

# VIRGINIA ADVANCE DIRECTIVE AMENDMENT

## Life-Prolonging Treatments During Pregnancy

This advance directive amendment lets you give instructions about what you want and do not want if you cannot recover from a severe illness or injury and you are pregnant. Some people may want to give different instructions than what they put down for end-of-life care generally.

1. The first type of condition that you can give treatment instructions for is in case your death is expected very soon. For example, if you were in the last stage of cancer.

**Check only 1 box and initial the line.**

If the pre-made options do not fit what you want, you may write your own preferences and instructions. It is important that any instructions you give here do not conflict with other instructions you have given in your AD.

2. The second type of condition that you can give treatment instructions for is in case your brain becomes severely and permanently damaged. For example, if you were in a permanent coma.

**Check only 1 box and initial the line.**

I, \_\_\_\_\_ (date of birth: \_\_\_\_\_),  
update my advance directive (dated: \_\_\_\_\_) to add these instructions in case I am pregnant and a doctor determines that I have a terminal condition. If there is any conflict between this amendment and my advance directive, then this amendment should be followed.

1. If I am pregnant and my doctor determines that my death is imminent (very close) and medical treatment will not help me recover, then:

\_\_\_\_\_ I do not want any treatments to prolong my life. This includes tube feeding, IV fluids, cardiopulmonary resuscitation (CPR), ventilator/respirator (breathing machine), kidney dialysis or antibiotics. I understand that I still will receive treatment to relieve pain and make me comfortable.

\_\_\_\_\_ I want all treatments to prolong my life as long as possible within the limits of generally accepted health care standards. I understand that I will receive treatment to relieve pain and make me comfortable.

\_\_\_\_\_ Other choices, as follows:

2. If I am pregnant and my condition makes me unaware of myself or my surroundings or unable to interact with others, and it is reasonably certain that I will never recover this awareness or ability even with medical treatment, then:

\_\_\_\_\_ I do not want any treatments to prolong my life. This includes tube feeding, IV fluids, cardiopulmonary resuscitation (CPR), ventilator/respirator (breathing machine), kidney dialysis or antibiotics. I understand that I still will receive treatment to relieve pain and make me comfortable.

\_\_\_\_\_ I want all treatments to prolong my life as long as possible within the limits of generally accepted health care standards. I understand that I will receive treatment to relieve pain and make me comfortable.

*(Additional options on next page→)*

(2. Persistent vegetative state during pregnancy instructions continued)

Sometimes people in a permanent coma can be kept alive for a long time, even though they are not expected to recover. If this were to happen, you may limit how long treatments may be tried before they are stopped if your condition does not improve.

If the pre-made options do not fit what you want, you may write your own preferences and instructions. It is important that any instructions you give here do not conflict with other instructions you have given in your AD.

\_\_\_\_ I want to try treatments for a period of time in the hope of some improvement of my condition. I suggest \_\_\_\_\_ as the period of time after which such treatment should be stopped if my condition has not improved. Any agent or surrogate may specify the exact time period in consultation with my physician. I understand that I still will receive treatment to relieve pain and make me comfortable.

\_\_\_\_ Other choices, as follows:

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**Affirmation:** I am signing below to show that I understand this document and that I made it voluntarily.

\_\_\_\_\_  
Date Signature

The above person signed this advance directive in my presence.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed

In addition to sharing hard copies, you are encouraged to store your advance directive in Virginia's free Advance Directive Registry located at the Virginia Department of Health website: <https://www.connectvirginia.org/adr/>.

If you have stored your advance directive in the Registry, initial here: \_\_\_\_\_

**Two** adult witnesses are needed to make your advance directive valid. Any person over the age of 18 may be a witness. This includes a spouse or relative, as well as employees of health care facilities and physician's offices who act in good faith.

**IMPORTANT:** You need to physically attach this document (or a copy) to your advance directive and to all copies of your advance directive that you give (or have given) to others.