



Carson Medical Group

My Birth Preferences

Preferred Name _____ Baby's Due Date _____

OB Provider _____ Baby's Provider _____

My Labor Support Team (limit 3) _____

What is most important to you during your labor and birth?

Please let us know if you have any religious or cultural practices/traditions or beliefs about birth that are important to you, and how we can help meet your needs.

Please describe any other preferences, worries, fears, or other information that will help us provide an exceptional birthing experience.

I have discussed and shared my labor and birth preferences with my provider during prenatal care visits, and both of us understand them. I know that my preferences and wishes may not be followed exactly as written and may need to change if medical needs arise. Our shared goal is to have a safe and healthy birth for my baby and me.

My Printed Legal Name

Date of Birth

My Signature

Date

Please bring this signed form to the hospital when you go into labor.