

Your Requests For Personalized Care

LABOR GOALS

(Print with black pen to complete form)

Pain is a natural part of the labor process. You, your support person, your doctor, and your nurse will work as a team during your labor to help you decide which pain relief methods are best for you and your baby. Below are choices for pain management.

Circle the methods you think might be the most helpful to you.

Breathing/Relaxation

Praise/verbal encouragement

Position change

Cold compresses

Pressure to the back

Rocking chair

Massage

Music

Touch

Walking

Shower

Imagery

Slow dancing

Focal point

Birthing ball

What expectations do you have of your partner/coach: _____

Indicate with a checkmark, the choice that best describes your preference for pharmacological pain management:

_____ I do not want pain medication _____ I may want pain medication _____ I definitely want pain medication

_____ I don't want an epidural _____ I may want an epidural _____ I definitely want an epidural

_____ Other: _____

If you've had a previous labor/delivery, which techniques did you find especially helpful?

Do you have any individual requests that you would like your labor and delivery nurse to know?

Are you planning to breastfeed your baby? Yes No

Do you have any specific breastfeeding concerns you would like to share with Lactation Services? Yes No

Please specify: _____

Do you have any significant concerns or stress in your life that we should know about? Yes No

Please specify: _____

Contact phone number/numbers: (HOME) _____ (CELL) _____

Consent for phone contact: Yes No

Patient Signature: _____ Date/Time: _____