



This document aligns with the
National Bereavement Care Pathway
and the RCUK ReSPECT Process



My Neonatal Anticipatory Care Plan

For babies being cared for in maternity & neonatal units

My name:

My lead professional:

This Neonatal Anticipatory Care Plan can help you and your family talk to your care team about your condition and what matters to you and them. A member of your care team will help your family to write their wishes in the care plan. The care plan will be recorded in your medical records and can be revisited at any time. Details of who this Neonatal Anticipatory Care Plan has been agreed and shared with are at the end of this document.

What you need to know about me and my family

What happened before and around the time I was born:

My family includes:

Name Contact numbers

Name Contact numbers

Name Contact numbers

Name Contact numbers

My siblings:

My home address:

My family's cultural, spiritual or faith beliefs and people to contact:

Our first language is:

Is an interpreter required?: Y / N

Any other communication needs:

What matters to me

These are some things I like

Comfort (e.g. cuddles, being held, skin to skin, my dummy, cosy blanket)

Positioning (e.g. on tummy, my left side)

Sound (e.g. music, family voices)

Peaceful environment (e.g. quiet time/darkness)

Smell (e.g. bonding squares)

These are some things I don't like

Other noise

Being startled

Any other important information

What matters to my family

How my family would like to care for me (e.g. choosing the first outfit, nappy changes and feeds planned around them, opportunities to memory make)

Planning support and help for my family

Any other important information

My condition

Communication

When and how to contact my parents/carers if I become unwell or things change:

Plans for possible changes in my condition, treatment and care:

See Appendix 1 for parent communication notes

My care if I become more unwell

Date:

My current clinical condition:
My current care plan:
If I get more unwell and may be dying, plans discussed are:
Choice of place of care (where possible):
Other parent wishes or information you need to know

Resuscitation on the neonatal unit

My parent(s) have discussed resuscitation options with the neonatal team Y / N
Is there a CYPADM? Y / N
What is the resuscitation plan?

Key people who need to know about my Neonatal Anticipatory Care Plan

The original copy of my Anticipatory Care Plan is in my medical notes and a copy is kept by my parents. We have agreed that the following professionals and services can receive a copy or be notified that my Anticipatory Care Plan is in place.

Professional/Service	Name and contact details
Anticipatory care plan co-ordinator	
Lead Neonatologist	
Lead Neonatal Nurse	
Family Support Team	
Lead Obstetrician	
Community Midwife	
Neonatal Community Nursing Team	
General Practitioner	
Health Visitor/Family Nurse Practitioner	
Social Worker	
Other (please specify)	
Other (please specify)	

My Neonatal Anticipatory Care Plan has been discussed, reviewed and agreed with:

Parent/Carer (print and sign): (optional)
Parent/Carer (print and sign): (optional)
Lead Clinician supporting this Neonatal Anticipatory Care Plan (print and sign): (mandatory)
Anticipatory Care Plan Co-ordinator (print and sign): (mandatory)

Date plan started: _____ Review date: _____

Date reviewed if no changes required	Name and title of lead reviewer	Next review date

If the situation changes such that a baby can be discharged from hospital care, the ACP care plan for babies, children and young people should be used.

Appendix 1 Parental Communication Notes

Date	Notes

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