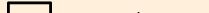


Name: **Partner's Name: Partner's Contact #: Relationship to Partner: Due Date:**

You need to know that I have:

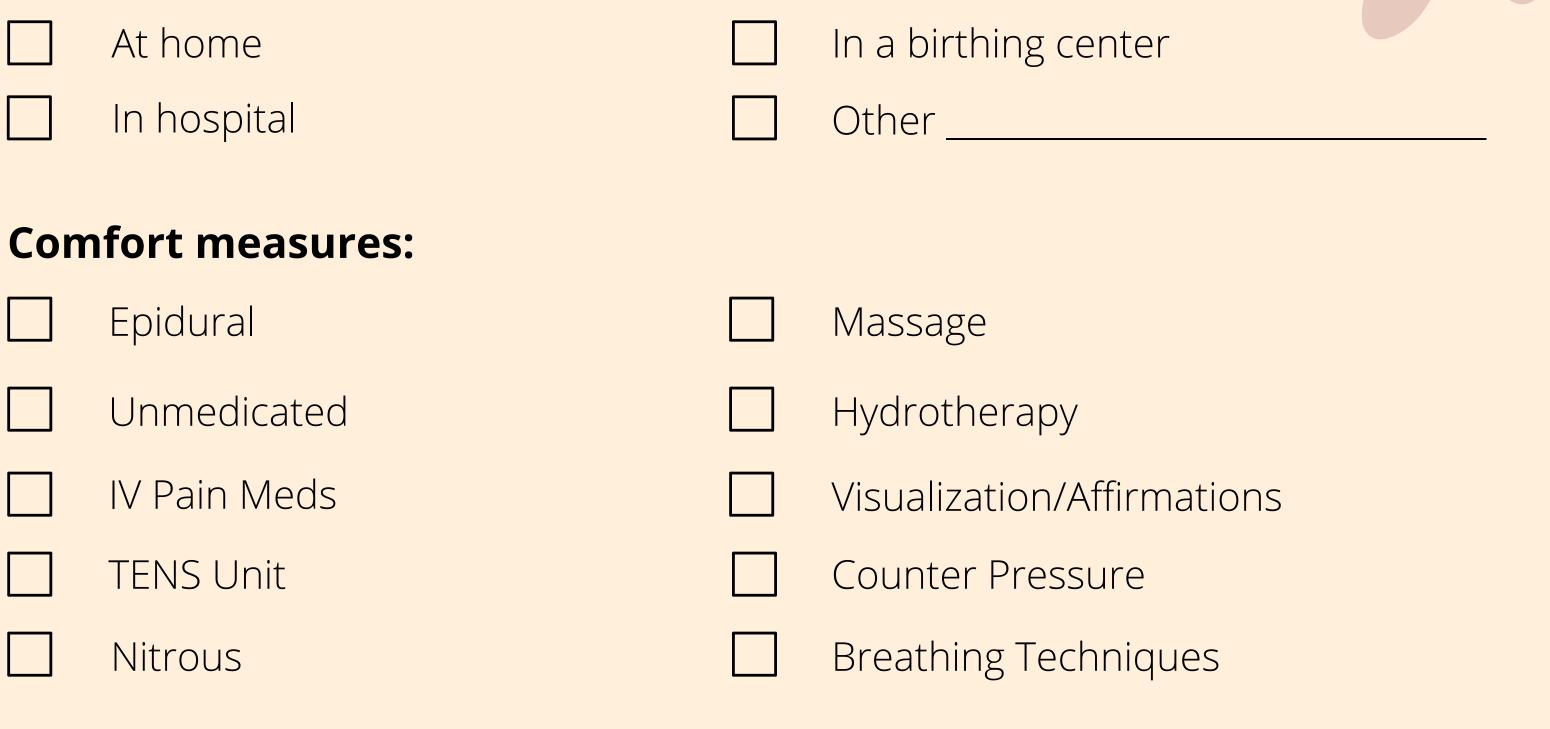






	Gestational diabetes	Anemia
	High blood pressure	High blood pressure
	Depression	Other
Env	ironment:	
	Eating during labor	Music playing
	Dim lighting	Wear own clothes
	Natural lighting	Minimal interrputions
	Aromatherapy	Silence

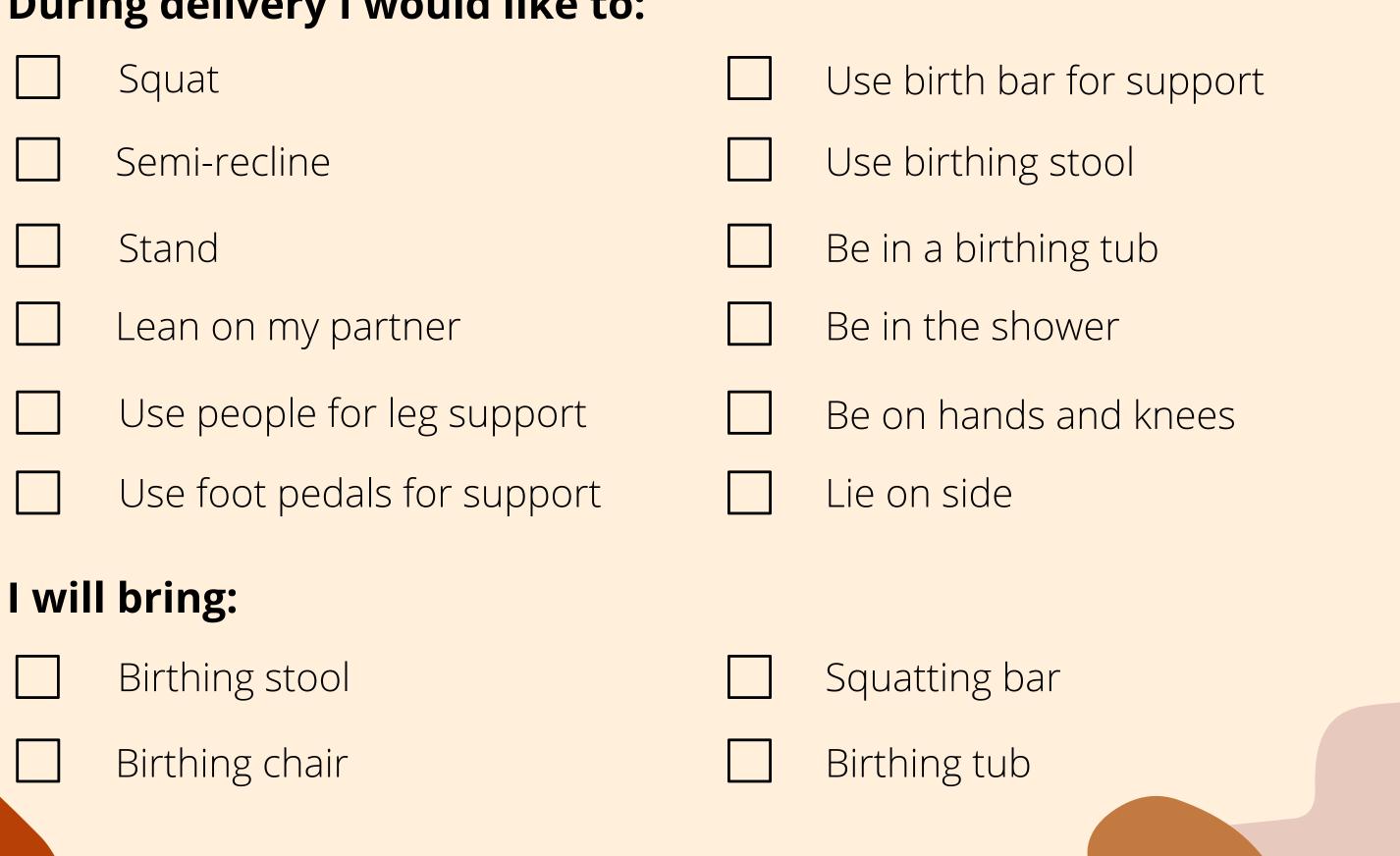
I plan to give birth:



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











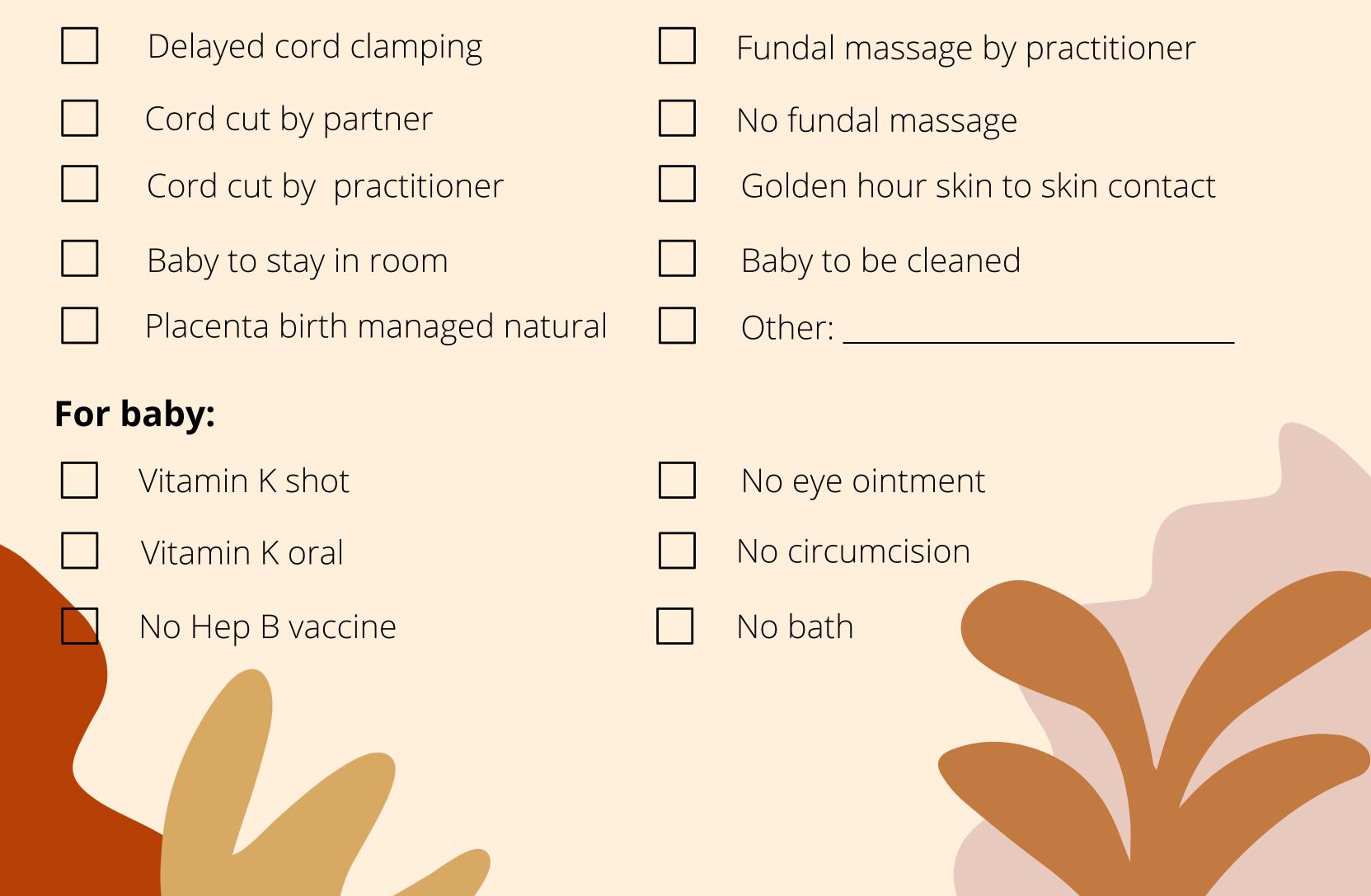
Help catch the baby



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

Other: ___



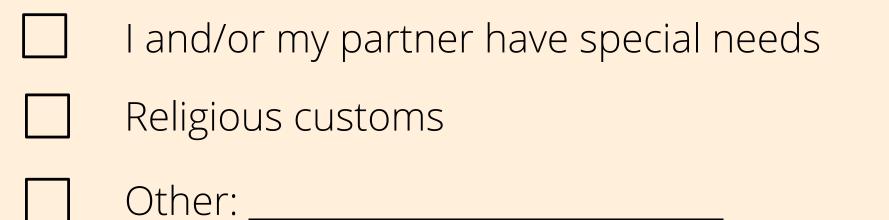


Feeding preferences:

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