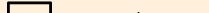


Name: **Partner's Name: Partner's Contact #: Relationship to Partner: Due Date:** 

You need to know that I have:

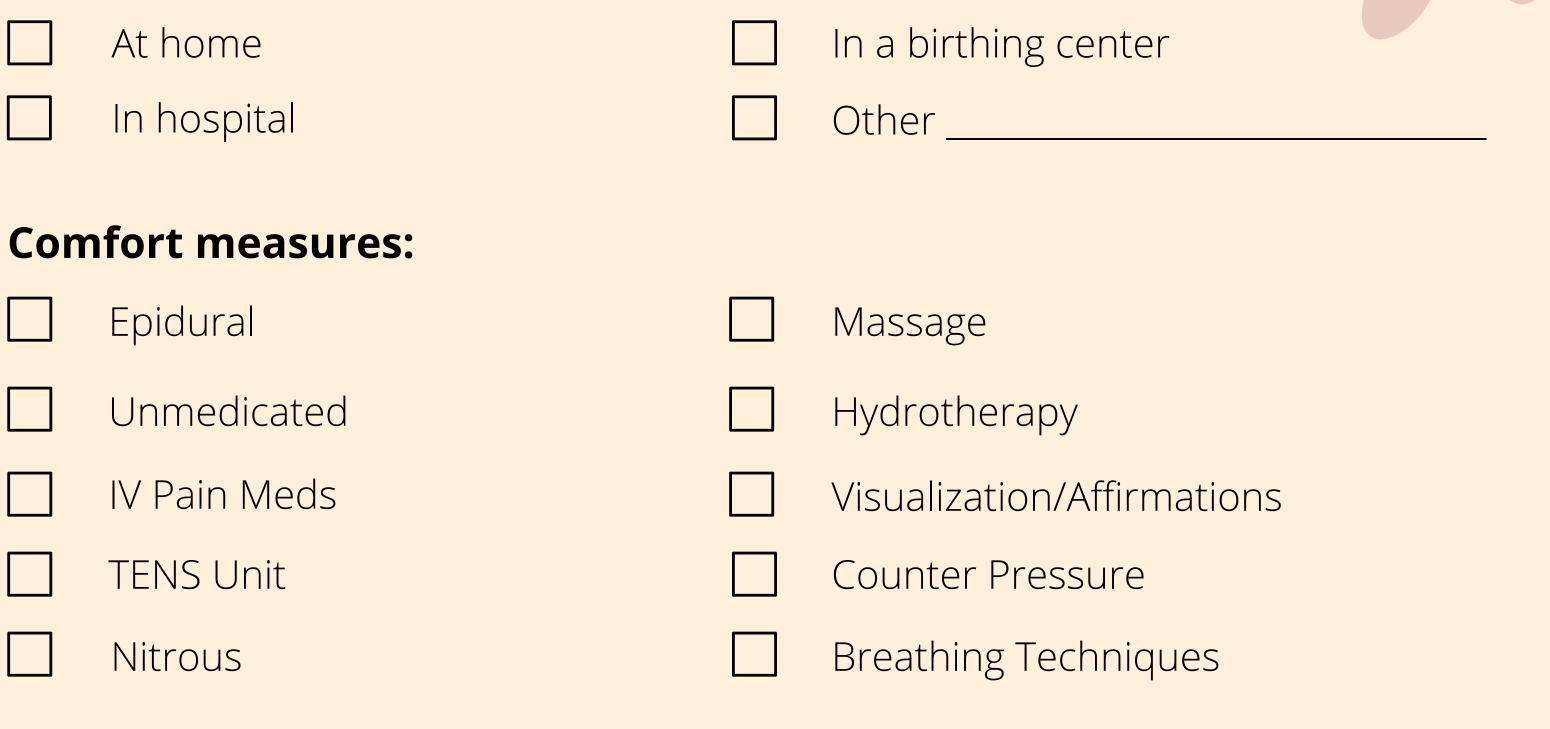






|     | Gestational diabetes | Anemia                |
|-----|----------------------|-----------------------|
|     | High blood pressure  | High blood pressure   |
|     | Depression           | Other                 |
| Env | ironment:            |                       |
|     | Eating during labor  | Music playing         |
|     | Dim lighting         | Wear own clothes      |
|     | Natural lighting     | Minimal interrputions |
|     | Aromatherapy         | Silence               |
|     |                      |                       |

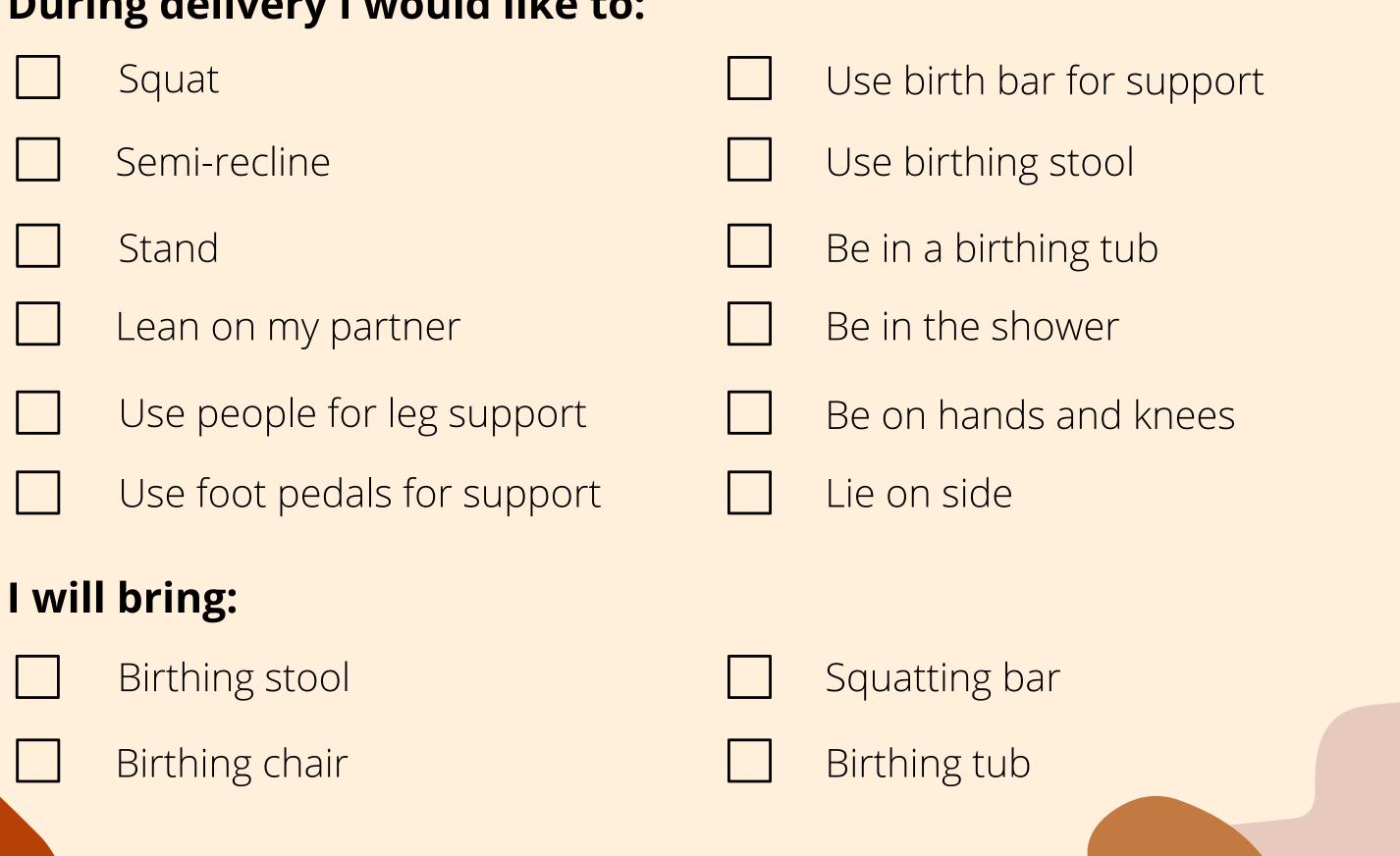
# I plan to give birth:



#### **During delivery I would like to:**



Squat



## **During labor I would like:**

- Limited vaginal examinations
  - A birthing ball
  - To be able to move freely
    - My water to break naturally
  - Not to have episiotomy
  - Avoid forceps usage
  - Avoid vacuum extraction
  - A mirror to see baby crown

## After delivery I would like to:



Immediate skin to skin contact











Help catch the baby



- Let my partner catch the baby
- Let my partner suction the baby

Other: \_\_\_



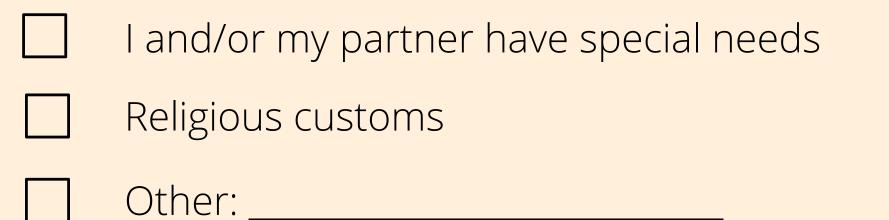


## **Feeding preferences:**

| Plan to bodyfeed/breastfeed | Combination feeding  |
|-----------------------------|----------------------|
| Plan to formula feed        | Meet with consultant |
| No pacifier                 | Other:               |

#### **Special requirements:**

- ] Sign language interpreter
- Foreign language interpreter
  - Special dietary requirements



## Additional requirements/notes:

thank you