

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 outside the hospital**
Please call me on my mobile when you are ready for me
- Please give me a quiet space where I can wait**
Please come and get me when it's my turn
- I will wait in the waiting area**
Please let me know it's my turn by... *(add preference below)*

Three horizontal light blue bars for providing preferences for the 'I will wait in the waiting area' option.

- I will wear ear defenders/headphones while I am waiting**
Please let me know it's my turn by... *(add preference below)*

Three horizontal light blue bars for providing preferences for the 'I will wear ear defenders/headphones while I am waiting' option.

When communicating, these reasonable adjustments will help me:

- Please talk slowly, clearly and succinctly
- Please give me time to process what you are saying
- Please give me time to respond
- Talk me through procedures slowly, step by step
- Please write down the key points I need to remember
- Please email me a summary of key points after my appointment
- Other

Things that might cause me distress in health and/or care settings (e.g. hospital/GP surgery):

- | | |
|--|--|
| <input type="checkbox"/> Loud Noise | <input type="checkbox"/> I may not be able to communicate that I'm in pain, even though I am in pain |
| <input type="checkbox"/> Intense smells | |
| <input type="checkbox"/> Bright lights | |
| <input type="checkbox"/> People touching me | <input type="checkbox"/> I communicate that I'm in pain by...
<i>(explain how below)</i> |
| <input type="checkbox"/> I find needles distressing | |
| <input type="checkbox"/> I experience pain intensely | |
| <input type="checkbox"/> I can't feel pain | |

- Other sensory concern

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

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

My Birth Plan

(Please complete using the accompanying Maternity Passport icons)

More details about my birth plan:

Blank lined area for writing details about the birth plan.

How to help if I experience sensory overload

What sensory overload feels like for me



Blank lined area for describing how sensory overload feels like for the person.

What I might do when I am in sensory overload



Blank lined area for describing what the person might do when in sensory overload.

How you can help me



Blank lined area for describing how others can help the person.

Just in case

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



ABDOMINAL PAIN



SEVERE HEADACHE THAT DOESN'T GET BETTER WITH PARACETAMOL



REDUCED OR NO FOETAL MOVEMENTS FOR PARENTS OVER 24 WEEKS PREGNANT



VAGINAL BLEEDING



SWELLING OF HANDS, FEET AND FACE



PAIN OR BURNING WHEN YOU PEE



FEELING AS THOUGH YOU WOULD WANT TO HARM YOURSELF



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



VOMITING A LOT



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



DIZZINESS OR FAINTING

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