

NHS No.

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Maternity Unit

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ANTENATAL SUMMARY

Planned Place of Birth

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Lead Professional

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Unit Number

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Information overleaf

Named midwife

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Midwifery team

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Other

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First Name

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Surname

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Address

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Post code

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Date of birth

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Ethnic Origin

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Interpreter

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Risk Assessment

EDD

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Para

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Age

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BMI

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BP booking

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Relevant Factors	No	Yes	Comments	Relevant Factors	No	Yes	Comments	Relevant Factors	No	Yes	Comments
Medical	<input type="checkbox"/>	<input type="checkbox"/>		Preterm birth assessment performed	<input type="checkbox"/>	<input type="checkbox"/>		GP record reviewed	<input type="checkbox"/>	<input type="checkbox"/>	
Obstetric	<input type="checkbox"/>	<input type="checkbox"/>		BMI pathway initiated	<input type="checkbox"/>	<input type="checkbox"/>		Manual handling/tissue viability assessment	<input type="checkbox"/>	<input type="checkbox"/>	
VTE assessment performed	<input type="checkbox"/>	<input type="checkbox"/>		OGTT booked	<input type="checkbox"/>	<input type="checkbox"/>		Personalised care plan commenced	<input type="checkbox"/>	<input type="checkbox"/>	
VTE pathway initiated	<input type="checkbox"/>	<input type="checkbox"/>	Low/Med High Risk	Mental health	<input type="checkbox"/>	<input type="checkbox"/>		Smoking	<input type="checkbox"/>	<input type="checkbox"/>	
Aspirin required	<input type="checkbox"/>	<input type="checkbox"/>		Social	<input type="checkbox"/>	<input type="checkbox"/>		Drug/alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	
FGR risk assessment performed	<input type="checkbox"/>	<input type="checkbox"/>		Anaesthetic assessment	<input type="checkbox"/>	<input type="checkbox"/>					

Investigations

Booking	Date taken	Result	Screening / additional tests	Date taken	Result/Action
MSU					
Haemoglobin					
Blood group					
Antibodies					
Hepatitis B					
Syphilis					
HIV					
Sickle cell					
Thalassaemia					
MRSA					
OGTT					
OGTT					

Emergency Contact

Name

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Relationship

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Completed by:

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Date

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