



**PATIENT
EDUCATION**

My Intentions for a Safe & Healthy Birth

Name: _____

OB Provider: _____

Labor Support Person Name: _____

Infant Provider: _____

Important Notes (allergies, medical problems, cultural preferences, areas of high concern or risk in pregnancy):



DURING LABOR

Describe your wishes for pain coping, IV, monitoring, movement and bath/showers, eating and drinking, support from nursing staff and/or partner, doula, etc.:



DURING BIRTH

Describe your wishes for pushing and delivery. Positions, support from your partner, nurse and/or provider, crowning, forceps, vacuum, episiotomy, additional pain/comfort measures, repair of any tear:



UNPLANNED EVENTS

Describe your wishes for induction, cesarean delivery, preterm delivery, or baby needing to go to NICU:



NEWBORN CARE

Describe your wishes for cord clamping, gender announcement, skin to skin, breastfeeding, medications, pacifier use, supplementing, first bath and procedures that may separate mom and baby or result in pain for baby: