

# Our Birth Worksheet

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Date: \_\_\_\_\_

Name: \_\_\_\_\_ My primary support person: \_\_\_\_\_

My care provider: \_\_\_\_\_

This worksheet is my way of expressing my wishes to you for the safest birth possible for myself and my baby. I understand the need for flexibility.

I have a wish for the environment of the labor room. My preferences are: \_\_\_\_\_  
\_\_\_\_\_

I plan to have emotional/physical support during labor. My primary support person is listed above. I would also like to have the following person(s) with me: \_\_\_\_\_  
\_\_\_\_\_

I would like to have labor start on its own, unless my health or the baby's health indicates otherwise.

I plan to be in upright and gravity positive positions during labor such as using the birthball, and walking. Other comfort measures I would like to use are: \_\_\_\_\_  
\_\_\_\_\_

I understand about medications and interventions. Here are my wishes:

- |   |   |
|---|---|
| <input type="checkbox"/> Intermittent monitoring    | <input type="checkbox"/> Continuous monitoring        |
| <input type="checkbox"/> Minimal/no medications     | <input type="checkbox"/> I am planning on medications |
| <input type="checkbox"/> No IV (plan to eat/drink)  | <input type="checkbox"/> IV, Hep Lock, Saline Lock    |
| <input type="checkbox"/> Let membranes break on own | <input type="checkbox"/> Artificial Rupture ok        |
| <input type="checkbox"/> Perineal massage           | <input type="checkbox"/> Episiotomy                   |
|   | <input type="checkbox"/> Forceps/vacuum               |

I would rather not labor or birth on my back. Pushing positions I would like to use are: \_\_\_\_\_  
\_\_\_\_\_

I am planning on exclusively breastfeeding and would like to put the baby skin-to-skin as soon as possible after the birth. Other immediate postpartum requests include: \_\_\_\_\_  
\_\_\_\_\_