

what is bedrest?

Date: _____

what can i do right now?

activity level

- ☐ Maintain a normal activity level
- ☐ Slightly decrease activity level
- ☐ Greatly decrease activity level

working outside the home

- ☐ Maintain my full-time job
- ☐ Work part-time _____ hours
- ☐ Work in my home _____ hours
- ☐ Stop work completely

Why: _____

working inside the home

- ☐ Decrease housework including:
 - ☐ Heavy lifting (laundry, vacuum)
 - ☐ Preparing meals (standing on feet for a prolonged period of time)
- ☐ Other: _____

Why: _____

- ☐ May use laptop or bedside computer
- ☐ May sit at computer/desk

child care

- ☐ Care for other children as usual
- ☐ No lifting children
- ☐ Have caretaker watch active toddler/children

Why: _____

outside stress influences

- ☐ Visitors in home okay
Duration of visits? _____
- ☐ Restriction on types of movies, books?
(i.e. violent or stress producing)

mobility

- ☐ Continue normal mobility
- ☐ Limit mobility (sit down frequently)
- ☐ Lie down each day _____ hours
- ☐ Recline all day (propped up)
- ☐ Lie down flat all day (on side?)
- ☐ May climb stairs _____ times per day

- ☐ May take a shower/wash hair
Time limit _____
Times per week _____
- ☐ May take bath/wash hair
- ☐ May eat lying down
- ☐ May eat sitting up
- ☐ May eat sitting at table

Why: _____

driving

- ☐ May drive a car
 - ☐ As needed.
- ☐ May be a passenger in a car
Frequency: _____
- ☐ May not ride in a car, except to doctor
 - ☐ Sitting up/laying down

Why: _____

bathroom privileges

- ☐ May use bathroom normally
- ☐ Should actively avoid constipation.
How/Treatment: _____

- ☐ Should use bedpan only
- ☐ May use bedside commode

sexual relations

- ☐ May continue normal sexual relations
- ☐ Should avoid sexual intercourse
- ☐ Should avoid all types of relations which stimulate female orgasm
- ☐ May have occasional sexual relations.
How often? _____

maintenance of pregnancy

- ☐ Should monitor fetal activity
_____ hours each day by hand,
counting movements
- ☐ Should monitor for contractions
_____ hours daily

home care

- ☐ Should call perinatal nurse _____ times a week
- ☐ Should use home uterine monitor
- ☐ Should use infusion therapy
Type _____
Purpose _____

- ☐ Should take medication
Type: _____
Times daily/dosage: _____
Reason: _____

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Type: _____
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Reason: _____

- ☐ Special dietary rules: _____

- ☐ Decrease caloric intake
- ☐ Increase caloric intake
- ☐ Should take supplements
Type: _____
Times daily/dosage: _____
Reason: _____

what i might expect in the future

- ☐ May need to self-monitor fetal activity
- ☐ May need to use a home uterine monitor
- ☐ May need to take labor-inhibiting drugs
- ☐ May need to have a cervical stitch put in
- ☐ May need to stay in hospital
- ☐ May need to have amniocentesis
- ☐ May need to have sonograms/ultra-sounds
How frequent? _____
- ☐ May need to visit OB/GYN more frequently than normal.
How frequently? _____
- ☐ May need to visit a high-risk specialist (Perinatologists)
- ☐ May need diagnostic test if vaginal fluid is pres
When: _____

hospital bedrest

- ☐ May need to have a blood sugar screening
When: _____
- ☐ May need to have a Non-Stress Test
When: _____
- ☐ May need to have a Stress Test
When: _____
- ☐ May need steroid treatment for baby's lung development
When: _____
- ☐ May need diagnostic test if vaginal fluid is present (AmniSure test) or conventional clinical assessment.

if problems arise

- ☐ At what point should I contact my OB/GYN? _____
- ☐ Which hospital should I go to in case of emergency? _____

- ☐ Names of Neonatologist/Pediatricians to consult? _____

- ☐ If needed, where would my baby be hospitalized? _____
- ☐ What is the possibility of a cesarean section? _____

additional instructions

Doctor's Office # _____
After Hours # _____
Other doctors that might be on call

Other Emergency # _____

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what position do i have to be in?

- ☐ Trendelenburg (head lowered)
- ☐ On side (left or right?) _____
- ☐ Eggcrate mattress available in hospital

do i have to use a bedpan?

- ☐ Yes ☐ No
- ☐ Can I use a bedside commode?
☐ Yes ☐ No
- ☐ Private room recommended
- ☐ Arrangements can be made for spouse or friend to sleep in my room

personal hygiene

- ☐ Can I take a shower?
☐ Yes ☐ No
- ☐ Can I take a bath?
☐ Yes ☐ No
- ☐ Do I have to take a bed sponge bath?
☐ Yes ☐ No
- ☐ Can I get out of bed to wash my hair?
☐ Yes ☐ No

mobility

- ☐ Can I walk the halls?
☐ Yes ☐ No
Frequency: _____
- ☐ Can I walk in my room?
☐ Yes ☐ No
Frequency: _____
- ☐ Can I sit in the chair in my room?
☐ Yes ☐ No
Frequency: _____
- ☐ Can I use wheelchair in hospital?
☐ Yes ☐ No
Frequency: _____

treatments, tests, technologies

- ☐ Medications for preterm labor
 - ☐ kind: _____
 - ☐ side effects: _____
 - ☐ IV or pill? _____
- ☐ kind: _____
- ☐ side effects: _____
- ☐ IV or pill? _____
- ☐ Fetal fibronectin (fFN) test
 - ☐ when? _____
- ☐ Monitoring used for
 - ☐ fetal movement
 - ☐ contractions
 - ☐ blood test/blood sugar
- ☐ Ultrasound
 - ☐ How often? _____
- ☐ Sleep medication as needed

Date: _____

- ☐ Laxative as needed
- ☐ Antacid as needed

visitors

- ☐ Can I have visitors?
☐ Yes ☐ No
Who can visit? _____

- ☐ Recommended hours per day _____
How many people can visit at a time? _____
- ☐ If I am admitted to the labor room, who can visit? _____

- ☐ Who can be present in the delivery room? _____

consults

If appropriate, should I see:

- ☐ Physical Therapist
- ☐ Neonatologist
- ☐ Social Worker
- ☐ Dietician
- ☐ Hospital Support Group
- ☐ Clergy
- ☐ Other _____

available for patients in hospital

- ☐ VCR/DVD Player
- ☐ General Entertainment Videos/DVD's
- ☐ Childbirth/Childcare Videos/DVD's
- ☐ Book Cart – general/low stress
- ☐ Books on Pregnancy Complications
- ☐ Crafts
- ☐ Laptop Computer
- ☐ Special dietary Menu
- ☐ Sidelines National Support Network's Patient Hospital Binder

- ☐ Other Directions _____

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