

| Birthing Person During Labor & Pushing | Comfort Measures & Coping Techniques |
|---|---|
| Medical & Pain Management Preferences | Immediate Postpartum & Newborn Care Preferences |
| Preferences for Induction and/or Cesarean | |

Please communicate and discuss any/all procedures that occur during labor.
While the above are preferred, we are open to discuss options and medically necessary procedures.

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