hern Sud Bi	rthing Wishes
Anticipated place of delivery: Bethesda Boundary Name: Due Date: Support Persons (Limit of 2 recommended): Completed form on client's behalf: N/A Please Note: No	Regional Health Centre Portage Regional Health Centre Trails Health Centre Home Birth Preferred Language: Primary Care Provider:
Quiet dim lights Wear my own clothes Minimal interruptions Other:	 Be coached to push Use a mirror Feel baby's head as it crowns
Pain Management Bath Shower Breathing techniques Massage Aromatherapy (Home Birth only) Hypnobirthing (Self-initiated) Movement Other: Pain Medication Please do not offer Entonox (Laughing Gas) Morphine (Intravenous, intramuscular, subcutaneous) Fentanyl (Intravenous) Epidural Sterile water injections Other	I decline the Vitamin K injection, but will accept the oral Vitamin K to prevent bleeding
Cultural or Spiritual Needs: Additional Wishes:	QR CODE HERE