

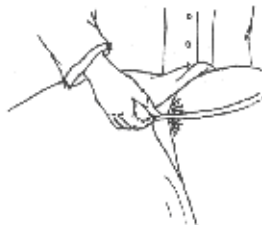
Date of visit																		
Fundal height																		
For growth scan																		
Signature																		

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.

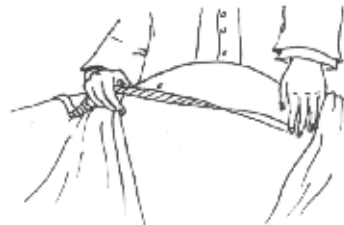
Hold non-elastic tape at top of uterine fundus.



Measure to top of symphysis pubis.



Measure along longitudinal uterine axis and plot on chart.



Referrals for growth scan* 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).

* Ultrasound biometry for estimated fetal weight (EFW) and amniotic fluid assessment (plus Doppler flow if scan suggests growth problems).

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.

Date: 17 Nov 2011 12:37

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 & 14)

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.)													
Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/>											Management plan: reviewed <input type="checkbox"/> revised <input type="checkbox"/>		Signed*
Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/>											Management plan: reviewed <input type="checkbox"/> revised <input type="checkbox"/>		Signed*
Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/>											Management plan: reviewed <input type="checkbox"/> revised <input type="checkbox"/>		Signed*
Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/>											Management plan: reviewed <input type="checkbox"/> revised <input type="checkbox"/>		Signed*
Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/>											Management plan: reviewed <input type="checkbox"/> revised <input type="checkbox"/>		Signed*

* Signatures must be listed on page 26 for identification

Name
Unit No