



Birth Plan

Name: _____ Date of Birth: _____

Date: _____ Due Date: _____

_____ I am planning to make an adoption plan.

_____ I have not decided.

Agency: Choice Adoptions Phone Number: 503-232-1211

Adoption Advocate: _____ Phone Number: _____

Adoptive Parents' First Names: _____ Last names have been exchanged: Yes No

_____ If yes, list last name: _____

I would like to:

- See my baby Hold my baby
- Feed my baby Breastfeed my baby
- Room in with my baby Baby will room in with adoptive parents, if available.

Name my baby

Boy's name: _____

Girl's name: _____

- Provide my baby's care (bathe, change diapers, etc.)
- Have pictures taken of my baby
- Receive a commemorative birth certificate
- Receive mementos (lock of hair, foot prints, ID bracelet, etc)

The Baby's Father:

Is involved. Name: _____



- Will come to see the baby
- Will visit me
- Is not involved

Expected and approved visitors:

The Adoptive Parents:

- Will visit me in labor
- Will visit me postpartum
- Will attend the birth
- Will only visit the baby in the hospital when I am notified
- Will visit the baby in the hospital with these limitations
- May provide care for the baby

Special Requests:



I have reviewed this form and feel it reflects my wishes at this time. I reserve the right to make changes at any time through notification of my social worker, nurse, midwife or physician.

Signature of Expectant Mother Date

Signature of Expectant Father Date