My Birth Preferences

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 ___________________________