

CHILDBIRTH PREPARATION AND SUPPORT TOOL

Information for Health Care Providers

The attached *Childbirth Preparation and Support Tool* was created for health care providers to use with their patients who might require extra support during pregnancy and childbirth. Examples include individuals who are experiencing a combination of challenges with their mood, behaviour, interpersonal relationships, learning and employment.

This tool aims to help providers learn more about individuals with complicated emotional and behavioural presentations that are often misdiagnosed and misunderstood. Our system tends to support these complex needs through a mental health and trauma lens. However, the more obvious presenting difficulties, which may be more clearly identified while exploring this tool, are often further complicated by hidden symptoms that can be supported by understanding the life-long effects that neurodevelopmental disabilities have on the brain.

These symptoms are commonly found in people experiencing:

- The implications of prenatal exposures to alcohol and other substances
- Fetal alcohol spectrum disorder (FASD)
- Attention-deficit/hyperactivity disorder (ADHD)
- Learning disabilities
- Post-traumatic stress disorder (PTSD)
- Autism spectrum disorder (ASD)

This tool also facilitates deeper conversations and collects detailed information to identify symptoms and needs while developing support plans related to:

- Medical and sensory issues
- Communication
- Memory
- Anxiety and stress
- Personal safety and relationships
- Finances
- Housing
- Parenting and postpartum support

It is important to note that many people with FASD are often misdiagnosed. The prevalence rate of FASD is 4% of the Canadian population, which is higher than autism spectrum disorder, cerebral palsy, and Down syndrome combined (2018, Harding et al).

This tool will be helpful to anyone who is marginalized and is meant to augment existing perinatal forms and screening tools. It should be completed with the parent-to-be and a health care team member. We suggest that a copy be given to the patient to have with them at medical appointments. If possible, keep a copy in the patient's medical records or Ontario Perinatal Record.

Note: Many health and social service providers are unfamiliar with or have had minimal training regarding the implications of prenatal alcohol exposure (PAE) and FASD across the lifespan, and therefore, may not always screen accurately. The Province of Ontario understands this and has committed to providing broad service provider training to improve outcomes while working to raise awareness and prevention efforts (the link to the full [press release](#) can be found in the References section on page 13 of this document).

For any questions about the use of this form, please contact: Health Nexus at info@healthnexus.ca or 1-800-397-9567.

CHILDBIRTH PREPARATION AND SUPPORT TOOL

Information for Parents-to-be Preparing for Their Baby

Congratulations! You are about to have a baby! This can be both an exciting and stressful time for you and your circle. We wish you all the best!

We have created this tool to help you and your health care team (doctor, nurse, midwife, obstetrician, social worker, etc.) understand what will make your childbirth experience as good as it can be. We know that some of us have unique and sometimes complicated mental health, sensory, learning, and organization/planning needs. Your health care team thought that this tool may help.

This tool:

- Will be kept confidential and be shared with your health care team only.
- Will be helpful to everyone and especially for people with needs that are not always visible or easily understood.
- Is meant to add on to the forms and records that people need to prepare for childbirth, e.g., medical records, screening tools.
- Should be completed together with your health care team.
- Should go home with you so you can take it with you to appointments and classes that help you prepare for childbirth.

For any questions about the use of this form, please contact: Health Nexus at info@healthnexus.ca or 1-800-397-9567.

I AM HAVING A BABY, AND THESE ARE SOME THINGS THAT MY HEALTH CARE PROVIDERS SHOULD KNOW

Name: _____ Date of Birth: _____

Pronoun: _____ Preferred Language: _____ Contact number: _____

Family Doctor: _____ Due Date: _____

1. Support person(s)

I will do better with a support person who knows me well and who can stay with me because:

(Check all that apply)

- New experiences and places sometimes worry me.
- This will help me to stay calm and keep me feeling safe.
- This will help me say what I need to say.
- They can clarify things that I might not understand.
- This will help me remember things that are important.

The person who is going to support me during my pregnancy and hospital or birth centre stay while I have my baby is:

(I know that this may not be possible due to changing policies to keep us safe during the COVID-19 pandemic)

Support person's name: _____

Contact number: _____

Alternate support person's name: _____

Contact number: _____

Other people (e.g., support worker) that may help me (either in-person or virtually during the COVID-19 pandemic) during my pregnancy, with my hospital stay, and with a coordinated support plan are:

Agency Name: _____

Support Person's Name: _____

Contact number: _____

Agency Name: _____

Support Person's Name: _____

Contact number: _____

2. Medical

I have the following health issues that may affect the way I cope with labour, birth, and after the baby comes: *(Check all that apply; Provider: please refer to antenatal record for full medical history)*

- | | |
|---|---|
| <input type="checkbox"/> Feeling tired a lot. | <input type="checkbox"/> Feeling down or depressed. |
| <input type="checkbox"/> Feeling low energy a lot. | <input type="checkbox"/> Worrying a lot. |
| <input type="checkbox"/> I have a lot of pain:
<input type="checkbox"/> Stomach pain
<input type="checkbox"/> Headaches
<input type="checkbox"/> Other pain: _____ | <input type="checkbox"/> Sleep problems: _____ |
| <input type="checkbox"/> Substance use issues now or before, e.g., alcohol or drug use. | <input type="checkbox"/> Eating and body image issues. |
| <input type="checkbox"/> Abuse or trauma now or before, e.g., sexual assault, child abuse. | <input type="checkbox"/> Trouble paying attention or losing track of what is around me. |
| | <input type="checkbox"/> Difficulties with learning or understanding. |
| | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> I have attached a list of medications I currently use. |

3. Sensory

I may have hidden sensory needs, for example: *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Bright lights are uncomfortable, so please dim them if possible. | <input type="checkbox"/> High-pitched sounds or low tones and vibrations that may not bother other people often bother me, so please limit the beeping sounds if possible or remind me that ear plugs may help. |
| <input type="checkbox"/> Busy and fast movements are difficult for me. Try not to rush me unless it is an emergency. | <input type="checkbox"/> Sometimes I can feel a lot of pain. How much pain I can handle may change quickly. |
| <input type="checkbox"/> Cluttered spaces and lots of people around me can make me anxious, so help me manage clutter in my space, and visitors if they are allowed. | <input type="checkbox"/> Sometimes I feel too hot or too cold. My preferred room temperature may change quickly. |
| <input type="checkbox"/> I have a hard time swallowing some foods and drinks due to temperature, texture, spice, etc. | <input type="checkbox"/> The feeling of water on my body and the smell of soap and lotions can be uncomfortable, making bathing hard even though I know it is important. |
| <input type="checkbox"/> Brushing my teeth can be very uncomfortable, painful, or make me gag. | |

4. Communication

You may have to communicate a little differently with me because: *(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Sometimes I do not understand facial expressions and body language. | <input type="checkbox"/> I understand better when you speak clearly with pauses. |
| <input type="checkbox"/> Sometimes I see things you did not expect me to notice. | <input type="checkbox"/> I appreciate it when you check if I understand. |
| <input type="checkbox"/> I have some vision impairments: _____ | <input type="checkbox"/> I have trouble understanding or remembering what is said to me. Sometimes people think I understand more than I do. |
| <input type="checkbox"/> I have some hearing impairments: _____ | <input type="checkbox"/> It can be hard for me to explain what I am feeling or thinking. |
| <input type="checkbox"/> I can be very sensitive, and if I think you are angry or disappointed, I may mirror your feelings towards me. | <input type="checkbox"/> I can follow clear rules well and I appreciate lists, pictures, videos, and demonstrations. |
| <input type="checkbox"/> I do not always understand jokes or know that people are teasing. | <input type="checkbox"/> Other ways to help me understand important things:

_____ |
| <input type="checkbox"/> I cannot always transfer what I know to a new but similar situation. | |

5. Memory

Sometimes I have problems with my memory. I may need you to remind me and remain patient with me. For example: *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Sometimes I get things mixed up, and I worry more than I need to, but I do not do it on purpose. | <input type="checkbox"/> I can often remember things very well, and other times my memory is not very good. Sometime people think I am lying about what I remember, but I am not. |
| <input type="checkbox"/> I do better with visual reminders. Things that help me are lists, instructions with pictures, and videos. | <input type="checkbox"/> Other: _____ |

6. Anxiety and Stress

New experiences can make me feel anxious. You can help me by being calm and patient. For example: *(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> I may overthink and have a hard time stopping the idea I have in my head (i.e., my thoughts can get stuck). | <input type="checkbox"/> Sometimes I worry about things that are not likely going to happen or have not happened as I thought they did. |
| <input type="checkbox"/> Sometimes my heart feels tight and I have panic attacks that scare me. | <input type="checkbox"/> Sometimes I worry about things I remember happening to me, but other people don't remember it happening that way. |
| <input type="checkbox"/> My worry and stress often look like anger, and sometimes I have trouble controlling my emotions. | <input type="checkbox"/> Other: _____

_____ |
| <input type="checkbox"/> Sometimes I get irritable and frustrated quickly. It helps to give me space, and to remain calm with me. | |

7. Personal Safety and Relationships

Most of the time, I really like and trust most people. I want to be helpful and kind. Sometimes others may take advantage of me by: *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Living with me even though I do not want them to. | <input type="checkbox"/> Convincing me to do things that I know I should not do. |
| <input type="checkbox"/> Taking money or things from me even though I do not have very much. | <input type="checkbox"/> Yelling at me or hurting me emotionally and/or physically. |
| <input type="checkbox"/> Eating my food and drinking my beverages. | <input type="checkbox"/> Other _____ |

8. Financial

Managing my money can be challenging for me. Right now: *(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> I have a partner or spouse who works or helps to pay the bills. | <input type="checkbox"/> I get support from Developmental Services Ontario (DSO). |
| <input type="checkbox"/> I live with my parents and they help to support me. | <input type="checkbox"/> I get support from Ontario Disability Support Program (ODSP). |
| <input type="checkbox"/> I have trouble making ends meet at the end of the month. | <input type="checkbox"/> I get support from Ontario Works (OW). |
| <input type="checkbox"/> I have a paid job. | <input type="checkbox"/> Other _____ |

9. Housing *(Check all that apply)*

- I have safe housing with room for my new baby.
- I worry about where I am going to live.
- I would like some additional help to find safe housing with room for my growing family.

10. Postpartum Mental Health

I understand that it is normal to feel anxious about being a (new) parent and that asking for help is okay. I also know that because I have a complicated brain, I may be more likely to struggle with my mental or emotional health (e.g., postpartum depression or anxiety). Right now:
(Check all that apply)

I feel good and confident in my parenting abilities. I struggle with mental health or substance use issues.
 I struggle with adjusting to being a parent. I have recently thought about suicide and/or hurting myself.

11. Postpartum and Parenting Support

I know, I can access a number of supports: *(Check all that apply)*

My family is very supportive. My main support will come from: _____, and they can be reached at _____.
 I can get support for my mental health from the Canadian Mental Health Association. (<https://ontario.cmha.ca/documents/are-you-in-crisis/>)
 I can learn more about parenting at an EarlyON Child and Family Centre. (<https://www.ontario.ca/page/find-earlyon-child-and-family-centre>)
 I can get extra help and support when I am worried about my parenting ability from my local Children’s Aid Society or Indigenous Child and Family Well-being Agency. (<http://www.oacas.org/childrens-aid-child-protection/locate-a-childrens-aid-society/>)
 I can learn about community supports from my local Public Health Unit. (<http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>)
 I can learn about community supports from my local Indigenous Friendship Centre. (<https://ofifc.org/>)

If I am...	I show it by...	You can help me by...
Scared or worried		
In pain or uncomfortable		
Sad or lonely		
Angry or frustrated		

Some other things that you should know about me as I prepare to have my baby:

Other things I may need more support with and help to prepare for (e.g., emergency c-section, COVID-19 restrictions, if the baby needs help breathing, etc.):

MORE RESOURCES FOR PARENTS (TO-BE) AND CAREGIVERS

COVID-19
<p>COVID-19 guidance: labour, delivery and newborn care</p> <p>http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_labour_delivery_newborn_guidance.pdf</p>
<p>How to feed an infant during COVID-19</p> <p>https://resources.beststart.org/wp-content/uploads/2020/06/V04-E.pdf</p>
<p>Information on planning for birth during the pandemic</p> <p>https://resources.beststart.org/wp-content/uploads/2020/06/V02-E.pdf</p>
<p>Labour support and recommendations during COVID-19</p> <p>https://resources.beststart.org/wp-content/uploads/2020/06/V01-E.pdf</p>
<p>Pandemic pregnancy guide for pregnant women to ask questions about COVID-19's effects on themselves and their babies through Instagram and Twitter: @PandemicPreg on Twitter</p> <p>https://www.obgyn.utoronto.ca/news/pandemic-pregnancy-guide-2020</p>
<p>Pregnancy care guideline</p> <p>https://www.pcmch.on.ca/wp-content/uploads/2020/10/COVID-19-Pregnancy-Care-Guideline-FINAL-1.pdf</p>
<p>Maternal-neonatal COVID-19 general guideline</p> <p>https://www.pcmch.on.ca/wp-content/uploads/2020/10/MatNeo-COVID-19-Guide_OCT222020.pdf</p>
<p>Recommendations when a baby is in the NICU during the pandemic</p> <p>https://resources.beststart.org/wp-content/uploads/2020/06/V03-E.pdf</p>

Disability Supports
<p>A cross-disability network for parents and prospective parents with disabilities in Toronto</p> <p>https://www.cilt.ca/programs-and-services/parenting-with-a-disability-network/</p>
<p>HCARDD website</p> <p>https://www.porticonetwork.ca/web/hcardd</p>

Information about a person-centred approach to care https://ddprimarycare.surreyplace.ca/guidelines/general-health/person-centered-approach-to-care/
Surrey Place Parenting Enhancement Program https://www.surreyplace.ca/programs-services-2/specialized-programs-and-services/

FASD and alcohol exposure
Information about the impact of prenatal exposure to alcohol and FASD. This site includes a searchable directory of resources, events and services. https://www.fasdinotsaf.ca/en/
Overlapping behavioural characteristic of FASD and related mental health diagnosis in children https://www.proofalliance.org/wp-content/uploads/2015/09/Overlapping-Characteristics-4-29-2016.pdf

Mental health
Checklist for symptoms of depression or anxiety during pregnancy or postpartum https://resources.beststart.org/product/m07b-pregnancy-and-life-with-a-new-baby-bilingual-handout/
Mental health screening tools, resources, and links to local services https://www.ementalhealth.ca/

Parenting
A guide to postpartum https://resources.beststart.org/product/your-guide-to-postpartum/
Breastfeeding guide https://resources.beststart.org/product/b20e-my-breastfeeding-guide-booklet/
Tips for parents on healthy brain development https://resources.beststart.org/product/k46e-tips-for-parents-brain-development-for-parents/

Services in your community

Find an EarlyON Child and Family Centres

<https://www.ontario.ca/page/find-earlyon-child-and-family-centre>

Indigenous Friendship Centres

<https://ofifc.org/>

Public health services in your community

www.health.gov.on.ca/en/common/system/services/phu/locations.aspx

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