

LA FAMILIA, INC.
Pregnancy Counseling Services

BIRTH PREFERENCES

Name: _____

Dr.: _____

Baby's due date: _____

What do you want from this birth?

Have you attended childbirth classes? // yes // no

If yes, when (this pregnancy or previous pregnancy)? _____

where? _____

and name of instructor? _____

How else have you prepared for childbirth (read books, talked with friends, exercised, etc.)?

What are your preferences regarding handling the pain of labor and birth?

Routing:

• Client Files

Who will be your labor support person(s)?

Who do you want present at the birth?

Do you want visitors in labor? // yes // no

If no, do you want us to restrict visitors? // yes // no

Restrict phone calls? // yes // no

Is there anything you want the staff to definitely do or not do?
