emergency medical interventions (e.g., emergency C-section, resuscitation)?

- Full intervention as deemed necessary by medical staff
- Limited intervention with specific guidelines (please specify):

- Other preferences: _____

Do I have an advance directive or medical power of attorney in place?

- Yes (please provide a copy to the facility)
- No
- In process

Additional Notes and Special Instructions

Use this space for any extra details, special requests, or instructions that are important to your birth plan:



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