

# My Maternity Passport

## Patient and Carer Information



### Easy Read Information



Easy Read Patient Information Leaflets on the trust website can be accessed via the link below:

<https://www.wwl.nhs.uk/patient-information-leaflets?letter=E#>

Or scan the QR Code.

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Leaflet title: My Maternity Passport – Easy Read  
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**If I have to go to an appointment or to hospital this passport needs to go with me, it gives hospital staff important information about me.**

**A copy needs to go in my main pregnancy notes and a copy must be kept with my green hand held pregnancy notes.**

## My Personal Details

My Name is:

I like to be called:

My Date of birth is:

My age is:

My Unit Number is:

My NHS No. is:

My address is:

Post Code:

Telephone number:

My next of kin is:

The people named below are available to help me  
in my pregnancy:



My Care Package is:

<b>I live with ...</b>		
Family	<input type="checkbox"/>	
Carers	<input type="checkbox"/>	
I live alone	<input type="checkbox"/>	
<b>I live in a ...</b>		
House	<input type="checkbox"/>	
Bungalow	<input type="checkbox"/>	
Flat	<input type="checkbox"/>	
Residential Home	<input type="checkbox"/>	
Nursing Home	<input type="checkbox"/>	
Other (please state)		
My religion is:		
My religious requests are:		

## My Medical Information



My Doctor is:

Address:

Post Code:

Telephone number:

## Do I access my Annual Health Check offered by my Doctor

Information on Annual Health Checks given:

Yes

No

## How Do I take my medication



## A Brief Medical History (including past procedures)



## My Current Medical Conditions:



## My Allergies are



## How do I tell you that I am in pain

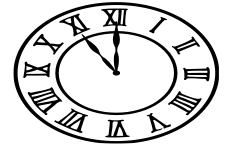


## What Reasonable adjustments do I need

Does someone need to stay with me in hospital

Yes

No



All of the time

Yes

No

Overnight

Yes

No

Details

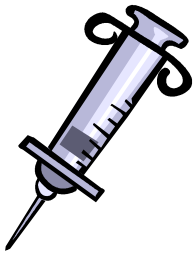
## How Best to Support Me



How to take my blood:



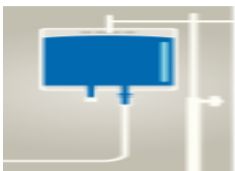
## How Best to Support Me



How to give me injections:



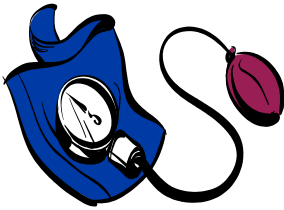
How to take my temperature:



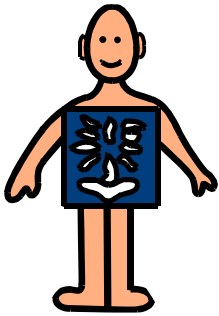
How to give me intravenous (IV) fluids (fluid through a drip)



## How Best to Support Me



How to take my blood pressure (e.g. what size of cuff do I need, do I need some reassurance)



How to give me an x-ray or scan:

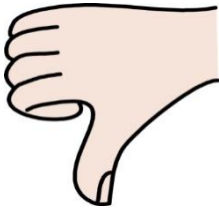
## My Likes



Things I like, what is important to me:

## My Dislikes

Things I don't like, what anxieties do I have:



## Sleep Pattern

What is my sleep pattern /sleep routine



## Risk



What is my understanding of risk, such as;

- ..... Would I take somebody else's medication
- Would I wander from the ward and not know how to get back

## Communication



How do I communicate

I use sign language

I speak

I use pictures and timelines

Other (please state)

## Hearing



Are there any issues with my hearing

Yes

No

## Eyesight



Are there any issues with my eyesight

Yes

No

## My Needs

### Eating

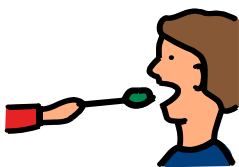


Do I have a special diet

Yes

No

### Eating



Does someone need to help me to be able to eat food

Yes

No

Do I feel confident to collect my own meals on the ward or does someone need to bring my meals to my bed

Yes

No

Details

## Drinking



Do I use a special cup

Yes

No

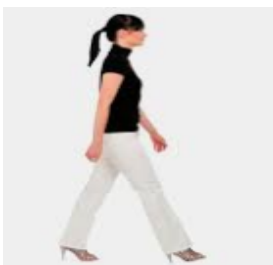
Do I need supervision

Yes

No

Other (please state)

## Mobility (How do I get around)



Am I able to move around without any help

Yes

No

Details





Do I need equipment to assist me to move around

Yes

No

Details

## Personal care- What help do I need



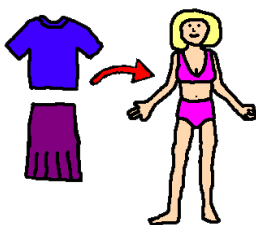
What support do I need to have a wash?



What support do I need to brush my teeth?



What support do I need to wash my hair



What help do I need to dress myself

What help do I need with periods/bleeding:

S	M	T	W	Th	F	S
*	*	*	*	P	P	P

Do I need help with sanitary towels



Do I need pain relief

Yes

No

How do I show that I need to use the toilet



Do I need help

Yes

No

Do I need incontinence pads

Yes

No

## Support for my baby

### What support do I need to care for my baby?

Easy read feeding guide

Yes

No

1-1 Help

Yes

No

Tour of the ward before admission

Yes

No

Someone to stay in hospital with me to help look after baby

Yes

No

Help with washing and changing baby clothes

Yes

No

Help with changing baby's nappy

Yes

No

Help with feeding baby?

Yes

No

## Additional Information

### **Useful phone numbers:**

Maternity ward 01942 778506

Delivery Suite 01942 778505

Safeguarding Team 01942 778600

Learning disability Liaison team 01942 483061

Designed for pregnant women who may benefit from reasonable adjustments during pregnancy and birth.

This document was created by WWL NHS Foundation Learning Disability Hospital Liaison Team/Named Midwife safeguarding, and the Accessible Communication Team.

This document acknowledges the use of symbols provided by: Anthony Hobson (self-advocate), [Pixabay](#) and [creativecommons.org](#)

# If you have anything to tell us



The Patient Relations/Patient Advice and Liaison Service (PALS) Department can give advice, information and support to patients, relatives, friends and carers.

## Contact us

You can contact us by:



- phone: **01942 822 376** (Monday to Friday 9am to 4pm)

- post:



**The Patient Relations/PALS  
Manager  
Wrightington, Wigan and Leigh  
Teaching Hospitals NHS Foundation  
Trust  
Royal Albert Edward Infirmary  
Wigan Lane Wigan  
WN1 2NN**



## Ask 3 questions

You should try to be included in decisions about your healthcare.

You might be asked to make choices about your treatment.

To help you decide, you should get the answers to these 3 questions:



- What are my options?
- What are the good things and bad things about each option?
- How do I get support to make the right decision for me?

## How we use your information



To find out how we collect, use and store your information, go to the Trust website: **[www.wwl.nhs.uk](http://www.wwl.nhs.uk)**