



# BIRTH PREFERENCES

NAME & SIGNATURE

CHOSEN BIRTH PLACE

BIRTH PARTNER(S)

IMPORTANT INFO

CALM ENVIRONMENT

LANGUAGE

*PLEASE DO SAY*

*PLEASE DON'T SAY*

MONITORING



# BIRTH PREFERENCES

COMFORT & RELIEF

MEDICAL INTERVENTIONS (IF NECESSARY)

SECOND / DOWN STAGE OF LABOUR

PLACENTA

GOLDEN HOUR POST-BIRTH

ANYTHING ELSE