

KIMBERLEY ANTENATAL RECORD							Please BLOCK PRINT or use ID label							
Health Service : Pregnancy Summary: Gravida _____ Parity _____ EDD: / / by _____ Blood group: _____ HIGH RISK? <input type="radio"/> GBS status at 36/40: _____ For Delivery at : _____ Hospital							Surname:		MRN:					
							Given name:					DOB:		
							Address			Phone:				
							Maiden name:							Partners name:
Ethnicity: Caucasian <input type="radio"/> Aboriginal <input type="radio"/> Other _____							Support person:							
Marital Status: Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> De facto <input type="radio"/> Widow <input type="radio"/>							Support person contact details:							
Alternate address in town:							Alternate phone:							
PAST OBSTETRIC HISTORY														
Year	Gest	Alive.SB NND	Sex	Birth wt	Type of Delivery	Place of Delivery	Additional information (inc analgesia, complications, labour, post partum, feeding)							
PAST MEDICAL HISTORY					EXAMINATION									
Medications:			Epilepsy:		Ht:	Wt:		BMI:						
Allergies:			Post Natal Depression:		CVS:		Resp:							
Diabetes:			Psychiatric:		Thyroid:		Teeth:							
Cardiac:			Thyroid:		Breasts:		Other:							
Kidney:			Anaemia:		PAST SURGICAL HISTORY									
Respiratory:			Thrombosis:											
Blood trans:			STIs:											
Last Pap smear: / /			Result:											
FAMILY HISTORY			DRUGS & ALCOHOL		Booking: Yes/No; How much?		36/40: Yes/No; How much?							
Diabetes:			Cigarettes:											
BP:			Alcohol:											
Twins:			Marijuana:											
Genetic Disorder:			Other drugs:											
MENSTRUAL CYCLE, CONTRACEPTION, ULTRASOUNDS, EDD														
LMP		Cycle length: Regular: Yes No		Contraception:		Notes:		EDD by LMP / /						
USS	Performed by		Date		Findings (inc placental location)			EDD by USS						
1								/ /						
2								/ /						
3								/ /						
4								/ /						
Placental Location:					Final EDD: / /									

Surname:	MRN:	KIMBERLEY ANTENATAL RECORD	
Given names:			
Medicare no:	DOB:	Gravida	Parity
Address:	Phone:	EDD:	

INVESTIGATIONS and RESULTS

1 st VISIT	Date	Results	14 -17 Weeks	Date	Results
FBC			BSL or GTT 75g for high risk women*		
Blood group & antibodies			Consider Material Serum Screening		
Rubella			Book anatomy scan		
Varicella			Notes to referral hospital		
Hep B			28 Weeks		
Hep C			FBC		
HIV			Syphilis / HIV serology		
Syphilis			Blood group & antibodies		
Iron studies			GCT 50g non fasting OR GTT 75g fasting*		
Vitamin D*			EPDS repeat*		
Random glucose			Offer anti D if Rh neg		
SOLVS PCR (G&C)			34 Weeks		
SOLVS MCS			Offer anti D if Rh neg		
Urine (FVU) PCR (G&C)			36 Weeks		
Urine (MSU) MCS			FBC		
Pap Smear if required			Blood group & antibodies		
Prescribe folic acid +/- iron*			SOLVS PCR (G&C)		
			Urine (FVU) PCR (G&C)		
Consider early pregnancy screening			SOLVS MCS inc GBS		
			Perianal swab GBS		
Consider iodine supps*			Syphilis / HIV serology		
Edinburgh Postnatal Depression Score (EPDS)*			Ensure all notes to hospital and arrange PATS if required		
See local protocols			Consider EPDS repeat		

BMI > 35 at Booking : See Local Site Instruction for Exclusion Criteria

KNX: refer to anaesthetist if BMI>32. Broome: refer if BMI > 35. Derby if BMI > 35.

SOCIAL HISTORY

No. of people in your house?	Do you have access to food/fridge?
Do all your children live with you? If not, who is the carer?	Domestic Violence?
Do you have a supportive partner/family?	Was this pregnancy planned? How do you feel?

Antenatal Education	Date	Antenatal Education	Date
Frequency of antenatal visits		Pain relief options	
Foetal growth & development		Interventions & monitoring during labour	
Antenatal classes available – dates:		Complications of labour, instrumented birth, C/S	
Nutrition		Third Stage Management Plan & syntocinon	
Oral Health		Vitamin K; Hepatitis B Administration	
Exercise & back care		Breastfeeding	
Effect of smoking, alcohol & drugs		Newborn screening test	
Antenatal and postnatal depression		Postnatal check at home	
Ward & birth suite tour		Family supports at home	
When to go to hospital		6 week postnatal check	
Support person/s		Contraception	
What to take to hospital		SIDS information	
Signs of labour/Stages of labour		PATS arrangements	

Surname:		MRN:		KIMBERLEY ANTENATAL RECORD RISK FACTORS / REFERRALS / DELIVERY PLAN									
Given names:													
Medicare no:		DOB:											
Address:		Phone:											
PREGNANCY SUMMARY													
Gravida				Parity									
BMI: Booking				32/40									
EDD: / /				by									
Blood group:				GBS 36/40									
ANTENATAL VISITS													
Date	Wks	Fundal Height	Wt	BP	Urine	Oedema	Presentation	Position	FHR	FM	Next visit	Sign Dr/MW	
Smoking <input type="checkbox"/> Alcohol <input type="checkbox"/> Mood <input type="checkbox"/> Diet & Exercise <input type="checkbox"/> Social Assessment <input type="checkbox"/>													
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Smoking Alcohol Mood Diet & Exercise Social Assessment

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Smoking Alcohol Mood Diet & Exercise Social Assessment

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Smoking Alcohol Mood Diet & Exercise Social Assessment

COMMENTS

REVIEWS

Anaesthetic Review Date / / Signed _____ Approved for delivery at _____ Hospital	Obstetric Review Date / / Signed _____ Approved for delivery at _____ Hospital
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DELIVERY OUTCOME

DOB	Gestation	Sex	Birth Weight	Type of birth	Apgars

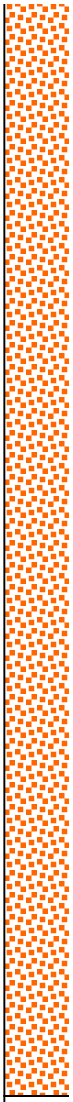
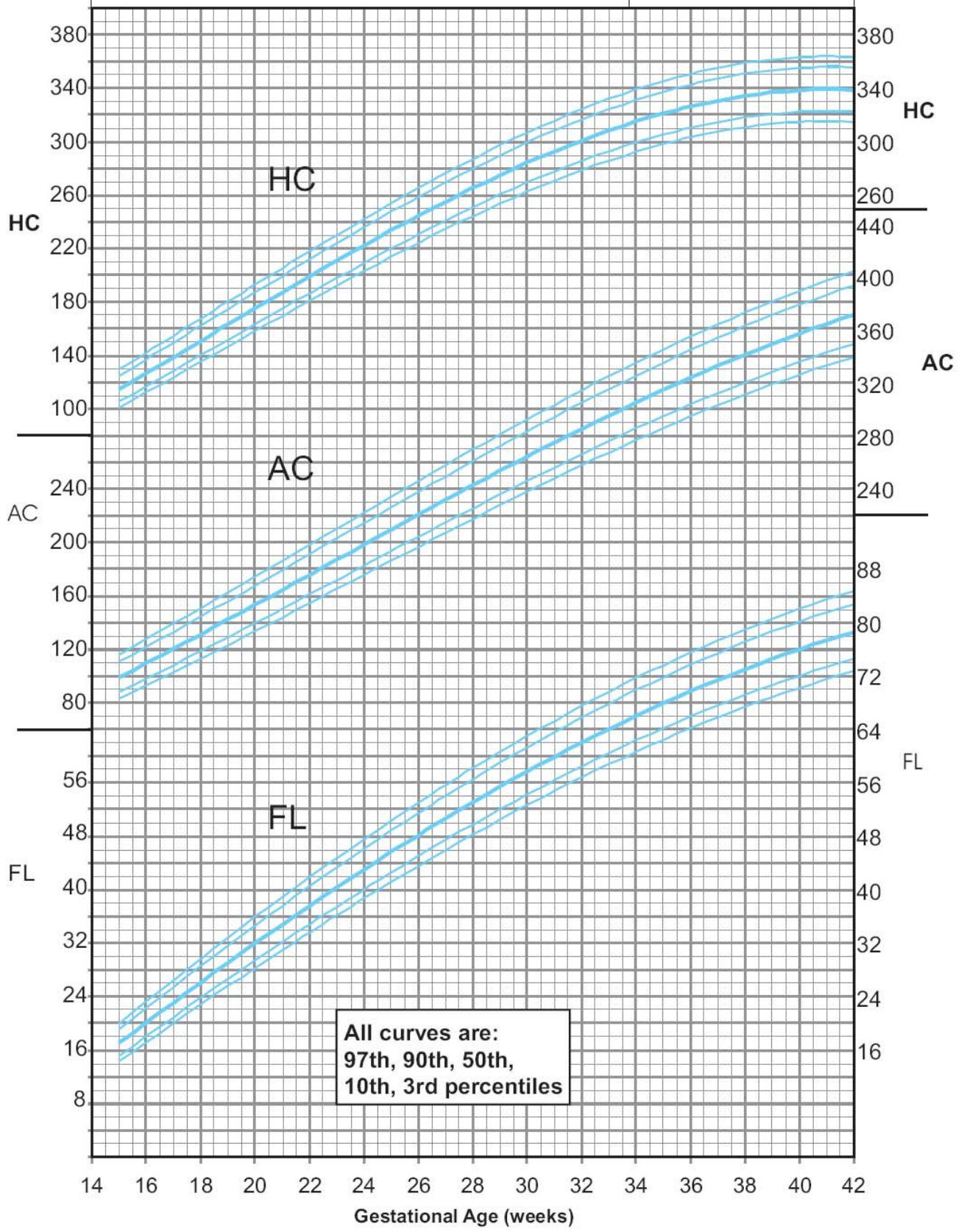
Complications, recommendations for next pregnancy

SIGNATURE REGISTER

Name	Signature	Name	Signature	Name	Signature

Raine Foetal Growth Chart

NAME:	LMP: _____
	EDD: _____



Please attach ultrasound reports to this page

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