

About the Pregnancy Notes - Page 1 of 2

Version 4.3 (November 2004)



The new Pregnancy Notes intend to facilitate a partnership between the principal stakeholders in antenatal care – mother, baby and care provider – and place emphasis on patient safety and informed choice. Their aims correspond to those of the NHS Agenda:

1. The **NHS National Plan** [1] promotes many objectives relevant to maternity, including
 - *partnership*: seeking to make all parts of the health and social care system work better together
 - *patient care*: informing and empowering expectant mothers so that they can be more involved
 - *prevention*: focusing the health system on the causes of ill health
2. There is a concerted effort towards **Tackling Health Inequalities** and on providing a sure foundation through a healthy pregnancy and early childhood [2]. The Notes place emphasis on tailoring care, and on the importance of individual needs in a multicultural maternity population.
3. **'Building a Safer NHS for Patients'** has aims to reduce the occurrence of avoidable harm [3]. Many instances of adverse perinatal outcome are potentially avoidable [4] and are often linked to lack of communication. The hand-held maternity record is an important means of communication between care providers. Furthermore, mothers are engaged in the process and are able to understand and monitor their care. Prompts for care providers to record that information has actually been given is also likely to reduce litigation.

The new Pregnancy Notes contain:

- Ample explanatory notes on 'what to expect'. Mothers want 'information that is up-to-date and evidence based, answers common problems, discuss options and offers practical advice'; socially disadvantaged mothers want at least as much information as other groups [5].
- Prompts for midwives to discuss various public health issues which are relevant during pregnancy – e.g. employment rights, emotional support and domestic violence [6], the baby friendly initiative [7], smoking cessation [8].
- Further prompts to discuss individual needs, access to services, and a birth plan.
- Information on antenatal screening tests consistent with aims of the National Screening Committee [9]; prompts to confirm that information has been given to allow informed choice.
- Details of family history consistent with recommendations from working party of the Joint Royal College Committee on Medical Genetics.
- An emphasis on improved fetal growth screening, consistent with lessons from analyses of perinatal mortality [4]. The Notes incorporate 'customised antenatal growth charts' which adjust for individual maternal variation due to constitutional differences, ethnic group etc. The use of these charts improves the detection of fetal growth problems and reduces unnecessary investigations and admissions to hospital [10].
- Guidance for professionals in accordance with recommendations outlined by NICE [11].

REFERENCES

1. The NHS Plan. www.nhs.uk/nationalplan/nhsplan.htm
2. Tackling Health Inequalities www.doh.gov.uk/healthinequalities
3. Building a safer NHS for patients. www.doh.gov.uk/buildsafenhs
4. Confidential Enquiry into Stillbirths and Death in Infancy - 8th Annual Report Chapter 3, incl. Commentary on 'Unexplained Stillbirths' www.cemach.org.uk
5. Singh d & Newburn M. 2000. Access to Maternity Information and Support. Experiences and needs of women before and after giving birth. National Childbirth Trust, London
6. Confidential Enquiry into Maternal Deaths in the UK www.cemach.org.uk
7. UNICEF UK Baby Friendly Initiative – www.babyfriendly.org.uk/commun.htm
8. 'Smoking Kills' Executive Summary, DoH: www.doh.gov.uk/tobacco/smokexec.htm
9. National screening committee www.nsc.nhs.uk/
10. Gardosi J & Francis A. Controlled trial of fundal height measurement plotted on customised antenatal growth charts. *Br J Obstet Gynaecol* 1999;106:309-17.
11. NICE Antenatal Care Clinical Guideline. October 2003 – www.nice.org.uk

See over for details on individual pages >>

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Page 1: lists personal details as well as a '**plan of care**' - including planned place of birth and lead professional - and place to record reasons if the plan had to be changed.

Pages 2 & 3: In line with NHS Information Authority guidance on patient data collection, space is included to record that discussion has taken place. We ask about **Ethnic Origin** instead of Ethnic Group. The classification is needed for customised growth charts, and to identify who should be offered screening for haemoglobinopathies. Details are asked about past history, smoking, alcohol intake, and drug use. **Family history** is in accordance with recommendations of the Joint Royal Colleges' working party on Medical Genetics

Pages 4 & 5: Previous pregnancies: An attempt is made to explain the relevance of terms used. There is space to summarise ante-and postnatal care etc. Early pregnancy losses are listed separately.

Pages 6 & 7: Antenatal Screening: Blood tests are explained, including the limitations of screening. Text follows current National Screening Committee guidelines. Prompts are provided to ensure that various tests have been discussed with the mother, and whether she agrees to have them. Space is provided also to record results of additional tests.

Pages 8 & 9: Ultrasound: Investigations are described - reason, possible findings, accuracy etc. Prompts to discuss implications and whether mother has agreed. Reasons for the preferred method of dating pregnancy by ultrasound, is explained. Diagnostic tests under ultrasound control (CVS, amniocentesis) are described. Ultrasound measurements are recorded in tabular form, including estimated fetal weight which can be plotted on customised growth chart. NB - Charts for BPD, HC AC, FL etc are not provided in the hand held notes as there is no evidence that their plotting in third trimester offers additional value, and erroneous measurements outside of the normal range can cause unnecessary concern. However any unit still wishing to plot head, abdomen or femur measurements individually can do so.

Pages 10 & 11: Pregnancy planner: space to document visit schedule. **Important symptoms** including warning signs (headaches, decreased fetal movements etc) are explained, with prompts to confirm that they have been discussed. **Management Plan:** space to document specific care requirements, based on the individual's needs.

Page 12: The nature of **antenatal checks**, are explained as well as, **fetal growth monitoring** and customised growth charts.

Page 13: This page (the reverse of the sheet on which the growth chart is printed out and attached into the notes) is blank and can be 'customised' according to each individual unit's wishes.

Page 14: The **customised growth chart** is generated after the pregnancy dates have been determined by ultrasound, and attached in the notes by means of the adhesive strip on page 12. The chart can be used for plotting fundal height and estimated fetal weight and is printed with the gestation week as well as the actual date (day, month), calculated by the computer from the given EDD. The program also calculates **BMI**. The software is available free from www.gestation.net with software support provided by the Perinatal Institute.

Page 15: provides space to record clinical findings from antenatal visits. Follow-on sheets with a gummed strip will be available, to be attached on top, so that the current recording is always on display.

Pages 16 & 17: Includes an explanation of some of the more common **pregnancy complications**. These can be referred to as and when necessary, so that the expectant mother has some information to take away with her after it has been explained. On the right, summaries of day unit or inpatient episodes can be recorded. Top of page 17 has an important **Special Features** box for risk factors and action plans.

Pages 18 & 19: gives general pregnancy information and **public health messages** - smoking, diet, domestic violence, and prompts for discussion between midwife and expectant mother, with space to record maternal intentions and action plans. Also included is **Baby Friendly Initiative** for breast feeding.

Pages 20 & 21: Explanations and choices about **labour and birth** - where to have the baby; fetal monitoring, pain relief etc, and prompts for discussion, with space to record maternal preferences.

Page 22: Appointments and why they have been given; section for recording **signatures** of every professional who writes in these notes; and a list of **support groups**, with space to add more.

NOTE: Frequent reference is made to the web address, www.preg.info where mothers are able to look up further information. The full text of the Pregnancy Book has been reproduced, with permission, and a search engine has been incorporated to allow look-up of individual topics. For professionals, there are also references and links to evidence and guidelines for the statements made in the Notes.