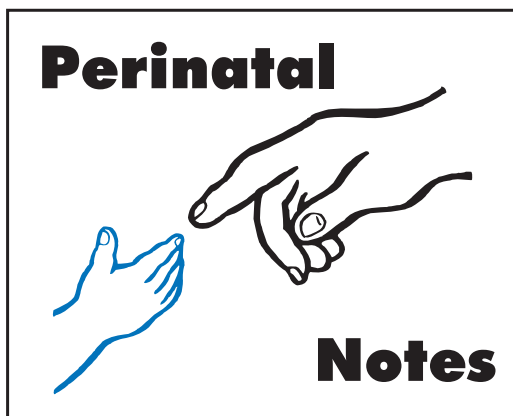


PRIVATE & CONFIDENTIAL



Trust	
A Hospital NHS Trust	
Maternity Unit	
A Hospital	
Address	
134 Selly Oak Road	
Birmingham	
	Postcode B 2 2 4 W E
☎ 0121 808 1234	☎

These Maternity Notes are a guide to your options during pregnancy, childbirth and life with your new baby and are intended to help you and your partner make informed choices. The explanations in these notes are a general guide only, and not everything will be relevant to you.

Please feel free to ask any questions. Additional information is also available via NHS Choices - www.nhs.uk or in leaflets which you may be given by your health care professionals as and when needed.

You should keep these notes with you at all times and bring them to all appointments and when you go into labour. After the birth of your baby these notes will be kept by the hospital and filed in your records.

Support Groups/additional information

Alcohol Concern	0203 907 8480	www.alcoholconcern.org.uk
Antenatal Results & Choices (ARC)	0845 077 2290	www.arc-uk.org
Bladder and Bowel Foundation Helpline	01926 357 220	www.bladderandbowelfoundation.org
Childline	0800 1111	www.childline.org.uk
Citizens Advice Bureau (CAB)		www.citizensadvice.org.uk
Contact a family (Disability)	0808 808 3555	www.cafamily.org.uk
Frank About Drugs	0300 123 6600	www.talktofrank.com
Gingerbread	0808 802 0925	www.gingerbread.org.uk
Group B Strep Support Group	0144 441 6176	www.gbss.org.uk
La Leche League (breast feeding)	0345 120 2918	www.laleche.org.uk
Maternity Action Advice Line	0808 802 0029	www.maternityaction.org.uk
MIND – for better mental health	0300 123 3393	www.mind.org.uk
Miscarriage Association	01924 200 799	www.miscarriageassociation.org.uk
National Breastfeeding Helpline	0300 100 0212	www.nationalbreastfeedinghelpline.org.uk
National Childbirth Trust (NCT)	0300 330 0700	www.nct.org.uk
National Domestic Violence Helpline	0808 200 0247	www.nationaldomesticviolencehelpline.org.uk
NHS Choices		www.nhs.uk
NHS Non-Emergency Number	111	www.nhsdirect.nhs.uk
NHS Information Service for Parents		www.nhs.uk/start4life
National Pregnancy Smoking Helpline	0300 123 1044	www.smokefree.nhs.uk/smoking-and-pregnancy
NSPCC's FGM Helpline	0800 028 3550	www.nspcc.org.uk
Parentline Plus	0808 800 2222	www.familylives.org.uk
RCM information for women		www.rcm.org.uk/your-pregnancy-resources-for-women
Samaritans	116 123	www.samaritans.org
Stillbirth & Neonatal Death Charity (SANDS)	0808 164 3332	www.uk-sands.org
Tax Credit Information	0345 300 3900	www.hmrc.gov.uk/taxcredits/
Tommy's Pregnancy Line	0800 014 7800	www.tommys.org
Working Families (Rights & Benefits)	0300 012 0312	www.workingfamilies.org.uk

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For supplies, contact Harlow Printing Ltd: www.harlowprinting.co.uk Tel 0191 496 9731, Fax 0191 454 6265

Personal details

First name	Anna		Surname	Sample	
Address	75 Harborne Road, Edgbaston, Birmingham				
Postcode	B 1 5 3 B U	☎	0121 111 2345	☎	089111 111 1111
Date of birth	3 0 0 7 8 5	Unit No.	A123456	NHS No.	1 0 0 1 0 0 1 0 0 0
Age	31	Booking BMI	23.9	Parity	1
				EDD	1 4 0 7 1 7

Communication needs

Assistance required No Yes Details Your preferred name

Do you speak English No Yes What is your first language

Preferred language Interpreter

Plan of care

Depending on your circumstances, you and your partner will have the choice between midwifery based care or maternity team based care during your pregnancy. Please discuss your choices/options with your midwife. This will be based on your individual medical and obstetric history.

Date recorded	Planned place of birth	Lead professional	Job title	Reason if changed
0 8 1 2 1 7 D D M M Y Y	A Hospital	B Midwife	CMW	
D D M M Y Y				

Maternity contacts

Named Midwife	Brenda Midwife	☎	
Maternity Unit	A Hospital	☎	
Antenatal Clinic	☎ 0121 111 2211	Delivery Suite	☎ 0121 111 1111
Community Office	☎ 0121 111 3333	Ambulance	☎

Primary care contacts

Centre	Parkway Medical Centre	☎	0121 333 4444	Other(s)	
GP	D Doctor	☎			
Postcode (GP)	B 7 5 2 B U	☎			
Health Visitor/Family Nurse Practitioner	H Visitor				

Next of Kin

Name	Peter Sample	
Address	as above	
☎	019 199 98998	Relation husband

Emergency Contact

Name	Peter Sample	
Address		
☎		

PERSONAL DETAILS

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

Name (print clearly)	GMC / NMC number	Post	Signature
Brenda Midwife	875040402EJ	CMW	B Midwife
Heather Visitor	12340978504KU	health visitor	H Visitor
Amy Sonographer	686058303NM	Sonographer	A Sonographer
Pauline Nurse	12FC78605685CV	Nurse	P Nurse
Carol Midwife	098BGUE1209786C	Midwife	C Midwife
Abbie Trouble	9E12BCX3457806	Midwife	A Trouble
Amy Midwife	12ECV907643	Midwife	A Midwife

Pregnancy and having a baby can be an exciting but also a demanding time. This can result in pre-existing symptoms getting worse. It's not uncommon for women to feel anxious, worried or 'down' at this time. The range of mental health problems women may experience or develop is the same during pregnancy and after birth as at other times in her life, but some illnesses/ treatments may be different. Some women who have a mental health problem stop taking their medication when they find out they are pregnant. This can result in symptoms worsening. **You should not alter your medication without specialist advice from your GP, mental health team or midwife.**

Women with a severe mental illness such as psychosis, schizophrenia, schizoaffective disorder or bipolar disorders are more likely to become unwell again than at other times. Severe mental illness may develop more quickly immediately after childbirth and can be more serious requiring urgent treatment.

At your 1st appointment you will be asked how you are feeling now and if you have or have had any problems with your mental health in the past. You will be asked about your emotional wellbeing at your appointments during pregnancy and after the birth of your baby. These questions are asked to every pregnant woman and new mother. The maternity team supporting you during pregnancy and after birth may identify that you are at risk of developing a mental health problem. If this happens they will discuss with you options for support and treatment. You may be offered a referral to a mental health team/specialist midwife/obstetrician.

If you are concerned about your thoughts, feelings or behaviour, you should seek help and advice.

Further information can be found about mental health including medication in pregnancy and breastfeeding via:

www.medicinesinpregnancy.org

www.nice.org.uk/guidance/cg192/ifp/chapter/about-this-information

1st Assessment. Have you ever been diagnosed with any of the following:

	No	Yes
Psychotic illness, bipolar disorders, schizophrenia, schizoaffective disorder, post-partum psychosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Depression	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generalised anxiety disorder, OCD, panic disorder, social anxiety, PTSD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eating disorder e.g. anorexia nervosa, bulimia nervosa or binge eating disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personality disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Self-harm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there anything in your life (past/present) which might make the pregnancy/childbirth difficult? e.g. tokophobia, trauma, childhood sexual abuse, sexual assault	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Help received (current or previous):

GP/Midwife/Health visitor support	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Counselling/cognitive behavioural therapy (CBT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist perinatal mental health team	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hospital or community based mental health team	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inpatient (hospital name) Date(s)

Psychiatrist Psychiatric nurse/care coordinator

Medication (list current or previous) drug name, dose and frequency

Partner No Yes
Does your partner have any history of mental health illness?

Family History No Yes
Has anyone in your family had a severe perinatal mental illness? (first degree relative e.g. mother, sister)

Depression identification questions	1st		2nd	
	No	Yes	No	Yes
During the past month, have you often been bothered by feeling down, depressed or hopeless?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
During the past month, have you often been bothered by having little interest or pleasure in doing things?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

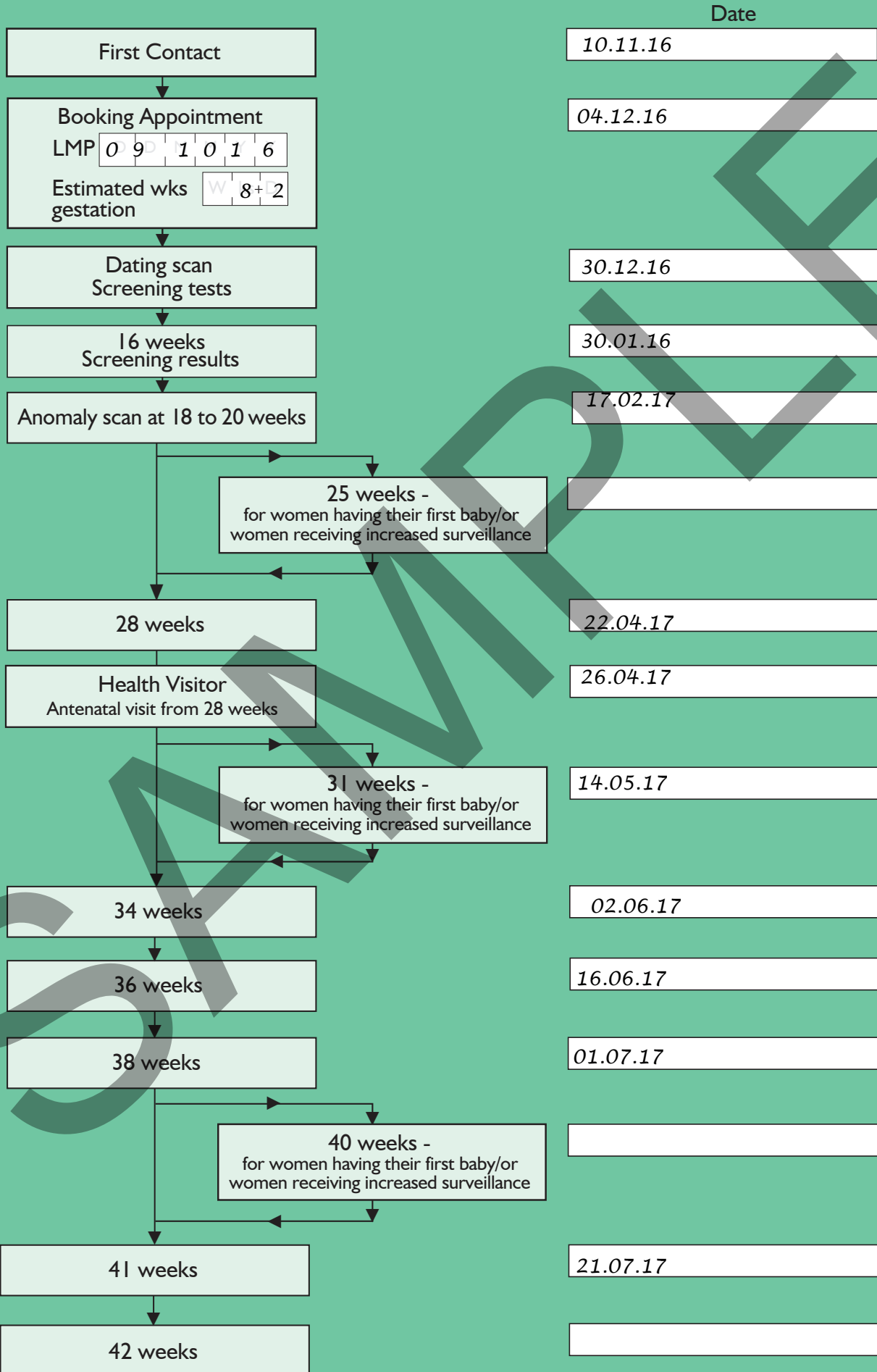
If yes to either of these questions, consider offering self-reporting tools e.g. PHQ 9

Anxiety identification questions	No	Yes	No	Yes
	During the past 2 weeks, have you been bothered by feeling nervous, anxious or on edge?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
During the past 2 weeks, have you been bothered by not being able to stop or control worrying?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you find yourself avoiding places or activities and does this cause you problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes to any of these questions, consider offering self-reporting tool e.g. GAD 7

My Pregnancy Planner

During your pregnancy, you will be offered regular appointments with your healthcare team. They check that you and your baby are well and provide support and information about your pregnancy to help you make informed choices. How often these are, varies from woman to woman, and the frequency may need to be adjusted if your circumstances change. As a minimum, you should be offered appointments at the following weeks of your pregnancy. You can write the date of these appointments in the spaces provided. After each of your appointments, it is important you know when your next one is, where it will take place and who it is with.



Do you have / have you had:	No	Yes	Details
Admission to ITU / HDU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Admission to A & E in last 12 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Anaesthetic problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Allergies (inc. latex)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Autoimmune disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Back problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Blood / Clotting disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Blood transfusions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cardiac problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cervical smear	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Date <input type="text" value="010415"/> Result <input type="text" value="NAD"/>
Chickenpox / Shingles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Epilepsy / Neurological problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On epilepsy medication? <input type="checkbox"/>
Exposure to toxic substances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fertility problems (this pregnancy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Female circumcision / cutting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gastro-intestinal problems (eg Crohns)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Genital Infections (e.g. Chlamydia, Herpes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gynae history / operations (excl. caesarean)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Haematological (Haemaglobinopathies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
High blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Incontinence (urinary / faecal)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Infections (e.g. MRSA, GBS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inherited disorders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hepatitis B <input type="checkbox"/> C <input type="checkbox"/>
Liver disease inc. hepatitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Migraine or severe headache	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Musculo-skeletal problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pelvic injury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Renal disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Respiratory diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TB exposure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Thrombosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Thyroid / other endocrine problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Medication in the last 6 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Vaginal bleeding in this pregnancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other (provide details)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Folic acid tablets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Start date <input type="text" value="250816"/> 0.4mg <input checked="" type="checkbox"/> 5mg <input type="checkbox"/> Dose changed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Physical Examination performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Details

Family History The term 'family' here means blood relatives only - e.g. your children, your parents, grandparents, brothers and sisters, uncles and aunts and their children (i.e. first cousins). Update management plan (page 13) if indicated.

Has anyone in your family had:	No	Yes	Has anyone had:	in your family		in family of baby's father	
	No	Yes		No	Yes	No	Yes
- diabetes Type <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	- a disease that runs in families	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- thrombosis (blood clots)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	- need for genetic counselling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- high blood pressure / eclampsia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	- stillbirths or multiple miscarriages	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- hip problems from birth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	- a sudden infant death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is your partner the baby's father	<input type="checkbox"/>	<input checked="" type="checkbox"/>	- learning difficulties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the baby's father a blood relation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	- hearing loss from childhood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First cousin <input type="checkbox"/> Second cousin <input type="checkbox"/> Other <input type="checkbox"/>			- heart problems from birth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Age of baby's father <input type="text" value="35"/>			- abnormalities present at birth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			- MCADD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Details <input type="text"/>							

* Signatures must be listed on page b for identification

Name *Anna Sample*
 Unit No/ NHS No *A 1 2 3 4 5 6*

Previous Pregnancies ?

Details of previous pregnancies and births are relevant when making decisions about the care you will be offered. Your healthcare team will need to know important facts such as: where you gave birth, a summary of how your pregnancy went and if you developed any complications, the weight of your baby and how you and your baby were after the birth. Some of the main topics are outlined below and further information can be found on page 19 about pregnancy complications and page 24 about labour and types of birth. This information will help you and your healthcare team develop a personalised plan together which will support your choices/preferences. If there is anything else you think may be important, please tell your midwife or obstetrician.

Para. This is a term which describes how many babies you already have. Usually early pregnancy losses are also listed after a 'plus' sign. For example, the shorthand for two previous births and one miscarriage is '2 + 1'.

High blood pressure and/or pre-eclampsia. If you had this condition last time, you are more likely to have it again, although it is usually less severe and starts later in pregnancy. It is more likely to happen again if you have a new partner (page 19).

Intrahepatic Cholestasis in Pregnancy (ICP) (obstetric cholestasis) is a liver condition in pregnancy that causes itching especially at night (page 19). If you were diagnosed with ICP in a previous pregnancy, you are at an increased risk of developing it again.

Gestational Diabetes (GDM) can develop during pregnancy causing blood glucose (sugar) levels to become too high (page 19). You are at increased risk if you developed GDM in a previous pregnancy.

Premature birth. This means any birth before 37 weeks. The earlier the baby is born, the more likely that it will have problems and need special or intensive neonatal care. The chance of premature birth is increased because of smoking, infection, ruptured membranes, bleeding, or growth restriction with your baby. Having had baby prematurely increases the chances of it happening again.

Small babies (fetal growth restriction). If one of your previous babies was growth restricted, there is a chance of it happening again. Arrangements will be made to monitor this baby's growth more closely, offering ultrasound scans and other tests as necessary (page 14).

Big babies (macrosomia). A baby over 4.5 kg is usually considered big - but this also depends on your size and how many weeks pregnant you were when the baby was born. You may be offered a blood test to check for gestational diabetes, which can be linked to having bigger babies.

Baby Weight Conversion Chart

lb	oz	g	lb	oz	g	lb	oz	g	lb	oz	g	lb	oz	g
2	0	907	4	0	1814	6	0	2722	8	0	3629	10	0	4536
2	2	964	4	2	1871	6	2	2778	8	2	3685	10	2	4593
2	4	1021	4	4	1921	6	4	2835	8	4	3742	10	4	4649
2	6	1077	4	6	1984	6	6	2892	8	6	3799	10	6	4706
2	8	1134	4	8	2041	6	8	2948	8	8	3856	10	8	4763
2	10	1191	4	10	2098	6	10	3005	8	10	3912	10	10	4819
2	12	1247	4	12	2155	6	12	3062	8	12	3969	10	12	4876
2	14	1304	4	14	2211	6	14	3118	8	14	4026	10	14	4933
3	0	1361	5	0	2268	7	0	3175	9	0	4082	11	0	4990
3	2	1417	5	2	2325	7	2	3232	9	2	4139	11	2	5046
3	4	1474	5	4	2381	7	4	3289	9	4	4196	11	4	5103
3	6	1531	5	6	2438	7	6	3345	9	6	4252	11	6	5160
3	8	1588	5	8	2495	7	8	3402	9	8	4309	11	8	5216
3	10	1644	5	10	2551	7	10	3459	9	10	4366	11	10	5273
3	12	1701	5	12	2608	7	12	3515	9	12	4423	11	12	5330
3	14	1758	5	14	2665	7	14	3572	9	14	4479	11	14	5216

Congenital anomaly. These are also known as birth defects or deformities. Some congenital anomalies are detected during pregnancy, at birth or others as the baby grows older.

Placenta praevia describes the position of the placenta if it lies low in the womb. If you had this confirmed in the last months of any previous pregnancy, you are at an increased risk of this happening again.

Placenta accreta happens when the placenta embeds itself too deeply in the wall of the womb. This is more common with placenta praevia.

Bleeding after birth. Postpartum haemorrhage (PPH) means a significant loss of blood after birth (usually 500mls or more). Often this happens when the womb does not contract strongly and quickly enough. There is an increased risk of it happening again, so you will be advised to have a review with an obstetrician during pregnancy to discuss options for your place of birth.

Postnatal wellbeing. The postnatal period lasts up to 6 weeks after the birth and it is during this time your body recovers. However, for some women problems can occur e.g. slow perineal or wound healing, concerns with passing urine, wind and/or stools. Some women may also experience mental health problems (page d).

Group B Streptococcus (GBS). If you've previously had a baby who was diagnosed with a GBS infection after birth, you will be offered intravenous (drip) antibiotics when labour begins. The aim of offering you antibiotics in labour is to reduce the risk of a GBS infection for this baby.

Miscarriages. A miscarriage (sometimes called spontaneous abortion) is when you lose a baby before 24 weeks of pregnancy. If this happens in the first 3 months of pregnancy, it is known as an early miscarriage. This is very common with 10-20% of pregnancies ending this way. Late miscarriages, after 3 months but before 24 weeks are less common, (only 1-2% of pregnancies). When a miscarriage happens 3 or more times in a row, this is called recurrent miscarriage. Sometimes there is a reason found for recurrent or late miscarriage.

What if I've had a termination (abortion) but do not want anyone to know? This information can be kept confidential between yourself, your midwife and obstetrician and can be recorded elsewhere.

Previous Births

Is current pregnancy with a new partner? No Yes

Para

1+

Child's Name & Surname <i>Oliver</i>	Boy <input checked="" type="checkbox"/> Girl <input type="checkbox"/>	Date of birth 0 3 0 5 1 0	Age 6	Birthweight 3 5 0 0	Centile 46	Gestation 4 0 + 0	Condition since <i>well</i>	Where now <i>Lives with parents</i>			
Place of booking / Place of birth <i>A Hospital</i>	Antenatal summary <i>uneventful pregnancy</i>			Complications ICP <input type="checkbox"/> SGA or FGR <input type="checkbox"/> GDM <input type="checkbox"/> Congenital Anomaly <input type="checkbox"/> Placenta praevia <input type="checkbox"/> PIH <input type="checkbox"/> PET <input type="checkbox"/> HELLP <input type="checkbox"/> Placenta accreta <input type="checkbox"/>							
Labour onset Spontaneous <input checked="" type="checkbox"/> Induced <input type="checkbox"/> Planned Caesarean <input type="checkbox"/>	Anaesthetic None <input checked="" type="checkbox"/> Epidural/Spinal <input type="checkbox"/> General <input type="checkbox"/>	Delivery Normal <input checked="" type="checkbox"/> Assisted <input type="checkbox"/> Caesarean <input type="checkbox"/>	3rd stage Normal <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Retained placenta <input type="checkbox"/>	Perineum Intact <input type="checkbox"/> Episiotomy <input type="checkbox"/> Tear 1° <input type="checkbox"/> 2° <input checked="" type="checkbox"/> 3°/4° <input type="checkbox"/>	Labour details <i>uneventful</i>				Breast <input type="checkbox"/> Formula <input type="checkbox"/> Mixed <input checked="" type="checkbox"/>	Postnatal summary <i>breast fed for 3 months</i>	PND <input type="checkbox"/> PP <input type="checkbox"/> Baby GBS Infection <input type="checkbox"/>

Child's Name & Surname	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Date of birth D D M M Y Y	Age	Birthweight G m s	Centile	Gestation W ks+D	Condition since	Where now			
Place of booking / Place of birth	Antenatal summary			Complications ICP <input type="checkbox"/> SGA or FGR <input type="checkbox"/> GDM <input type="checkbox"/> Congenital Anomaly <input type="checkbox"/> Placenta praevia <input type="checkbox"/> PIH <input type="checkbox"/> PET <input type="checkbox"/> HELLP <input type="checkbox"/> Placenta accreta <input type="checkbox"/>							
Labour onset Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> Planned Caesarean <input type="checkbox"/>	Anaesthetic None <input type="checkbox"/> Epidural/Spinal <input type="checkbox"/> General <input type="checkbox"/>	Delivery Normal <input type="checkbox"/> Assisted <input type="checkbox"/> Caesarean <input type="checkbox"/>	3rd stage Normal <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Retained placenta <input type="checkbox"/>	Perineum Intact <input type="checkbox"/> Episiotomy <input type="checkbox"/> Tear 1° <input type="checkbox"/> 2° <input type="checkbox"/> 3°/4° <input type="checkbox"/>	Labour details				Breast <input type="checkbox"/> Formula <input type="checkbox"/> Mixed <input type="checkbox"/>	Postnatal summary	PND <input type="checkbox"/> PP <input type="checkbox"/> Baby GBS Infection <input type="checkbox"/>

Child's Name & Surname	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Date of birth D D M M Y Y	Age	Birthweight G m s	Centile	Gestation W ks+D	Condition since	Where now			
Place of booking / Place of birth	Antenatal summary			Complications ICP <input type="checkbox"/> SGA or FGR <input type="checkbox"/> GDM <input type="checkbox"/> Congenital Anomaly <input type="checkbox"/> Placenta praevia <input type="checkbox"/> PIH <input type="checkbox"/> PET <input type="checkbox"/> HELLP <input type="checkbox"/> Placenta accreta <input type="checkbox"/>							
Labour onset Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> Planned Caesarean <input type="checkbox"/>	Anaesthetic None <input type="checkbox"/> Epidural/Spinal <input type="checkbox"/> General <input type="checkbox"/>	Delivery Normal <input type="checkbox"/> Assisted <input type="checkbox"/> Caesarean <input type="checkbox"/>	3rd stage Normal <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Retained placenta <input type="checkbox"/>	Perineum Intact <input type="checkbox"/> Episiotomy <input type="checkbox"/> Tear 1° <input type="checkbox"/> 2° <input type="checkbox"/> 3°/4° <input type="checkbox"/>	Labour details				Breast <input type="checkbox"/> Formula <input type="checkbox"/> Mixed <input type="checkbox"/>	Postnatal summary	PND <input type="checkbox"/> PP <input type="checkbox"/> Baby GBS Infection <input type="checkbox"/>

Child's Name & Surname	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Date of birth D D M M Y Y	Age	Birthweight G m s	Centile	Gestation W ks+D	Condition since	Where now			
Place of booking / Place of birth	Antenatal summary			Complications ICP <input type="checkbox"/> SGA or FGR <input type="checkbox"/> GDM <input type="checkbox"/> Congenital Anomaly <input type="checkbox"/> Placenta praevia <input type="checkbox"/> PIH <input type="checkbox"/> PET <input type="checkbox"/> HELLP <input type="checkbox"/> Placenta accreta <input type="checkbox"/>							
Labour onset Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> Planned Caesarean <input type="checkbox"/>	Anaesthetic None <input type="checkbox"/> Epidural/Spinal <input type="checkbox"/> General <input type="checkbox"/>	Delivery Normal <input type="checkbox"/> Assisted <input type="checkbox"/> Caesarean <input type="checkbox"/>	3rd stage Normal <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Retained placenta <input type="checkbox"/>	Perineum Intact <input type="checkbox"/> Episiotomy <input type="checkbox"/> Tear 1° <input type="checkbox"/> 2° <input type="checkbox"/> 3°/4° <input type="checkbox"/>	Labour details				Breast <input type="checkbox"/> Formula <input type="checkbox"/> Mixed <input type="checkbox"/>	Postnatal summary	PND <input type="checkbox"/> PP <input type="checkbox"/> Baby GBS Infection <input type="checkbox"/>

Early Pregnancy Losses

Year	Gestation	Nature of loss	Comments
Y Y Y Y Y	W ks		
Y Y Y Y Y	W ks		
Y Y Y Y Y	W ks		

Insert additional sheets here, and number them 5.1, 5.2 etc

Prenatal Screening and Diagnosis ?

The first half of pregnancy is a time when various tests are offered to check for potential problems, by blood tests (pages 6-7) and ultrasound scans (pages 8-9). The tests listed here are the ones offered by the NHS. Further information is available in the leaflet, 'Screening tests for you and your baby' from your midwife or via www.gov.uk. **Do not hesitate to ask what each test means.** The choice is yours and you should have all the relevant information to help you make up your mind, before the visit when the test(s) are done.

Blood Tests and Investigations

Mid-stream urine - a sample of your urine is tested to look for asymptomatic bacteriuria (a bladder infection with no symptoms). Treating it with antibiotics can reduce the risk of developing a kidney infection.

Anaemia is caused by too little haemoglobin (Hb) in the blood. Hb carries oxygen and nutrients around the body and to the baby. Anaemia can make you feel very tired, faint/feel dizzy, and have a pale complexion. If you have any of these symptoms, speak to your midwife. If you are anaemic, you will be offered iron supplements and advice on your diet.

Blood group & antibodies. It is important to know whether you are rhesus positive (Rh+ve) or negative (Rh-ve), and whether you have any antibodies (foreign blood proteins). If you are Rh-ve, you will be offered further blood tests to check for antibodies. If your baby has inherited the Rh+ve gene from the father, antibodies to the baby's blood cells can develop in your blood. To prevent this, you will be advised to have an anti-D injection if there is a chance of blood cells from the baby spilling into your blood stream (e.g. due to vaginal bleeding, amniocentesis or CVS and after the birth). It is recommended that anti-D is given routinely to all Rh-ve mothers in later pregnancy.

Sickle Cell and Thalassaemia are inherited blood disorders which affect haemoglobin and can be passed from parent to child. All pregnant women in England are offered a blood test to find out if they carry a gene for thalassaemia, and those at high risk of being a sickle cell carrier are also offered a test for sickle cell. Genes are the codes in our bodies for things such as eye colour and blood group. Depending on your results, a test from the baby's father may be requested. If the **baby's father** is a carrier you will be offered diagnostic tests to find out if the baby is affected.

Hepatitis B is a virus which infects the liver and can cause immediate or long-term illness. Specialist care is needed for pregnant women with hepatitis B. If you are a carrier, or have become infected during pregnancy, you will be advised to have your baby vaccinated in the first year of life to reduce the risk of the baby developing hepatitis B.

Syphilis is a sexually transmitted disease which, if left untreated, can seriously damage your baby, or cause miscarriage or stillbirth. If detected, you will be referred to a specialist team and offered antibiotic treatment. Your baby will need an examination and blood tests after birth and may need to be treated with antibiotics.

HIV (Human Immunodeficiency Virus) affects the body's ability to fight infection. This test is important because any woman can be at risk. It can be passed to your baby during pregnancy, at birth or through breastfeeding. Treatment given in pregnancy can greatly reduce the risk of infection being passed from mother to child. If you decline testing for hepatitis B, syphilis or HIV, your midwife will refer you to a specialist screening team, who will discuss your decision in more detail. You can request retesting for hepatitis B, HIV or syphilis at any time if you change your sexual partner or think you are at risk. If any of these tests are positive e.g. hepatitis B, syphilis or HIV, you will be referred to a specialist screening team as soon as possible for an individualised plan or care. Your partner will be offered testing to see if they need any treatment.

Rubella (German measles). Testing is not routinely offered. Avoid being in contact with anyone who has a rash at any time during your pregnancy. If you come into contact with someone with a rash or you develop a rash, **contact your midwife/GP immediately for advice.** If you delay getting advice, it may not be possible to give you a diagnosis or the right treatment.

Additional tests are offered as necessary, such as to check for infections which can cause damage to your baby, but rarely cause problems for you. Contact your midwife/GP immediately for advice, if you develop any rashes or if you think you have been in contact with: **Chickenpox, Cytomegalovirus (CMV), Parvovirus (slapped cheek) or Toxoplasmosis** (page 20).

Chlamydia is a sexually transmitted infection which can result in problems for you and your baby e.g. pelvic inflammatory disease, miscarriage and premature birth. If you are under 25, you may be offered either a vaginal swab or urine test. If positive, you and your partner will be offered antibiotics.

Methicillin Resistant Staphylococcus Aureus (MRSA) is a bacterium which sometimes cause wound infections and can be difficult to treat as it is resistant to some antibiotics. Hospitals may offer testing if you are booked for an elective caesarean section, have any wounds or have previously tested positive for MRSA.

Oral Glucose Tolerance Test (OGTT) is to find out if you have gestational diabetes (page 19). A blood test is taken after fasting and you will be advised how long to not eat. You will then be asked to drink a glucose drink and a further blood test will be taken two hours later. You may be offered this test if you have a history of the following:

Gestational diabetes Family Origin Family history - first degree relative BMI 30 > kg/m

Antipsychotic medication Polycystic ovarian syndrome Previous baby's birth weight > 4.5kg or >90th centile

Screening for Down's (T21), Edwards' (T18) and Patau's (T13) syndromes

The screening tests are designed to find out how likely it is that the baby has Down's, Edwards' or Patau's syndrome. Inside the cells of our bodies there are tiny structures called chromosomes. There are 23 pairs of chromosomes in each cell. With each of the individual syndromes there is an extra copy of a particular chromosome in each cell. The tests available will depend on how many weeks pregnant you are. If you are too far on in your pregnancy to have the combined test for Down's syndrome, you can choose to have the quadruple test. If you are too far on in your pregnancy to have the combined test for Edwards' and Patau's syndrome, the only other screening test is a mid-pregnancy (anomaly) scan which will look for physical abnormalities. These tests are available for women with a singleton (1 baby) or twin pregnancy.

The combined test involves having a blood test and an ultrasound scan. A blood sample is taken from you, between 10 and 14 weeks to measure the levels of substances naturally found in the blood. The ultrasound scan is performed between 11 weeks and 2 days and 14 weeks and 1 day, to measure the fluid at the back of the baby's neck (nuchal translucency measurement, NT). A computer programme is used to work out a result for you. You will be given two separate results: - one for Down's syndrome and another for Edwards' and Patau's syndrome.

The quadruple test is available if you are too far on in your pregnancy to have the combined test. This test is for Down's syndrome only. A blood sample is taken from you, between 14 weeks and 20 weeks to measure the levels of substances naturally found in the blood. A computer program is used to work out a result for you. **The result:** your midwife or obstetrician will discuss your results with you. Higher-chance result: you will be offered a diagnostic test to find out for certain if your baby has Down's, Edwards' or Patau's syndrome. There are two tests: - CVS or amniocentesis. For more information about these tests see page 8. Lower-chance result: if your result is lower than the recommended national cut off, you will not be offered a diagnostic test. A lower-chance result does not mean that there is no chance at all of the baby having Down's, Edwards' or Patau's syndrome.

Booking	Explained	Accepted by mother No Yes	Date taken	Results	Action	Signed*	Date
Mid-stream urine	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	3 0 1 2 1 6	NAD	None	B Midwife	1 7 0 2 1 7
Haemoglobin	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	3 0 1 2 1 6	124g/l	None	B Midwife	1 7 0 2 1 7
Blood group	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	3 0 1 2 1 6	A POS	None	B Midwife	1 7 0 2 1 7
Antibodies	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	3 0 1 2 1 6	Nil	None	B Midwife	1 7 0 2 1 7
Sickle cell	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	0 4 1 2 1 6	Neg	None	B Midwife	3 0 1 2 1 6
Thalassaemia	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	0 4 1 2 1 6	Neg	None	B Midwife	3 0 1 2 1 6
Hepatitis B	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	3 0 1 2 1 6	Neg	None	B Midwife	1 7 0 2 1 7
Syphilis	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	3 0 1 2 1 6	Neg	None	B Midwife	1 7 0 2 1 7
HIV	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	3 0 1 2 1 6	Neg	None	B Midwife	1 7 0 2 1 7
Date	0 4 1 2 1 6	0 4 1 2 1 6	Comments				
Leaflet(s) given <input checked="" type="checkbox"/>	B Midwife	B Midwife	Signed* B Midwife				
	Care provider	Care provider					

Tests from Father	Explained	Accepted No Yes	Date taken	Results	Action	Signed*	Date
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY				DDMMYY
Date	DDMMYY	DDMMYY	DDMMYY				DDMMYY
Leaflet(s) given <input type="checkbox"/>			Comments				
	Care provider	Care provider	Signed*				

28-week check	Explained	Accepted No Yes	Date taken	Results	Action	Signed*	Date
Haemoglobin	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	2 2 0 4 1 7	118g/l	None	B Midwife	0 2 0 6 1 7
Antibodies	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	2 2 0 4 1 7	Nil	None	B Midwife	0 2 0 6 1 7
Re-offer tests for infections if declined at booking	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY	Results to be recorded above			
Date	2 2 0 4 1 7	2 2 0 4 1 7	Comments				
Signed	B Midwife	B Midwife	Signed B Midwife				
	Care provider	Care provider					

Additional tests (if indicated)	Explained	Accepted No Yes	Date taken	Results	Action	Signed*	Date
MRSA	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY				DDMMYY
OGTT	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
OGTT	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
Date	DDMMYY	DDMMYY	Comments				
Leaflet(s) given <input type="checkbox"/>			Signed*				
	Care provider	Care provider					

Anti D prophylaxis	If Rh-ve	Accepted No Yes	Date given	Site	Batch No.	Dose	Signed*
Gestation wk	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY				
Gestation wk	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY				
Date	DDMMYY	DDMMYY	Comments				
Leaflet(s) given <input type="checkbox"/>			Signed*				
	Care provider	Care provider					

Screening for Down's (T21), Edwards' (T18) and Patau's (T13) syndromes

Screening explained	No Yes <input type="checkbox"/> <input checked="" type="checkbox"/>	Screening offered	No Yes <input type="checkbox"/> <input checked="" type="checkbox"/>	If no: why		Signed*	
NHS Screening Programme leaflet given	<input type="checkbox"/> <input checked="" type="checkbox"/>	Accepted by mother	No Yes <input checked="" type="checkbox"/> <input type="checkbox"/>	Test type		B Midwife	
Date	0 4 1 2 1 6	Choice of screening	<input type="checkbox"/> T21, T18/T13 (All the conditions) <input type="checkbox"/> T21 only <input type="checkbox"/> T18/13 only			Date taken	DDMMYY
Signed	B Midwife	Results	Action			Signed	
Care provider		T21 <input type="checkbox"/>	declined screening maternal choice			B Midwife	
		T18 <input type="checkbox"/>					
		T13 <input type="checkbox"/>					

* Signatures must be listed on page b for identification



You will be offered one or two routine ultrasound scans in the first half of pregnancy (i.e. usually by 20 weeks). There are no known risks to the baby or you from having a scan, but it is important to think carefully about whether to have a scan or not. The scan may provide information that means you may have to make some difficult decisions. For example, you may be offered further tests that have a risk of miscarriage. Some people want to find out if their baby has problems and some do not. Further information can be found in the leaflet "Screening Tests for You and Your Baby" available from your midwife or via www.gov.uk.

It is important to be aware of what the scans are intended for. Most scans fall into one of three categories:

	Explained	Accepted by mother	
		No	Yes
<input type="checkbox"/> Early scans to: date the pregnancy, check the number of babies, look for possible physical problems and take specific measurements of the baby if you have agreed to first trimester screening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Anomaly scan is recommended to be performed between 18 to 20+6 weeks of pregnancy to look for possible physical problems with the baby.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Scans later in pregnancy are not for screening but are carried out to monitor the baby's wellbeing and development.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

0	4	1	2	1	6	B Midwife
Date						Signed*: Care Provider

Reasons for Scans

Dating pregnancies. It is important to know the size of the baby in your womb so that we know how mature the fetus is. **Scan dates are more accurate than menstrual dates** if done before 22 wks. This is because it looks at the actual age of the fetus, whereas menstrual dates are based on the first day of the last period which assumes fertilisation occurred 14 days later, this is not always the case. Most babies are NOT born on their expected due date, but during a 4 week period around it. Usually babies come when they are ready.

First trimester (early pregnancy). All pregnant women are offered an ultrasound scan at between 8-14 weeks of pregnancy. This is called the dating scan. It is done to confirm the pregnancy and number of babies in the womb, calculate the expected date of delivery and to check for major problems with the baby that may be detected at this early stage. You may also be offered screening for Down's, Edwards' and Patau's syndromes (page 6) at this time. This will depend on whether you have agreed to have the screening test done and how many weeks pregnant you are at the time of scan.

Mid-pregnancy (anomaly). You will be offered a scan between 18 weeks and 20 weeks and 6 days. The purpose of this scan is to look for structural problems in the way the baby is developing (sometimes called anomalies). The scan will look in detail at the baby's head, spinal cord, limbs, abdomen, face, kidneys, brain, bones and heart. In most cases the baby will be developing well, but sometimes a problem is found. If a problem is suspected, you will be referred to a specialist team to discuss the options available to you. However, it is important to know that ultrasound may not identify all problems. Detection rates will vary depending on the type of anomaly, the position the baby is lying in, previous surgery to your abdomen and maternal size.

Later pregnancy. Scans can be performed in later pregnancy to check the baby's well-being. This may be required if there are concerns about how the baby is growing, or if you have any risk factors identified early in your pregnancy, that may affect the growth and wellbeing of the baby e.g. high blood pressure/diabetes. The main measurement for this is the abdominal circumference, which includes the size of the liver (the main nutritional store of the growing baby) and the abdominal wall thickness (related to fat reserves). An assessment of liquor (fluid around the baby) and Doppler flow can be done if there are any concerns with the baby's growth (Doppler flow indicates how well the placenta is managing the blood supply needed for the baby). If the scan suggests any concerns/problems, you will be referred to a specialist doctor to discuss the options available to you. Scans are sometimes also done to identify the position of the placenta, which may have been low in the womb at an earlier scan. A low placenta increases the risk of heavy bleeding later in pregnancy (page 19).

Sex of the Baby. Although we can sometimes tell the sex of the baby, they are NOT done for personal requests to find out what the sex of the baby is.

Diagnostic Tests for Chromosomal Abnormalities

Diagnostic tests (Amniocentesis or CVS) are usually offered to diagnose whether a baby has a chromosomal condition such as Down's, Edwards' and Patau's syndrome. They are not offered on a routine basis but in certain circumstances such as: a family history of an inherited problem, a result of a screening test reported as a higher-chance result (page 6), abnormal scan findings or you have had a previous pregnancy/or baby affected by a genetic condition. It is up to you whether you have further tests. The risk of miscarriage from either of these tests is about 1 or 2 in a 100 (0.5% to 1%). The health care professionals looking after you will discuss the options available.

Amniocentesis: involves removing a small amount of the fluid from around the baby using a fine needle. It is usually performed after 15 weeks of pregnancy.

CVS (Chorionic Villus Sampling): involves removing a tiny sample of tissue from the placenta (afterbirth), using a fine needle. It is usually performed from 11 weeks to 14 weeks of pregnancy. Occasionally results from a CVS are not clear and you will then be offered an amniocentesis. There are two types of laboratory test which can be used to look at the baby's chromosomes – a full karyotype and a rapid test (PCR). A full karyotype checks all the baby's chromosomes and takes 2 to 3 weeks for the results to be available. PCR checks for specific chromosomes and results take up to 3 to 4 working days.



Pregnancy Assessment

Dates LMP 0 9 1 0 1 6

Method of dating USS

Agreed EDD 0 4 0 7 1 7

This date is used to determine the best time for the dating scan

To be entered also on page 17, and in the customised growth chart programme

Special points for screening

Anomaly leaflet

Dating Scan

FH - Fetal Heart, CRL - Crown Rump Length, BPD - Biparietal Diameter, HC - Head Circumference, FL - Femur Length, NT - Nuchal Translucency

Date	Print out (Y/N)	No. of fetuses	FH	CRL	BPD	HC	FL	NT	Gestation	Comments	Signed *
30.12.16	N	1	✓	54					1 2 D		A Sonographer

Anomaly Scan

Date 1 7 0 2 1 7

Gestation 1 9 + 6

Print out attached to notes Yes No

Skull & Ventricles Cerebellum Face Spine - long Spine - Transverse
 Heart 4-chamber view Heart outflows Stomach / Diaphragm Cord insertion Kidneys & Bladder
 Arms - 3 bones left Arms - 3 bones right Legs - 3 bones left Legs - 3 bones right Placental site Anterior upper

Comments

Signed* A Sonographer

Ultrasound Scan Details

GA - Gestational Age, Pres - Presentation, AC - Abdominal Circumference, EFW - Estimated Fetal Weight, Plac - Placenta, AF - Amniotic Fluid.

Date	GA	Lie/Pres	BPD	HC	AC	FL	EFW	Plac	AF	Doppler	Signed *

MRI Scan Details

Comments

Diagnostic Tests

Tests explained <input type="checkbox"/> No <input type="checkbox"/> Yes NHS Fetal Anomaly Screening leaflet given <input type="checkbox"/> No <input type="checkbox"/> Yes Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *Signed <input type="text"/> Care provider	Test type <input type="text"/> Indication <input type="text"/> Test offered <input type="checkbox"/> No <input type="checkbox"/> Yes Test accepted <input type="checkbox"/> No <input type="checkbox"/> Yes Anti D required <input type="checkbox"/> No <input type="checkbox"/> Yes Date performed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *Signed <input type="text"/>	Needle/cannula gauge <input type="text"/> No. uterine insertions <input type="text"/> Aspiration method <input type="text"/> Blood stained tap <input type="checkbox"/>
Results <input type="text"/>	Comments <input type="text"/>	

Insert additional sheets here for multiples (eg twins or triplets)

* Signatures must be listed on page b for identification

Name Anna Sample

Unit No/ NHS No A 1 2 3 4 5 6

Information Sharing ?

Some of the information in these notes, about you and your baby will be recorded electronically, this is to help your health professionals provide the best possible care.

The National Health Service (NHS) also wishes to collect some of this information about you and your baby, to help it to:

- monitor health trends
- increase our understanding of adverse outcomes
- strive towards the highest standards
- make recommendations for improving maternity care.

The NHS has very strict confidentiality and data security procedures in place to ensure that personal information is not given to unauthorised persons. The data is recorded and identified by NHS number, and your name and address is removed to safeguard confidentiality. Other information such as date of birth and postcode are included to help understand the influences of age and geography. In some cases, details of the care are looked at by independent experts working for the NHS, as part of special investigations (e.g. confidential enquiries) by regional and/or national organisations, but only after the records have been completely anonymised. While it is important to collect data to improve the standard and quality of the care of all mothers and babies, you can 'opt out' and have information about you or your baby excluded. This will not in any way affect the standard of care you receive. For further details, please ask your lead professional (page a).

However your information will be shared with other agencies such as safeguarding teams, where there are concerns for you or your child's safety. In these cases information will be shared without your consent.

Data collection and record keeping discussed Date Signed* Care Provider

Seasonal Flu

Pregnant women are more at risk from serious complications of seasonal flu such as bronchitis, chest infection and pneumonia. Flu in pregnancy also increases the risk of miscarriage, prematurity, fetal growth restriction and stillbirth. It is recommended you should have the seasonal flu vaccine. It is safe to have at any stage in pregnancy and will pass on protection to your baby which will last for the first few months of their lives. The vaccine is available from September until January/February and is free to pregnant women. Ask your GP/pharmacist/ midwife where you can get vaccinated. If you develop flu like symptoms, you must seek medical advice **immediately**. There is treatment to reduce the risk of complications.

Seasonal flu discussed No Yes Agrees flu vaccine No Yes If no, reason declined
 Flu vaccine given No Yes Date given Given by whom
 Date commenced Medication Dose Duration of course Signed*
 Antiviral medication

Whooping cough (Pertussis)

Whooping cough is a serious disease that can lead to pneumonia and permanent brain damage, in some cases a risk of dying. If you have the whooping cough vaccination during pregnancy, it can help protect your baby from getting the disease in their first weeks of life. Babies are at an increased risk until they are vaccinated. If you have been vaccinated before or had whooping cough yourself, the vaccine is still recommended. You should be offered the vaccine from 16 weeks of your pregnancy. If you have not been offered the vaccine, please ask your midwife or GP where you can get it done. It can be given at the same time as the flu vaccine.

Pertussis discussed No Yes Agrees to vaccine No Yes If no, reason declined
 Vaccination given No Yes Date given Given by whom

Blood products

Blood or blood products are only ever prescribed in specific medical conditions or emergency situations. If you have any objections about receiving these, please discuss this with your midwife and obstetrician, so that a personalised plan of care can be made.

Treatment discussed No Yes
 Agrees to receiving blood or blood products No Yes
 Agrees to baby receiving blood or blood products No Yes
 Management plan initiated No Yes
 Date
 Signed*

Important symptoms ? Care provider should sign, following discussion with mother

Most pregnancy symptoms are normal, however, it is important to be aware that certain symptoms might suggest the possibility of serious pregnancy complications. The ticked boxes indicate which topics have been explained to you. (For further details see pages 14, 17 & 19 or www.nhs.uk for more information). **Contact your midwife or maternity unit immediately if any of these occur:**

Symptom or complaint	Further advice / Comments	Date	Signature*
Abdominal (stomach) pains <input checked="" type="checkbox"/>		<input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="6"/>	<input type="text" value="B Midwife"/>
Vaginal bleeding <input checked="" type="checkbox"/>		<input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="6"/>	<input type="text" value="B Midwife"/>
Membranes (waters) breaking early <input checked="" type="checkbox"/>		<input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="1"/> <input type="text" value="6"/>	<input type="text" value="B Midwife"/>
Severe headaches <input checked="" type="checkbox"/>		<input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="1"/> <input type="text" value="6"/>	<input type="text" value="B Midwife"/>
Blurred vision <input checked="" type="checkbox"/>		<input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="1"/> <input type="text" value="6"/>	<input type="text" value="B Midwife"/>
Itching, especially at night <input checked="" type="checkbox"/>		<input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="1"/> <input type="text" value="6"/>	<input type="text" value="B Midwife"/>
Changed or reduced fetal movements <input checked="" type="checkbox"/>	Leaflet given <input checked="" type="checkbox"/>	<input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="1"/> <input type="text" value="6"/>	<input type="text" value="B Midwife"/>



Antenatal venous thromboembolism (VTE) assessment - booking and repeat if admitted

<p>Any previous VTE except a single event related to major surgery <input type="checkbox"/> Yes</p> <p>Hospital Admission <input type="checkbox"/></p> <p>Single previous VTE related to major surgery <input type="checkbox"/></p> <p>High risk thrombophilia and no VTE <input type="checkbox"/></p> <p>Medical Co-morbidities e.g. cancer, heart failure, active SLE, IBD or inflammatory polyarthropathy, nephrotic syndrome, type 1 DM with nephropathy, sickle cell disease, current IVDU <input type="checkbox"/></p> <p>Any surgical procedure e.g. appendicectomy <input type="checkbox"/></p> <p>OHSS (first trimester only) <input type="checkbox"/></p> <p>Age > 35 years <input type="checkbox"/></p> <p>BMI > 30 <input type="checkbox"/></p> <p>Parity ≥ 3 <input type="checkbox"/></p> <p>Smoker <input type="checkbox"/></p> <p>Gross varicose veins <input type="checkbox"/></p> <p>Immobility e.g. paraplegia, PGP <input type="checkbox"/></p> <p>Current pre-eclampsia <input type="checkbox"/></p> <p>Family history of unprovoked or oestrogen-provoked VTE in first degree relative <input type="checkbox"/></p> <p>Low risk thrombophilia <input type="checkbox"/></p> <p>Multiple pregnancy <input type="checkbox"/></p> <p>IVF/ART <input type="checkbox"/></p> <p>Transient risk factors:</p> <p>Dehydration / hyperemesis <input type="checkbox"/></p> <p>Current systemic infection <input type="checkbox"/></p> <p>Long distance travel <input type="checkbox"/></p>	<p style="text-align: center;">High risk</p> <p>Requires antenatal prophylaxis with LMWH Refer to Trust-nominated thrombosis in pregnancy expert team</p> <hr/> <p style="text-align: center;">Intermediate risk</p> <p>Consider antenatal prophylaxis with LMWH Seek Trust-nominated thrombosis in pregnancy expert team for advice</p> <hr/> <p style="text-align: center;">Four or more risk factors: prophylaxis from first trimester</p> <p style="text-align: center;">Three risk factors: prophylaxis from 28 weeks</p> <p style="text-align: center;">fewer than three risk factors</p> <hr/> <p style="text-align: center;">Lower risk</p> <p>Mobilisation and avoidance of dehydration</p>
<p>Complete risk assessment and update management plan as necessary (page 13) <input checked="" type="checkbox"/> No risks identified</p>	
<p>Signature* <input type="text" value="B Midwife"/></p>	<p>Date <input type="text" value="041216"/></p>

	Yes	Yes	Yes
Any previous VTE except a single event related to major surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gestation	<input type="text" value="Wks + D"/>	<input type="text" value="Wks + D"/>	<input type="text" value="Wks + D"/>
Hospital Admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single previous VTE related to major surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High risk thrombophilia and no VTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Co-morbidities e.g. cancer, heart failure, active SLE, IBD or inflammatory polyarthropathy, nephrotic syndrome, type 1 DM with nephropathy, sickle cell disease, current IVDU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any surgical procedure e.g. appendicectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OHSS (first trimester only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age > 35 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMI > 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parity ≥ 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immobility e.g. paraplegia, PGP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current pre-eclampsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history of unprovoked or oestrogen-provoked VTE in first degree relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low risk thrombophilia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IVF/ART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transient risk factors:			
Dehydration / hyperemesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current systemic infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long distance travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No risks identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Update management plan as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Signature* <input type="text"/>	Signature* <input type="text"/>	Signature* <input type="text"/>
	Date <input type="text" value="D D M M Y Y"/>	Date <input type="text" value="D D M M Y Y"/>	Date <input type="text" value="D D M M Y Y"/>

* Signatures must be listed on page b for identification

Name	
Unit No/	
NHS No	

Risk assessment

It is important to reassess your individual circumstances throughout the pregnancy as it may mean a change to your plan of care. Your care providers can record these below.

	Booking assessment			Second assessment			Referral required					
	No	Yes	Comment	No	Yes	Comment	No	Yes	To			
Gestation	W	8	+0	2	8	+1						
Review of primary care/GP records	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
Medical factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
Obstetric factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
VTE assessment performed	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
VTE pathway initiated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low/Med/Risk <i>low</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low/Med/Risk <i>low</i>	<input type="checkbox"/>	<input type="checkbox"/>				
Asprin required	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
OGTT booked	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
Mental health factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
Social factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
Smoking	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
Drug/alcohol use	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
BMI pathway initiated	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
Management Plan updated	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
Signature*	B Midwife			B Midwife								
Date	0	4	1	2	1	6	2	2	0	4	1	7

Maternity Payment Pathway System (Please tick which pathway is indicated)

Standard Intermediate Intensive

Signature & date *B Midwife*

0 4 1 2 1 6

Manual handling/tissue viability risk assessment

Referred: Yes No to:

Signature* *B Midwife*

Date 0 4 1 2 1 6

Anaesthetic assessment

Referred: Yes No to:

Signature* *B Midwife*

Date 0 4 1 2 1 6

Seen by:

Signature*

Date

D D M M Y Y

Regular Medication

If you are taking any medicines or tablets, your midwife or doctor will write them here. If your care providers need to change how much you take as your pregnancy progresses, or you need other medicines, they can also be written here.

Date recorded	Drug	Dose	Frequency	Comments e.g. discontinued, dose changed
D D M M Y Y				
D D M M Y Y				
D D M M Y Y				
D D M M Y Y				
D D M M Y Y				
D D M M Y Y				
D D M M Y Y				
D D M M Y Y				

Management plan

Highlight key points in special features box (page 17). If necessary, update the lead professional box on page a.

To deal with special issues during pregnancy, a personalised management plan will outline specific treatment and care agreed between you and your care providers, including specialists. The aim is to keep you and your baby safe, and to ensure that everyone involved in your care is aware of your individual circumstances. This plan will be updated and amended during pregnancy to reflect your needs.

Risk factor / special features	Management plan	Referred to	Date/Signed *
Booking			0 4 1 2 1 6
Low risk pathway	No risks identified, Anna is suitable for midwifery care.		B Midwife
Low risk pathway	Anna remains suitable for low risk midwifery care.		0 2 0 6 1 7 B Midwife
			D D M M Y Y
			D D M M Y Y
			D D M M Y Y
			D D M M Y Y
			D D M M Y Y
			D D M M Y Y
			D D M M Y Y
			D D M M Y Y
			D D M M Y Y
			D D M M Y Y
			D D M M Y Y
			D D M M Y Y
			D D M M Y Y

Insert continuation sheets here, and number them 13.1, 13.2 etc

* Signatures must be listed on page b for identification

It is very important to attend antenatal and scan appointments that are made for you during your pregnancy. If you cannot attend any appointments, please contact your midwife or the hospital to re-arrange. Your midwife or doctor will check you and your baby's health and wellbeing at each of these appointments. Please discuss any worries or questions that you may have. If you have had any tests or investigations (pages 6 & 8), make sure that you ask for the results at your next appointment.

Blood pressure (BP) is checked to detect pregnancy induced hypertension or pre-eclampsia (page 19). High blood pressure may cause severe headaches or flashing lights. If this happens, tell your midwife or doctor **immediately**.

Urine tests You will also be asked to supply a sample of your urine at each visit to check for protein (recorded as + or ++ = presence of), which may be a sign of pre-eclampsia and glucose which may be a sign of gestational diabetes.

Fetal movements You will usually start feeling some movements between 16 and 24 weeks. A baby's movements can be described as anything from a kick, flutter, swish or roll. You will very quickly get to know the pattern of your baby's movements. At each antenatal contact your midwife will talk to you about this pattern of movements, which you should feel each day up to the time you go into labour and whilst you are in labour too. Become familiar with your baby's usual daily pattern of movements and contact your midwife or maternity unit **immediately if you feel that the movements have altered**. Do not put off calling until the next day. It is important for your doctors and midwives to know if your baby's movements have slowed down or stopped. A change, especially slowing down or stopping, can sometimes be an important warning sign that the baby is unwell and the baby needs checking by ultrasound and Doppler. If, after your check up, you are still not happy with your baby's movements, you must contact either your midwife or maternity unit straight away, even if everything was normal last time. **NEVER HESITATE** to contact your midwife or maternity unit for advice, no matter how many times this happens.

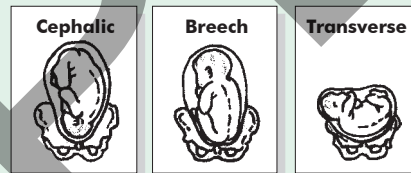
Fetal heart (FH or FHHR - fetal heart heard and regular). If you wish, your midwife or doctor can listen to the baby's heart with either a Pinard (stethoscope) or a fetal Doppler. With a Doppler, you can hear the heartbeat yourself. The use of home fetal Doppler to listen to your baby's heart beat is not recommended. Even if you detect a heartbeat this does not mean your baby is well and you may be falsely reassured.

Liquor refers to the amniotic fluid, the water around the baby. A gentle examination of the abdomen can give an idea of whether the amount is about right (recorded as NAD - no abnormality detected, or just N), or whether there is suspicion of there being too much or too little, in which case an ultrasound is needed.

Lie and Presentation.

This describes the way the baby lies in the womb (e.g. L = longitudinal; O = oblique, T = transverse), and which part it presents towards the birth canal (e.g. head first or cephalic = C, also called vertex = Vx; bottom first or breech = B or Br).

Engagement is how deep the presenting part - e.g. the baby's head is below the brim of the pelvis. It is measured by how much can be still felt through the abdomen, in fifths: 5/5 = free; 4/5 = sitting on the pelvic brim; 3/5 = lower but most is still above the brim; 2/5 = engaged, as most is below the brim; and 1/5 or 0/5 = deeply engaged, as hardly still palpable from above. In first time mothers, engagement tends to happen in the last weeks of pregnancy; in subsequent pregnancies, it may occur later, or not until labour has commenced.



Insert customised growth chart here

PRINTER: Affix special tape here

Insert customised growth chart here

Assessing Fetal Growth

Accurate assessment of the baby's growth inside the womb is one of the key tasks of good antenatal care. Problems such as growth restriction can develop unexpectedly, and is linked with a significantly increased risk of adverse outcomes, including stillbirth, fetal distress during labour, neonatal problems, or cerebral palsy. Therefore it is essential that the baby's growth is monitored carefully.

Fundal height is measured every 2-3 weeks from 26-28 weeks onwards, ideally by the same midwife or doctor. The measurements are taken with a centimetre tape, from the fundus (top of the uterus) to the top of the symphysis (pubic bone), then plotted on the growth chart. The slope of the measurements should be similar to the slope of the three curves printed on the chart, which predict the optimal growth of your baby.

Customised Growth Charts. These notes have been developed to support the use of customised growth charts which are individually adjusted for you and your baby. The information required includes:

- Your height and weight in early pregnancy
- Your ethnic origin
- Number of previous babies, their name, sex, gestation at birth and birthweight
- The expected date of delivery (EDD) which is usually calculated from the 'dating ultrasound'

The chart is usually printed after your pregnancy dates have been determined by ultrasound (preferably) or by last menstrual period. If neither dates are available, regular ultrasound scans are recommended to check that the baby is growing as expected. For further information about customised growth charts see www.perinatal.org.uk

After the chart is printed, it is attached as **page 16**, using the stick-on tape on the right of this page. →

Growth restriction. Slow growth is one of the most common problems that can affect the baby in the womb. If the fundal height measurements suggest there is a problem, an ultrasound scan should be arranged and the estimated fetal weight (degree of error 10-15%) plotted on the customised chart to assess whether the baby is small for gestational age. If it does record as small, assessment of Doppler flow is recommended, which indicates how well the placenta is managing the blood supply needed for the baby. If there is a serious problem, your obstetric team will need to discuss with you the best time to deliver the baby.

Large baby (macrosomia). Sometimes the growth curve is larger than expected. A large fundal height measurement is usually no cause for concern, but if the slope of subsequent measurements is too steep, your carers may refer you for an ultrasound scan to check the baby and the amniotic fluid volume. Big babies may cause problems either before or during birth (obstructed labour, shoulder dystocia etc.). However, most often they are born normally.

Special features

Height	Weight booking	BMI	BP booking	Age	Blood group	Weight 3rd trimester	Para	EDD
1 6 5	6 5	23, 9	100/68	3 0	A Pos	N/A	+1	1 4 0 7 1 7

Key points (from management plan, page 13)	Labour, delivery & postnatal	Paediatric alert form <input type="checkbox"/>
<i>low risk midwifery care</i>		
Flu vaccine given Yes <input checked="" type="checkbox"/> Declined <input type="checkbox"/>		
SGA or FGR on scan Yes <input type="checkbox"/>	Paediatrician to be present <input type="checkbox"/>	Seniority Reason
Medications <i>Nil</i>	Allergies <i>Nil</i>	

Antenatal visits

Gest - Gestation; BP - Blood Pressure; Pres - Presentation; Eng - Engagement; Hb - Haemoglobin.

Care provider should reiterate discussion of important pregnancy symptoms including altered or reduced fetal movements (see pages 10 & 14)

Date/Time	Gest	BP	Urine	CO level	Fetal Movements		Pres	Lie	Eng	Liquor	Fetal heart	Hb	Next contact
					Felt	Discussed							
0 4 1 2 1 6 W 8+1	100/62	NAD	2										8/52
1 1 3 0 Details and advice:(inc. infant feeding, smoking, lifestyle choices, pelvic floor exercises etc.) <i>Booking visit, screening discussed - see page 7. Anna agrees to dating and anomaly scans. Management plan initiated.</i>													
Mental health and wellbeing discussed Yes <input checked="" type="checkbox"/>													
Accompanied No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> With <u>husband</u> Management plan:reviewed <input checked="" type="checkbox"/> revised <input type="checkbox"/> Signed* <i>B Midwife</i>													
3 0 0 1 1 7 1 6+1	110/62	NAD	N/A								158bpm	124g/l	4/52
1 0 1 5 Details and advice:(inc. infant feeding, smoking, lifestyle choices, pelvic floor exercises etc.) <i>All well, serology results NAD. Anomaly scan discussed Options for local antenatal classes discussed.</i>													
Mental health and wellbeing discussed Yes <input checked="" type="checkbox"/>													
Accompanied No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> With <u>sister</u> Management plan:reviewed <input checked="" type="checkbox"/> revised <input type="checkbox"/> Signed* <i>B Midwife</i>													
2 2 0 4 1 7 2 8+1	104/68	NAD	N/A	yes	yes	ceph	long	5/5	NAD	148bpm	118g/l	3/52	
1 0 3 5 Details and advice:(inc. infant feeding, smoking, lifestyle choices, pelvic floor exercises etc.) <i>All well. Screening for anaemia and antibodies offered and accepted by Anna. Bloods taken with informed consent. Anna is attending breast feeding clinic. Important symptoms and fetal movements discussed. Leaflet regarding fetal movements issued.</i>													
Mental health and wellbeing discussed Yes <input checked="" type="checkbox"/>													
Accompanied No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/> Management plan:reviewed <input checked="" type="checkbox"/> revised <input type="checkbox"/> Signed* <i>B Midwife</i>													
1 4 0 5 1 7 3 1+2	108/65	NAD	N/A	yes	yes	ceph	long	4/5	NAD	140bpm		3/52	
1 0 4 5 Details and advice:(inc. infant feeding, smoking, lifestyle choices, pelvic floor exercises etc.) <i>All well. Fetal movements discussed, Anna happy with her regular pattern of movements.</i>													
Mental health and wellbeing discussed Yes <input checked="" type="checkbox"/>													
Accompanied No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> With <u>husband</u> Management plan:reviewed <input checked="" type="checkbox"/> revised <input type="checkbox"/> Signed* <i>B Midwife</i>													

* Signatures must be listed on page b for identification

Name	Anna Sample						
Unit No/ NHS No	A	1	2	3	4	5	6

Antenatal visits

Care provider should reiterate discussion of important pregnancy symptoms including altered or reduced fetal movements (see pages 10 & 14)

Date/Time	Gest	BP	Urine	CO level	Fetal Movements		Pres	Lie	Eng	Liquor	Fetal heart	Hb	Next contact
					Felt	Discussed							
D D M M Y Y W ks+D /													
H H M M Details and advice:(inc. infant feeding, smoking, lifestyle choices, pelvic floor exercises etc.)													
Mental health and wellbeing discussed Yes <input type="checkbox"/>													
Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/> Management plan:reviewed <input type="checkbox"/> revised <input type="checkbox"/> Signed*													
D D M M Y Y W ks+D /													
H H M M Details and advice:(inc. infant feeding, smoking, lifestyle choices, pelvic floor exercises etc.)													
Mental health and wellbeing discussed Yes <input type="checkbox"/>													
Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/> Management plan:reviewed <input type="checkbox"/> revised <input type="checkbox"/> Signed*													
D D M M Y Y W ks+D /													
H H M M Details and advice:(inc. infant feeding, smoking, lifestyle choices, pelvic floor exercises etc.)													
Mental health and wellbeing discussed Yes <input type="checkbox"/>													
Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/> Management plan:reviewed <input type="checkbox"/> revised <input type="checkbox"/> Signed*													
D D M M Y Y W ks+D /													
H H M M Details and advice:(inc. infant feeding, smoking, lifestyle choices, pelvic floor exercises etc.)													
Mental health and wellbeing discussed Yes <input type="checkbox"/>													
Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/> Management plan:reviewed <input type="checkbox"/> revised <input type="checkbox"/> Signed*													
D D M M Y Y W ks+D /													
H H M M Details and advice:(inc. infant feeding, smoking, lifestyle choices, pelvic floor exercises etc.)													
Mental health and wellbeing discussed Yes <input type="checkbox"/>													
Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/> Management plan:reviewed <input type="checkbox"/> revised <input type="checkbox"/> Signed*													

Insert continuation sheets here, and number them.

Common pregnancy symptoms. You may experience some symptoms during pregnancy. Most are normal and will not harm you or your baby, but if they are severe or you are worried about them, speak to your midwife or doctor. You may feel some tiredness, sickness, headaches or other mild aches and pains. Some women experience heartburn, constipation or haemorrhoids. There may also be some swelling of your face, hands or ankles or you may develop varicose veins. Changes in mood and sex drive are also common. Sex is safe unless you are advised otherwise by your health care team. Complications in pregnancy require additional visits for extra surveillance of you and your baby's well-being. Many conditions will only improve after the birth; therefore it may be necessary to induce your labour or undertake a planned (elective) caesarean section.

Pregnancy sickness is common and for most women symptoms can be managed with changes to their diet and lifestyle. However, it is not uncommon for pregnancy sickness to be severe and have a serious negative impact on the quality of your life and your ability to eat and drink and function normally. If this happens, speak to your GP and request anti-sickness medication. These are safe to take at any stage of pregnancy. It is important to treat pregnancy sickness at an early stage to prevent it from developing into the more serious condition called hyperemesis gravidarum. If you are sick, wait at least 30 minutes before brushing your teeth or using a mouthwash. This helps to protect your teeth from tooth decay. For further information visit www.pregnancysicknesssupport.org.uk

Abdominal pain. Mild pain in early pregnancy is not uncommon and you may have some discomfort due to your body stretching and changing shape. If you experience severe pain, or pain with vaginal bleeding or need to pass urine more frequently - contact your midwife or nearest maternity unit **immediately** for advice. Don't wait until your next appointment.

Vaginal bleeding may come from anywhere in the birth canal, including the placenta (afterbirth). Occasionally, there can be an 'abruption', where a part of the placenta separates from the uterus, which puts the baby at great risk. If the placenta is low lying, tightenings or contractions may also cause bleeding. Any vaginal blood loss should be reported **immediately** to your midwife or nearest maternity unit. You will be asked to go into hospital for tests, and advised to stay until the bleeding has stopped or the baby is born. If you have rhesus negative blood, you will require an anti-D injection (page 6).

Abnormal vaginal discharge. It is normal to have increased vaginal discharge when you are pregnant. It should be clear or white and not smell unpleasant. You need to seek medical advice if the discharge changes colour, smells or you feel sore or itchy.

Diabetes is a condition that causes a person's blood glucose (sugar) level to become too high. It may be pre-existing diabetes that is present before pregnancy, or some women can develop diabetes during their pregnancy (gestational diabetes). High levels of glucose can cross the placenta and cause the baby to grow large (macrosomia - page 14). If you have pre-existing or gestational diabetes during your pregnancy, you will be looked after by a specialist team who will check you and your baby's health and wellbeing closely. Keeping your blood glucose levels as near normal as possible can help prevent problems/complications for you and your baby. Gestational diabetes usually disappears after the birth, but can occur in another pregnancy. To reduce your future risks of diabetes: - be the right weight for your height (normal BMI); eat healthily, cut down on sugar, fatty and fried foods and increase your physical activity (page 20).

High blood pressure. Your blood pressure will be checked frequently during pregnancy. A rise in blood pressure can be the first sign of a condition known as **pre-eclampsia** or pregnancy induced hypertension. Contact your midwife or nearest maternity unit **immediately** if you get: a severe headache/s, blurred vision or spots before your eyes, obvious swelling (oedema) especially affecting your hands and face, severe pain below your ribs and or vomiting as these can be signs that your blood pressure has risen sharply. If there is protein in your urine, you may have **pre-eclampsia** which in its severe form can cause blood clotting problems and fits. It can be linked to problems for the baby such as growth restriction. Treatment may start with rest, but some women will need medication that lowers high blood pressure. Occasionally, this may be a reason to deliver your baby early.

Thrombosis (clotting in the blood). Your body naturally has more clotting factors during pregnancy which helps prevent losing too much blood during labour and birth. However, this means that all pregnant women are at a slightly increased risk of developing blood clots during pregnancy and the first weeks after the birth. The risk is higher if you are over 35, have a BMI >30, smoke, or have a family history of thrombosis. Contact your midwife or nearest maternity unit **immediately** if you have any pain or swelling in your leg, pain in your chest or cough up blood.

Intrahepatic cholestasis in pregnancy (ICP) also known as obstetric cholestasis, is a liver condition in pregnancy that causes itching on the hands and feet, but may occur anywhere on your body and is usually worse at night. It affects 1 in 140 women in the UK every year. Having this condition may increase your risk of having a stillbirth, so you will receive closer monitoring of you and your baby's health during your pregnancy. If you have itching, blood tests will be offered to check if you have ICP. Treatment includes medication, regular blood tests and having your baby at or around 37-38 weeks. After the birth, the itching should disappear quite quickly. A blood test to check your liver function will be carried out before you are discharged from hospital after the birth and repeated about 6-12 weeks later.

Prematurity. Labour may start prematurely (before 37 weeks), for a variety of reasons. If you are planned to give birth in a birth centre/midwifery unit or at home, you will be advised to transfer your care to a maternity unit with a neonatal unit/special care baby facility. If labour starts before 34 weeks, most maternity units have a policy of trying to stop labour for at least 1-2 days, whilst offering you steroid injections that help the baby's lungs to mature. However, once labour is well established it is difficult to stop. Babies born earlier than 34 weeks may need extra help with breathing, feeding and keeping warm.

Breech. If your baby is presenting bottom or feet first this is called a breech position (page 14). If your baby is breech at 36 weeks, your health care team will discuss the following options with you: trying to turn your baby (ECV = external cephalic version); planned (elective) caesarean section or a planned vaginal breech birth.

Multiple pregnancies. Twins, triplets or other multiple pregnancies need closer monitoring which includes frequent tests and scans, under the care of a specialist healthcare team. You will be advised to have your babies in a consultant led maternity unit that has a neonatal unit. Your healthcare team will discuss your options on how best to deliver your babies. It will depend on how your pregnancy progresses, the position that your babies are lying and whether you have had a previous caesarean section.

Infections. Your immune system changes when you are pregnant and you are at a higher risk of developing an infection. It is very important that if you are unwell and are experiencing any of the following symptoms, please seek **immediate** medical advice as treatment may be required: - high temperature of 38°C or higher, fever and chills, foul smelling vaginal discharge, painful red blisters/sores around the vagina/bottom or thighs, pain or frequently passing urine, abdominal pain, rash, diarrhoea and vomiting, sore throat or respiratory infection. Avoid unprotected sexual contact if your partner has genital herpes and avoid oral sex from a partner with a cold sore. Wash your hands if you touch the sores. Wherever possible, keep away from people with an infection e.g. diarrhoea and sickness, cold/flu, any rash illness.

Group B Streptococcus (GBS) is a common bacterium carried by some women and rarely causes symptoms or harm. It can be detected by testing a urine sample or a vaginal or rectal swab. In some pregnancies, it can be passed on to the baby around the time of birth, which can lead to serious illness in the baby. The national recommendation is to offer antibiotics to women as soon as labour starts if: -

- GBS has been detected during the current pregnancy.
- you have previously had a baby who developed a GBS infection.
- you have a high temperature (38°C or over) in labour.
- you go into labour prematurely.
- GBS was detected in a previous pregnancy and your baby was not affected, you should be offered antibiotics in labour or be offered a test to screen for GBS late in pregnancy. If the test is positive you will be offered antibiotics in labour.

Work and benefits. The 'Parents Guide to Money' is available via www.moneyadvice.service.org.uk and provides information on financial aspects of having baby. You should discuss your options regarding maternity leave and pay with your employer early in pregnancy. An FW8 certificate will be issued in early pregnancy entitling you to free prescriptions / dental treatment. Your midwife will issue your maternity certificate from 20 weeks of pregnancy (Mat B1) to claim your entitlements. If you are under 18 or receive certain benefits, you may be entitled to Healthy Start vouchers for free milk, fruit, vegetables and vitamins.

Dentist. It is important that you are registered with a dentist and have regular check-ups. Changes in your hormone levels and diet may make your mouth more prone to disease which can lead to tooth decay. It is recommended that you brush your teeth twice a day for at least two minutes.

Health and Safety issues. If you are working, your employer has a responsibility to assess any health and safety risks to you. For further information contact your occupational health department or visit www.hse.gov.uk

Healthy eating. Make sure you eat a variety of different foods to get the right balance of nutrients for your growing baby and for your body to deal with the changes taking place. You may feel hungrier than usual, but you don't need to "eat for two". It is recommended that you should only increase your calorie intake by 200 calories per day during the last 3 months of pregnancy. Maintaining a healthy weight during pregnancy can reduce the risk of complications for pregnancy, labour and birth. Dieting during pregnancy is not recommended as it may harm the health of your baby. It is important to prepare and cook your food carefully to prevent food poisoning. Foods such as ready meals, meat, poultry, shellfish and eggs need to be thoroughly cooked. Avoid pâté and mould-ripened soft cheeses; liver and liver products and unpasteurised milk. You can safely eat peanuts during pregnancy or food containing peanuts (e.g. peanut butter), unless you are allergic to peanuts or your health professional advises you not to. Have no more than 2 portions of oily fish a week and avoid marlin, swordfish and shark. It is recommended that you take supplements of folic acid, which helps to prevent abnormalities in the baby, e.g. spina bifida. The recommended dose is 0.4mg per day while you are planning to get pregnant and up to 13 weeks of pregnancy. If you have: diabetes, BMI >30, taking anti-epileptic drugs or have a family history of fetal anomalies, the recommended dose is 5mg per day. This is available on prescription from your GP. **Vitamin D** is needed for healthy bones, teeth and muscle development. To protect you and your baby from any problems caused by low levels, a 10mcgs Vitamin D supplement is recommended. (this is contained in the "Healthy Start" vitamins). Check with your midwife /GP/pharmacist if you are taking any other over the counter vitamins/supplements.

Vitamin A can cause harm to your baby if you take too much, so don't take any supplements containing vitamin A (retinol). If you have any questions about the food you eat, discuss with your midwife who can refer you to a dietitian if needed.

Body Mass Index is a guide to a healthy weight for your height and is calculated by dividing your weight in kilograms by your height in metres squared. During pregnancy, there are increased risks if your BMI is less than 18 or more than 30.

Caffeine is a stimulant that is contained in tea, coffee, chocolate, energy and cola drinks. During pregnancy, it's recommended that you limit your daily caffeine intake is 200mgs per day. Try decaffeinated versions of tea/coffee or cola drinks.

Alcohol increases the risk of miscarriage, stillbirth, fetal growth restriction, premature labour and may lead to fetal alcohol spectrum disorder (FASD) or fetal alcohol syndrome (FAS). Therefore, it's recommended that pregnant women **AVOID** drinking alcohol during their pregnancy. Alcohol crosses the placenta into the blood stream of your baby and could affect how your baby grows and develops. Your midwife will ask you at your first appointment how many units of alcohol you drink. If you are finding it hard to stop drinking alcohol, ask for help from your midwife/GP. They can help you and refer you for specialist support.

Drugs. Taking street drugs, including cannabis and psychoactive substances e.g. spice, meow meow (MCAT) during pregnancy is **NOT** recommended; it may seriously harm you and your baby. If you take any prescription medication, you must discuss this with your GP to ensure they are safe to continue. Check with your pharmacist about taking over the counter medicines especially pain killers containing codeine which can become addictive.

Carbon Monoxide (CO) is a poisonous gas produced when tobacco products are burnt. It is found in inhaled, exhaled and passive smoke. The CO replaces some of the oxygen in your bloodstream which means that both you and your baby have lower levels of oxygen overall. As part of routine antenatal care your midwife will test your CO levels. Environmental factors such as exhaust fumes or leaky gas appliances may also cause a high reading.

Smoking When you smoke, carbon monoxide, nicotine and other toxic chemicals cross the placenta directly into the baby's blood stream - so the baby smokes with you. This will reduce its oxygen and nourishment, and put your baby at risk of low birth weight, stillbirth, premature birth and other problems. The sooner you stop smoking the better, to give your baby a healthy start in life. Your midwife can refer you to a local stop smoking service for expert and friendly support to help you stop. If you need help to manage nicotine cravings the safest products to use are nicotine replacement therapies such as patches and gum. If using an e-cigarette helps you to quit smoking and stay smoke free, it is considered far safer for you and your baby than continuing to smoke. However, the potential risks to your baby from exposure to e-cigarettes are not fully understood. It is illegal to smoke in a car or any other vehicle with people who are under the age of 18. This is to protect babies, children and young adults from second hand smoke.

Home fire safety checks are available free of charge by your local fire service. All homes should have a working smoke alarm.

Hygiene. When you are pregnant your immune system changes and you are more prone to infections. It is important that you try to reduce the risk of infections with good personal hygiene: washing your hands properly before and after preparing food, using the toilet or sneezing/blowing your nose. Always wear gloves when gardening or handling cat litter as toxoplasmosis can be found in cat faeces. If you feel unwell, have a sore throat or respiratory infection contact your midwife or GP **immediately**, you may need treatment.

Travel. If you are planning to travel abroad, you should discuss flying, vaccinations and travel insurance with your midwife or GP.

Car safety. To protect you and your unborn baby, always wear a seatbelt with the diagonal strap across your body between your breasts and the lap belt over your upper thighs. The straps then lie above and below your 'bump', not over it.

Relationships. Some women find pregnancy to be a time of increased stress and physical discomfort. It can greatly affect your emotional state, your body image and relationships. Discuss any problems or concerns you have with your midwife or GP.

Domestic abuse. 1 in 4 women experience domestic abuse at some point in their lives, and can start during pregnancy. There are different kinds of abuse including physical, sexual, financial control, mental or emotional abuse. Where abuse already exists, it has been shown that it may worsen during pregnancy and after the birth. Domestic abuse can lead to serious complications which affect you and your baby. You can speak in confidence to your healthcare team who can offer help and support. You may prefer to contact a support agency such as The National Domestic Violence Helpline.

Physical activity. Being active during pregnancy means you're likely to maintain a healthier weight and can cope better with the physical demands of pregnancy and labour. Physical activity during pregnancy is known to improve fitness, reduce high blood pressure and prevent diabetes in pregnancy. There is no evidence of harm and walking for 150 minutes each week can keep you and your baby healthy. It can also give you more energy, help you sleep better and reduce feelings of stress, anxiety and depression. Every activity counts in bouts of at least 10 minutes. If you are already active, keep going, if you are not active start gradually. Activity can include walking, dancing, yoga, swimming and walking up the stairs.

Pelvic floor exercises. It is recommended that you do pelvic floor exercises during pregnancy to help strengthen this group of muscles. Your midwife will advise you how to do these.

Family and friends test. The survey has been designed for the NHS and your hospital to gain feedback on the services you have received. It is a quick and anonymous way to give your feedback. For further information discuss this with your midwife.

Topics	N/A	Discussed	Signature* and Date	Your intentions or preferences	Leaflets given
Employment rights Maternity benefits Health and safety issues	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	B Midwife 04.12.16		<input checked="" type="checkbox"/>
Registered with a Dentist Healthy eating Vitamin D / Healthy Start Vitamins Caffeine Alcohol consider using an alcohol screening tool (e.g. AUDIT-C) Drugs		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	B Midwife 04.12.16	Start date: 0 4 1 2 1 6	<input checked="" type="checkbox"/>
Hygiene		<input checked="" type="checkbox"/>	B Midwife 04.12.16		
Smoking Effect on baby Effect on mother Smoke free homes	N/A <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		First appointment with smoking cessation services: D D M M Y Y Quit date set: D D M M Y Y	<input type="checkbox"/>
Working smoke alarm Self referral - home fire safety check Travel safety Seat belts		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	B Midwife 04.12.16		<input type="checkbox"/>
Feelings about pregnancy Stresses in pregnancy Support at home Sex in pregnancy Physical activity Pelvic floor exercises Family and Friends test		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	B Midwife 04.12.16		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Start4Life Information Service for Parents is a free NHS service for mums and dads offering regular emails or texts throughout your pregnancy and beyond. Get trusted NHS approved information, advice and tips including baby development, preparing for birth and what to expect as your baby grows, from breastfeeding to immunisations and development stages, as well as wider advice on healthy lifestyles and how to find local support. Search **Start4Life** online to sign up now. www.nhs.uk/start4life
Please supply your email address to receive regular information and advice throughout your pregnancy and afterwards.

Email: a n n a S @ h o t m a i l . c o . c o m

Social & Health Assessment Completed

Signature* B Midwife Date 0 4 1 2 1 6

Your carers

Midwife. Your midwifery team are usually the main care providers throughout your pregnancy. They provide care and support for women and their families during pregnancy, childbirth and the early days after the birth. They will work in partnership with you and your family to ensure you can make informed decisions about your care. Your midwives will arrange to see you at clinics in the local community and will visit you at home after the birth of your baby. If you need to contact your midwife please refer to the telephone numbers on page a of this booklet.

Student Midwives. Will work under the supervision of a qualified midwife. Students will be undertaking a degree course at a university, but will spend time gaining experience in a clinical setting e.g. labour ward, antenatal clinic.

Maternity Support Workers. Support midwives as part of the midwifery team. They have had appropriate training and supervision to provide information, guidance, reassurance and support for example with antenatal classes; infant feeding; which improves the quality of care that the midwife is able to provide to you, your partner and your baby.

Obstetricians and Maternal-Fetal Medicine Specialists (MFM) are doctors who specialise in the care of women during pregnancy and childbirth. You may be referred to their care at the beginning of your pregnancy if you already have a medical problem, or during pregnancy if there are any concerns about your health or the health of the baby. They will discuss with you a plan of care.

Health Visitors work within the NHS. All are qualified nurses/midwives who have done additional training in family and child health, health promotion and public health development work. They work as part of a team alongside your GP, other community nurses and your midwives. Your health visitor will visit you at home after you have had your baby, but will also see you during your pregnancy.

General Practitioner (GP). Doctors who work in the community, providing care for all aspects of health for you and your family throughout your lifetime.

Specialists. Some women with medical problems, such as diabetes, may need to be referred to a specialist for additional care during pregnancy. They may continue to provide care for you after you have had your baby.

Ultrasonographers are specially trained to carry out ultrasound scans. They will perform your dating, mid-pregnancy (anomaly) and any other scans you may need, based on your individual needs.

* Signatures must be listed on page b for identification

Name Anna Sample
Unit No/ NHS No A 1 2 3 4 5 6

Antenatal classes are an opportunity for you and your partner to find out about pregnancy, labour, birth and becoming new parents. Ask your midwife/health visitor what is available in your area to suit you. There are often special classes for teenagers, parents expecting multiple babies and non-English speaking parents.

Safe sleeping. New babies have a strong desire to be close to you after birth as this will help them to feel secure and loved. Sudden Infant Death Syndrome (SIDS) is a sudden and unexpected death of a baby where no cause is found. While SIDS is rare, it can still happen and there are steps parents can take to reduce the risk of it happening. These include: • Place your baby on their back to sleep, in a cot or Moses basket in the same room as you for the first 6 months • Do not smoke in pregnancy or let anyone smoke in the same room as your baby • Do not share a bed with your baby if you have been drinking alcohol, taken drugs or if you are a smoker • Never sleep with your baby on a sofa or armchair • Do not let your baby get too hot or too cold, keep your baby's head uncovered • Place your baby in the "feet to foot" position. • Breastfeed your baby. • Infant immunisations reduce the risk of SIDS. • Seek medical help if your baby is ill. For further information: www.lullabytrust.org.uk

Equipment. Every new parent needs some essentials for their new baby. In the early days, you will need clothes and nappies. It may be advisable not to get too many until after your baby is born, so that you know what size to buy. You need something for your baby to sleep in such as a cot or Moses basket. If you have a car, you must have a car seat and your baby must travel in their seat. Think about other ways of carrying your baby when you are out, such as baby carriers/slings or prams/pushchairs.

Newborn screening. After birth, your baby will be offered some screening tests. The blood spot test is designed to identify those few babies who may be affected by PKU, cystic fibrosis, congenital hypothyroidism, MCADD, MSUD, HCU, IVA, GA1 and haemoglobinopathy disorders. Two detailed examinations of the baby will be performed, one within 72 hours of the birth and one is when your baby is 6-8 weeks old. These check your baby's eyes, heart and lungs, nervous system, abdomen, hips and testes (in boys). The hearing test is designed to find babies who have a hearing loss. Your midwife will give you a leaflet explaining these screening tests. For further information visit www.screening.nhs.uk/annbpublications

Vitamin K. We need vitamin K to make our blood clot properly so we do not bleed easily. To reduce the risk of a bleeding disorder, your baby should be offered vitamin K after birth. The most effective way of giving this is by an injection (oral doses may be an option).

BCG. This is a vaccine offered to all babies who may be at higher than average risk from contact with TB (tuberculosis). These include babies whose families come from countries with a high incidence of TB such as Asia, Africa, South and Central America and Eastern Europe or babies born in a town or city where there is a high rate of TB. It is also offered to babies who have a relative or close contact with TB, have a family history of TB in the past 5 years or who plan to travel to a high-risk country to stay for more than three months. TB is a potentially serious infection which usually affects the lungs, but can also affect other parts of the body. Treatment is with antibiotics. The BCG vaccination is usually given to the baby early in the postnatal period, but in some circumstances, it may be delayed. Some maternal medical conditions or specific medications taken in pregnancy can affect the immune system of the baby. In these instances, the vaccination should be delayed for about 6 months after the baby is born. Please discuss this with your midwife if you think this may apply to your baby. Further information can be found in the leaflet "TB, BCG vaccine and your baby" or visit www.nhs.uk/vaccinations

Hepatitis B. Some people carry the hepatitis B virus in their blood without having the disease itself. If a pregnant mother has or carries hepatitis B, or catches it during pregnancy, she can pass it onto her unborn baby. Babies born to infected mothers are at risk of getting this infection and should receive a course of vaccine and a test at twelve months to exclude infection. The first immunisation will be offered soon after birth and then at one, two, three, four and twelve months.

Connecting with your baby. Taking time out to begin to develop a relationship with your unborn baby will have a positive impact on your baby's wellbeing and their brain to grow. You can begin to connect through talking or singing to your baby bump and noticing when your baby has a pattern of movements. It is lovely to include your partner and / or other children too.

Greeting your baby for the first time. Holding your baby in skin to skin contact soon after birth is the perfect way to say hello. Skin contact will help you both to feel calm, give you time to rest, keep warm and get to know each other. As your baby recognises your voice and smell, they will begin to feel safe and secure. Take time to notice the different stages your baby goes through to get ready their first feed.

Responding to your baby's needs. New babies have a strong desire to be close to their parents as this will help them to feel secure and loved. When babies feel secure they release a hormone called oxytocin which helps their brain to grow and develop. If you are breastfeeding you can offer your baby your breast when he/she shows signs of wanting to feed, when they just want a cuddle, if you need to fit in a quick feed or if you want to sit down and have a rest. If you choose to bottle feed, your baby will enjoy being held close, and fed by you and your partner rather than by lots of different people.

Feeding your baby. You may already have some thoughts about how you will feed your baby, based on previous experience or what others have told you. However, you don't have to decide until after your baby is born. Breastfeeding provides everything your baby needs to grow and develop. It also helps protect and comfort your baby. Your midwife will be happy to talk to you about this. Further information can be found via: www.bestbeginnings.org.uk. If you decide to use formula milk to feed your baby, your midwife will give you information about how to hold your baby for feeding and how to make up feeds safely.

Contraception. You need to start using contraception from 3 weeks after the birth. Don't wait for your periods to return or until you have had your postnatal check-up before you use contraception, you can get pregnant again before then. Longer lasting methods e.g. Depo injection, implant and IUD/IUS (coil) are effective because you don't have to remember to take pills or do any preparation before you have sex and they are safe to use if you are breastfeeding. A coil can be fitted at the time of a planned caesarean section, if this is something you are interested in having, speak to your midwife or obstetrician about it. For further information about contraception visit www.fpa.org.uk

Plans for Pregnancy and Parenthood

Topics	Discussed	Signature*& Date	Your intentions or preferences	Leaflets given
Preparing for your new baby Parent education <input checked="" type="checkbox"/> Safe Sleeping <input checked="" type="checkbox"/> Home environment <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Newborn physical examination <input checked="" type="checkbox"/> Newborn blood spot test <input checked="" type="checkbox"/> Newborn hearing test <input checked="" type="checkbox"/> Vitamin K <input checked="" type="checkbox"/>		0 4 0 6 1 7 B Midwife		<input checked="" type="checkbox"/>
BCG discussed No <input type="checkbox"/> Yes <input type="checkbox"/> Baby BCG indicated No <input type="checkbox"/> Yes <input type="checkbox"/> Mother agrees to vaccine No <input type="checkbox"/> Yes <input type="checkbox"/>		D D M M Y Y N/A	Reason: <input type="text"/> If no, reason declined <input type="text"/>	<input type="checkbox"/>
Connecting with your baby Talking to your baby <input checked="" type="checkbox"/> Noticing/responding to baby's movements <input checked="" type="checkbox"/> How this can help your baby's brain development <input checked="" type="checkbox"/>		0 4 1 2 1 6 B Midwife	I WOULD LIKE TO BREASTFEED THIS TIME	<input checked="" type="checkbox"/>
Greeting your baby for the first time Skin to skin contact <input checked="" type="checkbox"/> Keeping baby close <input checked="" type="checkbox"/> Recognising feeding cues <input checked="" type="checkbox"/>		2 2 0 4 1 7 B Midwife		<input checked="" type="checkbox"/>
Responding to your baby's needs Importance of comfort and love to help baby's brain develop <input checked="" type="checkbox"/> Responsive feeding <input checked="" type="checkbox"/>		2 2 0 4 1 7 B Midwife		<input checked="" type="checkbox"/>
Feeding your baby Value of breastfeeding as protection, comfort and food <input checked="" type="checkbox"/> Getting off to a good start <input checked="" type="checkbox"/> Understanding how a baby breastfeeds <input checked="" type="checkbox"/> Where to get help including local support groups <input checked="" type="checkbox"/>		2 2 0 4 1 7 B Midwife		<input checked="" type="checkbox"/>
Confirmation that a conversation has taken place around the topics outlined above Comments <input type="text"/>				
<input type="text"/>		*Signature & date B Midwife 2 2 0 4 1 7		
<input type="text"/>		B Midwife 2 2 0 4 1 7		
<input type="text"/>		B Midwife 2 2 0 4 1 7		
Contraception What methods of contraception have you used in the past? <input type="text"/>				
Postnatal contraceptive plan made? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>				
Contraception method of choice and who will provide this <input type="text"/>				

* Signatures must be listed on page b for identification

Name	Anna Sample
Unit No/ NHS No	A 1 2 3 4 5 6

Choosing where to have your baby. Depending upon your individual needs and what services are available locally, you and your partner will be able to choose where to have your baby. This may be at home, supported by a midwife, or in a midwifery unit or birth centre. These are either based in the community or in hospital and they promote natural labour and childbirth. Alternatively, you may choose to deliver in hospital supported by a maternity team. The team may include midwives, obstetricians, paediatricians and anaesthetists. When making your choice it is important to consider all your personal circumstances and any additional care needs you or your baby may need. You can discuss your wishes and options available with your midwife and/or obstetrician if there are any pregnancy concerns. It may be possible for you to visit the unit during your pregnancy. This will give you the opportunity to find out more about the facilities available. (Please note hospital sites are a smoke free environment.) You may be given a list of things to bring to the birth centre or hospital when you go into labour e.g. something comfortable for you to wear during labour, bras, pants, sanitary towels, toiletries, towels, dressing gown and slippers. For your baby: clothes and nappies, a shawl or blanket and outdoor clothing.

Signs of labour. Most labours start spontaneously with irregular contractions. They will become more often, last longer and feel stronger. It can take up to 24 hours for this to happen and you can stay at home until your contractions become stronger and more regular. You may also have backache. The contractions are widening and shortening the neck of the womb. Sometimes the waters break before labour starts, this is called spontaneous rupture of membranes (SROM). It can be a gush, leak or a trickle of amniotic fluid which you cannot control. If you think your waters have broken or you are having strong regular contractions you should contact staff in the delivery suite, who will advise you what you need to do. You may need an assessment, which could include a vaginal examination. If your waters have broken, but you are not in labour, swabs will be taken to check for infection. Labour often starts within a day of SROM. When you do go to hospital remember to take these notes and an overnight bag with you. If there have been any pregnancy complications e.g. you have developed diabetes in your pregnancy or scans have shown growth restriction with your baby, contact the delivery suite as soon as you start having regular contractions.

Inducing labour. It may be necessary to start your labour if there are problems in the pregnancy e.g. high blood pressure, concerns about the baby's growth or if you are 10-14 days overdue. If you are 'overdue' your midwife will offer you a membrane sweep at 41 weeks. This is a vaginal examination which stimulates the neck of the womb, which may trigger labour. Contractions can be started by inserting a pessary or gel into the vagina. It may take 24-48 hours to get you into labour, sometimes a hormone infusion (drip) is used to speed up the labour. You and your baby will be closely monitored.

Assessment of progress. Many factors play a part in the way your labour progresses – including the 'three Ps': The **POWERS** (how strong and effective the contractions are); the **PASSAGE** (the shape and size of your pelvis and birth canal) and the **PASSENGER** (the size of the baby, and which way it is lying). Progress is assessed as necessary, and includes external and internal examinations to check whether the baby is moving down in the birth canal and whether the cervix is opening.

Monitoring the baby during labour. Your baby's heart beat will be monitored during labour. This is to detect any changes that could suggest your baby is becoming distressed. The midwife can use; a Pinard stethoscope or a fetal Doppler to listen intermittently, or continuously with a monitor. This will depend on your risk at the onset and during your labour.

Posture during labour and birth. You will be encouraged to move around during labour unless your chosen pain relief makes this difficult. During the active pushing phase, many mothers wish to remain upright; there is evidence that birth can be easier in a squatting or kneeling position. It is important that you find the position which is most comfortable for you.

Eating and drinking. If you feel like eating and drinking during labour, it is advisable you eat light meals and drink fluids, to keep your energy levels up. Sometimes it is recommended you do not eat and drink, the midwife caring for you during labour will advise you based on your individual circumstances.

Pain relief. Labour is painful, it is important to learn about all the ways you can ease the pain. There are many options and most mothers do not know how they will feel or what they need until the day. In early labour, you may find: a warm bath, 'TENS' machine, breathing exercises and massage helpful. Other methods include: Entonox (gas and air), intramuscular injections of pain relieving drugs, and epidurals. It is important to keep an open mind, choose what you feel you need.

Previous caesarean section. If you have had one caesarean section in the past you have a good chance (around 75%) of having a vaginal birth this time. This is known as VBAC (vaginal birth after caesarean section). Your midwife/obstetrician will discuss with you the reason for your last caesarean and options for childbirth this time. Labour after a previous caesarean section is monitored more closely, in hospital, to make sure the scar on your uterus (womb) does not tear. If you have had two or more caesarean sections in the past, your obstetrician will discuss with you the safest type of birth for this pregnancy.

Caesarean section. There are times when it is the safest option to have a caesarean section. A caesarean section involves major surgery and should only be carried out for good reasons. The operation involves delivering your baby through a cut in your abdomen. The cut is usually made just below the bikini line. It is usual for you to be awake during the operation, with an epidural or spinal anaesthetic. A caesarean section may be planned e.g. if your baby is breech and did not turn (page 19). It may be done as an emergency during labour, if your baby is distressed or the labour is unduly prolonged.

Instrumental delivery. Extra help may be needed if you have already progressed to pushing, but the delivery needs to be speeded up. This could be because you are tired or your baby is becoming distressed. The **ventouse** method uses a suction cup that fits on your baby's head, while **forceps** are a pair of spoon-shaped instruments that fit around the head. The obstetrician will decide which one to use at the time, based on the clinical situation.

Episiotomy and Tears. The perineum (area between the vagina and anus) stretches to allow the baby to be born. It usually stretches well, but sometimes may tear. An episiotomy is a cut to make the vaginal opening larger. It is not done routinely but may be necessary: to avoid a larger and more damaging tear, to speed up the birth if the baby is becoming distressed or at the time of an instrumental delivery. You will have a local anaesthetic to freeze the area, or if you've already had an epidural, the dose can be topped up before the cut is made. The same applies if stitches (sutures) are needed to repair the episiotomy or the tear. The stitches will dissolve and will not need to be removed.

The placenta (afterbirth). The placenta and membranes usually deliver soon your baby is born. You will be offered an oxytocin injection in your thigh which helps the uterus to contract more quickly and reduces the risk of heavy bleeding (postpartum haemorrhage, PPH). Putting the baby straight to the breast helps release natural oxytocin hormone. Your baby's umbilical cord will usually be clamped and cut within 1 and 5 minutes following birth. This delay allows your baby to carry on benefiting from blood from the placenta. This will depend on the way your baby responds immediately after birth.

Preferences for birth

The birth of your baby is a very exciting time. The healthcare team looking after you will discuss the different options for where you can give birth e.g. at home, at a midwifery unit or maternity unit. You may want to make a record of what you would like to happen, such as what pain relief you would like or who you want to support you during labour and birth. A personalised plan can then be developed between you and your carers, which outlines your choices/preferences.

Topics	Discussed	Signature* and Date	Your comments	Leaflets given
Where to have your baby	<input checked="" type="checkbox"/>	0 4 0 6 1 7	I would like to go home as soon as possible after the baby is born	<input checked="" type="checkbox"/>
Hospital / birth centre visit	<input checked="" type="checkbox"/>	B Midwife		
What to bring	<input checked="" type="checkbox"/>			
Who will be present	<input checked="" type="checkbox"/>			
Can students be present	<input checked="" type="checkbox"/>			
Signs of labour		0 4 0 6 1 7	I am aware of the signs of labour and have the contact numbers for the delivery suite	<input checked="" type="checkbox"/>
contractions	<input checked="" type="checkbox"/>	B Midwife		
waters breaking	<input checked="" type="checkbox"/>			
Inducing labour		0 4 0 6 1 7		<input checked="" type="checkbox"/>
methods used	<input checked="" type="checkbox"/>	B Midwife		
reason	<input checked="" type="checkbox"/>			
Assessment during labour		0 4 0 6 1 7	I would like to try the pool for labour and avoid any pain relief if i can. I would like to use entonox if needed I want to be as active as possible and be able to change my position frequently	<input checked="" type="checkbox"/>
of progress	<input checked="" type="checkbox"/>	B Midwife		
of mother	<input checked="" type="checkbox"/>			
of baby - including fetal heart monitoring	<input checked="" type="checkbox"/>			
Posture		0 4 0 6 1 7		<input checked="" type="checkbox"/>
during labour	<input checked="" type="checkbox"/>	B Midwife		
during delivery	<input type="checkbox"/>			
Eating and drinking	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Pain relief		0 4 0 6 1 7		<input checked="" type="checkbox"/>
natural methods	<input checked="" type="checkbox"/>	B Midwife		
entonox (gas and air)	<input checked="" type="checkbox"/>			
injections	<input checked="" type="checkbox"/>			
epidural/spinal	<input checked="" type="checkbox"/>			
Vaginal birth	<input checked="" type="checkbox"/>	0 4 0 6 1 7	I would like to give birth in the pool if possible	<input type="checkbox"/>
Water birth	<input checked="" type="checkbox"/>	B Midwife		
VBAC	<input checked="" type="checkbox"/>			
Caesarean section	<input checked="" type="checkbox"/>			
Ventouse	<input checked="" type="checkbox"/>			
Forceps	<input checked="" type="checkbox"/>			
Breech	<input checked="" type="checkbox"/>			
Perineum		0 4 0 6 1 7	i would prefer to have an active delivery of the placenta	<input type="checkbox"/>
episiotomy	<input checked="" type="checkbox"/>	B Midwife		
tear	<input checked="" type="checkbox"/>			
Delivery of placenta				
Active management	<input checked="" type="checkbox"/>			
Physiological	<input checked="" type="checkbox"/>			
Delayed cord clamping	<input checked="" type="checkbox"/>			

* Signatures must be listed on page b for identification

Name	Anna Sample						
Unit No/ NHS No	A	1	2	3	4	5	6

Any questions or comments?

This space is for you to write any questions or concerns you wish to discuss with your midwife, including any concerns you might have about how you are feeling about your pregnancy, birth and looking after your baby.

I would like to gain some more information about breastfeeding

22.04.18

Anna sign posted to the local breast feeding support session. The session is on 28th of April at the GP surgery.

Abbreviations

AC	Abdominal circumference	IV	Intravenous
AF	Amniotic fluid - fluid around your baby in the womb	IVA	Isovaleric acidaemia
ART	Assisted reproductive technology	IVDU	Intravenous drug user
BCG	Bacillus Calmette–Guérin, vaccine against TB	IVF	In vitro fertilisation
BMI	Body mass index	LMP	Last menstrual period
BN	Batch number	LMWH	Low-molecular weight heparin
BP	Blood pressure	MCADD	Medium chain acyl-coa dehydrogenase deficiency
BPD	Bi-parietal diameter	MEOWS	Modified Obstetric Early Warning System
Br	Breech	mls	Millilitres
CAF	Common assessment framework	MMR	Measles Mumps Rubella Vaccine
CCT	Controlled cord traction	MRI	Magnetic resonance imaging
Ceph	Cephalic	MRSA	Methicillin-resistant Staphylococcus aureus
CMW	Community midwife	MSUD	Maple syrup urine disease
CO	Carbon monoxide	MSW	Maternity support worker
Con	Consultant	MW / RM	Midwife / Registered Midwife
CP	Civil partner	NAD	No abnormalities detected
CRL	Crown rump length	NFA	No fixed abode
CTG	Cardiotocograph	No.	Number
CVS	Chorionic villus sampling	NT	Nuchal translucency
DM	Diabetes mellitus	NVD / SVD	Normal vaginal delivery / Spontaneous vaginal delivery
DVT	Deep vein thrombosis	O ₂	Oxygen
EBL	Estimated blood loss	Obl	Oblique
ECV	External cephalic version	ODP	Operating department practitioner
EDD	Expected date of delivery	OGTT	Oral glucose tolerance test
EFW	Estimated fetal weight	OHSS	Ovarian Hyperstimulation Syndrome
Eng	Engaged	Palp	Palpation
ETT	Endotracheal tube	PCR	Polymerase chain reaction
F/T	Full time	PET	Pre-eclampsia/eclampsia
FBS	Fetal blood sampling	PGP	Pelvic girdle pain
FGR	Fetal growth restriction	PIH	Pregnancy induced hypertension
FH / FHHR	Fetal heart / Fetal heart heard regular	PKU	Phenylketonuria
FL	Femur length	PND	Postnatal depression
FMF	Fetal Movements Felt	PP	Peuperal Psychosis
FY	Foundation year doctor	PPH	Post-partum Haemorrhage
GA	Gestational age	PR	Per Rectum
GA1	Glutaric aciduria Type 1	Pres	Presentation
GBS	Group B streptococcus	P/T	Part time
GDM	Gestational diabetes	PV	Per vaginam
Gest	Gestation	Resp	Respirations
Gms	Grams	SGA	Small for gestational age
GP	General practitioner - family doctor	SLE	Systemic lupus erythematosus
Hb	Haemoglobin	SROM	Spontaneous rupture of membranes
HC	Head circumference	StM	Student Midwife
HCU	Homocystinuria (pyridoxine unresponsive)	STR	Speciality training registrar (Doctor)
HDU	High dependency unit	TB	Tuberculosis
HELLP	Haemolysis Elevated Liver Enzymes Low Platelets	Temp	Temperature
HV	Health Visitor	TENS	Transcutaneous electrical nerve stimulation
HVS	High Vaginal Swab	T	Trisomy
IBD	Inflammatory bowel disease	U/E	Unemployed
ICP	Intrahepatic Cholestasis in Pregnancy	U/S	Ultrasound
IOL	Induction of labour	UKBA	United Kingdom Border Agency
IPPV	Intermittent Positive Pressure Ventilation	VBAC	Vaginal birth after Caesarean Section
ITU	Intensive therapy unit / intensive care unit	VE	Vaginal examination
IUD	Intrauterine Device	VTE	Venous thrombo-embolism
IUS	Intrauterine System	Wks	Weeks

Other contacts / visits e.g. day unit, delivery suite, inpatient summary or contacts with external agencies.

Date /time	Gest	Where seen	Details: reason for referral, investigations, plan of care, length of stay (if admitted)	Signed *	Follow up
2 8 0 4 1 7 3 0 +2 <small>H H M M</small>		Surgery	Anna attended infant feeding support group. Discussed previous experiences of breast feeding and would like to breast feed this baby. Contact details given for infant feeding team, peer/breast buddies support group.	C Midwife	CMW 1/52
2 7 0 6 1 7 3 6 +2		Home	Health visitor home visit. Discussed home safety, baby clinic times /days and locations and how to access health visiting team.	H Visitor	PN visit

Insert continuation sheets here, and number them.

Name	Anna Sample						
Unit No/ NHS No	A	1	2	3	4	5	6

* Signatures must be listed on page b for identification

Antenatal Admission Are personal details on page a correct? Yes 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

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

Observations

Pulse (bpm) Resps Blood pressure / MEOWS score Oedema Urine

Palpation

Temp Presentation Lie Position Engagement (5ths palpable) Fundal height (cm)

***Weight on admission Tissue viability assessment Manual handling assessment

Estimated liquor Normal Oligohydramnios Polyhydramnios

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

Comments

Contractions Yes No Strength No. / 10 min Regularity

Fetal heart Maternal pulse (bpm) Pinard Rate (bpm) Rate (Twin 2) (bpm) Doptone Duration of assessment (mins) CTG Baseline Variability Accelerations Decelerations

**Normal **Suspicious **Pathological

Signed*

Date/Time

DAY ASSESSMENT

Tissue viability risk assessment

Referred: Yes No to: Signature* Date

Manual handling risk assessment

Referred: Yes No to: Signature* Date

*** Re-weigh on admission if booking BMI > 30 * Signatures must be listed on page b for identification

**** Definitions**
Normal CTG where all features are reassuring
Suspicious CTG where there is 1 non-reassuring feature AND 2 reassuring features
Pathological CTG where there is 1 abnormal feature OR 2 non-reassuring features

Name

Unit No/ NHS No

Antenatal Admission - Details

Date/ Time	Notes	Signed*
<small> D D M M Y Y H H M M </small>		

SAMPLE

Lead Professionals for antenatal care

Intended place of birth

A Hospital

Midwife *Brenda Midwife* Consultant

Lead Professionals for intrapartum care

Midwife *Amy Midwife* Consultant

Care pathway for intrapartum care

High risk Low risk If changed reason:

Lead Carers in Labour

From Date/Time	To Date/Time	Name	Post	Reason for change
14.07.17	14.07.17	<i>Amy Midwife</i>	<i>Midwife Band 6</i>	
0900	1730			

Intrapartum venous thromboembolism (VTE) assessment -on admission

BIRTH

<p>Any previous VTE except a single event related to major surgery <input type="checkbox"/></p> <p>Hospital Admission <input type="checkbox"/></p> <p>Single previous VTE related to major surgery <input type="checkbox"/></p> <p>High risk thrombophilia and no VTE <input type="checkbox"/></p> <p>Medical Co-morbidities e.g. cancer, heart failure, active SLE, IBD or inflammatory polyarthropathy, nephrotic syndrome, type 1 DM with nephropathy, sickle cell disease, current IVDU <input type="checkbox"/></p> <p>Any surgical procedure e.g. appendicectomy <input type="checkbox"/></p> <p>OHSS (first trimester only) <input type="checkbox"/></p> <p>Age > 35 years <input type="checkbox"/></p> <p>BMI > 30 <input type="checkbox"/></p> <p>Parity ≥ 3 <input type="checkbox"/></p> <p>Smoker <input type="checkbox"/></p> <p>Gross varicose veins <input type="checkbox"/></p> <p>Immobility e.g. paraplegia, PGP <input type="checkbox"/></p> <p>Current pre-eclampsia <input type="checkbox"/></p> <p>Family history of unprovoked or oestrogen-provoked VTE in first degree relative <input type="checkbox"/></p> <p>Low risk thrombophilia <input type="checkbox"/></p> <p>Multiple pregnancy <input type="checkbox"/></p> <p>IVF/ART <input type="checkbox"/></p> <p>Transient risk factors:</p> <p>Dehydration / hyperemesis <input type="checkbox"/></p> <p>Current systemic infection <input type="checkbox"/></p> <p>Long distance travel <input type="checkbox"/></p>	<p>Yes</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>High risk</p> <p>Requires antenatal prophylaxis with LMWH</p> <p>Refer to Trust-nominated thrombosis in pregnancy expert team</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Intermediate risk</p> <p>Consider antenatal prophylaxis with LMWH</p> <p>Seek Trust-nominated thrombosis in pregnancy expert team for advice</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Four or more risk factors: prophylaxis from first trimester</p> <p>Three risk factors: prophylaxis from 28 weeks</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>fewer than three risk factors</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Lower risk</p> <p>Mobilisation and avoidance of dehydration</p> </div>
<p>Complete risk assessment and update management plan as necessary</p>		<p>No risks identified <input checked="" type="checkbox"/></p>
<p>Signature* <i>A Midwife</i></p>		<p>Date <i>14 07 17</i></p>

* Signatures must be listed on page b for identification

Initial assessment

Induction of labour Yes No Augmentation of labour Yes No

Date Time Where seen Current gestation

Special Features

Medical Factors Yes No Obstetric Factors Yes No Social Factors Yes No

AN Visits: Unbooked 5 or less 6-10 11 or more

Total number of reduced fetal movement visits

Presenting history

Signs of infection Yes No Fetal movements Yes No Contractions Yes No Pain Yes No Vaginal loss Yes No Membranes intact Yes No Vaginal bleeding Yes No

self referral from home with a history of regular contractions since 0430am. Pains getting stronger since 0700am. Anna is now contracting 3:10 mins, contractions strong on palpation and Anna is coping well

General examination

Pulse (bpm) Resps Presentation Blood pressure Temperature Lie MEOWS score ***Weight on admission Position Oedema Tissue viability assessment Engagement (5ths palpable) Urine Manual handling assessment Fundal height (cm)

Estimated liquor Normal Oligohydramnios Polyhydramnios

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

Comments

Contractions Yes No Strength No. / 10 min Regularity

Fetal heart Maternal pulse (bpm) Pinard Rate (bpm) Rate (Twin 2)(bpm) Doptone Duration of assessment (mins) CTG Baseline Accelerations Variability Decelerations

** Normal ** Suspicious ** Pathological

Comments

Vaginal Examination Consent Lie/Presentation External genitalia 5ths palpable Show

Cervix position length consistency dilatation

Bladder care Void prior to procedure Catheter required Yes No

Membranes intact hindwater leak Forewaters: already ruptured ruptured during VE

Liquor none clear blood stained light meconium thick meconium

Swab count (inc. number) Swabs correct Yes No N/A *Signatures

Fetal heart rate after VE (bpm) Pinard Doptone Monitor Duration of assessment (mins) Date/Time

Signature*

Presenting part station caput moulding

Plans for labour

Birth plan completed Yes No Birth plan discussed Yes Call buzzer/emergency buzzer discussed Yes NA

Transfer to obstetric unit discussed (if required) Yes NA Birth partners

Comments e.g. coping strategies, management of 3rd stage *Discussed progress with Anna and Peter, Anna wants to use the birthing pool. Birth plan reviewed and options discussed for pain relief in labour*

Signature* Date/Time

Insert additional sheets here and number 32.1. 32.2 etc

*** Re-weigh on admission if booking BMI >30

**** Definitions**
Normal CTG where all features are reassuring
Suspicious CTG where there is 1 non-reassuring feature AND 2 reassuring features
Pathological CTG where there is 1 abnormal feature OR 2 non-reassuring

Management plan for birth

To deal with special issues during labour and delivery, a personalised management plan can be initiated which outlines specific treatment and care agreed between the care providers and the expectant mother and her birth partner. This can be amended as her labour progresses to ensure that everyone involved in her care is aware of her individual circumstances. The management plan should be reviewed at each hand over of care.

Risk assessment - at the onset of labour

Pathway of care for labour Low risk High risk Type of fetal heart monitoring Intermittent auscultation Continuous monitoring

Date/time	Risk factor / Special features	Management plan	Obstetrician aware	Signed *
14 07 17	Low risk	Care in labour as per Trust guidelines	No	
09 15		Intermittent auscultation - fetal heart to be recorded every 15 minutes for a minimum of 1 minute following a contraction during the 1st stage of labour. Fetal heart to be recorded for 1 minute every 5 minutes following a contraction during the 2nd stage of labour.		
		For hourly recordings of maternal and pool temperatures whilst Anna in the birthing pool.		A Midwife

Affix additional sheets here, and number them

* Signatures and initials must be listed on page b for identification

Name Anna Sample

Unit No/ NHS No A 1 2 3 4 5 6

Date/ Time	Notes	Signed*
140717 0915	Self referral from home in established labour, see admission details page 32. Anna wants to use the pool for analgesia, transferred to the pool room and the pool prepared. Discussed the use of the call buzzer, birthing partners and unit security. Partogram commenced.	A Midwife
0920	Anna is now in the pool, temperature of the water on entry is 36.6c.	A Midwife
0930	Coping well in the pool, encouraged Anna to increase her fluid intake whilst in the pool. Iced water given.	A Midwife
1000	Contracting strongly now, feels able to cope at present time using breathing techniques. Discussed further analgesia, Anna is happy to continue at present and will ask as soon as she feels ready to try entonox.	A Midwife
1020	Pool temperature 36.0C. Anna is taking regular sips of iced water.	A Midwife
1030	Anna is becoming more distressed now, commenced using entonox following instruction.	A Midwife
1100	Anna wishes to pass urine, helped out of the pool and passed 350mls of urine.	A Midwife
1115	Contracting strongly now and using entonox with good effect but Anna is becoming increasingly distressed and thinks she may consider having an epidural.	A Midwife
1120	Discussion with Anna with regards to going back into the pool. Anna prefers to be out and mobilising. Has some urges to push at the peak of a contraction.	A Midwife
1125	Spontaneous rupture of membranes, clear liquor draining. Anna now getting stronger urges to push.	A Midwife
1127	Anna now pushing spontaneously, encouraged her to do as her body feels she needs to.	A Midwife
1129	Anna on all fours on the floor mat, pushing spontaneously. Presenting part now visible when pushing and advancing with each contraction.	A Midwife
1138	Vaginal birth of a live infant female in good condition, cried at birth. Syntocinon 10iu administered IM following delivery. Baby dried and given to Anna for skin to skin contact, both covered with warm towels.	A Midwife
1145	Placenta and membranes delivered by controlled cord traction delayed cord clamping for 3 minutes.	A Midwife
1148	First degree tear identified. Anna agrees to suturing see page 18 for details. Feeding cues explained and baby encouraged to root at the breast whilst suturing completed.	
1300	Anna wants an early transfer home, refreshments given. Anna and Peter are aware transfer will be later this afternoon. Confirmed baby car seat.	A Midwife
1410	Anna has passed 250mls of urine. Documentation transferred to postnatal notes for mother and baby.	A Midwife

Procedures (e.g. analgesia, epidural anaesthetic, fetal blood sampling, operative delivery, episiotomy, cannulation, delayed cord clamping, 3rd stage management)

Date/ Time	Procedure	Indication	Benefits and risks	Care provider should sign following discussion with mother
1 4 0 7 1 7 H H M M	Active 3rd stage	Reduce the risk of PPH and shortens duration	Benefits discussed - reduced risk of bleeding and expedite 3rd stage	Discussed with mother <input checked="" type="checkbox"/> Consent Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Signed * A Midwife
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y H H M M				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *

* Signatures must be listed on page b for identification

Name	
Unit No/	
NHS No	

Name *Anna Sample* Unit no. *A123456*

Maternal Preferences

Anna would like to use the birthing pool for labour

Significant risk factors

Antenatal risks present No Yes SGA or FGR on scan No Yes

Management plan initiated

Age *26* Prev. pregnancies *+ 1* BP at booking *110 / 60* Current gestation *40 + 0*
 (>24 wks + <24 wks) (weeks + days)

Booking BMI *23.9*

Medications *Nil* Allergies *None*

Date		MEOWS score onset of labour			Urine	Maternal Pulse (bpm)					Fetal Heart Rate (bpm)					Maternal activity-posture/pressure area care	Liquor	Fifths palpable per abdomen						
Hrs	Time	Temp (°C)	Resps	BP	P	G	K	B	60	70	80	90	100	110	120	130	140	150	160	170	180	I = intact C = clear M = meconium B = blood		
1	09:00	36.4	18	110/64	NAD																			
	09:15																							
	09:30																							
2	10:00			110/68																				
	10:15																							
	10:30																							
3	11:00			112/66																				
	11:15																							
	11:25																							
	11:30																							
	11:35																							
	11:40																							
	11:45																							

SECOND STAGE

Vaginal birth live female infant at 11.38 hours

Record observations of the fetal heart rate every 5 minutes

Draw a line to differentiate between the first and second stage of labour

Affix additional sheets here

Operative details

Procedure Ventouse <input type="checkbox"/> Caesarean <input type="checkbox"/> <input type="text"/> Classification ** Forceps <input type="checkbox"/> Other <input type="text"/>	Indication Suspected fetal compromise <input type="checkbox"/> Failure to progress <input type="checkbox"/> Breech <input type="checkbox"/> Antepartum haemorrhage <input type="checkbox"/> Maternal request <input type="checkbox"/> Multiple pregnancy <input type="checkbox"/> Other <input type="text"/>
--	--

Pre-delivery findings

Abdominal palpation Presentation <input type="text"/> Lie <input type="text"/> Position <input type="text"/> Engagement (5ths palpable) <input type="text"/>	Vaginal examination Not performed <input type="checkbox"/> Presenting part <input type="text"/> Cervix position <input type="text"/> station <input type="text"/> consistency <input type="text"/> position <input type="text"/> length <input type="text"/> caput <input type="text"/> dilatation <input type="text"/> moulding <input type="text"/>	Liquor None <input type="checkbox"/> Clear <input type="checkbox"/> Light meconium <input type="checkbox"/> Thick meconium <input type="checkbox"/> Bloodstained <input type="checkbox"/>	Fetal heart CTG performed <input type="checkbox"/> Normal <input type="checkbox"/> Baseline <input type="text"/> Suspicious <input type="checkbox"/> Variability <input type="text"/> Pathological <input type="checkbox"/> Accelerations <input type="text"/> Predelivery FBS <input type="checkbox"/> Decelerations <input type="text"/> FBS result <input type="text"/>
---	---	---	---

Pre-delivery bladder care Bladder emptied Yes No Indwelling catheter Yes No Time

Delivery decision made by **Consultant aware** Yes No **Consultant present** Yes No

Designation/ Grade **Name of Consultant**

Informed consent obtained for assisted delivery Verbal Written **Informed consent obtained for caesarean section** Verbal Written

Anaesthetic/Analgesia None Epidural Perineal infiltration Pudendal Spinal General anaesthetic

Alerts/Comments (eg allergic reaction, difficult intubation, O₂ for 4hrs post op, dural tap observed)

Assisted delivery	Caesarean section
--------------------------	--------------------------

Decision time	<input type="text"/>
Venue for procedure	<input type="text"/>
Type of instrument used	<input type="text"/>
Time instrument applied	<input type="text"/>
Duration of application	<input type="text"/> minutes
Rotation	<input type="text"/>
Number of pulls	<input type="text"/>
Change of instrument (Type)	<input type="text"/>
Time instrument applied	<input type="text"/>
Episiotomy performed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Liquor	<input type="text"/>
Time baby delivered	<input type="text"/>
Position at delivery	<input type="text"/>
Placenta delivered	<input type="text"/>
Cord pH	<input type="text"/>
Pre delivery swabs/ instruments correct (inc. no)	<input type="text"/>
Signatures	<input type="text"/>
Post delivery swabs/ instruments correct (inc. no)	<input type="text"/>
Signatures	<input type="text"/>

Decision time	<input type="text"/>
Time arrived in theatre	<input type="text"/>
Prophylactic antibiotics given	Yes <input type="checkbox"/> No <input type="checkbox"/>
Time of knife to skin	<input type="text"/>
Time of knife to uterus	<input type="text"/>
Type of uterine incision	<input type="text"/>
Liquor	<input type="text"/>
Time baby delivered	<input type="text"/>
Decision to delivery time	<input type="text"/> minutes
Placenta delivered	<input type="text"/>
Tubes and ovaries	<input type="text"/>
Skin closed	<input type="text"/>
Cord pH	<input type="text"/>
Time out of theatre	<input type="text"/>
Pre delivery swabs/ instruments correct (inc. no)	<input type="text"/>
Signatures	<input type="text"/>
Post delivery swabs/ instruments correct (inc. no)	<input type="text"/>
Signatures	<input type="text"/>

**** Caesarean section classification:**
 1. Immediate threat to the life of the mother or fetus.
 2. Maternal or fetal compromise, not immediately life-threatening.
 3. No maternal or fetal compromise but needs early delivery. 4. Delivery timed to suit woman or staff.

Details - including surgeon's name and signature

Closure and sutures

Estimated blood loss mls

Post-delivery instructions



Draw any abrasions / marks and position of instruments

- | | Yes | No |
|----------------------------|--------------------------|--------------------------|
| Drains | <input type="checkbox"/> | <input type="checkbox"/> |
| Urinary catheter | <input type="checkbox"/> | <input type="checkbox"/> |
| Sutures for removal | <input type="checkbox"/> | <input type="checkbox"/> |
| Suggest for VBAC next time | <input type="checkbox"/> | <input type="checkbox"/> |
| Vaginal pack in situ | <input type="checkbox"/> | <input type="checkbox"/> |
| Vaginal pack removed | <input type="checkbox"/> | <input type="checkbox"/> |
| Anti-coagulation therapy | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|---------------------------|--------------------------|--------------------------|
| Anti-embolic stockings | <input type="checkbox"/> | <input type="checkbox"/> |
| Antibiotics | <input type="checkbox"/> | <input type="checkbox"/> |
| Analgesia | <input type="checkbox"/> | <input type="checkbox"/> |
| Epidural catheter removed | <input type="checkbox"/> | <input type="checkbox"/> |
| Follow up required | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

Staff present

Surgeon

Assistant

Midwives

Anaesthetist

ODP

Paediatrician

Time called

Time arrived

Others

Time in recovery minutes

Signature*

Date/Time

* Signatures must be listed on page b for identification

Name	<input type="text"/>
Unit No/ NHS No	<input type="text"/>

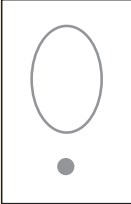
Third Stage

Management		Delayed cord clamping-duration <5 mins <input checked="" type="checkbox"/> >5 mins <input type="checkbox"/>	
Physiological <input type="checkbox"/>	Manual removal of placenta <input type="checkbox"/>	Comments <i>mother agrees to to delayed cord clamping</i>	
Active (CCT) <input checked="" type="checkbox"/>			
Drugs	Dosage & time given <i>Syntocinon 10iu given at 1148hrs</i>	Blood loss (ml)	Cord No. of vessels <input type="text" value="3"/>
Consent obtained <input checked="" type="checkbox"/>		Measured <input type="text"/>	Membranes
Syntometrine <input type="checkbox"/>	Ergometrine <input type="checkbox"/>	Estimated <input type="text" value="150"/>	Apparently complete <input checked="" type="checkbox"/>
Haemobate <input type="checkbox"/>	Misoprostol <input type="checkbox"/>	Total <input type="text" value="150"/>	Ragged <input type="checkbox"/>
	Oxytocin <input checked="" type="checkbox"/>		Incomplete <input type="checkbox"/>
	Tranexamic acid <input type="checkbox"/>		Incomplete <input type="checkbox"/>
Further action	<input type="text" value="None"/>		

Vaginal delivery pack

Pre delivery swab count (inc. no) <input type="text" value="5"/>	Signatures*	Post delivery swab count (inc. no) <input type="text" value="5"/>	Signatures*
	<i>A Midwife</i> <i>C Midwife</i>		<i>A Midwife</i> <i>C Midwife</i>

Perineum

<p>No trauma identified <input type="checkbox"/></p> <p>PR performed <input checked="" type="checkbox"/></p> <p>If PR declined, reason <input type="text"/></p>  <p>Trauma **</p> <p>1° <input checked="" type="checkbox"/> 3b° <input type="checkbox"/></p> <p>2° <input type="checkbox"/> 3c° <input type="checkbox"/></p> <p>3a° <input type="checkbox"/> 4° <input type="checkbox"/></p> <p>Labial <input type="checkbox"/> Vaginal <input type="checkbox"/></p> <p>Cervical <input type="checkbox"/> Episiotomy <input type="checkbox"/></p> <p>Indication for episiotomy <input type="text"/></p> <p>Pre-repair</p> <p>Repair required No <input type="checkbox"/> Yes <input checked="" type="checkbox"/></p> <p>Discussed with mother <input checked="" type="checkbox"/> Consent obtained <input checked="" type="checkbox"/></p> <p>Catheterised <input type="checkbox"/> Indwelling <input checked="" type="checkbox"/></p> <p>Tampon inserted <input type="checkbox"/></p> <p>Venue for repair (room/theatre) <input type="text" value="room 10"/></p> <p>Repair by <input type="text" value="A Midwife"/></p> <p>Start date and time <input type="text" value="14.07.17 1155"/></p> <p>Swab count (inc. no) <input type="text" value="5"/> Needle count <input type="text" value="1"/></p> <p>Count by: <input type="text" value="A Midwife"/></p> <p>Signature* <input type="text" value="C Midwife"/></p>	<p>Details of repair</p> <p>Anaesthetic</p> <p>Epidural <input type="checkbox"/> None <input type="checkbox"/></p> <p>Pudendal <input type="checkbox"/> Spinal <input type="checkbox"/> GA <input type="checkbox"/></p> <p>Local <input checked="" type="checkbox"/> Lignocaine (mls) <input type="text" value="5 ml's"/></p> <p>Suture material</p> <p><i>vicryl rapide</i></p> <p>Technique (post vaginal wall, muscle, skin, labia)</p> <p><i>sub cutaneous technique</i></p>	<p>Advice given</p> <p>Extent of trauma <input checked="" type="checkbox"/> Post natal review <input checked="" type="checkbox"/></p> <p>Type of repair <input checked="" type="checkbox"/> Hygiene <input checked="" type="checkbox"/></p> <p>Pain relief <input checked="" type="checkbox"/> Diet, including fibre <input checked="" type="checkbox"/></p> <p>Pelvic floor exercises <input checked="" type="checkbox"/></p> <p>Post repair</p> <p>Finish date and time: <input type="text" value="14.07.17 12.15hrs"/></p> <p>Haemostasis <input checked="" type="checkbox"/> Analgesia <input checked="" type="checkbox"/></p> <p>Vaginal pack in situ <input type="text" value="N/A"/> PR examination <input checked="" type="checkbox"/></p> <p>PV examination <input checked="" type="checkbox"/></p> <p>If declined, reason <input type="text"/></p> <p>Tampon removed <input type="text" value="N/A"/> Antibiotics <input type="text" value="N/A"/></p> <p>Laxatives <input type="text" value="N/A"/></p> <p>Swab count (inc. no) <input type="text" value="5"/> Needle count <input type="text" value="1"/></p> <p>Count performed by:</p> <p>Signature* <input type="text" value="A Midwife"/></p> <p>Signature* <input type="text" value="C Midwife"/></p> <p>For postnatal consultant review <input type="text" value="N/A"/></p> <p>Comment</p> <p><input type="text"/></p>
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Immediate Postnatal Observations

If further observations required commence Trust MEOWS chart

Date/Time	Temp	Pulse (bpm)	Resps	O ₂ Saturation	BP	Uterus	Lochia / Blood loss	Wound / Drains	Perineum	Urine	Pain	Signature *
14.07.17 12.25hrs	36.7	75	18	99%	110/68	contracted	red moderate	N/A	clean	PU	None	A midwife

Epidural catheter removed Yes No N/A

D D M M Y Y H H M M

Comments / Actions

**** Descriptions:**

3a = Less than 50 % of external anal sphincter (EAS) thickness torn.
 3b = More than 50 % of EAS thickness torn 3c = Internal anal sphincter (IAS) torn.
 4th = Injury to perineum involving the EAS and IAS and anal epithelium

Birth Summary - Mother

Or attach computer printout, if available

Labour onset	Delivery	Baby 1	Baby 2
<input type="checkbox"/> None	Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Spontaneous	Vaginal breech	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Induced	Ventouse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Augmented	Forceps	<input type="checkbox"/>	<input type="checkbox"/>
Indication: <input type="text"/>	Caesarean:	1. <input type="checkbox"/>	<input type="checkbox"/>
One to one care achieved	(See page 16 for classifications)	2. <input type="checkbox"/>	<input type="checkbox"/>
Yes <input checked="" type="checkbox"/> If no, reason why <input type="text"/>		3. <input type="checkbox"/>	<input type="checkbox"/>
		4. <input type="checkbox"/>	<input type="checkbox"/>

Pain relief

<input type="checkbox"/> None	<input checked="" type="checkbox"/> Entonox	<input type="checkbox"/> Spinal	Complementary therapies: <input type="text"/>
<input checked="" type="checkbox"/> H ₂ O	<input type="checkbox"/> Narcotics	<input type="checkbox"/> Epidural	
<input type="checkbox"/> TENS	<input type="checkbox"/> Pudendal	<input type="checkbox"/> Combined spinal/epidural	

Rupture of membranes

Spontaneous <input checked="" type="checkbox"/>	Artificial <input type="checkbox"/>	Indication <input type="text"/>
Date <input type="text" value="14.07.17"/>	Time <input type="text" value="11.27"/>	Duration <input type="text" value=" / 14 mins"/>

Length of labour

	Date	Time	Twin 2 delivered	Length (hrs/mins)
Onset of est. labour	<input type="text" value="14.07.16"/>	<input type="text" value="04.30"/>	<input type="text"/>	
Fully dilated	<input type="text" value="14.07.17"/>	<input type="text" value="11.25"/>		
Pushing commenced	<input type="text" value="14.07.17"/>	<input type="text" value="11.27"/>	1st stage	<input type="text" value="6 / 55"/>
Head delivered	<input type="text" value="14,07,17"/>	<input type="text" value="11.38"/>	2nd stage	<input type="text" value=" / 14"/>
Baby delivered	<input type="text" value="14.07.17"/>	<input type="text" value="11.38"/>	3rd stage	<input type="text" value=" / 6"/>
End of third stage	<input type="text" value="14.07.17"/>	<input type="text" value="11.45"/>	Duration of labour	<input type="text" value="7 / 15"/>

Third Stage

Placenta Apparently complete <input checked="" type="checkbox"/>	Membranes Apparently complete <input checked="" type="checkbox"/>	Comments <input type="text"/>
Incomplete <input type="checkbox"/>	Incomplete <input type="checkbox"/>	
Total blood loss (ml) <input type="text" value="150"/>	Ragged <input type="checkbox"/>	

Proforma checklist

Post-partum haemorrhage	Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Meconium	Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Shoulder dystocia	Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Incident form	Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Number <input type="text"/>
Theatre (WHO checklist)	Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Indication	<input type="text"/>
Third/ Fourth degree tear	Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Other:	<input type="text"/>

Birth Attendants

	Baby 1	Baby 2
Delivered by	<i>Amy Midwife</i>	
Midwife at delivery	<i>Carol Midwife</i>	
Others present	<i>Peter Sample - husband</i>	

Signature*

A Midwife

Date/Time

Name *Anna Sample*

Unit No/
NHS No

A 1 2 3 4 5 6

page

45

* Signatures must be listed on page b for identification

Birth Summary - Baby OR attach computer printout if available

Baby Details Number of babies Time from birth to onset of regular respirations Baby 1 mins Baby 2 mins

Birth order	Date of Birth	Time	Sex	Birth weight (g)	Centile	Mode of Delivery	Outcome	Apgars			Congenital Anomaly	Unit Number	NHS Number
								1	5	10			
1	14.07.17	11.38	F	3800g	81	vaginal	Live birth	9	9	10	nil	A987654	20020002000
2													

Apgar Score

	0			1			2			Baby 1			Baby 2		
							1	5	10	1	5	10	1	5	10
Heart rate (bpm)	absent	<100	>100				2	2	2						
Respiratory effort	absent	weak cry	good strong cry				2	2	2						
Muscle tone	limp	some flexion of extremities	well flexed				2	2	2						
Reflex irritability	no response	some motion	cry				2	2	2						
Colour	blue / pale	body pink, limbs blue	pink				1	1	2						
Total							9	9	10						

Cord Gases

	Baby 1		Baby 2	
	Arterial	Venous	Arterial	Venous
pH	N/A	N/A		
Base excess /deficit				
Other				

Resuscitation

	Baby 1			Baby 2		
	None	Basic	Advanced	None	Basic	Advanced
Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPPV : Face mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ETT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T- Piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intubated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age intubated (mins)						
Drugs						
Grade						
Resuscitation discussed with parents	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Initial Examination

	Baby 1	Baby 2
Head circumference (HC, cm)	32cms	
Temperature (°C) / route	36.7	
Identification / security labels	X 2	
Physical examination at birth completed as per Trust guideline	NAD	
Signature*	A Midwife	

Contact & Feeding

	Yes		No		Comments	Baby 1		Baby 2	
						Time	Time	Duration (mins)	Duration (mins)
Skin-to-skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		11.38			
Offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Accepted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Declined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Type of feed					Breast	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
					Formula	<input type="checkbox"/>	<input type="checkbox"/>		
Feed offered					Method	breast			
					Time feed started	12.05			
					Duration of feed	20 mins			

Vitamin K

	Baby 1		Baby 2	
Consent obtained	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Administered	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Route	I.M			
Requires further dose	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Neonatal Comments/Risks

Prolonged rupture of membranes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Meconium present at birth	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Shoulder Dystocia	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Traumatic/difficult delivery	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Risk of hypoglycaemia	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Rhesus Negative	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
NEWS chart commenced	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Plans for Transfer after Birth

Transfer to:	Date and time of transfer	Signature *
Mother <input type="text" value="home"/>	1 4 0 7 1 7 1 7 3 0	A Midwife
Handover of care tool (as per trust guideline) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A		Handover to - (name) <input type="text" value="B Midwife"/>
Baby(ies) <input type="text" value="home"/>	1 4 0 7 1 7 1 7 3 0	A Midwife
	D D M M Y Y H H M M	
Handover of care tool (as per trust guideline) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A		Handover to - (name) <input type="text" value="B Midwife"/>
Comments <i>care handed over to community team - Anna and baby both well on transfer</i>		

* Signatures must be listed on page b for identification

Postnatal venous thromboembolism (VTE) assessment

- to be completed immediately after birth. Update Management Plan as required.

Any previous VTE Anyone requiring antenatal LMWH High-risk thrombophilia Low-risk thrombophilia + family history	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	High risk At least 6 weeks postnatal prophylactic LMWH
Caesarean section in labour BMI ≥ 40 Readmission or prolonged admission (≥ 3 days) in the puerperium Any surgical procedure in the puerperium except immediate repair of the perineum Medical Co-morbidities e.g. cancer, heart failure, active SLE, IBD or inflammatory polyarthropathy; nephrotic syndrome, type I DM with nephropathy, sickle cell disease, current IVDU	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Intermediate risk At least 10 days' postnatal prophylactic LMWH Note: if persisting or > 3 risk factors, consider extending thromboprophylaxis with LMWH
Age > 35 years BMI ≥ 30 Parity ≥ 3 Smoker Elective caesarean section Family history of VTE Low-risk thrombophilia Gross varicose veins Current systemic infection Immobility, e.g. paraplegia, PGP, long distance travel Current pre-eclampsia Multiple pregnancy Preterm delivery in this pregnancy (<37 weeks) Stillbirth in this pregnancy Mid cavity rotational or operative delivery Prolonged labour (>24 hours) PPH > 1 litre or blood transfusion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 or more risk factors ↑ Fewer than 2 risk factors ↓ Lower risk Early mobilisation and avoidance of dehydration
Signature* <i>A Midwife</i>		Date <i>1 4 0 7 1 7</i>
		No risks identified <input checked="" type="checkbox"/>

Mother alerts

Part of the assessment at each postnatal contact is to identify any additional needs you may have. The alerts below can be used by your care team to help identify your risk of developing problems. The aim is to monitor your health and to check that you are well and progressing normally after the birth. The management of any problems or special features can be documented on page 48.

1 Age > 35 2 Para > 3 3 BMI > 30 4 Pregnancy induced hypertension / Pre-eclampsia 5 Prolonged rupture of membranes 6 Pushing > 1.5 hours 7 Ventouse or forceps 8 Caesarean section 9 Incomplete placenta or membranes 10 Baby weight > 90th centile 11 High temperature / unwell 12 Episiotomy / 2nd degree tear	13 3rd / 4th degree tear 14 No spontaneous urinary void > 3 hours 15 Single catheter drainage > 500 ml 16 Indwelling catheter > 24 hours 17 Lack of support 18 Current mental health problems 19 Previous mental health problems 20 Family history of severe perinatal mental health 21 Excessive blood loss 22 Smoker 23 Antenatal anti-coagulation therapy 24 Thrombophilia	<input checked="" type="checkbox"/> None identified at delivery
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Key to risk

If you have one or more risk factors for any of the conditions below, it does not necessarily mean that you will develop a problem. These are merely prompts for your carers to initiate further investigations, treatment or referral. Should you have concerns about any of these risks, contact your midwife.

Infection	5 8 9 11 12 13 14 15 16 21 22
Abnormal bleeding	2 4 9 11 23 24
Hypertensive disorders	1 3 4
Urinary urgency or incontinence Faecal urgency or incontinence	2 6 7 10 12 13 14 15 16
Psychological well being	17 18 19 20

Name	<i>Anna Sample</i>						
Unit No/ NHS No	<i>A</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

* Signatures must be listed on page b for identification

Management plan

To deal with special issues after your birth, a personalised management plan will outline specific treatment and care agreed between you and your care providers, including specialists. The aim is to keep you well, and to ensure that everyone involved in your care is aware of your individual circumstances. If any special issues have been identified from the alerts on page 47, which require further consideration they will be recorded below. This plan will be updated and amended to reflect your changing needs.

Date/time	Risk factor / Special features	Management plan	Referred to	Signed *
14 07 17 13 00	1st degree tear	Keep area clean as possible. Change sanitary pads regularly. Observe for signs of infection e.g. fever, rapid pulse, feeling unwell, foul smelling discharge, increased pain in perineum. Encouraged to perform pelvic floor exercises. Healthy diet discussed. Encouraged Anna to eat fibre and increase fluid intake to avoid constipation.	Nil	A Midwife

Name Anna Sample
Unit No/ NHS No | A | 1 | 2 | 3 | 4 | 5 | 6 |

* Signatures must be listed on page b for identification

Special features Booking B/P 100 60 Booking BMI 23.9 Age 3 0 Blood group A Pos Para 2+ Last Hb and Date 118gl 2 2 0 4 1 7

Key points (i.e. specific antenatal/intrapartum/postnatal events) 1st urinary void Date 14.07.17 Time 1245 Amount (ml) 350mls

Medications None Allergies None

First postnatal assessment To be completed prior to: leaving a home birth, early transfer home, or on admission to postnatal ward.

Date 1 4 0 7 M 1 7 Time 1 6 3 1 0 Where seen Delivery suite

Are there any concerns about the following:	No	Yes	Comments/Actions
A Temperature, pulse, respirations and blood pressure Infection, fever, chills, headache, visual disturbances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEOWS chart commenced <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B Breasts and nipples Redness, pain, cracked, sore, bruised nipples	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A = Temp 36.7 pulse 74bpm respirations 18 Bp 120/68 I = Analgesia and personal hygiene discussed. M = Pelvic floor exercises discussed. Anna signposted to to page 13 for further information
C Uterus Abdominal tenderness, subinvolution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D Vaginal loss Clots, offensive smell, return to heavy loss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E Legs DVT, redness, swelling, pain, varicose veins, cramps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
F Bladder Pain on passing urine, leakage, urgency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
G Bowels Constipation, haemorrhoids, leakage, urgency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
H Wound Suture removal, healing, infection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
I Perineum Soreness, bruising, swelling, sutures, infection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
J Pain Headache, backache, abdominal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
K Fatigue Unable to sleep, restless sleep, extreme tiredness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
L Mental health and wellbeing Feeling down, low in mood, worried or anxious	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
M Postnatal exercises Pelvic floor, abdominal, legs, deep breathing, relaxation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
N Tissue viability assessment completed Risk of developing a pressure ulcer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Infant feeding method Breast

Key to risk reviewed (page 47) Yes
Management plan initiated Yes

Signature* A Midwife Date/Time 1 4 0 7 M 1 7 1 6 3 1 0

Orientation to ward Explanation of ward routine and layout (if applicable)

Introductions Call system Security system Ward layout Visiting details Meals/drinks Information leaflets Expected date of discharge

Date DD MM YY Time HH MM Signature* A midwife
Not applicable as early transfer home

* Signatures must be listed on page b for identification

Name Anna Sample
Unit No/ NHS No A 1 2 3 4 5 6

Date/ Time	Notes	Signed*
1 4 0 7 1 7	Anna and baby are staying on delivery suite following the birth	
1 2 4 5	as requesting an early transfer home. Assisted Anna to the bathroom for a shower.	A Midwife
1315	Anna out of the shower.	A Midwife
1505	Called to see Anna, Ruby fixed to the breast, feed observed.	A Midwife
1630	Postnatal assessment undertaken prior to transfer home. No problems identified. Community midwifery pattern of visits discussed and contact numbers issued. Combined notes booklet retained in the unit and postnatal mother and baby notes issued.	A Midwife

Date/ Time	Notes	Signed*
D D M M Y Y H H M M		

Reflections on birth experience (Completed during the postnatal period, at appropriate times)

You may find it helpful to discuss aspects of your pregnancy, birth and postnatal experience with your care givers. This can take place at any time and your midwife may wish to record the details below.

	Details	Signature*/Date/Time
Pregnancy	<i>uneventful antenatal period, no concerns</i>	<i>A Midwife 14.07.17 16.45</i>
Birth	<i>discussed birth event with Anna. Pleased how labour progressed and really glad to have the opportunity to use the pool for pain relief</i>	<i>A Midwife 14.07.17 1645</i>
Postnatal	<i>Anna happy with postnatal care, liked early transfer home</i>	<i>A Midwife 14.07.17 16.45</i>

Name	Anna Sample						
Unit No/ NHS No	A	1	2	3	4	5	6

* Signatures must be listed on page b for identification

SAMPLE

