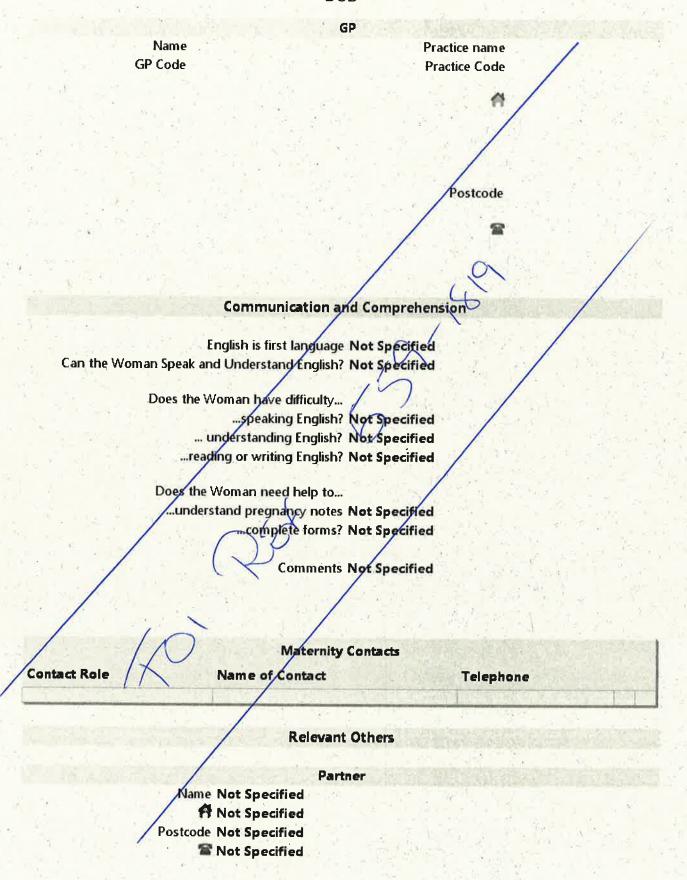


DOB.



Not Specified
 Not

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

A Not Specified

Postcode Not Specified

Not Specified

Not Specified

Emergency Contact

Name Not Specified

A Not Specified

Postcode Not Specified

Not Specified

Not Specified

Social Profile

Ethnicity '

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, Not Specified

Benefits or Housing Issues?

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

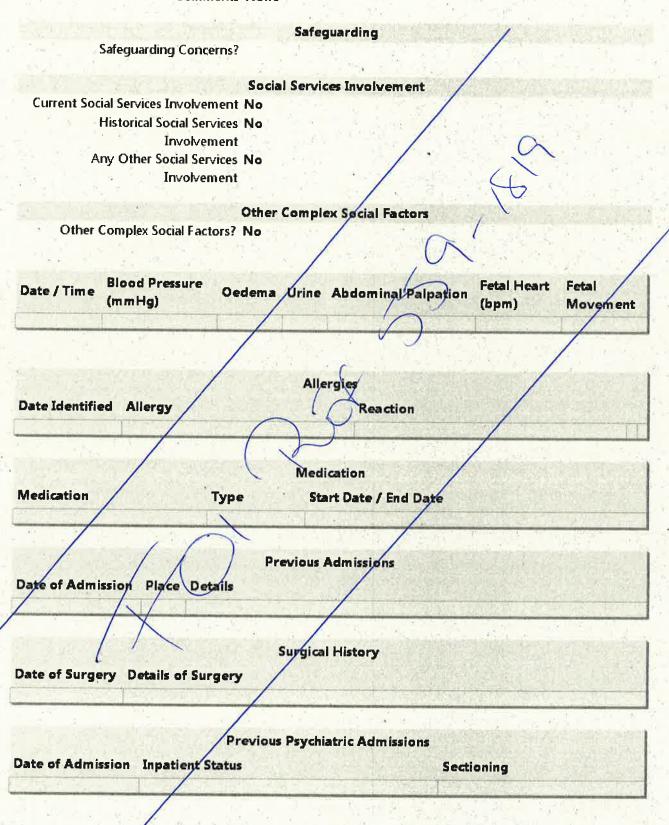
Substance Misuse

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

Comments None



Family History

Condition	in Womans Family?	in Fathers Family?
Diabetes Diabetes	2	/ ,
Hypertension in Pregnancy	?	7
Other Hypertensive Disorders	?	?
Throm bosis	?	9
lip Problems from Birth	3/	63
feart Problems from Birth	?	0 ?
GM The state of th	? , , ,	? /
Perinatal Mental Illness	?	3/
Other Mental Illness	3(/1
artner history of Mental	~ (3×	
liness?		
udden Infant Death	?	?
tillbirths or Multiple	7	2 2 1
liscarriages		
Multiple Pregnancy	3/	?
ongenital Abnormality	7	
herited Disorder	/ ?	2
ledium Chain Acyl	?	Made State Physics Co.
ehydrogenase Deficiency		
MCADD)		
eed for Genetic Counselling	?	
earing Loss from Childhood		3
earning Difficulties	? / 10	
nematological Disorder	?	?

	A 2 Y Y I I I I I I I I I I I I I I I I I
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	? /
The state of the s	
the state of the s	
	regnancy Profile
The state of the s	
	Current EDD
	1/5
Currer	nt Number of Fetuses
The state of the s	
First pregnancy? No	
Is this pregnancy with a new No	
partner?	
Gravida / Parity	
The above information	n is captured in the Obstetric History
The state of the s	
Data of first contact this was	First contact
Date of first contact this pregnancy Not Spe	ecified
Professional at First Contact Not Spe	ecified
	arly Pregnancy
Any Vaginal Bleeding in this Not/Spe	Rified
pregnancy?	
Ultrasound before Booking? Not Spe	
Has the Woman been seen at the Not Spe	cified
Early Pregnancy Assessment Unit?	
Comments Not Spe	cified
Number of Fetuses Not Spe	cified
A44-1-10	
Attached Document	
the second of the least of the	
THE STREET SHEET WAS A STREET OF MICH.	enstrual History

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

Obstetric History

First Pregnancy?

Obstetric Summary

Pregnancy is with a New Partner?

Gravida / Pakity

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

Outcom es

Neonatal Deaths

23+6)

3 or more Consecutive * Miscarriages?

Total Terminations

Terminations for Fetal

Abnormality

Terminations for Other Reason

Sabies Greater Than 4500c

Babies Less Than 2500g

Babies Greater Than 4500g

PreTerm Birth Less Than 34

Weeks

Pre Term Birth less than 37

weeks

Pregnancy Losses

Fetal Loss 12 to 24 Weeks Pregnancy losses up to 24

weeks

Year Place Gest Antenatal Outcome

Postnatal

Infant:

Woman:

...18

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

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

Screening Offer History					
Test	Date of offer	Explained and Offered?	Acceptance Status		
HIV	1/				
Hepatitis B	/				
Syphilis. /					
Urine MC&S		Tale Delay	P. Carlotte		
FBC	\:-				
Blood Group & Antibodies		A MARKS			
Haemogløbinopathies /					
Downs					

Ultrasound Offer History						
Ultrasound Type	Explained and Offered?	Date of Offer	Acceptance Status			
Dating			Ψ			
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

Type of Care

MLC

Type Of Care Midwifery Led Care

Assigned Midwife Assigned Midwifery Team

Intended Place of Birth I

1

Management Plan details

Management Plan entry for

Date / Time

Blood Pressure (mmHg)

Oedema Urine Abdominal Palpation

Fetal Heart (bpm) Fetal Movement

Current Risk Assessment

No Assessments completed

IUGR Risk Assessment

OB:

