

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: _____



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.

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

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

- Dietary needs?

- Religious/cultural or family traditions?

- I would like a visit from a chaplain.

- Other: _____

8. ONE MORE WISH

I would like: _____

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

Altamonte Springs
Celebration
Orlando
Winter Park

407-303-5405
407-303-4284
407-303-7341
407-646-7200

Orange City
Daytona Beach
Davenport
Tavares

386-917-5948
386-231-3152
863-419-2229
352-253-3367



Remember to pack your birth wishes to bring with you to the hospital.

Scan the QR code to review the Delivery Day Packing List.

