HOSPITAL BIRTH PLAN

Prepared by Sample Patient
Prepared on November 3, 2026
Estimated due date February 11, 2027
Planned place Example planned birth location, CA
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.

I report that a separate document names an agent. Obtain the document and check identity, authority for this decision, any limits and whether the appointment is in effect.

I report that an existing decision document should be reviewed. Reported source of a document: Lawful copy held by patient.

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.

Possible receiving state: **WA**. If I transfer, record the actual destination, time and current instructions. Check which law governs each decision and which state's newborn program applies to the actual birth.

For an adult without capacity in California, check first for a current surrogate named personally to the treating provider or its facility designee. The designation must be recorded promptly. Unless a shorter period was specified, it ends at the earliest of the end of the relevant course of treatment or institutional stay, or 60 days. It takes priority during its term without itself revoking a prior agent. Next check for an authorized agent, then an authorized guardian or conservator. If none exists, the provider or designee may select a qualified available adult who knows the patient's values. The list of possible relatives or friends does not grant the emergency contact priority. Check any disqualification and applicable wishes or best interests. California Probate Code §§ 4711–4715

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For an adult in Washington, capacity is presumed unless the provider determines and documents decision-specific incapacity. Check for an authorized guardian, then a health-care agent, then spouse or registered domestic partner, followed by statutory classes of adult relatives. Before moving to a lower class, reasonable efforts must be made to locate and secure consent from the higher class. A refusal by a higher class or disagreement among available members of the same class matters. A close friend in the last class must meet the eligibility and signed declaration requirements, effective up to six months. Follow the patient's ascertainable wishes or best interests. An implied-consent emergency under RCW 7.70.050 requires an actual emergency, a patient unable to consent and no authorized person readily available. Washington consent law

Personal information and privacy

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

Please include the people and topics I identify in discussions of my own care. My limits: Casey, updates about my stay. 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:** Unknown / pending.

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

My stated preference is to use only my own blood or cell salvage if feasible. Clarify methods and any limits with me, including what I want if those methods are unavailable.

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

Hospital birth

Discuss labor, monitoring, pain relief and a contingency plan if an operative delivery is proposed.

Labor and delivery preferences

- **Freedom of movement during labor:** Free movement — walking, birthing ball, positions of choice.
- **Fetal monitoring preference:** Intermittent auscultation / doppler.

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- **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.
- **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

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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):** Discuss with the care team.
- **Erythromycin eye ointment:** Discuss with the care team.
- **Hepatitis B vaccine at birth:** Discuss with the care team.
- **Newborn metabolic / heel-stick screening:** Discuss with the care team.
- **Newborn hearing screening:** Discuss screening.
- **Critical congenital heart disease screening:** Discuss screening.
- **Circumcision (if applicable):** Not applicable / sex not male.

If born in California: The state newborn screening program covers births at home as well as in facilities. A parent or legal guardian who objects because screening conflicts with religious beliefs or practices must sign the test refusal section of the program form. A conversation about timing or a choice in this plan does not complete that form. California newborn screening program

Postpartum, visitors and follow-up

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

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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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