

My Birth Wishes

Creating the Personal Birth Experience of Your Dreams

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

My Family and 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
- ☐ 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.
- ☐ Not sure, but I am open to suggestions.

3. MY DELIVERY SUPPORT TEAM

I would like to have the following individuals present during the 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 mother and child. 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 with our birth experience team at AdventHealth Heart of Florida, call 863-419-8949.

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