

## 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

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Soft lighting    | <input type="checkbox"/> Natural lighting           | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Relaxing music   | <input type="checkbox"/> Pictures for a focal point | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Quiet, calm room |   |                                       |

#### Position Changes

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Move around and change position | <input type="checkbox"/> Use a birthing ball | <input type="checkbox"/> Use squatting positions |
| <input type="checkbox"/> Continuous labor support        | <input type="checkbox"/> Walk in hallways    | <input type="checkbox"/> 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: \_\_\_\_\_