Name Unit number	Significant risk factors Antenatal risks present
Maternal Preferences	Management plan initiated
+ / +	Medications Allergies
AgePrev. pregnancies (>24 wks + <24 wks)BP at bookingCurrent gestation (weeks + days)	
Personal & Family History Past Medical History	y Past Obstetric History
Current Pregnancy EDD / /	Gestation at booking (wks)
Social or personal problems No Yes	Antepartum haemorrhage No Yes
Child protection issues No Yes	
	Placental site:
	Hypertension/Proteinuria No Yes
Smoking No Yes Number At beginning of pregnancy	
At end of pregnancy	Fetal Growth         No antenatal problems suspected
Risk factors for Thromboembolism None identified	Accelerated
Family or personal history     Age > 35     Immobility       Hypertensive     Hypertensive	Restricted
Major current illness       Parity > 3       Hypertensive diseases         Gross varicose veins       BMI > 30       APLA/Lupus	Other (eg drugs, alcohol etc)
Other:	
Plans for labour	
Summary of Birth Plan (see pages 19 & 21 of the Pregnancy Notes)	
Who is to be present at the birth:	
Options discussed / Information given	
Revisions / Additional points	

Key to abbreviations BP = Blood Pressure; EDD = Expected Date of Delivery; A/N = Antenatal; BMI = Body Mass Index; APLA = Antiphospholipid Antibody.

Signature\*

Date

\* Signatures must be listed on page I for identification

page **2**  Cut off along the dotted line

Initial Assessm	W	here seen	Date		Time	
Presenting history Fetal move	Yes No	Yes No	in Yes No Yes Main	No Membran ruptured	es Yes No Vaginal bleeding	Yes No
General examina	ation		Contractions	Yes No	Strength	
Pulse	Pi	resentation	No. / 10 min		Regularity	=
Blood pressure	/	Lie				
Temperature		Position	Fetal heart		Maternal pulse	
Oedema	E	ngagement 5ths palpable)	Pinard	Rate	Rate (Twin 2)	
Urine	Fundal I	neight (cm)	Doptone	Duration	of assessment (mins)	
Estimated liquor Norm	Estimated	tus Normal		Baseline	Accelerations	
liquor INORM Oligohydramnic		Oth customised centile)	СТБ	Variability	Decelerations	
Polyhydramnic		Oth customised centile)	** Normal	Comments		
Comments			** Suspicious  ** Pathological			
	tion Agreed	Cervix position	ant right	left	Presenting part	
Membranes intact	hindwater	consistency		terior	caput	
Forewaters: already ruptured	Image: leak interview    ruptured interview    during VE interview	dilatation	position		moulding	
Liquor none	clear	Fetal heart		Signature*		
blood- light stained meconium	thick meconium	rate after VE	tone Monitor	Date/Time		
Agreed plan (Add	identified risk factors at	top of pages 2 & 3)				
		, , <u>, , , , , , , , , , , , , , , , , </u>				
Signature*			Date/Time			
Key to abbreviations	** Definitions					
CTG = Cardiotocograph	Normal CTG w	nere all four features fall into the nose features fall into one of the	category	me		pag
/E = Vaginal Examination	the rem Pathological CTG wh	aning features are normal lose features fall into two or mor or more abnormal categories	Un	it No		3