



# Birth Preferences

(optional)

Completing this Birth Preferences form will help your health care providers, family and birth partner understand what is important to you. **We will follow your wishes as much as we can provided that you and your baby are not at risk.** Be sure to discuss this form with your health care provider and keep a copy for yourself.

**Mother's Name** \_\_\_\_\_ **Mother's DOB:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

**Mother's Birth Partner's name:** \_\_\_\_\_ **Mother's Phone #:** \_\_\_\_\_

**Baby's Last Name** \_\_\_\_\_ **Baby's Clinic:** \_\_\_\_\_

Personal information you would like your labor nurse to know about you (example: past life experiences that may effect this birth; fears; feelings about pain medications):

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During labor & birth, I would like (example: pain relief options, role of birth partner): \_\_\_\_\_

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I have special cultural and/or spiritual requests. (please list): \_\_\_\_\_

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I need an interpreter. (foreign language or signing): \_\_\_\_\_

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After the birth, I would like: \_\_\_\_\_

Intending to circumcise a son?  Yes  No  Undecided    Baby feeding method?  Breast  Bottle  Undecided  
Do you have a carseat?  Yes  No

**For questions or concerns, please contact our Family Advocate at (763) 520-1366.**

For more detailed information regarding our services,  
visit our Web site at:

[www.northmemorial.com](http://www.northmemorial.com)