

FEELING IN CONTROL DURING THE BIRTH

Message to my midwife/obstetrician

1. This is how worried I feel on a scale of 1 to 10 where 1 is not being scared at all.

2. These are the things I am worried about _____

3. This is how painful I think it might be on a scale of 1 to 10 where 1 is not being painful at all.

4. This is what I'd like to happen _____

5. This is what I don't want to happen _____

6. Things I plan to do:

- Use your family and friends
- Breathe and relax
- Use music
- Take a bath
- Use a stress ball

- Focus your mind
- Go on a journey
- Find a comfortable position
- Watch the clock
- Other: (write in)

7. Things I want you to do:

- Talk to me or explain or explain what is happening
- Tell me if you have any advice/concerns
- Other _____

Signed by Me
(sign) _____

Date _____

