Patient label

- Only one nominated person is permitted to stay and children may not stay overnight.

- Please remember that Maternity is a place for the care, wellbeing and protection of women and babies.

- You will be issued with an identification bracelet, which must be worn during your stay for security purposes. We will supply, a mattress, 2 sheets, a blanket and a pillow (where possible) for your stay.

- You will need to supply your own food. Tea/coffee/milo/water is available in maternity for inpatients and you as a support person. The hospital café is also available and open during the day.

- If your partner/whanau member has a room with a shared shower/toilet, you MUST NOT use the bathroom. Staff will show you where the visitor’s toilets are. You will be expected to go home for showers. For those who live out of town a shower in the whanau room in the main hospital may be available – please ask a member of staff.

- With your right to support your loved ones, comes your responsibility to respect the facility, the equipment and the people working here. Please keep entrances to the room and toilet clear and prop mattress up against the wall when not in use.

- Please be considerate of other women and staff in the unit and dress appropriately.

- Staying overnight shows your willingness to help your partner with the baby. If your partner needs assistance, please ring the bell.

- If your baby is cared for in the neonatal unit, you may still be able to stay with your partner.

- All exterior doors will be locked at 8pm. Please DO NOT let others into the unit after that time, and move around the unit as little as possible to reduce noise and disturbance of others.
Hauora Tairawhiti has a smokefree policy – if you wish to smoke you must leave the hospital grounds to do so. It would be appreciated if you do not leave the unit after 8 pm.

Your failure to abide by this agreement will result in you being asked to leave the premises by Hauora Tairawhiti staff or Security Services.

You are requested to sign below that you have read and understood this document.

Staff member: ____________________________

Support person: ____________________________

Date:....../...../.....

Original to woman’s notes, copy to support person

Date of Approval: 05/05/2017
Next Review Date: 05/05/2020