TEMPLATE · FOR EXPECTANT PARENTS

Hospital plan for expectant parents

A private plan for the days around the birth. It records your wishes so the hospital, your support people and any adoptive family can follow them. You can change it at any time.

Current as of September 2026 · General information for families in California, not legal advice.

Before you start

> **This plan is not a consent to adoption.** Filling it in does not commit you to anything, and you can change it at any time, including at the hospital. In an independent adoption in California, a birth mother cannot sign a consent until she has been discharged from the hospital (Cal. Fam. Code § 8801.3).

- Share it only with people you choose. Bring two copies to the hospital and give one to your nurse when you arrive.
- You are the patient. Hospital staff will follow your instructions about who may visit you and what information is shared.
- Leave anything blank that you are not sure about. "I will decide at the time" is always a good answer.
- Prescott's Family Law never charges expectant or birth parents.

About you

Your name

Due date

Hospital or birth center

Doctor or midwife

Main support person

Their phone number

Adoption professional or social worker

Their phone number

Your own lawyer or advocate, if any

Their phone number

During labor and birth

Who I want with me during labor and birth

People I do not want to visit me or be given information

Listing in the hospital's patient directory

- [ ] List me
- [ ] Keep my stay private

The adoptive family, if there is one

- [ ] Welcome to visit
- [ ] Waiting room only
- [ ] Not at the hospital
- [ ] I will decide at the time

After the birth

Holding the baby

- [ ] I want to hold the baby
- [ ] Not at first
- [ ] I will decide at the time

Time with the baby

- [ ] Baby stays in my room
- [ ] Visits when I ask
- [ ] Baby stays in the nursery
- [ ] I will decide at the time

Feeding

- [ ] I will breastfeed
- [ ] I will pump milk for the baby
- [ ] Formula
- [ ] I will decide at the time

Who I would like to hold the baby after me

Who chooses the baby's first name, and any name I would like

Photographs

- [ ] Please take photos for me
- [ ] Photos of the baby only
- [ ] No photos
- [ ] I will decide later

Keepsakes I would like

- [ ] Hand and footprints
- [ ] Hospital bracelet
- [ ] A blanket or hat
- [ ] The crib card

Anything else about my time with the baby, such as religious or cultural traditions

Leaving the hospital

When I leave

- [ ] Say goodbye privately
- [ ] With my support person
- [ ] With the adoptive family
- [ ] I will decide at the time

Who the baby will leave the hospital with, and my wishes for that moment

The contact I hope for after the birth, such as letters, photos or visits

In California, a promise of contact after adoption can be enforced only if it is in a written agreement approved by the court (Cal. Fam. Code § 8616.5).

Caring for you

I would like

☐ A counselor at the hospital ☐ Counseling after I leave ☐ A follow-up call ☐ Help getting home

Health needs, medications or allergies my support people should know about

Emergency contact

Their phone number

Support at any hour: call or text 988, the Suicide & Crisis Lifeline. In an emergency, call 911.

Sign and share

Your name

Date

I have given a copy to

☐ My nurse ☐ My support person ☐ My adoption professional ☐ The adoptive family

Sources

- Cal. Fam. Code § 8801.3
- Cal. Fam. Code § 8616.5
- 988 Suicide & Crisis Lifeline
