

NORTHSIDE HOSPITAL LABOR PREFERENCES WORKSHEET

Name: _____

My due date is: _____

My Obstetrician / Midwife is: _____

#1 - ABOUT YOU: _____

#2 - SUPPORT PEOPLE: _____

#3 - IMPORTANT ISSUES, FEARS OR CONCERNS: _____

#4 - LABOR OPTIONS:

Environment

- Prefer soft lighting Prefer the room quiet and calm
 Prefer wireless monitoring Prefer natural lighting
 Relaxation music (I will bring) Pictures for a focal point

Other _____

Position Changes

- Walk around Use of birthing ball
 Change positions (squatting, pelvic rocking, etc)

Other _____

Relaxation & Comfort Techniques

- Take a shower or bath Use breathing patterns Use visualization
 Apply heat/cold Have continuous labor support
 Massage and/or counter pressure

Other _____

Labor Support

Some helpful things to say to me are: _____

Some helpful things to do for me are: _____

I/We have attended the following classes: _____

Pain and Coping: My pain and coping preference number is _____

#5 - SECOND STAGE AND BIRTH

- Have squatting bar Have partner identify baby gender
- Have alone time after birth Have partner cut cord
- Skin-to-Skin

**#6 - IN THE EVENT OF A CESAREAN BIRTH,
I WOULD LIKE MY SUPPORT PERSON PRESENT**

- Yes No

#7 - AFTER YOUR BABY IS BORN

My pediatrician's name is: _____

- Plan to do skin to skin Plan to breastfeed while in the hospital
- Plan to formula feed Plan to keep my baby with me
- DO** plan to have my baby son circumcised
- DO NOT** plan to have my baby son circumcised

#8 - GOING HOME

Special concerns/requests for the care of our baby: _____

Feelings regarding visitors: _____

Additional requests/concerns: _____

**Thank you for sharing your birth preferences with us! We
are looking forward to caring for you and your family.**

Sincerely, the staff of Northside Hospital.