

Welcome to our Mother/Baby Unit
BMH-DeSoto Women's Pavilion

At BMH-DeSoto Women's Pavilion, we always want to help make your childbirth and beyond a wonderful experience and to promote the bonding of your family with your newborn. Your baby will room in with you unless special monitoring or a procedure is needed. We encourage you to decide prior to the birth which support person will be in the room with you to help care for the infant, especially during the night. Keeping your baby with you will help you to learn your infant's cues for feedings, diaper changes, and when he/she wants "mommy or daddy" time. Your nurse will be there for you and your baby to help with any needs or questions that might arise during your stay. Your infant will be assessed in your room by the pediatrician and nurses. As mentioned before, we want you to always have a very satisfying experience during your time with us. If you have any questions, please feel free to ask your nurse or another member of our team.

Thank you so much for choosing Baptist Memorial Hospital-DeSoto Women's Pavilion!



Beautiful BEGINNINGS

Dear Expectant Mother,

We are pleased that you have selected Baptist DeSoto for the birth of your child. We offer several ways for you to pre-register with us for your visit.

- You can pre-register online at the following website:
<http://www.baptistonline.org/facilities/preregister.asp>
- You can choose to fill out the form that is provided by our facility and mail it back to us at no cost.
- You can come by our facility and pre-register in person at your convenience Monday through Friday from 5 a.m. – 4:30 p.m.
- You can also call to pre-register at 662-772-2211 at your convenience Monday through Friday from 5 a.m. – 4:30 p.m.
- You can schedule a tour of the labor and deliver unit. Please call 662-772-2296.

Once we have your information, we will send you a letter stating that we have received your information.

A few reminders:

- Please read and review the information provided in the Beautiful Beginnings packet.
- Sign up for any childbirth classes by your 5th or 6th month so you will have a better choice of dates and be able to complete the classes a few weeks prior to your due date. Please call 662-772-2296.
- Remember to choose a pediatrician for your baby – call the pediatrician's office to make sure they are accepting new patients and that they accept your insurance plan.
- Remember it is your responsibility to add your baby to your insurance within 30 days of birth.

We will call your insurance company to verify your insurance eligibility and benefits in regards to your upcoming visit. If you are unsure what your insurance requires, please contact them to get this information. The hospital requires that all patients pay any deductible, co-pay, or co-insurance amount that their insurance company requires prior to being discharged from the facility.

If you would like to pre-pay a deductible, co-pay, or co-insurance amount, please contact us by phone or come by the admissions department prior to your delivery. If you have any financial questions, please call our financial counselor at 662-772-2211.

Thank you for choosing Baptist DeSoto.

Admissions Department
Women's Pavilion
7601 Southcrest Parkway
Southaven, MS 38671
662-772-2211
desoto.baptistonline.org

Visitation Guidelines
Baptist Memorial Hospital DeSoto
Women's Pavilion

Only 4 visitors per room.

Press the call button at the entrance and identify the patient you are visiting before admittance.

NO CHILDREN UNDER AGE 12 unless they are siblings of the new baby.

NO STANDING IN THE HALLWAYS. Proceed to the waiting room when leaving the patient's room

No videotaping of the delivery allowed. You may video the infant once he/she is stabilized.

Only 1 visitor is allowed with a patient in the triage area after the patient has been examined.

These guidelines may be further restricted according to the patient's condition.

About Your Pregnancy

Date Last Normal Menses Began? Month _____ Day _____ Year _____

Total Number of Prenatal Visits For This Pregnancy? Number _____ None _____

Date of First Prenatal Visit? Month _____ Day _____ Year _____

Date of Last Prenatal Visit? Month _____ Day _____ Year _____

Do you have other children living? Yes ___ No ___ how many _____

Last child born before this baby? Month _____ Day _____ Year _____

Have you ever had a pregnancy terminated? This includes: induced abortions, miscarriages, stillbirths, and fetal deaths. Yes ___ No ___ How Many _____

Date of last Pregnancy Termination? Month _____ Day _____ Year _____

Your Height? Ft _____ In _____

Your weight when you became pregnant? _____ Lbs

Your weight when you had your baby? _____ Lbs

Did you get WIC Food for yourself during this Pregnancy? Yes ___ No ___

ABOUT YOUR MARITAL STATUS

Are you legally married today? Yes ___ No ___

Are you Divorced? Yes ___ No ___ Date of Divorce Month ___ Day ___ Year ___

Were You Widowed? Yes ___ No ___ Date of Death Month ___ Day ___ Year ___

Acknowledgement of Paternity

(only if not married and Father's information on Birth Certificate)

Father's Mailing Address _____ City _____
County _____ State _____

Mississippi Department of Health requires us to gather this information for statistical purposes. Thank you for helping us. Baptist Desoto-Health Information Management. Revised - 01/01/2013

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