

## Birth preferences sheet

A short sheet for the L&D team and your partner: what you'd like, what you'd avoid, and what you're flexible on. *One page is enough. Bring 3 copies — one for the chart, one for the room, one for your partner.*

### ABOUT ME

MY NAME

PARTNER / SUPPORT PERSON NAME

OB / MIDWIFE / DOULA

PEDIATRICIAN (IF KNOWN)

### DURING LABOR I WOULD LIKE

PAIN MANAGEMENT PREFERENCE

MOVEMENT / POSITION PREFERENCES

MUSIC / LIGHTING / ATMOSPHERE

WHO I WANT IN THE ROOM

### THINGS I WOULD PREFER TO AVOID (IF MEDICALLY POSSIBLE)

INTERVENTIONS I'D RATHER DISCUSS FIRST

THINGS I'M FLEXIBLE ON

## IMMEDIATELY AFTER BIRTH

SKIN-TO-SKIN PREFERENCES

CORD CLAMPING PREFERENCES

FEEDING PLAN (BREAST / BOTTLE / BOTH)

OTHER NOTES FOR THE TEAM

*This sheet is for inspiration only. Always consult your medical team for guidance specific to your situation. Inspired Comforts is not a medical provider.*

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