NHS No. | Maternity Unit

ANTENATAL SUMMARY

NHS

Planned Place of Birth | Lead Professional | Unit Number | Information overleaf ☐

Midwife ☎
Other ☎
Multi-agency professionals
☎

First Name | Surname
Address
Post code | Date of birth (D D M M Y Y)
☎

Ethnic Origin
Interpreter

Risk Assessment

EDD (D D M M Y Y) | Para + | Age | BMI | BP booking

Relevant Factors	No	Yes	Comments	Relevant Factors	No	Yes	Comments	Relevant Factors	No	Yes	Comments
Medical	☐	☐		OGTT booked	☐	☐		Management plan commenced	☐	☐	
Obstetric	☐	☐		Mental health	☐	☐		Smoking	☐	☐	
VTE assessment performed	☐	☐		Social	☐	☐		Drug/alcohol use	☐	☐	
VTE pathway initiated	☐	☐	Low/Med High Risk	Anaesthetic assessment	☐	☐			☐	☐	
Aspirin required	☐	☐		GP records reviewed	☐	☐			☐	☐	
BMI pathway initiated	☐	☐		Manual handling/ tissue viability assessment	☐	☐			☐	☐	

Investigations

Booking	Date taken	Result	Screening / additional tests	Date taken	Result/Action
MSU	D D M M Y Y			D D M M Y Y	
Hb	D D M M Y Y			D D M M Y Y	
Blood group	D D M M Y Y			D D M M Y Y	
Antibodies	D D M M Y Y			D D M M Y Y	
Hepatitis B	D D M M Y Y			D D M M Y Y	
Syphilis	D D M M Y Y			D D M M Y Y	
HIV	D D M M Y Y			D D M M Y Y	
Sickle cell	D D M M Y Y			D D M M Y Y	
Thalassaemia	D D M M Y Y			D D M M Y Y	
MRSA	D D M M Y Y			D D M M Y Y	
OGTT	D D M M Y Y			D D M M Y Y	
OGTT	D D M M Y Y			D D M M Y Y	

Emergency Contact

Name | Relationship
☎ | ☎ | ☎

Completed by: | Date (D D M M Y Y)

Maternity Payment Pathway System Standard ☐ Intermediate ☐ Intensive ☐

Special features	**Antenatal Plan**	**Labour, delivery & postnatal plan** Paediatric alert form ☐
Flu vaccine given Yes ☐ Declined ☐		
SGA or FGR on scan Yes ☐		
Medication	Allergies	Paediatrician to be present ☐ Seniority _____ Reason _____

Domestic Abuse	**Booking** No	Yes	**2nd Assessment** No	Yes	**Details** (inc. any referrals)
Seen alone	☐	☐	☐	☐	
Routine enquiry question asked	☐	☐	☐	☐	
Abuse disclosed	☐	☐	☐	☐	
Date	D D M M Y Y		D D M M Y Y		
Signed					

Anyone living in the household (list below)

Name	Date of birth	Relationship to Mother

Name	Date of birth	Relationship to Mother

Partners' other children (list below)

Name	Date of birth	Level of contact

Name	Date of birth	Level of contact

Date	**Gestation**	**Details**	**Signed**
D D M M Y Y H H M M	W ks + D		

Name

Unit No/ NHS No