

DoB
Blood Group **Not Specified**
Rhesus Group **Not Specified**
EDD 0
EDD Agreed **Yes**
Method of EDD **By Dates**
Estimation
No. of Fetuses **Not Specified**
Gravida / Parity
Previous Caesarean **No**
Previous SGA Baby **No**
BMI
Allergies **Not Specified**

Age (Years)

Social Factors **Not Specified**
(Complete entire Social Profile)

Emergency contact **Not Specified**
 Not Specified
 Not Specified

Ref 559-1819

Name at Booking

NHS Number
Hospital Patient ID
Preferred Name

DoB
Age
Ethnicity

Postcode

DOB:

GP

Name
GP Code

Practice name
Practice Code



Postcode



Communication and Comprehension

English is first language **Not Specified**
Can the Woman Speak and Understand English? **Not Specified**

Does the Woman have difficulty...
...speaking English? **Not Specified**
... understanding English? **Not Specified**
...reading or writing English? **Not Specified**

Does the Woman need help to...
...understand pregnancy notes **Not Specified**
...complete forms? **Not Specified**

Comments **Not Specified**

Maternity Contacts

Contact Role

Name of Contact

Telephone

Relevant Others

Partner

Name **Not Specified**
 Not Specified
Postcode **Not Specified**
 Not Specified

DOB:

- Not Specified
- Not Specified

- Date of Birth **Not Specified**
- Age **Not Specified**
- Religion **Not Specified**
- Employment Status **Not Specified**
- Ordinarily Resident in the UK **Not Specified**
- Any other Children? **Not Specified**
- Any history of Mental Illness? **Not Specified**
- Consanguinity **Not Specified**
- Ethnicity **Not Specified**
- Country of Birth **Not Specified**

Next of Kin

- Name **Not Specified**
- Relationship **Not Specified**
- Not Specified**
- Postcode **Not Specified**
- Not Specified**
- Not Specified**

Emergency Contact

- Name **Not Specified**
- Not Specified**
- Postcode **Not Specified**
- Not Specified**
- Not Specified**

Social Profile

- Ethnicity **Not Specified**
- Country of birth **Not Specified**
- Ordinarily Resident in the UK?
- Religion **No Religion**
- Marital Status **Not Specified**
- Woman feels supported? **Not Specified**
- Accommodation **Not Specified**
- Highest Educational Level attained **Not Specified**
- Age Completed Education **Not Specified**
- Employment **Not Specified**
- Are you entitled to claim benefits? **Not Specified**
- Advice needed on Finances, Benefits or Housing Issues? **Not Specified**

6/8/19
559-555

DOB:

Finances, Benefits and Housing **Not Specified**
Issues advice details

Smoking

Smoking Status at Booking
Anyone at home a smoker? **Not Specified**
CO testing? **No**
Reason CO Not Done **Not Specified**

Discussion Topics:

Risks of smoking to the unborn **Not Specified**
child explained?
Risks of second hand smoke to **Not Specified**
mother and baby explained?
Health benefits of stopping **Not Specified**
smoking to mother and baby
explained?
NHS Pregnancy Smoking Helpline **Not Specified**
Given

Referred to Stop Smoking service? **Not Specified**
Comments **None**

Alcohol

No. units of alcohol per week...
...pre-pregnancy? **Not Specified**
...currently **Not Specified**
Alcohol concerns at home? **Not Specified**
Referred for Alcohol Misuse advice? **Not Specified**
Referred to **Not Specified**
Consent Obtained? **Not Specified**
SPOC Referral Made **Not Specified**
Comments **None**

Substance Misuse

Substance misuse status **Not Specified**
Has Shared Drugs Paraphernalia **Not Specified**
Has Injected Drugs **Not Specified**
Substance misuse concerns at **Not Specified**
home?
Referred for Substance Misuse **Not Specified**
advice?
Consent Obtained? **Not Specified**
SPOC Referral Made **Not Specified**

DOB:

Comments **None**

Safeguarding

Safeguarding Concerns?

Social Services Involvement

Current Social Services Involvement **No**
Historical Social Services Involvement **No**
Any Other Social Services Involvement **No**

Other Complex Social Factors

Other Complex Social Factors? **No**

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Date / Time	Blood Pressure (mmHg)	Oedema	Urine	Abdominal Palpation	Fetal Heart (bpm)	Fetal Movement

Date Identified	Allergy	Allergies Reaction

Medication	Type	Start Date / End Date

Date of Admission	Place	Details

Date of Surgery	Details of Surgery

Date of Admission	Inpatient Status	Sectioning

DOB:

Family History

Condition	in Womans Family?	in Fathers Family?
Diabetes	?	?
Hypertension in Pregnancy	?	?
Other Hypertensive Disorders	?	?
Thrombosis	?	?
Hip Problems from Birth	?	?
Heart Problems from Birth	?	?
FGM	?	?
Perinatal Mental Illness	?	?
Other Mental Illness	?	?
Partner history of Mental Illness?	?	?
Sudden Infant Death	?	?
Stillbirths or Multiple Miscarriages	?	?
Multiple Pregnancy	?	?
Congenital Abnormality	?	?
Inherited Disorder	?	?
Medium Chain Acyl Dehydrogenase Deficiency (MCADD)	?	?
Need for Genetic Counselling	?	?
Hearing Loss from Childhood	?	?
Learning Difficulties	?	?
Haematological Disorder	?	?

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HO1

DOB:

Tuberculosis ? ?
TB in anyone living in the Family Home? ?
Have Parents had any contact with a Person with Known TB? ?
Do Parents/Grandparents come from a High Risk Country? ?
Other Major Condition ? ?

Pregnancy Profile

Current EDD

I

Current Number of Fetuses

II

First pregnancy? No

Is this pregnancy with a new partner? No

Gravida / Parity

The above information is captured in the Obstetric History

First contact

Date of first contact this pregnancy Not Specified

Professional at First Contact Not Specified

Early Pregnancy

Any Vaginal Bleeding in this pregnancy? Not Specified

Ultrasound before Booking? Not Specified

Has the Woman been seen at the Early Pregnancy Assessment Unit? Not Specified

Comments Not Specified

Number of Fetuses Not Specified

Attached Document

Menstrual History

DOB:

Date of LMP
Is the Woman sure of the date of
her LMP?
Date Previous Contraception **Not Specified**
Stopped
Details of any Previous **Not Specified**
Contraception
EDD by LMP

Fertility

Fertility treatment this pregnancy? **Not Specified**

Folic Acid

Status of folic acid supplement **Not Specified**
Comment **Not Specified**

Vitamin D Supplementation

Vitamin D Information and Advice **Not Specified**
given
Status of Vitamin D supplement **Not Specified**
Start Date of Vitamin D **Not Specified**
supplementation
Vitamin D Comments **Not Specified**

Not SSA-1819

Obstetric History

Obstetric Summary

First Pregnancy? *NO* Pregnancy is with a New Partner?
Gravida / Parity

Pregnancies

Pregnancies up to 24 Weeks Gestation
Pregnancies 24 Weeks Gestation and Greater

Births

Live Births
Stillbirths

Total Miscarriages

Miscarriages up to 12 Weeks Gestation (0 - 11+6)
Miscarriages 12 Weeks Gestation or Greater (12+0 -

Total Caesarean Sections

Elective Caesareans
Emergency Caesareans

23+6)
3 or more Consecutive Miscarriages?

Total Terminations
 Terminations for Fetal Abnormality
 Terminations for Other Reason

Pregnancy Losses
 Fetal Loss 12 to 24 Weeks
 Pregnancy losses up to 24 weeks

Outcomes
 Neonatal Deaths
 Babies Less Than 2500g

 Babies Greater Than 4500g
 PreTerm Birth Less Than 34 Weeks
 Pre Term Birth less than 37 weeks

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Obstetric History					
Year	Place	Gest	Antenatal	Outcome	Postnatal
▷				<i>23+6</i>	Woman: Infant: Condition at Booking: Delivery Complications:

Information and Advice

- Alcohol/Drugs **Not Specified**
- Current Infant Feeding Booklet **Not Specified**
- Employment Rights/Health & Safety Issues **Not Specified**
- Feelings About Pregnancy **Not Specified**
- Folic Acid/Vitamin D **Not Specified**
- Food hygiene **Not Specified**
- Healthy Eating/Caffeine/Iron in Your Diet **Not Specified**
- Important Symptoms in Pregnancy **Not Specified**
- Information Link Explained **Not Specified**
- Maternity Benefits **Not Specified**
- Place of Birth **Not Specified**
- Pregnancy Care Pathway **Not Specified**

DOB:

- NSC Booklet **Not Specified**
- Personal Hygiene **Not Specified**
- Relationships **Not Specified**
- Safety in the Home/Travel **Not Specified**
- Sex In Pregnancy **Not Specified**
- Stresses in Pregnancy **Not Specified**
- Support at Home **Not Specified**
- Values of Breast Feeding **Not Specified**
- Friends and Family Test **Not Specified**

Data Collection Discussed? **Not Specified**
Information Link Explained **Not Specified**

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Screening Offer History

Test	Date of offer	Explained and Offered?	Acceptance Status
HIV			
Hepatitis B			
Syphilis			
Urine MC&S			
FBC			
Blood Group & Antibodies			
Haemoglobinopathies			
Downs			

Ultrasound Offer History

Ultrasound Type	Explained and Offered?	Date of Offer	Acceptance Status
Dating			
Fetal Anomaly			

Offer of Seasonal Flu Vaccine

To be offered between September and February each year to women at any stage of pregnancy

Offer of Whooping Cough Vaccine

To be offered at routine antenatal appointments from 20 weeks until term (optimal time to administer)

DOB: (

28-32 weeks gestation). It can be given even if the woman has had previous vaccination and in each subsequent pregnancy. It can be given at the same time as influenza vaccine and/or anti-D treatment.

MMR Vaccine Not Required

Offer of MMR Vaccine

To be offered after delivery to Women who are not Rubella Immune

History of Vaccinations Offered

Type of Vaccination	Date of Offer	Explained and Offered	Acceptance Status	Advice and Comments
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Type of Care

MLC

Type Of Care Midwifery Led Care

Assigned Midwife

Assigned Midwifery Team

Intended Place of Birth **I**

Management Plan entry for

Management Plan details

Date / Time	Blood Pressure (mmHg)	Oedema	Urine	Abdominal Palpation	Fetal Heart (bpm)	Fetal Movement
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Current Risk Assessment

No Assessments completed

IUGR Risk Assessment

OB:

Pre-Eclampsia Risk Assessment

VTE Risk Assessment

GDM Assessment

Appointment Time

Clinic Description

FOI
Ref 59-189