

Date of Birth

Due Date

Pediatrician/Family Doctor

### Which options will make you most comfortable?

#### Environment

- I would like to limit the number of people in my room while I am in labor
- I would like to have the lights dimmed during labor
- I plan to bring in music from home
- I plan to bring in essential oils/aromatherapy (no flames allowed).
- I plan to bring in a "focal point" from home

#### Preferences for Food and Fluids

- I prefer to keep myself hydrated by drinking fluids. I would like to avoid intravenous fluids unless it is medically necessary
- I do not mind receiving intravenous hydration during labor
- If it is safe for me to do so, I would like to eat lightly during labor

#### Labor Preferences

- If safe to do so, I prefer to labor at home during the early phase of labor, and be admitted to the hospital when I am in active labor
- I would like to have freedom of movement while I am in labor (walking, standing, sitting, kneeling, using the birth ball, etc.), if safe and possible
- I prefer to move around or change positions to improve my labor progress before trying medication to increase my labor progress
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# My Preferences for Labor and Birth

## A PLAN TO GUIDE DECISION MAKING AND INFORM MY CARE TEAM



With the expectation of a healthy outcome for both me and my baby(ies) already in place, my goals for this birth are:

Please let us know if you have any religious or cultural practices/traditions that are important to you during childbirth, and what we can do to accommodate these needs.

Please describe any additional preferences, concerns about labor and birth, or other information that will help us provide the best possible care to meet your individual needs.

I have talked about and shared my labor and birth preferences with my provider during prenatal care visits. I recognize that my preferences and wishes may not be followed just as written and may need to change if medical needs arise in order to ensure a safe and healthy birth for my baby and me.