

**PREFERENCES FOR YOUR BIRTH EXPERIENCE**

*The Family Birth Center team invites you to personalize your birth experience by identifying your preferences. Preferences guide your care, however you and your baby's health and well-being always come first. With this in mind, your physician and nurse may recommend alternatives to your preferences during labor and delivery.*

Your Name	
Labor Support Person's Name	
Labor Support Person's Relationship	
What you'd like us to know about your pregnancy, family, yourself	
What would you like from your labor support person?	<input type="checkbox"/> Stand back and let nurse/doctor help <input type="checkbox"/> Offer suggestions <input type="checkbox"/> Help with comfort measures like backrubs <input type="checkbox"/> Coach your breathing, etc. <input type="checkbox"/> Active participation and management
Preference for labor room atmosphere and environment (check all)	<input type="checkbox"/> Quiet <input type="checkbox"/> Lowlight <input type="checkbox"/> Music (bring CD player/music)
Whom do you want present during birth (limited during delivery, siblings <9 must attend sibling class and have their own labor support person)	
How would you like your nurse to support you (check all)	<input type="checkbox"/> Stand back and let partner help <input type="checkbox"/> Offer suggestions <input type="checkbox"/> Help with comfort measures like backrubs <input type="checkbox"/> Coach your breathing, etc. <input type="checkbox"/> Active participation and management
Hope to use for comfort and relaxation (check all)	<input type="checkbox"/> Tub/Shower <input type="checkbox"/> Rocking <input type="checkbox"/> Walking <input type="checkbox"/> Birthing Ball <input type="checkbox"/> Massage <input type="checkbox"/> Other, specify
Pain management during labor	<input type="checkbox"/> Very committed to med-free birth <input type="checkbox"/> Open to needs at the time <input type="checkbox"/> Prefer epidural <input type="checkbox"/> Prefer IV medications <input type="checkbox"/> Do not offer – I will ask
Do you have chronic pain?	
Concerns regarding pain management?	
What are your biggest concerns about your upcoming birth experience?	
Baby's health care provider	
Feeding your baby	<input type="checkbox"/> Breast-milk <input type="checkbox"/> Formula
If boy, want him circumcised	<input type="checkbox"/> Yes (may not be covered by insurance) <input type="checkbox"/> No
Appropriate car seat before discharge	<input type="checkbox"/> Yes, schedule car seat installation clinic 229-5139 <input type="checkbox"/> No, <a href="http://www.carseat.org">www.carseat.org</a> for appropriate car seats