Antenatal
Admission

Antenatal		Address						
Admis	sion	Postcode		Date of bi	e rth	/	/	
Date Time		Where seen				NHS number	er barcode	
Blood Previous preg group (>24 wks + <	gnancies 24 wks)	BP at booking	Curr (w	+ ent gestation eeks + days)	EDD	/		
Special features (ie medical history, A/N risk factors, allergies, drugs etc)								
Presenting Fetal Yes No Yes No Yes No Yes No Membranes Yes No Vaginal bleeding Show								
Observations and pal	-			Contractions Yes	No	Strength		
Pulse /	Pre	Lie Lie		No. / 10 min		Regularit	y	
Temperature		Position		Fetal heart		Matern	al pulse	
Oedema	En (5	gagement ths palpable)		Pinard	Rate	Rate	(Twin 2)	
Urine		eight (cm)		Doptone	Durati	on of assessmer	at (mins)	
Estimated liquor Normal	Estimated growth stat			CIG	saseline		erations erations	
Oligohydramnios Polyhydramnios		h customised centile)		Normal Normal	Suspic		Pathological Pathological	
Signed* Date/Time								
Signatures* Anyone writing in these notes should record their name and signature here								
Name (print clearly)	Post	Signature		Name (print clearly)		Post	Signature	







## **Antenatal Admission - Details**

Date/ Time	Notes	Signed*

