

Limit relations to no more than
____times/month
No sexual intercourse
No relations which cause female orgasm
Nothing in vagina
Why?_____

Other instructions

Drink _____ounces/liters of fluid/day
Count fetal movements every day _____
Do not smoke cigarettes
Do not drink alcohol, beer, wine, liquor,
malt liquor, whiskey, etc.
Home uterine monitoring_____

Medications_____

_____times/day

_____dosage

Reason:_____

Call the doctor or clinic for
____contractions in ____minutes
Doctor or clinic phone
number_____

Visiting nurse

Phone
number_____

**Please share this guideline with your
family and/or employer**



Your Pregnancy and Bedrest



Many women with high risk pregnancies are told by their health care providers that they need "bed rest."

What exactly does this mean? In order to determine what your doctor intends, take this brochure to your health care provider and discuss it with him or her.

I Require Bedrest Because:

Answer yes or no

1 Activity Level

Keep doing normal activities _____

Decrease activity a little _____

Decrease activity a lot _____

How much? _____

Is exercise OK? (aerobics, tennis, golf, walking, swimming?) _____

2. Working Outside the Home

Keep working full time _____

Work part-time _____ hours/day

Work at home _____ hours/day

Stop work completely because:

3. Working Inside the Home

Do all the housework _____

Light housework only, no lifting anything heavier than _____ pounds _____

No laundry, moving furniture, lifting children, lifting groceries _____

Preparing meals _____

Standing on feet for more than 1/2 hour _____

Scrubbing bathrooms, floors _____

Other: _____

Why: _____

4. Child Care

Care for children as usual _____

No lifting children _____

Have someone else care for active toddler _____

Have someone else care for all your children _____

Why? _____

5. Getting Up and Around

Continue getting up and around as usual _____

Sit down at least _____ minutes every hour

Lie down _____ hours/day

Recline all day with feet up _____

Lie on side all day _____

May walk stairs _____ times/day

Stairs forbidden _____

May take shower, wash hair _____

May eat lying down _____

May eat sitting up in bed _____

May eat at table _____

Why? _____

6. Driving

May drive a car _____

May ride in car _____ times/week

May only ride in car for doctor/clinic visits _____

Why? _____

7. Bathroom

May use bathroom normally _____

Avoid constipation.

Use _____

Must use bedpan _____

Why? _____

8. Sexual Relations

Normal sexual relations _____