



Add a
photograph
of yourself
here if you'd
like to

This is my Maternity Passport

My name is

My date of birth is

My baby is due on

**About me
and my
pregnancy**

**Getting
ready for
my baby**

**The
support
I need**

✓ Please complete
this Maternity Passport
with support from
your midwife

✓ Please keep this
Maternity Passport
somewhere safe

✓ Please take this
Maternity Passport
to all your maternity
appointments

NIHR | National Institute for
Health and Care Research

About me and my pregnancy



My communication needs

The language I speak is

English ☐ Other (please give details)

I like it best when the people speaking to me

Use clear and simple words ☐ Take their time ☐ Ask me what I need ☐

I prefer to be contacted by

Telephone ☐ Mobile ☐ Text ☐ Email ☐

Other (please give details)

My contact details are:

I like it best when I am given information in

Standard form ☐ Easy-read ☐ Pictures ☐ Audio / video ☐

Other (please give details)

My medical needs

I have needs related to the following conditions or issues

Further details will be in my maternity notes

Epilepsy ☐ Diabetes ☐ Mental health ☐ Allergies ☐

Alcohol/Drugs ☐ Mobility ☐ Continence ☐ Hearing ☐

Eyesight ☐ Other (please give details)

About me and my pregnancy



My other needs

I would like the professionals who support me to know the following information about me:

This could be more information about you (for example your religion or ethnicity) and the things you enjoy, or it could be things you are worried about during your pregnancy

I would like the professionals who support me to know the information below about my family:

This could be information about your other children, or your partner and their needs related to your pregnancy

I would find it easiest to have appointments

At a quiet time of day ☐ In the morning ☐ In the afternoon ☐

Other (please give details) ☐

About me and my pregnancy



Please fill in the names of the people who support you

My main contact person

This could be your partner/co-parent, your parent, a friend or a support worker

Their name

Their contact details

Any other information you
would like to share about them

My partner/co-parent

If different from your main contact person

Their name

Their contact details

Any other information you
would like to share about them

Named midwife

Their name

Their contact details

About me and my pregnancy



Named obstetrician (doctor for the pregnancy)

Their name

.....

Their contact details

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GP

Their name

.....

Their contact details

.....

Health visitor

Their name

.....

Their contact details

.....

Advocate

The person who can support me to understand my choices and make decisions

Their name

.....

Their contact details

.....

Social worker

Their name

.....

Their contact details

.....

About me and my pregnancy



Children's services social worker

Their name

.....

Their contact details

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Next of kin

Their name

.....

Their contact details

.....

Other(s)

Their name

.....

Their contact details

.....

How they support me

.....

Their name

.....

Their contact details

.....

How they support me

.....

Their name

.....

Their contact details

.....

How they support me

.....

Getting ready for my baby



I have been supported in the following practical tasks

Please enter date when you were shown how to do the task, dates when you tried to do this yourself and whether you can now do this by yourself

Task	Date shown	I was shown by	1st try	2nd try	3rd try	I can do it by myself Yes or No
Holding and calming the baby						
Nappy changing						
Bathing						
Bottle feeding						
Breast feeding						
Changing clothes						
Belly button care						
Safe sleeping						

Antenatal Classes

I have discussed antenatal classes with my midwife Yes ☐ No ☐

I would like the following (give details)

I have booked antenatal classes Yes ☐ No ☐

I would like support to book antenatal classes Yes ☐ No ☐

Birth bag checklist

Get a few things ready at least 3 weeks before your due date
(you can discuss this with your midwife)

For yourself

- ☐ This maternity passport which includes your birth plan
- ☐ Comfortable clothes to wear during labour
- ☐ 3 changes of loose, comfortable clothes
- ☐ 2 or 3 comfortable and supportive bras, including nursing bras if you're planning to breastfeed – remember, your breasts will be much larger than usual
- ☐ Breast pads
- ☐ 2 packets of super-absorbent sanitary or maternity pads
- ☐ 5 or 6 pairs of knickers – you may want to bring some disposable ones
- ☐ Towels

- ☐ Your washbag with a toothbrush, hairbrush, flannel, soap, lip balm, deodorant, hair ties and other toiletries
- ☐ Things to help you pass the time and relax – for example, books, magazines, music or podcasts
- ☐ A fan or water spray to cool you down
- ☐ Front-opening or loose-fitting nighties or tops if you're going to breastfeed
- ☐ Dressing gown and slippers
- ☐ Healthy snacks and drinks
- ☐ Extra pillows
- ☐ A TENS machine if you intend to use one
- ☐ Any medicines you're taking

For your baby

- ☐ Bodysuits, vests and sleepsuits
- ☐ An outfit for going home in
- ☐ A hat, scratch mittens and socks or booties

- ☐ Plenty of nappies
- ☐ A shawl or blanket
- ☐ Muslin squares or bibs
- ☐ A car seat for the trip home

Other items

Content supplied by NHS - Birth bag checklist

I visited the labour ward Yes ☐ Date No ☐

I visited the Special Care Baby Unit Yes ☐ Date No ☐

I met my health visitor Yes ☐ Date No ☐

My birth plan



I have discussed my birth plan with my midwife Yes ☐ No ☐
I would like the following (give details)

This person will be supporting me during labour
(e.g. husband/partner, mother, friend, midwife, doula)

I have discussed the different forms of pain relief
I would prefer this form of pain relief during labour (give details)

**I am aware the pain relief given to me might have to change during labour,
but this will be explained to me.**

Other things which might help me during labour
(e.g. soft music, dim lights, a birthing ball)

My birth plan



Ways to reassure me (e.g. verbally, holding hands)

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Things I do not like (e.g. loud noise, too many people)

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.....

.....

.....

How I want to feed my baby (breast, bottle, or both)

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.....

.....

**Things that might help me after the birth
(e.g. side room if available, dim lights, quiet space, privacy)**

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.....

.....

The support I need



I have discussed any extra support I need with my midwife Yes ☐ No ☐

The support I need (this might be an advocate, postnatal classes, baby group, specialist support in the trust or community, or any other support)

.....

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.....

.....

.....

.....

I need help to get this support in place Yes ☐ No ☐

Other useful contacts



Elfrida Society Parent's Project

The Specialist Advocates for parents with Learning disabilities and or learning difficulties.

0207 359 7443

Mencap Learning Disability Helpline

0808 808 1111

Mind Infoline

0300 123 3393

Living Autism

To help you find autism services, autism advice and autism support

0800 756 2420

The Samaritans

116 123

Asylum Help UK

0808 801 0503

NHS

For life threatening emergencies

999

For other urgent medical problems

111

Useful local contacts

(discuss with your midwife)

The Maternity Passport was created by the Together Project (funded by NHS England and the National Institute for Health and Care Research) and a team of advisors including parents with learning disabilities and the health and social care professionals who support them on the journey to parenthood.

If you would like further details on the Together Project please contact:

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Faculty of Health & Medical Sciences

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Guildford

Surrey GU2 7YH

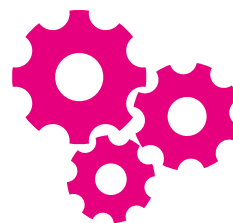
Email a.cox@surrey.ac.uk

Twitter [@annaclarecox](https://twitter.com/annaclarecox)

My appointments

Date	Time	Where	With who	Passport used
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
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				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Useful resources for parents



Other resources you might find useful

Having a baby book

Book to help parents-to-be with learning disabilities so they can think about what happens during pregnancy and childbirth.



CHANGE parenting collection

Easy read resources on parenting for people with learning disabilities, some are free and some for purchase.



Ready for parenthood website

A website of tips, advice and support for new parents.



Working Together with Parents Network

A website with resources to support parents with learning disabilities/difficulties and their children.



Ready for parenthood film

A short film providing tips, advice, and support for new parents and carers with audio, text and British Sign Language.



Easy-read screening info

Easy read guides on screening tests for you and your baby during and after pregnancy.



Baby Buddy app

A free app to support parents providing them with the knowledge, confidence and practical skills to look after themselves and their child.



Happy Baby Community

Support for pregnant women seeking protection in the UK.



Advocacy services

Elfrida Society Advocacy Services

Specialist Advocates for parents with Learning disabilities and or learning difficulties.



VoiceAbility

Providing people with advocacy in the UK.



Advocacy for All

Providing people with advocacy in the South East of England.





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