

Affirming care plan

Patient information

This form helps healthcare workers understand how they can provide you with respectful and accommodating care through your perinatal journey. You can complete this form together, or you can take it home and complete it in your own time.

Please fee	el free to	include gen	der ider		oe, culti	f? ural backgrou ouns; I prefer		, ,	
			•			s your heal t signal you		•	er
On an av	verage o	lay, how n	nuch p	ain are you	in (pl	ease tick a	numbe	er)?	
None		Some pain		Moderate pain		High level of pain			Always in severe pain
1	2	3	4	5	6	7	8	9	10
	ple, whe		•	ou experie ain; what wo		iin. our pain; wha	t do you	find hel	pful in

contact to help? Name of person: Best way to contact the person: Alternative way to contact the person: ______ The postpartum period can be particularly tough. What has helped you cope with change or difficulty in the past? Emotional supports: _____ Environmental supports: People: _____ Information and resources needed: Anything else that has been helpful: _____ What else could your healthcare provider do to help you feel safe and supported? (For example, let me wait for our appointment in my car and text me to come in; allow me to wear headphones and move around during appointments; please provide me with information verbally and in written format.)

If you are overwhelmed or finding it challenging to communicate, who can we

Is there anything else important you would like your healthcare provider to know? (For example, needles cause me great distress; please allow me to put the gel on and wipe it off myself; I need extra extra time to process things.)
What I am excited about
What am I worried about
My birth plan/preferences (For example, dimmed lighting during labour; offer me TENS machine or water as first pain relief options; support person in attendance at all times; keep me informed with detail.)



