



# 's Home Labor Plan

\_\_\_\_\_  
Your Name

1. While I am laboring, please have all the lights:

- Slightly Lowered    
  Moderately Dim    
  Nearly Dark

2. Please play this music or playlist:

3. During labor, please offer me \_\_\_\_\_ to drink, and \_\_\_\_\_ to eat. Please do not offer me any other drinks or snacks unless I ask for them

4. I  will  will not be diffusing essential oils

5. Please only diffuse the following oils:

_____	Special notes	
_____	about my	
_____	essential oils:	

6. I  would  would not like candles to be burning to help me relax

7. I  will  will not be relaxing in the bathtub during my labor

I would like \_\_\_\_\_ to assist me

8. I  will  will not be taking a shower during my labor

I would like \_\_\_\_\_ to assist me

9. During my labor I would like to use these pain-relieving methods:

- Birthing Ball Exercises    
  Massages    
  Breathing Exercises  
 Stretching    
  Swaying/Hip Rotations    
  Counter-Pressure

10. I would like to leave the hospital/birthing facility when:

- My Water Breaks    
  I Begin Transition Phase

Other: \_\_\_\_\_

