

My Labor Preferences Worksheet

Name: _____ Due Date: _____

Obstetrician/Midwife: _____

Primary Support Person: _____

My preferences during labor (assuming baby's heart tracing is reassuring):

Environment

- Soft lighting Natural lighting Quiet room
 Music (I will bring) Focal point (I will bring)

Positioning

- Move around/change position Use pillows Use birthing ball
 Sit on toilet/pelvic rocking Walk in hallways Other _____

Relaxation/Comfort

- Take a shower Use visualization Continuous labor support
 Heat/cold application Breathing patterns Other _____

Some helpful things to say to me: _____

Some helpful things to do for me: _____

Pain Management During Labor and Birth

- No medication Epidural Other _____

Second Stage and Birth

- Partner to cut cord Cord blood collection Other _____

After Baby's Birth

- I plan to breastfeed I plan to bottle-feed
 I DO plan to have my son circumcised I DO NOT plan to have my son circumcised

Pediatrician: _____

Additional Request or Concerns: _____

Patient Signature: _____

Reviewed by: _____

*Thank you for sharing your birth preferences with us.
We are looking forward to caring for you and your
baby.*