Labor Preferences Worksheet

Name: _______________________________ Due Date: ___/___/___

Obstetrician/Midwife: _______________________________

1. Tell us more about you: ____________________________________________
   ____________________________________________

2. Support people: ____________________________________________

3. Important issues, fears or concerns you have: ____________________________________________
   ____________________________________________

4. Labor options:
   Environment
   □ Soft lighting □ Natural lighting □ Other: ____________________________
   □ Relaxing music □ Pictures for a focal point □ Other: ____________________________
   □ Quiet, calm room

   Position Changes
   □ Move around and change position □ Use a birthing ball □ Use squatting positions
   □ Continuous labor support □ Walk in hallways □ Other: ____________________________

   Labor Support
   Some helpful things to say to me are: ____________________________________________
   Some helpful things to do for me are: ____________________________________________
   I/We have attended the following classes: ____________________________________________

5. Medical interventions during labor and birth: ____________________________________________

6. Controlling pain: My pain management plan: For labor, I am planning:
   □ Natural, unmedicated □ IV pain medicine □ Epidural □ Undecided

7. Labor and delivery: ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

   To record the first stage of my baby’s birth process, I would like to use:
   □ A camera □ A video camera □ No recording equipment

8. In the event of a Cesarean birth, I would like my support person present: □ Yes □ No

9. After my baby is born:
   Pediatrician: _______________________________ □ I have not chosen a pediatrician
   □ I DO plan to have my son circumcised □ I DO NOT plan to have my son circumcised

10. Going home:
    Special concerns/requests for the care of our baby: _______________________________
    Feelings regarding visitors: _______________________________
    Additional requests/concerns: _______________________________