

# BIRTH PREFERENCES FOR :

Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Location: \_\_\_\_\_ E-mail: \_\_\_\_\_

Support Team: \_\_\_\_\_

Your Preferences for Pain Management:

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Your Preferences for Comfort Measures:

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Questions about Medical Interventions:

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Concerns or Most Important Information:

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Infant Feeding & Newborn Care:

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*Designed by:*