

My Preferences for Labor and Birth

A Plan to Guide Decision Making and Share with My Care Team



Name: _____ Date of Birth: _____

Due Date: _____ My Provider: _____ Pediatrician: _____

☐ I do not have any Preferences for my labor, birth, or newborn care.

Tell us what is most important to you and your support team / person during birth: _____

Which options will make you the most comfortable?

Environment

- | | | |
|--|--|--|
| <input type="checkbox"/> I would like to wear my own labor gown. | <input type="checkbox"/> I would like aromatherapy during my labor. | <input type="checkbox"/> I would like for the lights to be dimmed. |
| <input type="checkbox"/> I would like to play my own music during labor. | <input type="checkbox"/> I would like the room to be as quiet as possible. | |

Monitoring

If it is safe for me and my baby, I am interested in:

- ☐ Intermittent (on and off) monitoring ☐ Wireless monitoring

Labor Preferences

☐ If it is safe, I would like to be able to move around during labor.

I want to try the following options:

- ☐ Birthing ball ☐ Recliner ☐ Warm Shower ☐ Squat bar

Pain Management

- ☐ I would like anesthesia.
- ☐ I would not like anesthesia offered to me unless I ask for it.
- ☐ I am unsure if I would like anesthesia and would like to discuss available options.

For a Vaginal Birth, I would like:

- ☐ To push in positions that are comfortable for me and safe for my baby.
- ☐ For _____ to cut the umbilical cord.
- ☐ For one of my support people to take pictures of the birth.
- ☐ For my baby to be put directly on my chest after birth.
- ☐ To start breastfeeding my baby soon after birth.

If I have a Cesarean Delivery (C-Section), I would like:

- ☐ One of my support people to hold the baby after birth if I am not able to do so.
- ☐ I would like the drape to be lowered so I can see my baby right after birth.
- ☐ I would like music to be played in the operating room (OR) while my baby is being delivered.

Postpartum/Newborn Care

- I am planning on (Check all that apply): ☐ Breastfeeding ☐ Using Donor Breast Milk ☐ Formula feeding
- ☐ I have questions about breastfeeding and would like more information from my care team.
- ☐ If my baby is a boy, I would like him to be circumcised at the hospital.
- ☐ I would like all newborn screening and procedures done at my bedside whenever possible.

Other Preferences I am interested in: