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.

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

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___________________________________________________________________________________________

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 __________________