

NHS No.

Maternity Unit



First Name Surname NHS
Address
Postcode Unit No.
Date of birth

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 A/N risk factors, mental health, allergies, GBS positive, previous baby affected with GBS etc.)

Presenting history

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

Pulse (bpm) Oedema
Blood pressure / Urine
SATS **Weight on admission
Resps Tissue viability assessment
Temp Manual handling assessment
MEOWS score

Palpation

Presentation
Lie
Position
Engagement (5ths palpable)
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)
Doptone Duration of assessment (mins)
CTG Baseline Accelerations
Variability Decelerations

Normal Suspicious Pathological

Signed*

Date/Time

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

Name (print clearly)	Post	Signature
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<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (print clearly)	Post	Signature
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**Re-weigh on admission if the booking BMI>30.

Key to abbreviations
CPE = Carbapenemase Producing Enterobacteriaceae
GBS = Group B Haemolytic Streptococcus

Admission no.

