Government of Western Australia
Department of Health

National Woman Held Pregnancy Record

Australian Health Ministers' Advisory Council

Copyright Department of Health & Ageing

National Woman Held Pregnancy Record

Confidential Medical Record

Affix unique patient identification label in this box
U.R:……
Surname:……
Given Name:……
Second Given Name:……
D.O.B:……

Please take care of this Record as it may be the only official record of your pregnancy. You should bring this Record with you when you visit any health care professional. It is best to carry the Record with you at all times. (If you don't want to carry your Record, tell your midwife or doctor). The Record will be stored by the hospital or your lead maternity provider at the end of your pregnancy (you may request a copy).

For URGENT Telephone advice call: ……(maternity provider should complete)
Please remember in an EMERGENCY call: 000

Intended place of birth

Intended place of birth: …… / /……
Intended place of birth changed to: …… / /……. Reason……

Model of Care (✓)

Midwife ( ) **Shared care ( )**
GP ( ) **Private obstetrician ( )**
Collaborative care ( ) describe……
Other ( ) describe……
Date agreed: ….. /….. /……
Nominated lead maternity provider/team:……
……
Contact Details for lead maternity provider:……
……
……
……
Change of Model of care, new Model/team……
Date of change: ….. /….. /……
Reason for change of Model:……

Alert for sensitive information

GP Contact Details
(if different to lead maternity provider)

Name GP:……
GP Address:
……
……
……
GP Phone: ……

Management Plan

Preferences for labour and/or birth to be noted here for discussion with your maternity provider. Can be left blank.

Phone numbers & websites:

Pregnancy, Birth &
Baby Helpline 1800 88 24 36
DV Hotline 1800 200 526
QUIT Smoking Helpline 131 848
beyondblue Info 1300 22 4636
Australian Breastfeeding Association (ABA)
1800 686 2 686,
1800 MUM 2 MUM
Lifeline 13 11 14
Alcohol & Drug Centre 1800 888 236
www.breastfeeding.asn.au
www.beyondblue.org.au
Other useful contacts:

NWHPR

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PERSONAL HISTORY

Some questions about baby's mother and father, and additional maternal contact person.
Tick [√] as appropriate (complete as applicable)

	Mother	Father	Additional maternal contact person
Interpreter needed?	Yes [ ] No [ ]	Yes [ ] No [ ] N/A [ ]	Yes [ ] No [ ] N/A [ ]
If Yes, specify language:			
	Language:	Language:	Language:
Preferred Name	Name: Reside with baby's father? Yes [ ] No [ ]	Name: Relationship to baby's mother:	Name: Relationship to baby's mother:
Phone contact details	Business Hours: Mobile:	Business Hours: Mobile:	Business Hours: Mobile:
Emergency contacts		To be contacted in emergency: Yes [ ] No [ ]	To be contacted in emergency: Yes [ ] No [ ]
Any workplace hazards?	Yes [ ] No [ ]	Yes [ ] No [ ] N/A [ ]	N/A
Assistance needed with:	Hearing [ ] Vision [ ] Speech [ ] Mobility [ ] Literacy [ ] Other [ ]	Hearing [ ] Vision [ ] Speech [ ] Mobility [ ] Literacy [ ] Other [ ]	Hearing [ ] Vision [ ] Speech [ ] Mobility [ ] Literacy [ ] Other [ ]
Born in Australia	Yes [ ] No [ ]	Yes [ ] No [ ]	N/A
Indigenous status (√ both if appropriate)	Aboriginal [ ] Torres Strait Islander (TSI) [ ] Not Aboriginal or TSI [ ]	Aboriginal [ ] Torres Strait Islander (TSI) [ ] Not Aboriginal or TSI [ ]	N/A
If born overseas, name of country:			
			N/A
Religious, ethnic or cultural considerations important to antenatal care (dietary, blood products, etc.)			
Details/NA			N/A
Tobacco use and exposure to passive smoking [current and recent past] (refer to screening tool)			
	Have you ever smoked? Yes [ ] No [ ]		Does anyone at home smoke? Yes [ ] No [ ]
Alcohol, other drug use [current and recent past] (refer to screening tool)			
		(Complete if living in maternal household)	(Complete if living in maternal household)

Completed by:(print name/designation)……**Date**:…/…../…..

PERSONAL HISTORY
(continued)

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Calculating Estimated Date of Birth (EDB)

The information below is needed to calculate the approximate date of your baby's birth. This can be called *estimated date of birth* (EDB *estimated due date/estimated date of delivery* (*EDD*), or *estimated date of confinement* (EDC). Most babies are born in the two weeks b or after their estimated date of birth. Because both the menstrual cycle and ultrasound result can be used to calculate the estimated da birth, the date can *change*. However, the change should only be made by a health professional with considerable experience in antenat (NHMRC ANC Guidelines 2011).

Please[√] Natural [ ] or assisted conception [ ] Contraception method/ceased …… /….. /…….

First day of Last Menstrual Period (LMP) Certain [ ] Uncertain [ ] Length of cycle …..days Regular: Yes No	..../..../.....	Ultrasound Scan (USS) Date of scan ...../...../..... Weeks pregnant ...../40	
LMP Estimated Date of Birth(EDB)	...../...../..... .	USS Estimated Date of Birth(EDB)	EDB ...../..... .../.....
Agreed EDB ..../..../....		**Changed EDB**...../.../....	
Calculated by (please print) Name…… Designation…… Date: ...../...../.....		Changed by (please print) Reason…… …… Name…… Designation…… Date ...../...../.....	

Past Pregnancies

Have you ever been pregnant? ***Yes*** *[ ] No [ ] Total no. of pregnancies [Gravidity]…… Total no. of births [Parity]……*

Date	Place of birth	Gestation (wks)	Type of labour	Mode of birth	Outcome	Perineal status	Complications of pregnancy, labour, birth	Baby's sex	Birth weight	Baby's name	Breast-feeding duration	Comments

NWHPR

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PHYSICAL ASSESSMENT

(Complete as early in pregnancy as possible)

Date: .../... /....	**BP:**	**Weeks pregnant: ..../40**
Height (cm) **Weight (kg)**		**BMI:**
Physical examination	Abdomen:	Cardiovascular:
Respiratory:	Thyroid:	
Other:		
Have you ever had any dental care? Yes [ ] No [ ] In past 12 months Yes [ ] No [ ] Have you any current dental problems? Yes [ ] No [ ] *It is recommended you see a dentist at least once a year.*		
Referral to medical specialist/other N/A [ ] Yes [ ] No [ ] (e.g. dietician, diabetes educator, housing officer, mental health, physiotherapist, social worker, other [please state]):	Specialist's name (if known):	Appointment date: ___/____/___
Print Name **Signature**		**Designation**

Allergies (any) & Adverse Drug Reactions Nil Known [ ] or give details:	***Blood Group***	***Rhesus status:***
	Anti D 28 weeks	**Date given: / /....** **Batch No:**
	Anti D 34-36 weeks	**Date given: / /....** **Batch No:**
	Anti D Other gestation	**Date given: / /....** **Batch No:**
	Seasonal Influenza Vaccination	**Date received: / /....** **Batch No:**

Medications, including complementary & alternative medicine, vitamin & mineral supplements (e.g Folate)

Name: **Dose:** **Start date:** **Stop date:**	**Name:** **Dose:** **Start date:** **Stop date:**	**Name:** **Dose:** **Start date:** **Stop date:**
Name: **Dose:** **Start date:** **Stop date:**	**Name:** **Dose:** **Start date:** **Stop date:**	**Name:** **Dose:** **Start date:** **Stop date:**

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PSYCHOSOCIAL SCREENING

(Assess the emotional and social wellbeing)

The Edinburgh Postnatal Depression Scale is a standardised self-reported questionnaire, that may be used to identify women who have perinatal depression.

Notes:

1st psychosocial screen:	Weeks pregnant ……/40	Date: …./…/…	**EPDS Score:**
Follow-up plan:			Date: …./…/… Initials:
2nd psychosocial screen:	Weeks pregnant ……/40	Date: …./…/…	**EPDS Score:**
Follow-up plan:			Date: …./…/… Initials:
Additional psychosocial screening:	Weeks pregnant …/40	Date: …./…/…	**EPDS Score:**
Follow-up plan:			Date: …./…/… Initials

AUDIT-C for women: to be completed three times during the pregnancy

1. Audit C SCORE:
Date: …./…/… Initials
2. Audit C SCORE:
Date: …./…/… Initials
3. Audit C SCORE:
Date: …./…/… Initials

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PERSONAL HISTORY
(continued)

Current and past history of serious illness or medical conditions

Current and past medical conditions	Management/Treatment [give details or N/A if not applicable]
Autoimmune conditions, e.g. rheumatoid arthritis, systemic lupus erythematous, multiple sclerosis	
Cancer (specify type)	
Genetic conditions, e.g. Down syndrome, cystic fibrosis, fragile X syndrome	
Endocrine disorders, including insulin or non-insulin dependent diabetes, gestational diabetes, thyroid disorder	
Gastrointestinal and liver disorders, e.g. Crohns disease, Coeliac disease, chronic constipation, cholestasis	
Gynaecological conditions, e.g. endometriosis, fibroids, female genital mutilation, polycystic ovarian syndrome, abnormal Pap test , Fertility problems/treatment, Involuntary fertility > 1 year	Never had Pap [ ] Last Pap test …/…./….. Result:
Haemoglobinopathies (e.g. sickle cell anaemia, thalassaemias) and other haematological disorders, e.g. anaemia, thrombosis (specify)	
Heart disease, including rheumatic/congenital/ischaemia	
High blood pressure/hypertensive disorders, including pre-eclampsia & eclampsia	
Immunisations completed (adult/childhood) according to routine schedule e.g. measles, mumps, rubella	Yes [ ] No [ ] Unsure [ ]
Incontinence (urine or faeces, stress or urge)	
Infectious diseases, including chickenpox [varicella], whooping cough [pertussis], sexually transmitted infections (STIs), HIV/AIDS, herpes simplex virus (HSV 1 or 2), Hepatitis A, B, and C	
Kidney disease (including recurrent urinary tract infection), pyelonephritis	
Mental health disorder needing treatment e.g. depression (including postnatal depression), anxiety, psychosis, bipolar disorder, schizophrenia	
Musculoskeletal disorders, including fractures	
Neurological conditions, including epilepsy requiring anti-convulsant medication	
Respiratory diseases, incl. severe asthma, tuberculosis	
MRSA screening	
Other (describe)	

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FAMILY HISTORY

It is important to know about serious medical conditions or illnesses the baby's father or other immediate family members (brothers and sisters, baby's grandparents) may have.

Current or past medical condition or illness	Management/treatment
Consanguinity: are you and your baby's father 'blood' relatives, e.g. first cousins	
Endocrine disorders, including insulin or non-insulin dependent diabetes, gestational diabetes, thyroid disorder	
Genetic conditions, e.g. Down syndrome, cystic fibrosis, fragile X syndrome	
Haemoglobinopathies (e.g. sickle cell anaemia, thalassaemias) and other haematological disorders, e.g. anaemia, thrombosis (specify)	
Heart disease, including rheumatic/congenital/ischaemia	
High blood pressure/hypertensive disorders, including pre-eclampsia & eclampsia	
Obstetric problems, e.g. recurrent miscarriage, preterm birth, stillbirth, neonatal death	
Respiratory diseases, incl. severe asthma, tuberculosis	
Severe mental health problems e.g. depression (including postnatal depression), anxiety, bipolar disorder	
Blindness	
Deafness	
Other disability or health problem	

ANAESTHETIC & SURGICAL HISTORY

Tick [√] if applicable and N/A if not applicable

Surgical History

Cervix: (cone biopsy, Lletz procedure) [ ]
Uterus: myomectomy [ ]
Lower uterine segment caesarean [ ]
Classical uterine segment caesarean [ ]
Ovaries/tubes: [ ] give Details……

Breast: reduction [ ] implants [ ]
lumpectomy [ ] mastectomy [ ]
Pelvis: prolapse repair [ ] Other [ ]
Genital: Repair Female Genital Cutting [ ]
Other: ……

Anaesthetic History

Spinal [ ] Epidural [ ] Combined spinal and epidural [ ] General [ ]
Regional (i.e. pudendal block) [ ] Other [ ] give details……

Any anaesthetic problems or any **problems relating to surgery**? [e.g. back/jaw problems, adverse reaction to drugs]
No [ ] Yes [ ] If yes, give details:……

History of blood transfusion(s)?
No [ ] Yes [ ] Refused [ ] If so, give reason:……
Were there any problems with the blood transfusion?
No [ ] Yes [ ] If yes, give relevant details……

ROUTINE INVESTIGATIONS DURING PREGNANCY

Attach original record of results

Affix unique patient identification label in this box

U.R:……

Surname:……

Given Name:……

Second Given Name:……

D.O.B:……

Screening tests in pregnancy	Collection Date	Review date	Result	Reviewer Initials	Follow-up plan
Tests to be offered to *all women* as early in pregnancy as practical (including explanation and consent)					
Blood group					
Rhesus status					
Red cell alloantibodies					
Full Blood Examination (FBE)					
Ferritin					
Hepatitis B					
Vitamin D					
Hepatitis C					
HIV (pre/post test counselling)					
Rubella			Antibody detected [ ] Antibody not detected [ ]		*Offer rubella vaccination to non-immune women after giving birth*
Syphilis					
Chlamydia					
Urine test for protein					
Mid-stream urine (MSU) test for asymptomatic bacteriuria					
Combined chromosomal abnormality (serology/USS)					
Pap Test ***if due***					
Tests to be offered to women *at higher risk* as early in pregnancy as practical					
Thyroid Function					
Diabetes screening					
Haemoglobinopathies					
Asymptomatic bacterial vaginosis (HVS)					
Tests to be offered to *all women* in 2nd & 3rd Trimester					
Chromosomal abnormality screening 2nd Trimester					
Anti D given: Not required /28 weeks /36 weeks					
26-28 weeks Diabetes screening					
Hb g/L					
Antibody screening					
Full Blood Examination (FBE)					
36 weeks Hb g/L					
Antibody screening					
Chlamydia / STD screen					
Tests which may be offered during pregnancy					
Group B streptococcus (GBS)					

NWHPR

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ROUTINE ULTRASOUND INVESTIGATIONS DURING PREGNANCY

Attach hard copy results below

	Scan date	Gestation (wks)	Indication	Results & follow-up
8^0-13^6 weeks			Gestational age assessment & detection of multiple pregnancy	
11^0-13^6 weeks			Nuchal translucency screening	low risk [ ] high risk [ ] counselling [ ] amniocentesis/CVS considered [ ] Referral [ ]
17-22 weeks			**Fetal anatomy (morphology)**	**Placenta** anterior [ ] posterior [ ] fundal [ ] low lying [ ] Other [ ] Describe…… **Fetus** normal morphology [ ] Other [ ] Describe Referral [ ]
Other				

Attach hard copy results here (request A5 size)

NWHPR

PREGNANCY NOTES

Agreed due date: ....../....../.....

Blood Group:

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U.R:…………………………………………………………………
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Second Given Name:…………………………………………
D.O.B:……………………………………………………………….

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

Print name **Signature** **Designation**

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

Print name **Signature** **Designation**

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

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PREGNANCY NOTES

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Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										
	Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT: Notes: **Print name** **Signature** **Designation**										

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										
	Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT: Notes: **Print name** **Signature** **Designation**										

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										
	Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT: Notes: **Print name** **Signature** **Designation**										

PREGNANCY NOTES

Agreed due date: ....../....../.....

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Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

Print name **Signature** **Designation**

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

Print name **Signature** **Designation**

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

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PREGNANCY NOTES

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	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

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	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

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Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

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PREGNANCY NOTES

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	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

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	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

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Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

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PREGNANCY NOTES

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	Y/NA										
	Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT: Notes: **Print name** **Signature** **Designation**										

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										
	Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT: Notes: **Print name** **Signature** **Designation**										

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										
	Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT: Notes: **Print name** **Signature** **Designation**										

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PREGNANCY NOTES

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	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

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Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

Print name **Signature** **Designation**

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

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PREGNANCY NOTES

Agreed due date: ……/……/…..

Blood Group:

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

Print name **Signature** **Designation**

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

Print name **Signature** **Designation**

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

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PREGNANCY NOTES

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Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

Print name **Signature** **Designation**

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

Print name **Signature** **Designation**

Date	Registered interpreter	Weeks pregnant	Fundal height cm	Blood pressure	Oedema	Urine test	Weight kg	Fetal heart	Fetal movements	Presentation	Engagement
	Y/NA										

Smoking, alcohol, other brief intervention offered: Yes [ ] NA [ ] Declined [ ] NEXT VISIT:

Notes:

Print name **Signature** **Designation**

BREASTFEEDING INTENTIONS & WHEN TO SEEK ADVICE

Affix unique patient identification label in this box

U.R:……

Surname:……

Given Name:……

Second Given Name:……

D.O.B:……

BREASTFEEDING INTENTIONS

[please tick✓]

Do you intend to breastfeed your baby/babies?	**Yes [ ] No [ ]**
When you have breastfed before, have you had any difficulties?	**Yes [ ] No [ ] N/A [ ]**
Are you interested in attending an antenatal breastfeeding class?	**Yes [ ] No [ ]**
Would you like to know more about breastfeeding support services in your area?	**Yes [ ] No [ ]**

WHEN TO SEEK ADVICE

Contact your lead maternity provider or hospital if you are worried or experience any of the following:	
Abdominal pain or sudden onset of back pain	If you think labour has started
Baby is moving less than usual	Vaginal bleeding
Fainting	Swelling in your hands, feet and face first thing in the morning
Fever	Unusual headaches [severe/persistent]
If your 'waters' (liquor) break; watery vaginal discharge	Constant itching
Urinary problems, including frequency or burning when passing urine	Uncontrollable vomiting or diarrhoea, severe nausea
Blurred vision	You are worried

SUGGESTED SCHEDULE OF ROUTINE ANTENATAL CARE

Affix unique patient identification label in this box

U.R:……

Surname:……

Given Name:……

Second Given Name:……

D.O.B:……

Weeks	Content
1st visit	Woman centred care (comprehensive history including physical, social and emotional aspects of health, including alcohol consumption, smoking and exposure to second-hand smoke) Clinical assessment (including BP, BMI, ultrasound scan for gestational age 8-14 weeks pregnancy) Screening (blood and urine tests), including screening for chromosomal abnormalities (11-14 weeks pregnancy) Offer psychosocial assessment Identify women who may need additional care; plan pattern of care for pregnancy
16	Invite women to discuss concerns/issues since last visit, offer verbal and written information Review, discuss, record test results If indicated, arrange follow-up investigations, referrals, reassess plan of care Measure BP, weight, test urine for protein for women at high risk of pre-eclampsia Offer fetal anomaly ultrasound scan for between 18-21 weeks
18-21	If the woman chooses, a morphology ultrasound scan should be performed. If the placenta is found to extend across the internal cervical os, another scan in the third trimester should be offered
25	***For women having their first baby*** Invite women to discuss concerns/issues since last visit, offer verbal and written information, including antenatal education Offer screening for anaemia, blood group and antibodies Discuss fetal movements (timing, normal patterns of behaviour) Measure symphysis-fundal height, BP, weight, test urine for protein for women at high risk of pre-eclampsia
28	Invite women to discuss concerns/issues since last visit, offer verbal and written information, including antenatal classes Offer Anti-D to rhesus negative women, investigate Hb less than 10.5g/100ml & consider iron supplements, if indicated Offer screening for anaemia, blood group and antibodies (if there was no 25 week visit) Measure symphysis-fundal height, BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements (timing, normal patterns of behaviour)
31	***For women having their first baby*** Invite women to discuss concerns/issues since last visit, offer verbal and written information Measure symphysis-fundal height, BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements Review, discuss and record test results Reassess plan of care; identify women who require additional care
34	Invite women to discuss concerns/issues since last visit, offer verbal and written information, including labour & birth, birth plan, recognising active labour, coping with labour Offer 2nd Anti-D to Rhesus negative women Measure symphysis-fundal height, BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements Offer Ultrasound Scan to women if morphology scan suggested repeat to assess location of placenta Reassess plan of care; identify women who require additional care
36	Invite women to discuss concerns/issues since last visit Offer verbal and written information, including care of the new baby, infant feeding, including breastfeeding, safe sleeping, newborn screening tests and vitamin K prophylaxis, the postnatal period including distress; provide an opportunity to discuss issues and ask questions; offer ongoing support Measure symphysis-fundal height, BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements Check position of baby, for women with breech presentation, discuss and offer external cephalic version (ECV) Review ultrasound scan report if performed at last visit

NWHPR

Affix unique patient identification label in this box

U.R:……

Surname:……

Given Name:……

Second Given Name:……

D.O.B:……

SUGGESTED SCHEDULE OF ROUTINE ANTENATAL CARE & ANTENATAL APPOINTMENT PLANNER

Weeks	Content
38	Invite women to discuss concerns/issues since last visit, offer verbal and written information, including normal length of pregnancy (two weeks before or after expected due date), onset of labour, any fears/worries; provide an opportunity to discuss issues and ask questions Measure and plot symphysis-fundal height, BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements
40	***For women having their first baby*** Invite women to discuss concerns/issues since last visit, offer verbal and written information, including options for prolonged pregnancy; provide an opportunity to discuss issues and ask questions Measure symphysis-fundal height BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements
41	***For women who have not yet given birth*** Invite women to discuss concerns/issues since last visit , offer information, including further discussion about options for prolonged pregnancy; provide an opportunity to discuss issues and ask questions Measure symphysis-fundal height BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements Offer membrane sweep, induction of labour

ANTENATAL APPOINTMENTS, INCLUDING EDUCATION

Date	Time	Where	With	Notes

GLOSSARY OF TERMS

Affix unique patient identification label in this box

U.R:……

Surname:……

Given Name:……

Second Given Name:……

D.O.B:……

Antenatal	During pregnancy, before the birth
Antibodies	Vital element of the body's immune system. Are secreted by the white blood cells.
Biparietal	Measurement of the baby's skull used to assess growth of the baby
BP	Blood pressure
Fetal heart	Unborn baby's heart beat
Fifths above brim	Amount of baby's head that can be felt
Fundal height	Size of the uterus
Gestation	Number of weeks pregnant
Gravidity	Number of times pregnant
Haemoglobin	Amount of iron in the blood
HIV	Human immunodeficiency virus
MSSU	Mid stream specimen of urine
Pap smear	A sample of cells from the cervix. Used to detect cancer
Parity	Number of pregnancies that resulted in a birth
Postnatal	After the birth
Presentation	The part of the baby that is positioned to come first ie head, bottom
Rubella	A mild contagious disease caused by a virus and capable of producing congenital defects in infants born to mothers infected
Rh	Substance found on red blood cells that is used to determine a person's blood group

NWHPR