

Labor and Birth Preferences Worksheet

Empowering You to be the Center of Your Birth Experience

Birth is a time of anticipation, excitement, and often, new decisions. As the birthing person, you are at the center of your care. We encourage you to share your ideas and feel empowered to make decisions based on your unique needs. We are here to listen, learn about your values and lived experience, and help incorporate your preferences throughout your pregnancy, labor, birth, and postpartum recovery. To begin the discussion, please complete this Worksheet, review it with your medical team, and bring it with you to your birth.

Your Name: _____ Pronouns: _____

About your Labor Support Team

Tell us about your partner, relatives, or doula who will be present

Doula Name (if applicable): _____ Phone: _____

About your Baby/Babies

How would you like your care team to refer to your baby/babies? Specific name(s)? Pronouns?

Please Share Your Goals and Preferences for your Labor and Birth Experience

What is most important to you during Labor and Birth? Describe the best ways your care team can support you throughout your birth experience?

Describe any concerns about labor and birth, specific fears, or other information that will help us provide the best possible care to meet your individual needs.

Describe any religious, spiritual, or cultural practices/traditions that are important to observe and what your care team can do to support these needs.

Labor and Birth Preferences Worksheet Continued...

Planning for the Labor and Birth Process

What are the best ways that we can help make you comfortable during your labor and birth? *(Check all that apply)*

- Dimmed Lighting
- Visualization
- Limit Guests
- Hydrotherapy/Shower/Tub
- A mirror when pushing to view the birth of my baby
- I prefer to push in a position of my choosing: _____ (squatting, kneeling, side lying, etc.)
- Music
- Essential oils / aromatherapy (no flames)
- Movement (walking, standing)
- Using the Birth Ball

Please share any additional preferences or concerns you have about the labor or birth process.

Intervention in Labor *(Select statements that apply to you)*

- I would like to discuss when Pitocin may be used.
- I would like to discuss when breaking the amniotic sac may be performed.
- I would like to discuss the frequency of cervical exams with my provider.
- I would like to discuss the use of IV fluids before they are given.
- I would like the option of intermittent monitoring unless continuous baby monitoring is medically indicated.

Please share any additional preferences or concerns you have about labor or birth interventions:

Preferences for Managing Pain *(Select statements that apply to you)*

- I prefer to have childbirth without pain medications or an epidural.
- If I decide to use pain medication or an epidural, I will ask for them. Please do not offer me any pain medications.
- I plan to use intravenous pain medication (administered through an IV) to cope with pain.
- I plan to have an epidural in active labor to cope with the pain of labor and birth.
- I am considering using IV pain medication and/or having an epidural, but I will decide when I am in labor.
- I would like pain medications as soon as possible. I hope to limit pain during labor and birth.

Please share any additional preferences or concerns you have about pain management or medications:

Labor and Birth Preferences Worksheet Continued...

Preferences for a Cesarean Birth (Select statements that apply to you)

We encourage your participation in the decision regarding cesarean birth. Sometimes, emergency situations necessitate a rapid conversation about the risks and benefits of cesarean birth however your care team will continue to support your preferences as much as possible.

- I would like the anesthesiologist to lower the screen so that I can watch the birth of my baby.
- I would like my baby placed skin-to-skin with me in the operating room if we are both doing well.
- I would like to hold my baby skin-to-skin during the recovery period.

Please share any additional preferences or concerns you have about Cesarean Birth:

Preferences after Baby/Babies are Born

- I would like _____ to cut the umbilical cord.
- I would like my baby placed directly on my chest after birth.
- I would like to discuss delayed clamping and cutting of the umbilical cord.
- I am planning to bank my baby’s cord blood.
- I would be interested in donating cord blood.
- I would like to take my placenta home with me.

If my baby/babies need(s) to leave my room for any reason, I would like _____ to accompany my baby.

Newborn Feeding Preferences (Select statements that apply to you)

My preferences when feeding my baby is:

- I am planning to only breastfeed.
- I am planning to bottle feed using formula.
- I am planning a combination of breastfeeding and formula feeding.
- I would like help getting started with breastfeeding.
- I would like help learning to hand express or pump my milk.

Please share any additional preferences or concerns you have about care of your newborn:

Acknowledgment of Birth Preferences

I have shared my labor and birth preferences with my medical team, and we discussed my priorities. I understand that situations may arise when my preferences and wishes cannot be followed as requested, or need to be changed to support a safe and healthy labor and birth.

My signature: _____ Date: _____

Medical Team Member’s signature: _____ Date: _____