

# Gestational Carrier Birth Plan

**\*Please don't refer to the me (the surrogate) as the "mom" or "birth mom" or "surrogate mom."  
\_\_\_\_\_ are the baby's parent(s)\***

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Surrogate Support & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Baby's Due Date: \_\_\_\_\_

Intended Parent(s) Name(s): \_\_\_\_\_

GC's Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

***\*All decisions pertaining to the baby after he/she is born should be directed to the Intended Parents\****

## Labor Pain Relief

- I prefer medicinal pain relief during labor (i.e. nitrous oxide, IV narcotics, epidural)
- I prefer natural pain relief (i.e. hydrotherapy, movement, massage)
- Other Requests: \_\_\_\_\_

## Labor

- I am comfortable with medical intervention for labor induction/augmentation
- I prefer natural intervention for labor induction/augmentation
- IPs can come and go from the labor room as they please
- Other Requests: \_\_\_\_\_

## Cesarean Section

- I would like my support person to be present with my in case of a c/section
- I am comfortable with the intended parent(s) being present in the operating room in addition to my support person if allowed
- Special requests: \_\_\_\_\_

## Birth

- I prefer to have the parents and baby leave the room during my recovery period as soon as possible
- If the parents are not present for delivery, I plan to care for the baby until they arrive
- Special Requests: \_\_\_\_\_

## Breast Care Plan

- I plan to pump colostrum and/or breastmilk for the parents
- I plan to suppress my breastmilk

## Miscellaneous

- I would like to spend time with and take pictures with the baby after birth
- Requested visitation between IPs and GC in the hospital setting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Additional Requests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

