



BP HOSPITAL PLAN QUESTIONNAIRE

(COMPLETED BY STAFF)

Name of Expectant Mother: _____ **Date:** _____

Estimated Delivery Date: _____

Physician's Name: _____ **Phone:** _____

Adoption Caseworker: _____ **Phone:** _____

Pre-Hospital

Where does she plan to deliver her baby? _____

Has she visited the hospital to become familiar with the facility? Yes No

Has she pre-registered? Yes No

Has she attended a prenatal course? Yes No

Does she want anonymity in the hospital to protect from unwanted and/or unexpected visitors? Yes No

Primary Support Person: _____ Phone: _____

Labor and Delivery

If the adoptive couple is going to come, when does she want them to arrive? _____

Will the birth father or his family members participate? Yes No

Who does she want to be in the delivery room? _____

Will anyone be present who is not supportive of her adoption plan? Yes No

If yes, who is unsupportive? _____

Does she have a labor coach? Yes No If yes who is it? _____

Does she want photos of the labor and/or delivery? Yes No

Who will take these pictures? _____

Baby Care

Does she wish to see her baby? Yes No

Does she wish to hold her baby? Yes No

Does she wish to feed and/or change her baby? Yes No

Would she like the baby in her room? Yes No

Would she like the baby to stay in the hospital nursery? Yes No

Does she wish to spend time alone with the baby? Yes No

Does she wish to keep any of the mementos from her baby and his/her birth? Yes No

_____ Baby wrist band

_____ Copy of footprints

_____ Nursery card

_____ Hospital issued blanket

_____ Other (please specify) _____

If requested, most hospitals will make two copies of memento documents. Can one copy be given to the adoptive parents? Yes No

If she has a boy does she want him circumcised? Yes No

Has she talked with the adoptive couple about their preference? Yes No

Does she plan on nursing or bottle feeding her baby? _____

Hospital Stay

Does she wish to see the adoptive couple in her room? Yes No

Who else is she planning to have visit her in the hospital? _____

Is there anyone that she does not want to visit her in the hospital? _____

Can the adoptive parents bring visitors to see her baby? Yes No Yes they can have visitors for the baby but not in her room.

Does she know about the hospital social worker and what their role is? Yes No

How long does she plan to stay in the hospital? 24 Hours 48 Hours 72 Hours

Any other wishes or desires for your hospital stay? _____

Adoption Paperwork

Who does she want to be in the room when she is signing? _____

Does she have any questions about the adoption paperwork? _____

Does she understand the requirement about being medication free? Yes No

Does she want alone time after signing? Yes No

When does she want the couple to come? _____

Does she want to hand her baby to the couple? Yes No If No, then who? _____

Who will leave first? _____

After Placement

Where will she go after placement? _____

Who will take her there? _____

Some say that the first week is the most difficult. How can her support people best help her during the first week? _____

What other activities or goals does she have planned? _____

Does she have any special requests for those first few days after placement? _____

Has she talked with her caseworker about scheduling post-placement counseling sessions? Yes No