

PRE-REGISTER FOR YOUR UPCOMING DELIVERY IN MYCHART



This guide will walk you through completing your Labor & Delivery Pre- Registration in MyChart. If you do not have a MyChart account, please ask the front desk staff and they will be happy to assist you.

First, log in to your MyChart Account. Enter your Username and Password and Click Sign in.

| WELLSTAR | My | Chart | Thanks for using MyChart. You have been logged out. |
|--|----|---|---|
| Communicate with your doctor Get answers to your medical questions from the comfort of your own home | - | Access your test results No more waiting for a phone call or letter - view your results and your doctor's comments within days | MyChart Username Password SIGN IN Forgot Username? Forgot Password? New User? |
| Request prescription refills Send a refill request for any of your refillable medications | | Manage your appointments Schedule your next appointment, or view details of your past and upcoming appointments | SIGN UP NOW |

Once in MyChart, click the Visits tab in the top toolbar and select Register for My Delivery.



The top of the next page shows the patient's due date within the calendar. This is the due date as documented in Epic.

| Regi | ster | for M | y De | liver | y | | |
|----------|----------|----------|----------|--------|----|----|---|
| Your | expec | ted di | ue dat | te is: | | | |
| | | | 4ay 201 | 7 | | | |
| s | м | т | w | т | F | s | Did you know? |
| | 1 | 2 | 3 | 4 | 5 | 6 | Your baby |
| 7 | 8 | 9 | 10 | 11 | • | 13 | Has unique fingerprints at 13 weeks Is the length and weight of a banana at 21 weeks |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | Has opened their eyes at 27 weeks |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | |
| 28 | 29 | 30 | 31 | | | | |
| 21 28 | 22 29 | 23 30 | 24 31 | 25 | 26 | 27 | |

The bottom of this screen is where you will select the hospital where you will deliver. Once you click on the appropriate picture, the Continue button turns green.



| | • | | |
|--------------------------------------|--------------|-----------|----------------|
| | Demographics | Insurance | Questionnaires |
| Street Address: | | Home Ph | one: |
| City: | | Mobile Pi | none: |
| State: | | Work Pho | one: |
| ZIP Code: | | Preferred | Phone: |
| County: | | E-mail Ad | ldress: |
| Country: United States of America | | | |
| Race: | | | |
| Ethnicity: | | | |

The next two pages are where you will verify/edit demographic and insurance information.

To begin adding your Insurance Coverage click the **+ADD A COVERAGE** Button and follow the prompts for the information to add.

| | 2 | | | |
|---|---|---|---|-------------------------|
| | Demographics | Insurance | Questionnaires | |
| Please review the insurance info button to make changes. If the in | rmation that we have formation is correct, | on file. If the inform select the check bo | nation is incorrect or incomplete ox and continue. | , click the appropriate |
| Active Insurance Coverage | 15 | | | |
| | You have no i | nsurance infor | mation on file. | |
| + ADD A COVERAGE | | | | |

The next page is the questionnaire (Birth Plan) that will file to the encounter created once you complete the registration. To begin click **Answer**.

| Registe | r for My Delivery | | | | |
|------------|---------------------------|---------------------|-----------------|----------------|--|
| | | 1 | | | |
| | | Demographics | Insurance | Questionnaires | |
| You've com | npleted 0 of 1 questionna | ires for your upcom | ing appointment | | |
| | Questionnaire | | | Options | |
| 0 | Birth Plan Worksheet | | | ANSWER | |
| ВАСК | NEXT QUESTIONNAIR | START OVER | | | |
| | | | | | |
| | | | | he Plant | |

Below is a sample of some of the questions.

| Which support pers Select all that app | on(s) do | o you plai | n to have a | at your delivery? | |
|---|----------|------------|-------------|-------------------|-----------------|
| Partner/SO | FOB | Doula | Friend | Family Member | Other (comment) |
| SUPPORT PERSON Yes No | то сит | THE UME | BILICAL CO | ORD | |
| What other special | request | s do you | have? | | |
| Do you want to required to Yes No | uest a p | ost partu | m tubal lij | gation? | |
| | ICEL | | | | |

You will be able to review the answers before submission. If you do not want to answer the questions, just click "Continue" at the bottom of the page.

| Birth Plan Worksheet | | |
|--|---|---|
| Please review your responses. To finish, click Submit Questionnaire. | Dr, click any question to modify an answer. | |
| Question | Answer | |
| What are your pain management requests/preferences? | Doula assisted Non-medical techniques Shower and/or jacuuzi | 1 |
| Have you attended a childbirth class(es)? | Yes | 1 |
| Which support person(s) do you plan to have at your delivery? | Partner/SO Doula | 1 |
| SUPPORT PERSON TO CUT THE UMBILICAL CORD | Yes | 1 |
| What other special requests do you have? | None at this time | 1 |
| Do you want to request a post partum tubal ligation? | No | 1 |
| | | |

When you click "Submit Questionnaire," registration is complete.

You will receive a confirmation page once the pre-registration is complete.

| WS Douglas Hospital Expected Arrival Date: 5/12/17 We're looking forward to seeing you! | | |
|---|---|--|
| Expected Arrival Date: 5/12/17 We're looking forward to seeing you! | WS Douglas Hospital | |
| We're looking forward to seeing you! | Expected Arrival Date: 5/12/17 | |
| Please call the hospital if you have any questions about your upcoming admission. | We're looking forward to seeing you! Please call the hospital if you have any questions about your upcoming admission. | |