

# My Plans, Preferences and Priorities for Birth

Share this worksheet with the people who may be at your birth, and bring it to the hospital or birth center with you.

Name: \_\_\_\_\_ I prefer to be called: \_\_\_\_\_

My date of birth: \_\_\_\_\_

My pronouns: \_\_\_\_\_

My baby's due date: \_\_\_\_\_

About my baby: \_\_\_\_\_  
(if known, share name, sex, and any special concerns)

My baby's pediatric provider: \_\_\_\_\_

These are the people supporting me:

Name	Role / Relationship	Pronouns	Contact Info

Every person taking care of me should know:

(List special concerns, cultural preferences, etc.)



## My preferences for comfort and pain management:

	Hoping to USE	OPEN to it	Hoping to AVOID	I need to LEARN MORE*
<b>Non-Medical Options</b>				
Walking and using different positions				
Self-hypnosis				
Breathing or mindfulness techniques				
Soaking in a tub				
A doula or other dedicated labor support				
Other:				
<b>Medical Options</b>				
An epidural				
IV or injected pain medicines such as opioids				
Nitrous Oxide (inhaled medicine to help you relax)				

★ Visit [EveryMotherCounts.Org/ChoicesInChildbirth](https://EveryMotherCounts.Org/ChoicesInChildbirth) if you need to learn more about pain management and comfort options. You'll find videos and other resources and have the option to connect with a doula or educator to help guide you.



**In addition to having a safe birth and healthy baby, here's what matters most to me:**

(List your "Top Priorities" from the "What Matters Most During Birth" Worksheet, or write your own.)

<b>In Labor and Birth</b>	<b>After Birth</b>

**In case of a c-section, I would like to:**

(check those that are important to you)

- stay awake for the surgery
- have my partner in the operating room
- delay clamping the umbilical cord
- hold my baby skin-to-skin as soon as possible
- have certain music or words spoken at the time of birth
- other: \_\_\_\_\_

**My plan for feeding:**

**Other notes or requests:**

