



LABOR & BIRTH PREFERENCES

Be sure to ask your health care provider questions about all available options before, during, and after birth. Remember: birth is unpredictable. This is a tool to help you to communicate your preferences and guide further discussion with your health care provider.

Name: _____ How would you like to be addressed? _____

Due Date: _____ Planned Birth Location: _____

Obstetric Provider: _____

Pediatric Provider: _____

Who would you like to support you through labor and birth?

Name	Relation	Role

My Birth Priorities

Give birth vaginally
Minimize medical interventions
Discuss pain relief options
Choose pain relief options
Involve my support person(s)
Receive support from my doula
Other: _____

Labor Preferences

What would help you feel confident and relaxed?
Affirmations/mantras
Praise/reassurance
Continuous presence
Meditation
Set the mood (dim lights, music/sound)
Aromatherapy (essential oils)
Soothing touch
Clothing (own from home)
Breathing techniques
Other: _____

Movement & Positioning

Birthing stool
Birthing ball (lean/hip circles)
Peanut ball
Hands and knees
Feet together, knees apart
Upright (stand, walk, squat)
Movement (sway, dance)
Open to suggestions
Other: _____

Pain Management Preferences

Breathing exercises
Vocalization (moaning, chanting)
Massage/counter pressure
Cloth support (hips/abdomen/back)
Distraction (games, project)
Visualization (focal point)
Hydrotherapy (shower/tub)
Hot pack/cold pack
Hypnosis
IV pain meds
Nitrous oxide (if available)
Epidural
Do not offer me pain medication
Open to suggestions
Other: _____

Fetal Monitoring

Discussion of fetal monitoring options
Occasional checks of baby's heartbeat (intermittent auscultation)
Continuous fetal monitoring
Wireless fetal monitor
Internal fetal monitor

IV Access

Discussion of IV access
Saline lock preferred

Birth Positions

Side-lying
Squatting
Birth stool
Hands and knees
Semi-reclined in bed
Open to suggestions
Other: _____

What is most important to you at the time of the birth of your baby?

Check all that apply.
Use a mirror to see baby's head
Feel baby's head when possible (crowning)
Initiate immediate skin-to-skin contact
Delay clamping of the umbilical cord
Allow vernix to absorb naturally
Initiate breastfeeding immediately
Discuss the birth experience with my health care provider and team (debrief)
Other: _____

Who should be involved in helping you understand any unexpected events or changes to your goals for birth?

If a cesarean birth becomes necessary, I would like to:

discuss pain relief options and sensation expectations.
have my birth partner/support person present.
initiate skin-to-skin after birth.
Other: _____

Additional Notes or Special Requests

How would you like to bond with and care for your baby after birth?

What is important to you, including any personal, cultural, or religious considerations?



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