HIGH RISK BIRTH PLAN

Prepared by Sample Patient
Prepared on November 3, 2026
Estimated due date February 11, 2027
Planned place Example planned birth location, DC
Care contact Sample care team

My decisions and the people supporting me

Please ask me directly about the decision at hand while I can make it. Explain the options, benefits, risks and alternatives in a way I can understand. Record my current decision and any specific instruction that applies. A support person or emergency contact may help communicate my wishes. Their relationship or inclusion here alone does not confer authority to consent. For a patient under 18, verify who can decide for this particular service under the applicable law.

Person I would like the team to consult: **Example helper**. Emergency contact: Sample emergency contact .

Reported appointment jurisdiction: OR. Check recognition and limits in the place of care.

If I lose decision-making capacity, identify the lawful decision-maker and any controlling instruction. Check whether the decision-maker can be reached. Urgent care depends on the facts, known instructions and applicable law. At a covered hospital emergency encounter, federal screening, stabilization or appropriate transfer duties apply. If an examination or treatment is offered and refused, the hospital must explain the risks and benefits and take reasonable steps to obtain written informed refusal. A planned home or independent birth-center visit alone does not establish a hospital emergency encounter.

Personal information and privacy

Date of birth: March 12, 1994. Address: Example address.

Please ask me whom to include before discussing my care with visitors. Under 45 CFR 164.510(b), information shared with a person involved in care must be directly relevant to their involvement. Apply the appropriate rules if I am unavailable. My preference here does not establish unrestricted access to my chart or authority over my newborn’s records.

- **Preferred language:** English
- **Reported GBS screening status:** Positive.

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Verify the medical history, allergies and laboratory results with the care team. A reported screening result records information for discussion. It does not document consent to medication.

Blood products

I want to discuss blood products before recording a treatment decision.

My stated treatment limits: **Please check my separate treatment limits**.

Check for applicable instructions and their scope. The team should ask separately about other products, medicines and procedures.

Specialty or high-risk birth

Discuss my individual diagnoses, reasons for monitoring, and who can be contacted if the plan changes.

Labor and delivery preferences

- **Freedom of movement during labor:** Free movement — walking, birthing ball, positions of choice.
- **Fetal monitoring preference:** Intermittent auscultation / doppler.
- **IV / hep-lock preference:** Saline / heparin lock (no continuous fluids).
- **Food and fluids during labor:** Light food and fluids as desired.
- **Preference regarding induction of labor:** Avoid unless medically indicated.
- **Preference regarding augmentation (Pitocin, amniotomy):** Discuss with me first.
- **Cervical exams:** Minimize — only when medically necessary.
- **Non-pharmacologic comfort measures you want available:** Hydrotherapy, Position Changes, Birthing Ball, Massage, Breathing.
- **Overall pain management plan:** Flexible — start unmedicated, open to medication as labor progresses.
- **Pushing / delivery position:** Position(s) of my choice — upright, hands-and-knees, side-lying, squatting.
- **Pushing style:** Spontaneous / mother-directed.
- **Episiotomy preference:** Avoid unless emergency; prefer natural tearing.
- **Vacuum / forceps preference:** Discuss with me first.

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- **Umbilical cord clamping:** Prefer delayed cord clamping when feasible.
- **Cord blood banking:** No cord blood banking.
- **Placenta:** Hospital disposal.
- I would like a 'gentle' / family-centered cesarean if possible.
- Clear drape so I can see the delivery.
- Arms free (not strapped) so I can hold baby.
- EKG leads placed on back / sides to keep chest clear for skin-to-skin.
- Immediate skin-to-skin in OR if baby is stable.
- Partner present in OR.

Newborn preferences and required procedures

Please discuss the newborn's care with the legally authorized parent or guardian. Verify authority separately if there is a parentage order, gestational carrier arrangement or uncertainty. The entries below are preferences to discuss. The birth attendant should check the requirements for the actual place and circumstances of birth.

- Immediate skin-to-skin contact (delay routine newborn procedures).
- Delay first bath at least 24 hours (WHO recommendation).
- **Feeding plan:** Exclusive breastfeeding / chestfeeding.
- No formula, bottles, or pacifiers without my explicit consent.
- Baby rooms in with me (not sent to nursery).
- Request lactation consultant visit.
- **Vitamin K injection (prevents hemorrhagic disease of the newborn):** I have concerns about the injection; discuss the applicable requirements.
- **Erythromycin eye ointment:** I have concerns about eye prophylaxis; discuss the applicable requirements.
- **Hepatitis B vaccine at birth:** I want to discuss timing before deciding.
- **Newborn metabolic / heel-stick screening:** Ask about the applicable exemption and paperwork.

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- **Newborn hearing screening:** Discuss screening.
- **Critical congenital heart disease screening:** Discuss screening.
- **Circumcision (if applicable):** Not applicable / sex not male.

I have questions about timing. Please verify maternal hepatitis B results in the clinical record and promptly discuss time-sensitive newborn care with the newborn team. This choice records no laboratory result.

Postpartum, visitors and follow-up

- **Photography preferences:** Yes — but no staff faces without consent.

Please confirm who may visit and who has authority for each decision. Review any specific treatment or refusal, existing advance directive and applicable newborn paperwork separately. The signature records the birth preferences on this page.

Person preparing this birth plan

_____ PRINTED NAME

_____ SIGNATURE

_____ DATE

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