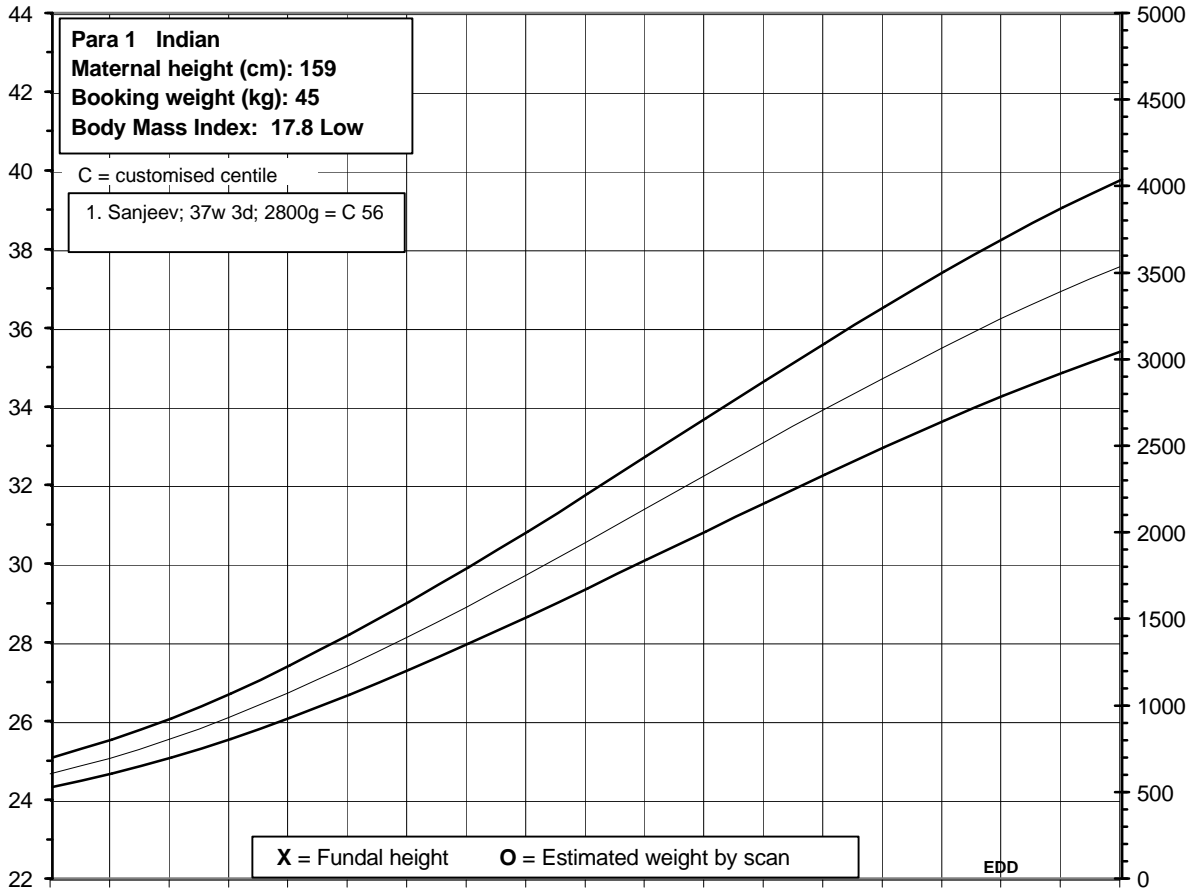


CUSTOMISED ANTENATAL GROWTH CHART

Ann Sample (12345 DOB: 31/07/1978)

Fundal height (cm)

Weight (g)



Gestation week	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Monday	28 Feb	7 Mar	14 Mar	21 Mar	28 Mar	4 Apr	11 Apr	18 Apr	25 Apr	2 May	9 May	16 May	23 May	30 May	6 Jun	13 Jun	20 Jun	27 Jun	4 Jul

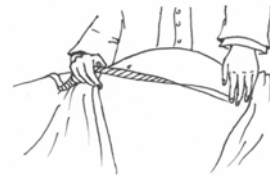
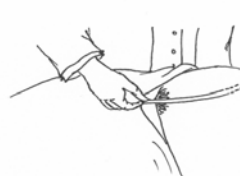
Date of visit																			
Fundal height																			
Signature																			

Fundal height measurements from 26 to 28 wks. Mother semi-recumbent, bladder empty. Measurements to monitor growth should be every 2-3 weeks, preferably by same person.

Hold non-elastic tape at top of uterine fundus.

Measure to top of symphysis pubis.

Measure along longitudinal uterine axis and plot on chart.



Referrals for growth scan - ultrasound biometry and amniotic fluid assessment - (plus Doppler flow if scan suggests growth problems) should be arranged if:

- the first fundal height measurement plots below 10th centile line on the customised chart
- consecutive measurements suggest:
 - NO growth (static or flat curve), or
 - SLOW growth (curve not following slope of any curve on the chart); or
 - EXCESSIVE growth (curve steeper than any curve on the chart).

(Note: A first measurement above the 90th centile line does NOT need referral for scan for LGA, unless there are other clinical concerns - e.g. polyhydramnios.)

Following ultrasound, if the assessment is:

1. Normal -> revert to serial fundal height measurement.
2. Abnormal -> refer for urgent obstetric review.

PRINTER: Cut sheet on dotted line exactly (at 61)

Antenatal visits

Gest = Gestation; BP = Blood Pressure; Pres = Presentation; Eng = Engagement; Hb = Haemoglobin.

Care provider should reiterate discussion of important pregnancy symptoms including altered or reduced fetal movements (see pages 10 & 12)

Affix continuation sheets here, and number them 15.1, 15.2 etc

Date/Time	Gest	BP	Urine	Fetal Movements		Pres	Lie	Eng	Liquor	Fetal heart	Hb	Next contact
				Felt	Discussed							
Details and advice:(inc. infant feeding, lifestyle choices, pelvic floor exercises etc.)									Management plan: reviewed <input type="checkbox"/> revised <input type="checkbox"/>	Signed*		
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									Management plan: reviewed <input type="checkbox"/> revised <input type="checkbox"/>	Signed*		

* Signatures must be listed on page 22 for identification

Name
Unit No