

Front Cover

**SAMPLE 2 COLOR OVERPRINT**

# THE GIFT OF MOTHERHOOD

*Your personal journey through prepared childbirth*

 **Medical City Women's™**

## Important Phone Numbers

**MEDICAL CITY HOSPITAL**  
(972) 566-7000  
[www.medicalcityhospital.com](http://www.medicalcityhospital.com)

**MEDICAL CITY WOMEN'S  
Parent Education**  
(972) 566-7153

**Labor and Delivery  
Pre-Admission Office**  
(972) 566-2252

**Insurance Pre-Admission Office**  
(972) 566-6316

**Lactation Office**  
(972) 566-4811

**Lactation Outpatient Clinic**  
(972) 566-6534

**Lactation Rental Office**  
(972) 566-4580

**MEDICAL CITY CHILDREN'S  
HOSPITAL**  
(972) 566-8888  
[www.mcchildrenshospital.com](http://www.mcchildrenshospital.com)

## Inside Front Cover

# Congratulations

*On Your Upcoming Delivery!*

This is a time that brings many feelings – excitement, worry, and lots of uncertainty. Being prepared for an important process such as childbirth allows you to gain a better understanding of how you can plan for your birth experience and feel more at ease by knowing what to expect. Childbirth preparation classes provide education and information to women and their partners for the birth of their child. You will learn what to expect during the various phases and stages of labor and delivery as well as hospital admission procedures, analgesic and anesthesia options, breathing and relaxation techniques, Cesarean birth information and postpartum expectations.

The goal of the training and education is to help you approach childbirth with a relaxed and positive attitude, while giving you confidence in your body's ability to respond during childbirth. Our childbirth educators will do all they can to help you meet your goals for this wonderful experience. We wish you all the best.

 **Medical City Women's**



**Inside Back Cover**

*Congratulations*  
to

\_\_\_\_\_

on

*Completion of Your  
Prepared Childbirth Classes*

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Date

*Birth of Your Baby*

Date of Birth \_\_\_\_\_

Time of Birth \_\_\_\_\_

Baby's Name \_\_\_\_\_

Weight \_\_\_\_\_ Length \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Nurse's Signature

PLACE FOR BABY'S  
FOOTPRINTS



**Back Cover**



 **Medical City Women's**<sup>SM</sup>

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Web: [www.medicalcityhospital.com](http://www.medicalcityhospital.com)