

Maternity Care Passport



Name _____ DOB _____ Date _____

This is your Care Passport for you to fill in and show to any health care professional involved in your treatment. You can make changes to it at any time and bring it to your appointments.

For Health Care Professionals: Please read my passport to better understand my care needs then return it to me. If anything isn't clear or you are aware of any aspects of my care that might benefit from adaptation to meet my needs, please discuss this with me.

Please let us know about any previous experience that you would like us to be aware of.

These are just some of the experiences that it may help us to know about.

Examples may be: recent bereavement, previous pregnancy loss, loss of a baby, previous complex pregnancy, complex/traumatic birth experience, complex postnatal recovery, your baby had or has health complications, you have a mental health problem, you are neuro-diverse, you have a physical illness or disability, or you may feel frightened of being pregnant or of labour.

What can maternity services do to help during your pregnancy?

Examples may be: you need someone with you at appointments, certain appointment times or venues are difficult, you need us to tell you exactly what is happening and why, you would like advice written down, the gender of the medical professional is very important to you or you would like a reminder of appointments.

Helpful contact details:-

Name	Relationship/Role	Number

Thank You for sharing

Maternity Care Passport



North East and North Cumbria
Local Maternity System



Thank You for sharing