

My Birth Preferences

Patient sticker or print name and DOB

Preferred Name _____ Baby's Due Date _____

OB Provider _____ Baby's Provider _____

My Labor Support Team *(limit 3)* _____

What is most important to you during your labor and birth? _____

Please let us know if you have any religious or cultural practices/traditions or beliefs about birth that are important to you, and how we can help meet your needs.

Please describe any other preferences, worries, fears, or other information that will help us provide an exceptional birthing experience.

I have talked about and shared my labor and birth preferences with my provider during prenatal care visits, and both of us understand them.
I know that my preferences and wishes may not be followed just as written and may need to change if medical needs arise.
Our shared goal is to have a safe and healthy birth for my baby and me.

Healthcare Provider Signature

Date

My Signature

Date