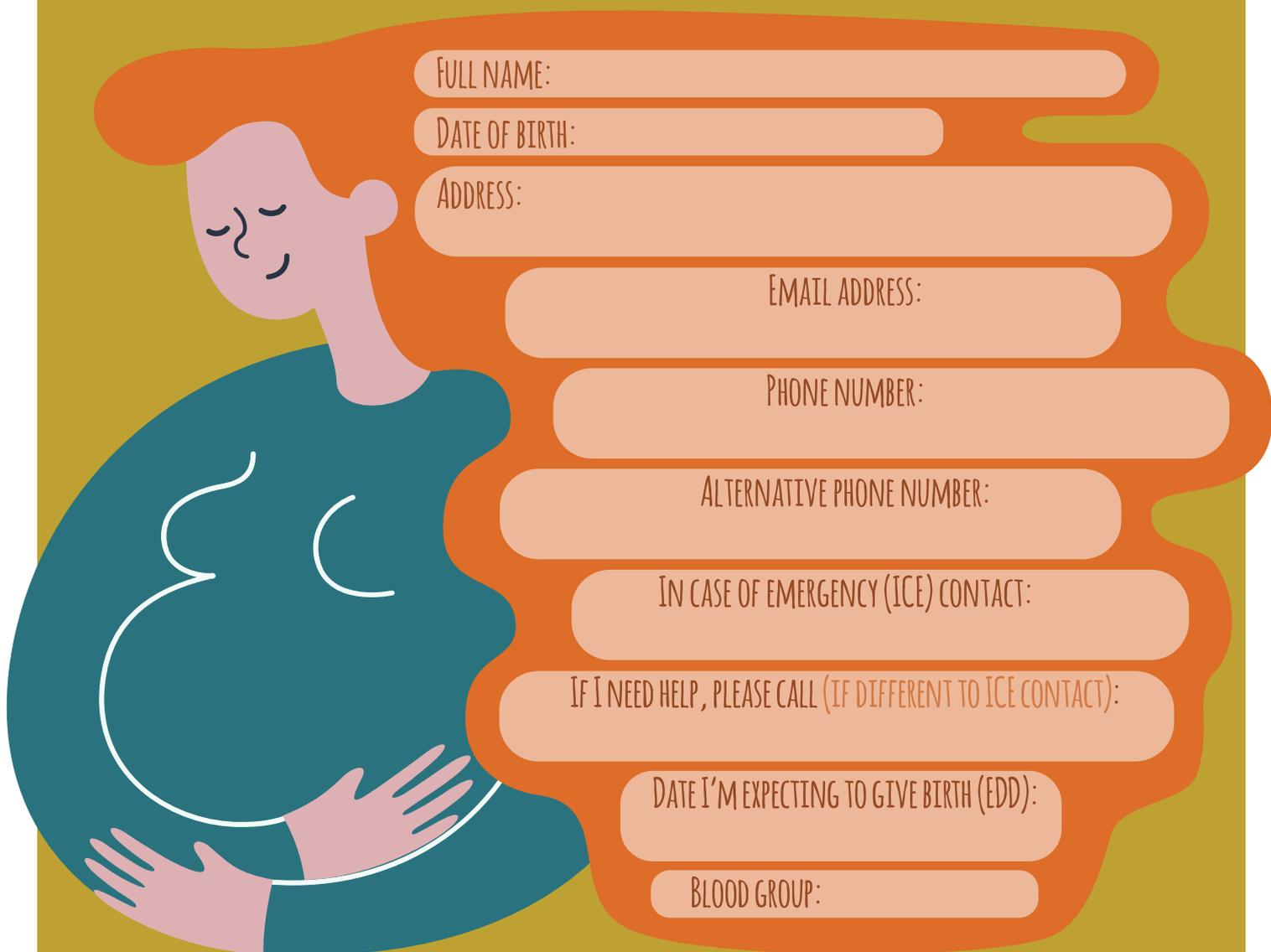


A RESOURCE FOR
AUTISTIC AND
EXPECTING
BY ALEXIS QUINN

My Maternity Passport



FULL NAME:

DATE OF BIRTH:

ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER:

ALTERNATIVE PHONE NUMBER:

IN CASE OF EMERGENCY (ICE) CONTACT:

IF I NEED HELP, PLEASE CALL (IF DIFFERENT TO ICE CONTACT):

DATE I'M EXPECTING TO GIVE BIRTH (EDD):

BLOOD GROUP:

HOW I WOULD LIKE TO GIVE BIRTH (CAESAREAN/VAGINAL):

WHERE I PLAN TO GIVE BIRTH:

WHERE I WILL GO IF I HAVE A CONCERN ABOUT PREGNANCY:
(THE MOST LOCAL MATERNITY UNIT)

COMMUNITY MIDWIFE'S PHONE NUMBER:

HOSPITAL PHONE NUMBER:

GP PHONE NUMBER:

About my pregnancy

How many pregnancies I have had:

Things I am **excited about** for this pregnancy:



Things that **interest me** about this pregnancy:



Things I am **worried about** in this pregnancy:



Making the most of appointments

Why it is important that I get reasonable adjustments

Reasonable adjustments will help me:

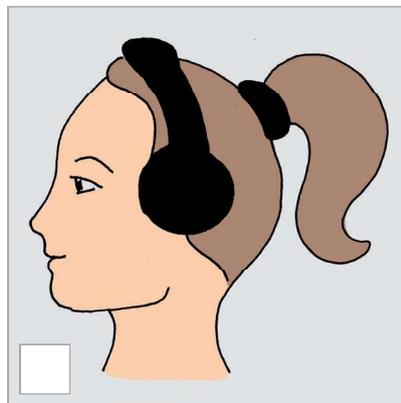
- ✓ attend all of my appointments
- ✓ understand what is being said
- ✓ make decisions for myself that I am comfortable with
- ✓ feel in control of my pregnancy and birth

When I'm waiting for my appointment, these reasonable adjustments will help me (please tick):



I will wait in the waiting area.

Please let me know it's my turn by:



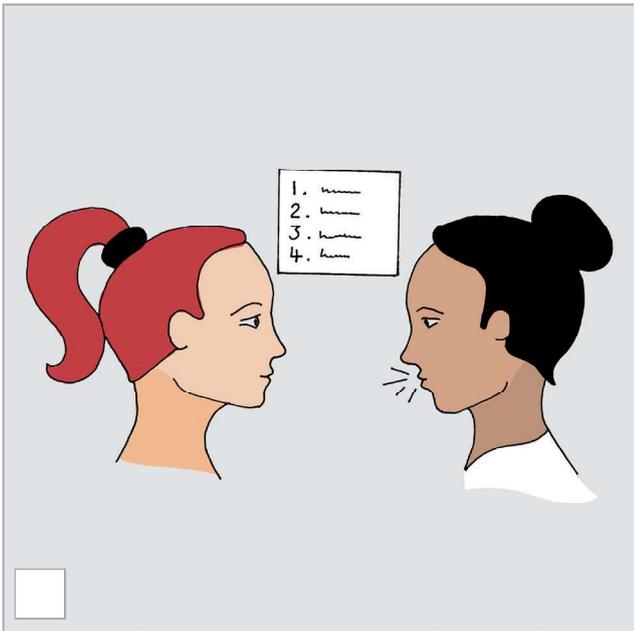
I will wear ear defenders/head-phones while I am waiting. Please let me know it's my turn by:



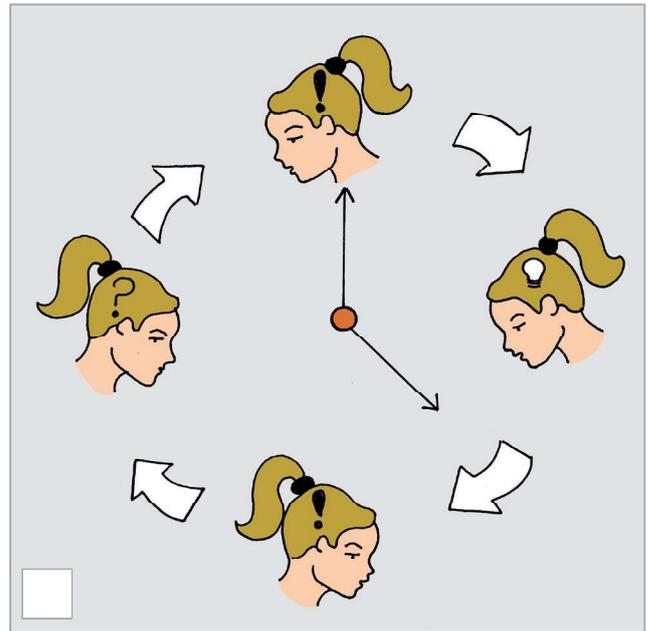
Please give me a quiet space where I can wait. Please come and get me when it's my turn.

- I will wait outside the hospital.**
Please call me on my mobile when you are ready for me.

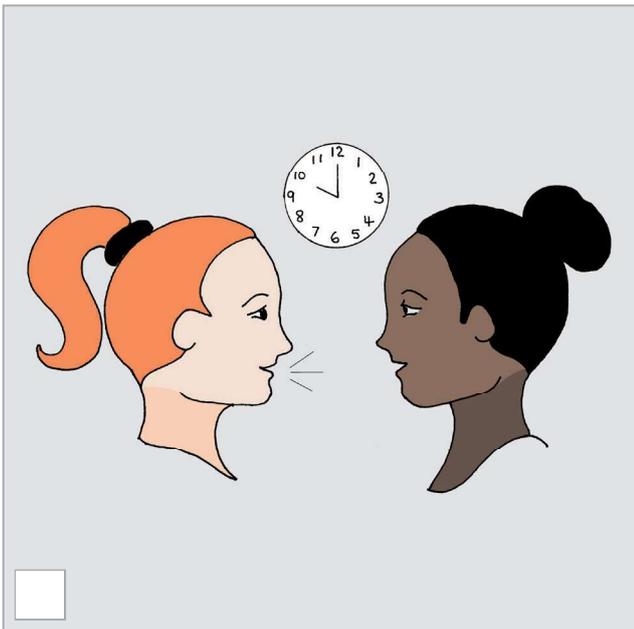
When communicating, these reasonable adjustments will help:



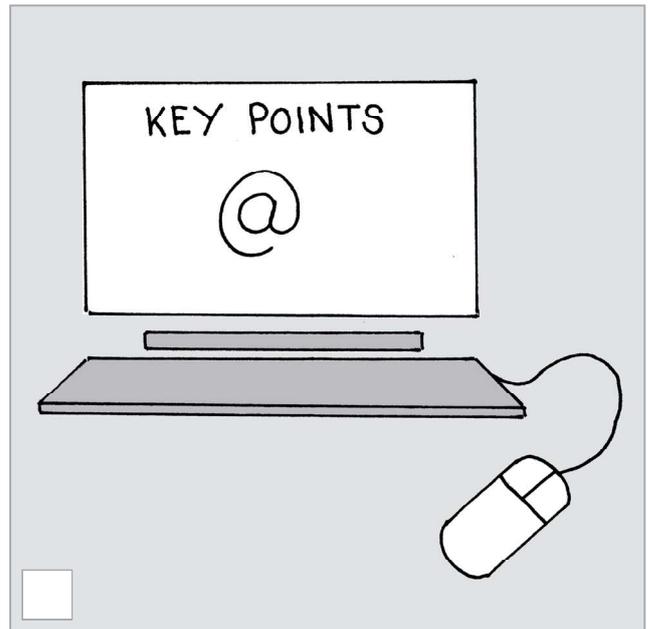
Talk slowly and clearly



Give me time to process



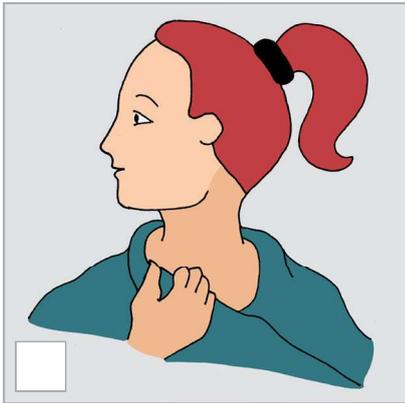
Give me time to respond



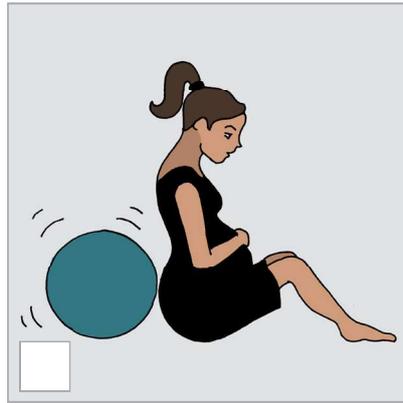
Email my key points

Other reasonable adjustments that will help communication:

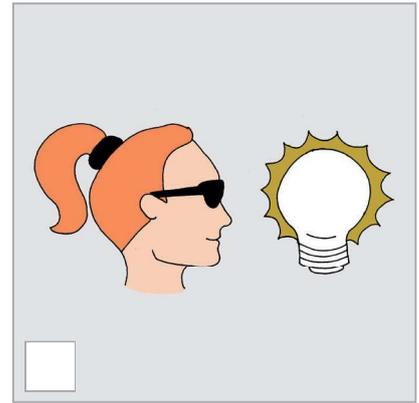
Things that help me feel more settled:



Wearing a weighted blanket



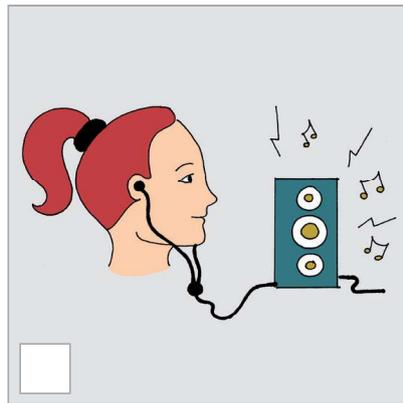
Bouncing on an exercise ball



Wearing sunglasses



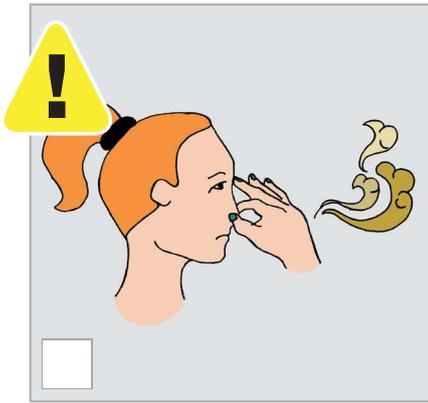
Wearing ear defenders



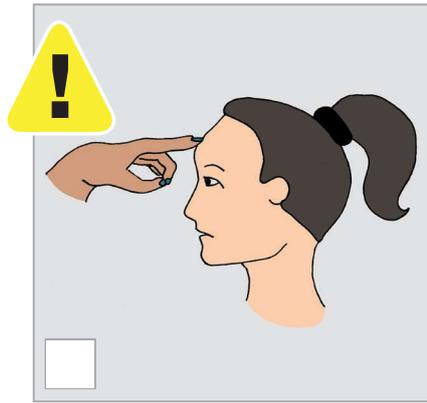
Using headphones

Other ways I settle myself:

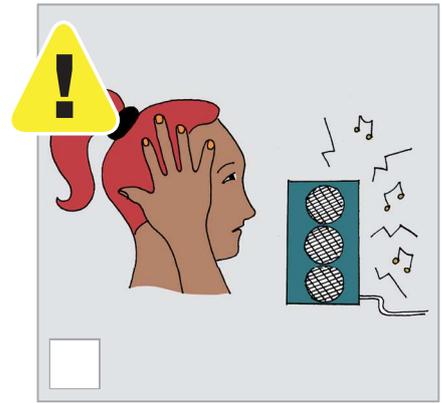
Things that might cause me distress:



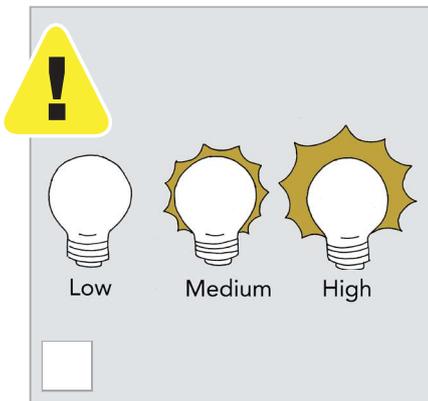
Intense smells



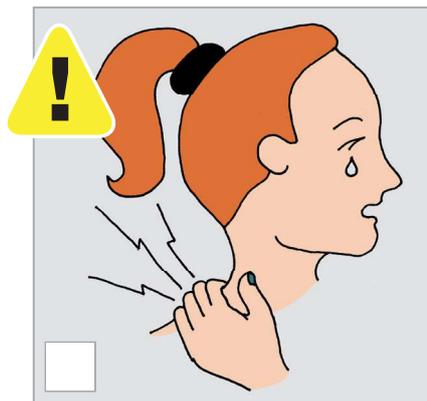
People touching me



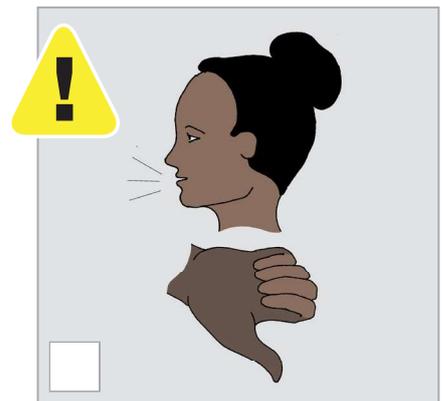
Loud noises



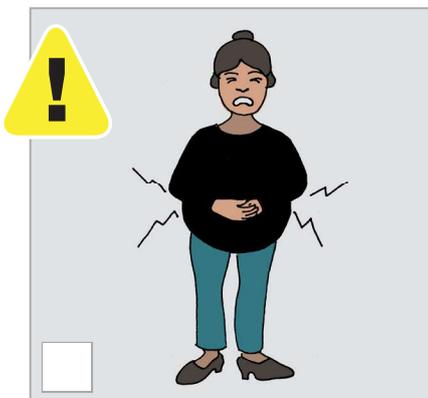
Bright lights



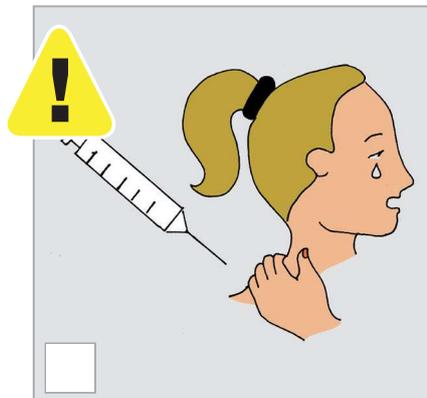
I feel pain intensely



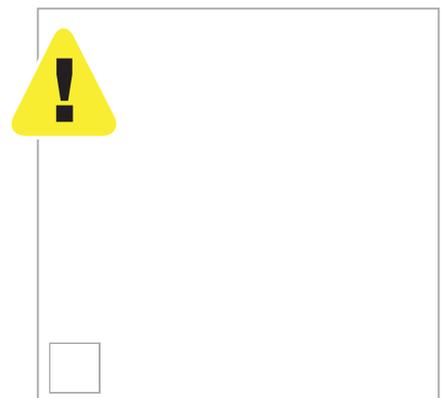
I may not be able to communicate pain even though I am in pain



I feel pain differently

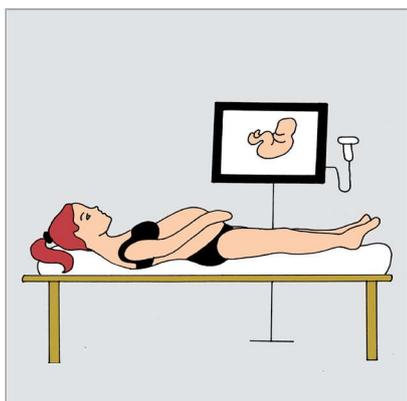


Needles cause me distress



Other:

My preferences when having ultrasound scans:



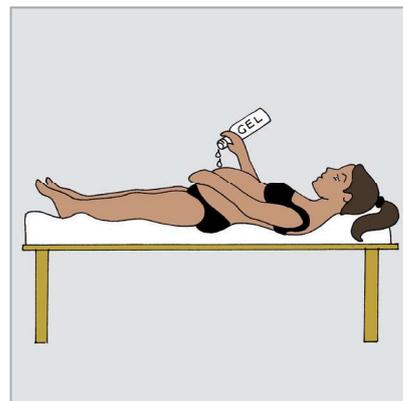
I prefer abdominal ultrasounds only

Yes No



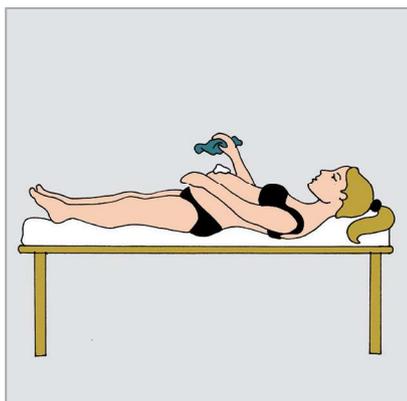
I will tuck the towel into my pants myself

Yes No



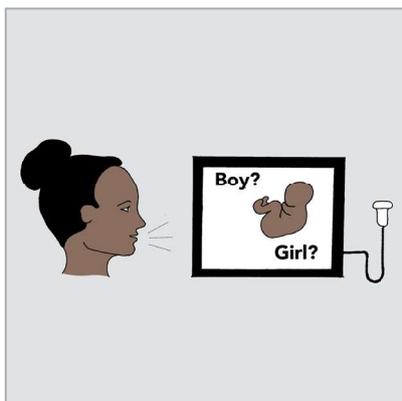
I will put the gel on myself

Yes No



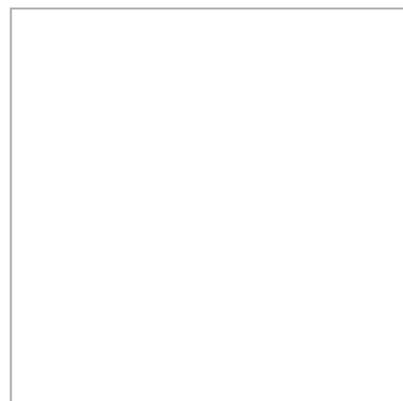
I will wipe the gel off myself

Yes No



Tell me the sex of my baby

Yes No



Other preference:

Five horizontal grey bars for writing.

My Birth Plan

(Please complete using the stickers provided)

How to help if I experience sensory overload:

What sensory overload feels like for me:



Handwriting practice area with six horizontal lines on a light beige background.

What I might do when I am in sensory overload:



Handwriting practice area with six horizontal lines on a light beige background.

How you can help me:



Handwriting practice area with six horizontal lines on a light beige background.

Additional information about me, my pregnancy or my baby that you need to know:



Just in case

THE BIRTHING PARENTS SHOULD CONTACT HOSPITAL STRAIGHT AWAY IF THEY NOTICE ANY OF THE FOLLOWING WARNING SIGNS:



ABDOMINAL PAIN



VISUAL DISTURBANCES
E.G. BLURRED VISION,
SPOTS WHICH AREN'T
THERE BUT YOU SEE THEM



SWELLING
OF HANDS,
FEET AND FACE



IF YOU HAVE BANGED
YOUR TUMMY (THIS CAN
INCLUDE FALLING DOWN,
CAR ACCIDENT ETC...)



PAIN OR
BURNING
WHEN YOU PEE



FEELING AS THOUGH
YOU WOULD WANT TO
HARM YOURSELF



VOMITING
A LOT



DIZZINESS OR
FAINTING



VAGINAL
BLEEDING



SEVERE HEADACHE THAT
DOESN'T GET BETTER
WITH PARACETAMOL



REDUCED OR NO
FOETAL MOVEMENTS
FOR PARENTS OVER
24 WEEKS PREGNANT

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