

PREGNANCY AND LABOR



PALABRAS CLAVE



NOUNS	PRONUNCIACION	SIGNIFICADO
Pregnancy	pregnanci	Embarazo
Birth	brth	Nacimiento
Baby	beibi	Bebé
Delivery	deliveri	Parto
Labor	leibor	Trabajo de parto
Contraction	contracshen	Contracción
Hospital	jospiral	Hospital
Midwife	miduaif	Partera
Obstetrician (O.B.GYN)	ou bi lli uai en	Obstetra
Doctor	doctor	Médico
Ultrasound	altrasaund	Ecografía
Due date	du deit	Fecha de parto
Maternity	materniri	Maternidad
C-section (Cesarean section)	ci-secshen	Cesárea
Doula	dula	Doula
Prenatal care	prineiral ker	Atención prenatal
Postpartum	postpartum	Postparto
Water breaking	uater breiking	Ruptura de aguas
Epidural	epidural	Epidural
Breastfeeding	brestfiring	Lactancia

PALABRAS CLAVE



ADJECTIVES

Pregnant

Healthy

Full-term

Premature

Safe

Natural

Complicated

Painful

Comfortable

Tired

Nervous

Excited

Calm

Strong

Emotional

Ready

Sensitive

PRONUNCIACION

Pregnant

jelthy

Full-term

Prematur

Seif

Natural

Complikeired

Peinfu

Comfortable

Taierd

Nerves

Exsaired

Calm

Strong

Emoushenel

Redi

Sensitiv

SIGNIFICADO

Embarazada

Saludable

A término completo

Prematuro

Seguro

Natural

Complicado

Doloroso

Cómodo

Cansada

Nerviosa

Emocionada

Tranquila

Fuerte

Emocional

Lista

Sensible

PALABRAS CLAVE



VERBS

Give birth
Labor
Deliver
Constrict
Push
Breathe
Check
Monitor
Examine
Help
Feed
Recover
Relax
Prepare
Wait
Feel
Scream
Visit
Rest
Breastfeed

PRONUNCIACION

Give brth
Leibor
Deliver
Constrict
Push
Brith
Check
Monitor
Examin
jelp
Fid
Ricober
Rilax
Priper
ueit
Fil
Scrim
Visit
Rest
Brestfid

SIGNIFICADO

Dar a luz
Estar de parto
Dar a luz
Contraer
Empujar
Respirar
Comprobar
Monitorear
Examinar
Ayudar
Alimentar
Recuperarse
Relajarse
Prepararse
Esperar
Sentir
Gritar
Visitar
Descansar
Amamantar



Pregnancy Test Vocabulary.

Pregnancy Test - Prueba de embarazo

Positive - Positivo

Negative - Negativo

Ultrasound - Ecografía

Late Period - Retraso en el periodo

Home Pregnancy Test - Prueba de embarazo en casa

Expecting - Esperando

Results - Resultados

Conception - Concepción

Due Date - Fecha de parto



Gender Reveal Vocabulary.

Gender Reveal - Revelación de género

It's a boy! - ¡Es un niño!

It's a girl! - ¡Es una niña!

Surprise Gender - Género sorpresa

Twins - Gemelos

Revelation Party - Fiesta de revelación

Expecting a child - Esperando un hijo

Baby Shower - Fiesta de bienvenida al bebé

Announcement - Anuncio

Celebration - Celebración



First Appointment Vocabulary

First Prenatal Appointment - Primera cita prenatal

Obstetrician - Obstetra

Check-up - Chequeo

Ultrasound - Ecografía

Blood Tests - Análisis de sangre

Prenatal Care - Atención prenatal

Heartbeat - Latido del corazón

Doctor - Médico

Waiting Room - Sala de espera

Examination - Examen

Diabetes-Diabetes



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Labor Day Vocabulary.

Labor - Trabajo de parto

Contractions - Contracciones

Water Breaking - Ruptura de aguas

Epidural - Epidural

Delivery Room - Sala de partos

Push - Empujar

Breathing Techniques - Técnicas de respiración

Pain Relief - Alivio del dolor

Baby - Bebé

Doctor/Nurse - Médico/Enfermera



Postpartum Vocabulary.

Postpartum - Postparto

Breastfeeding - Lactancia

Recovery - Recuperación

Rest - Descanso

Check-up - Chequeo

Hormonal Changes - Cambios hormonales

Mood Swings - Altibajos emocionales

Stitches - Puntos

Baby Care - Cuidado del bebé

Support - Apoyo

Situación.

Check in at the hospital

Receptionist: Good morning! How can I help you today?

Patient: Hi, I'm here to check in for my delivery. My name is [Name].

Receptionist: Great, [Name]. Can I have your ID and insurance information, please?

Patient: Sure, here are my ID and insurance card.

Receptionist: Thank you. I see you're in labor. How far apart are your contractions?

Patient: They're about five minutes apart now.

Receptionist: Alright, I'll let the nurse know you're here. Please follow me to the delivery room.

Patient: Thank you. I'm nervous but excited.

Receptionist: Don't worry, everything will be fine. We'll take good care of you.

Patient: I appreciate it.

EXTRA

Maternity Pre-admission Form

Personal Information:

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Obstetric History:

Are you currently pregnant with your first baby? ☐ Yes ☐ No

If No, how many pregnancies have you had? _____

Do you have any previous medical conditions or complications during pregnancy? ☐ Yes ☐ No

If Yes, please explain: _____

Medical Information:

Primary Care Physician: _____

Obstetrician's Name: _____

Hospital of Choice: _____

Insurance Provider: _____

Insurance Policy Number: _____

Preferred method of delivery: ☐ Vaginal ☐ Cesarean ☐ No preference

Labor and Delivery Preferences:

Do you have a birth plan? ☐ Yes ☐ No

If Yes, please attach a copy of your birth plan.

Do you plan to use pain relief options? ☐ Yes ☐ No

If Yes, please specify: _____

Will you be having a support person during labor? ☐ Yes ☐ No

Name of Support Person: _____

Health Information:

Have you ever had any surgeries or medical conditions that may affect your pregnancy or delivery? ☐ Yes

If Yes, please describe: _____

Allergies (medications, food, or other): _____

Do you take any regular medications? ☐ Yes ☐ No

If Yes, please list them: _____

Postpartum Preferences:

Do you plan to breastfeed? ☐ Yes ☐ No ☐ Undecided

Do you prefer a private room? ☐ Yes ☐ No

Would you like your newborn to stay in your room after birth (rooming-in)? ☐ Yes ☐ No

Consent for Admission:

By signing below, I consent to pre-admission and delivery at the hospital chosen above. I confirm that the in

Signature of Patient: _____

Date: _____

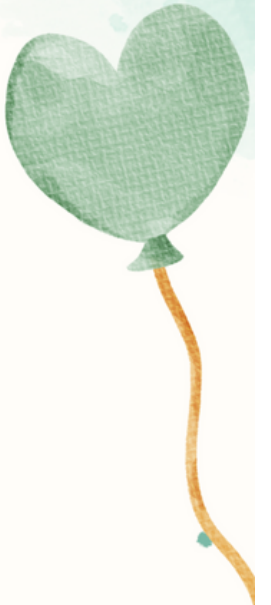
Signature of Witness (if required): _____



Please join us for a



BABY SHOWER



Honoring
ERIKA WARNER

Saturday | July 27 | 4pm

123 Anywhere St., Any City

RSVP to 123.456.7890



Hello Baby



JACK RICHARDS

ARRIVED 11 JUNE, 2030
AT 6LBS 12 OZ | 13 IN