

# Pregnancy and birth information menu

## Advice and information for pregnancy, birth and beyond



We want to make sure that the information you receive is tailored to you and your family's individual needs. Below is a list of topics which you may want to know more about to help you understand your pregnancy and plan your care. Some topics will routinely be covered by your midwife or other healthcare professional.

You can find out about all of these topics and more on the Royal College of Midwives' Pregnancy and Birth Information Hub [www.rcm.org.uk/hub](http://www.rcm.org.uk/hub). Please tick the boxes below to show which topics you feel you know enough about already and which ones you would still like to discuss.

	I feel I already know enough about this topic	I would like to discuss this more	Signature of healthcare professional when topic discussed
<b>Information and support for your pregnancy</b>			
<b>Alcohol</b> and pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	_____
What to expect from your <b>Antenatal care</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Dental</b> health	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Diabetes</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Dietary</b> advice / Dietary supplements	<input type="checkbox"/>	<input type="checkbox"/>	_____
Need support for <b>Domestic abuse</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Exercise</b> in pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Information for <b>Fathers and birth partners</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Find out more about <b>Female Genital Mutilation</b> (FGM)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Immunisations</b> for pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Infections</b> in pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Interacting</b> with your baby before birth	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you or your partner have a <b>Learning disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional and <b>Mental health</b> in pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Support for <b>Miscarriage and stillbirth</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Baby's <b>Movements</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Pelvic floor</b> exercises	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Pregnancy conditions</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Need support for your <b>Relationship</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Screening tests</b> in pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you have experienced <b>Sexual abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Smoking and pregnancy</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Substance misuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Need <b>Support</b> with social, immigration, housing, or financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you're a <b>Teenager</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concerns about <b>Trafficking</b> or about forced marriage	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Travelling** when pregnant

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If you are having **Twins** or more

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**Weight management**

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**Working / employment** issues

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## Information and support for your birth

**Birth / parenting preparation**

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**Caesarean** birth

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**Choosing** where to have your baby

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**Complementary** therapies

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**Induction** of labour

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**Pain relief** in labour

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Having a **Positive birth**

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If your baby is born **Prematurely** or is in special care

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**Vaginal birth after caesarean (VBAC)** and previous birth experiences

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## Information and support for after your birth

**Bed sharing / safe sleeping**

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**Contraception**

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**Exercise** after pregnancy

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**Feeding** your baby

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**Immunising** your baby

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**Interaction** with your baby after birth

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Your **Mental health** after your birth

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**Recognising** if your baby is unwell

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**Recovery** after birth

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**Safety** at home and in the car

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**Tongue tie**

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Please sign here to confirm that the information you requested has been discussed with you:

Print name \_\_\_\_\_ Signature \_\_\_\_\_



Promoting · Supporting · Influencing

Visit [www.rcm.org.uk/publichealth](http://www.rcm.org.uk/publichealth) for more information.

