

# My Birth Wishes

Creating the Personal Birth Experience of Your Dreams

The Baby Place at AdventHealth for Women is designed to accommodate your every wish while surrounding you with a world-class maternity care team and amenities during one of the most important moments of your life.

## My Family & Important Contacts

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Expected Due Date: \_\_\_\_\_

I'm Having:

Boy  Girl  Twins  Surprise

Baby's Name (if decided): \_\_\_\_\_

Primary Obstetrician: \_\_\_\_\_

My Baby's Pediatrician: \_\_\_\_\_

My Partner/Support Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Support Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Baby's Sibling Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_



## My Delivery Birth Wishes

### 1. MANAGING MY LABOR

I wish to try (check as many as desired):

- Breathing techniques
- Relaxation techniques
- Birthing ball
- Music
  - I will bring my playlist and portable speaker or headphones
- Pain medication
- Epidural anesthesia
- Hydrotherapy
- I am not sure, but I am open to suggestions.
- Other: \_\_\_\_\_

### 2. MY PAIN MEDICATION PLAN

The following statement best describes how I feel about pain medication:

- I strongly desire to forego all pain medication during childbirth.
- I plan to use medication.
- I plan to have an epidural.
- I am not sure, but I am open to suggestions.

### 3. MY DELIVERY SUPPORT TEAM

I would like to have the following individuals present during the actual birth of my baby:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

### 4. CORD BLOOD BANKING

- Yes (Must be pre-arranged by patient)
- No

### 5. MY SPECIAL REQUESTS

Following delivery, skin-to-skin contact between mother and baby is strongly recommended. Skin-to-skin contact is associated with a host of benefits to mommy and baby. We would also like to know if you have any special requests (check as many as desired):

- I would like to have a mirror to view my baby's birth if available.
- I would like to use a squat bar during pushing.
- I would like to try different positions during pushing.
- I prefer dim lighting.
- I would like to listen to music.
- I would like my partner/support person to cut the cord.
- I would like to delay cord clamping.

### 6. MY BABY'S FEEDING PLAN

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### 7. CONCERNS I WOULD LIKE MY CAREGIVER TO BE AWARE OF

- Dietary needs?

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- Religious/cultural or family traditions?

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- I would like a visit from a chaplain.

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

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### 8. ONE MORE WISH

I would like: \_\_\_\_\_

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To discuss your birth wishes, contact a birth experience coordinator at your preferred location. Be sure to also speak with your doctor about your wishes.

Altamonte Springs

407-303-5405

Orange City

386-917-5948

Celebration

407-303-4284

Daytona Beach

386-231-3152

Orlando

407-303-7341

Davenport

863-419-2229

Winter Park

407-646-7200

Tavares

352-253-3367

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ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki anba an 407-303-3025.

