Oula

Birth Values and Voice: Your birth preferences worksheet

Welcome to your birth journey. This worksheet will help you identify what matters most during your birth experience. Take your time - there are no right or wrong answers. Use this space to explore your values and preferences, then distill them into top priorities to share with your hospital team.

Part 1: Core Values Exploration

MY BIRTH VALUES

Take a moment to reflect on what matters most to you. check the words that resonate or add your own to the list.

- ☐ Autonomy
- ☐ Connection
- ☐ Safety
- ☐ Dignity
- ☐ Respect
- ☐ Privacy
- ☐ Knowledge
- ☐ Peace
- ☐ Joy
- ☐ Family
- ☐ Spirituality
- ☐ Support
- ☐ Cultural traditions
- ☐ Empowerment
- ☐ Other:_____
- ☐ Other:_____
- ☐ Other:_____

MY COMMUNICATION STYLE

How do you best communicate, especially during challenging moments?

- ☐ I prefer direct, clear information
- ☐ I appreciate a gentle, compassionate approach
- ☐ I process information best when it's presented visually
- ☐ I need time to think before making decisions
- ☐ Other: _____

CULTURAL OR RELIGIOUS PREFERENCES

Are there specific practices that are important to include?

_____

_____

_____

WHAT MAKE ME FEEL SAFE, COMFORTABLE AND EMPOWERED

What support approaches or items will help you feel secure?

_____

_____

_____

THINGS I AM LOOKING FORWARD TO

What aspects of the birth experience are you excited about or hoping for?

_____

_____

_____

THINGS I AM NERVOUS ABOUT OR FEAR

What concerns or anxieties do you have about your birth?

_____

_____

_____

NOTE: ONCE YOU HAVE FILLED THIS OUT, DISTILL THE MOST IMPORTANT INFORMATION & FILL OUT THE BIRTH VALUES & VOICE PRIORITIES CARD THAT YOU WILL BRING WITH YOU TO LABOR & DELIVERY!

CORE VALUES FOR EARLY LABOR

Part 2: Home & Early Labor

BIRTH CIRCLE ROLES

Who will be part of your support team and what roles would you like them to play?

Primary support person:

_____ Role: _____

Additional support:

_____ Role: _____

Doula:

_____

Other:

_____ Role: _____

DISTRACTION PLANS

How would you like to spend early labor at home?

Passive activities:

- Favorite Show: _____
- Go-To Playlist: _____
- Relaxation techniques: _____
- Other: _____

Active activities:

- Walking Route: _____
- Movement: _____
- Projects: _____
- Other: _____

CHILDREN AND PETS (IF APPLIES)

Do you have a plan for children or pets during your labor?

_____

_____

_____

NUTRITION & HYDRATION PREFERENCES

What would you like to have to eat & drink in early labor?

_____

_____

_____

COMFORT MEASURES TO TRY

What comfort techniques would you like to incorporate?

- ☐ Massage
- ☐ Breathing techniques
- ☐ Heat/cold therapy
- ☐ Position changes
- ☐ Other: _____
- ☐ Visualization
- ☐ Aromatherapy
- ☐ Music
- ☐ Shower/bath

TRANSPORTATION PLAN

How will you get to your birth location when the time comes?

_____

_____

_____

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CORE VALUES FOR ACTIVE LABOR

Part 3: Active Labor & Birth Environment

LABOR ROOM VIBES

How would you like your birth space to feel?

Lighting preferences: _____

Sound preferences: _____

Personal items to bring: _____

SUPPORT TEAM EXPECTATIONS

How would you like your support team to interact with you during labor?

_____

_____

_____

MOVEMENT PREFERENCES

What positions or movement options interest you?

- ☐ Walking
- ☐ Standing
- ☐ Sitting on birth ball
- ☐ Hands and knees
- ☐ Other: _____
- ☐ Squatting
- ☐ Side-lying
- ☐ Upright positions

FETAL MONITORING PREFERENCES

- ☐ Intermittent (if medically appropriate)
- ☐ Wireless continuous (if available)
- ☐ Standard continuous
- ☐ Other considerations: _____

IV AND FLUID MANAGEMENT PREFERENCES

- ☐ IV fluids as needed
- ☐ Heplock if no medical need for IV
- ☐ Prefer no heplock (check hospital policy)
- ☐ Other considerations: _____

PAIN MANAGEMENT APPROACH

What is your initial plan for pain management? Remember, this can evolve during labor.

- ☐ Unmedicated with comfort measures (specify techniques):

_____

- ☐ Epidural (timing preferences): _____
- ☐ Nitrous oxide (check hospital policy)
- ☐ Other options: _____

VAGINAL EXAMS

Do you have any preferences about frequency or approach to vaginal exams?

_____

_____

_____

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CORE VALUES FOR BIRTH

Part 4: Birth Preferences

BIRTH PHASE PREFERENCES

What would help you feel safe and empowered when it comes time to push and give birth?

_____

_____

_____

IMMEDIATE CARE

CORD CLAMPING

☐ Delayed cord clamping ☐ Standard timing ☐ Person to cut cord: _____

INITIAL BABY PLACEMENT

☐ Immediate skin-to-skin with birthing person

☐ Immediate skin-to-skin with partner if birthing person unable

☐ Brief check before skin-to-skin ☐ Other: _____

NEWBORN FEEDING PLAN

☐ Breast/chestfeeding as soon as possible ☐ Formula feeding ☐ Combination approach

☐ Other: _____

PLACENTA PREFERENCES

☐ Would like to see placenta ☐ Taking placenta home (check hospital policy)

☐ Other: _____

Part 5: Postpartum Preferences

RECOVERY ROOM PREFERENCES

How would you like your postpartum environment to feel?

_____

_____

_____

NEWBORN PROCEDURES

Do you have preferences about:

FIRST BATH ☐ Delayed for ____ hours ☐ In room with parents present ☐ Other: _____

VITAMIN K ☐ Yes ☐ No ☐ Discuss options with provider

EYE PROPHYLAXIS ☐ Yes ☐ No ☐ Discuss options with provider

HEPATITIS B VACCINE ☐ Yes ☐ No ☐ Delayed until: _____ ☐ Discuss options with provider

CIRCUMCISION ☐ Yes ☐ No ☐ Delayed until: _____ ☐ Discuss options with provider

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