

NHS No.

Maternity Unit

Antenatal



Admission

First Name Surname

Address

Postcode

Date of birth

Unit No.

Date Time Where seen Lead professional

Blood group Previous pregnancies (>24 wks + <24 wks) + BP at booking / Current gestation (weeks + days) + VTE assessment performed Yes No Yes VTE pathway initiated No Yes **EDD**

No. of antenatal visits
Unbooked 5 or less 6-10 11 or more Total number of reduced fetal movement visits

Smoking/tobacco use No Yes CO reading (if performed) Referral to smoking cessation services Yes Declined

Special features (ie medical history, A/N risk factors, mental health and wellbeing, allergies, drugs etc)

Presenting history

CPE screening	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Signs of sepsis/infection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fetal movements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Contractions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Vaginal loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Membranes intact	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Vaginal bleeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Observations

Pulse (bpm) Resps

Blood pressure / Temp

MEOWS score

Oedema

Urine

Estimated liquor Normal Oligohydramnios Polyhydramnios

Palpation

Presentation Lie

Position

Engagement (5ths palpable)

Fundal height (cm)

Estimated growth status Normal Small (<10th customised centile) Large (>90th customised centile)

Comments

Contractions Yes No

No. / 10 min

Strength

Regularity

Fetal heart

Maternal pulse (bpm)

Pinard Rate (bpm) Rate (Twin 2)

Doptone Duration of assessment (mins)

CTG Baseline Accelerations

Variability Decelerations

Normal Suspicious Pathological

Signed*

Date/Time

Signatures* Anyone writing in these notes should record their name and signature here

Name (print clearly)	Post	Signature
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Name (print clearly)	Post	Signature
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