

BIRTH ENVIRONMENT

What do you want to **see**?

- Pictures or images
 - Affirmations
 - Own clothing
 - Hide or cover hospital equipment
 - Dim lighting (e.g. LED candles, twinkle lights, etc.)
 - Other: _____
- _____

What do you want to **hear**?

- Music
 - Instrumental
 - Nature sounds
 - Silence (close door, ask staff to refrain from unnecessary conversation, etc.)
 - Mantras
 - Other: _____
- _____

What do you want to **touch**?

- Own pillowcases or other linens
 - Shawl or blanket
 - Partner
 - Comfortable clothing
 - Minimize micro-discomforts (e.g. lip balm, hair ties, etc.)
 - Other: _____
- _____

What do you want to **smell**?

- Own linens
 - Room sprays or essential oils
 - Own clothing
 - Other: _____
- _____

