

My Birth Wishes

Creating Your 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 known): _____

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: _____



Amy Smith Photography

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.

