

NHS No.

Maternity Unit

# Antenatal



# Admission

First Name  Surname  **NHS**

Address

Postcode

Date of birth  Unit No.

Date  Time  Where seen  Lead professional

**Blood group**  Previous pregnancies (>24 wks + <24 wks)  **BP at booking**  **Current gestation (weeks + days)**  **VTE assessment performed**  Yes  No  Yes  No  Yes

**No. of antenatal visits**  
 Unbooked  5 or less  6-10  11 or more

**Smoking/tobacco use**  No  Yes **CO reading (if performed)**  **Referral to smoking cessation services**  Yes  Declined

**EDD**

Total number of reduced fetal movement visits

**Special features** (ie medical history, A/N risk factors, mental health and wellbeing, allergies, drugs etc)

## Presenting history

Signs of infection	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fetal movements	Yes <input type="checkbox"/> No <input type="checkbox"/>	Contractions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pain	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vaginal loss	Yes <input type="checkbox"/> No <input type="checkbox"/>	Membranes intact	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vaginal bleeding	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Observations		Palpation	
Pulse (bpm) <input type="text"/>	Resps <input type="text"/>	Presentation <input type="text"/>	Lie <input type="text"/>
Blood pressure <input type="text"/>	Temp <input type="text"/>	Position <input type="text"/>	Engagement (5ths palpable) <input type="text"/>
MEOWS score <input type="text"/>	*Weight on admission <input type="text"/>	Fundal height (cm) <input type="text"/>	
Oedema <input type="text"/>	Tissue viability assessment <input type="text"/>		
Urine <input type="text"/>	Manual handling assessment <input type="text"/>		
<b>Estimated liquor</b>	Normal <input type="checkbox"/>	<b>Estimated growth status</b>	Normal <input type="checkbox"/>
Oligohydramnios <input type="checkbox"/>		Small (<10th customised centile) <input type="checkbox"/>	
Polyhydramnios <input type="checkbox"/>		Large (>90th customised centile) <input type="checkbox"/>	
Comments <input type="text"/>			

**Contractions** Yes  No  Strength

No. / 10 min  Regularity

**Fetal heart** Maternal pulse (bpm)

Pinard  Rate (bpm)  Rate (Twin 2)

Doptone  Duration of assessment (mins)

CTG  Baseline  Accelerations

Variability  Decelerations

Reassuring  Non-reassuring  Abnormal

**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



\* Re-weigh on admission if the booking BMI > 30.

