

## Previous history



Personal & Family History  
i.e Social care involvement

Past Medical History

Past Obstetric History

## The Postnatal Notes



**These are your Postnatal Notes.** They are a guide to your options in the postnatal period, and are intended to help you make informed choices. This is to promote care which is safe and personalised to you. However the explanations in these notes are a general guide only, and not everything will be relevant to you. Please feel free to ask if you have any questions. Additional information is also available on a special website, [www.preg.info](http://www.preg.info) or in leaflets which you may be given as and when needed.

Some of the information in these notes will be recorded electronically, to help your health professionals provide the best possible care.

The National Health Service (NHS) also wishes to collect some of this information about you and your baby, to help it:

- monitor health trends
- increase our understanding of adverse outcomes
- strive towards the highest standards
- make recommendations for improving maternity care

The NHS has very strict confidentiality and data security procedures in place to ensure that personal information is not given to unauthorised persons. The data is recorded and identified by NHS number, and your name and address is removed to safeguard confidentiality. Other information such as date of birth and postcode are included to help understand the influences of age and geography. In some cases, details of the care are looked at by independent experts working for the NHS, as part of special investigations (confidential enquiries), but only after the records have been completely anonymised. While it is important to collect data to improve the standard and quality of the care of all mothers and babies, you can opt out and have information about you or your baby excluded. This will not in any way affect the standard of care you receive. For further details, please ask your lead professional (page 1) or contact the Perinatal Institute (see bottom of page 18).

However your information may be shared with other agencies where the midwife believes or suspects, that you or your child is suffering or likely to suffer significant harm.

Data collection and record keeping discussed

Date  /  /

Signed\*:   
Care provider

## Smoking

Record further details on the Management plan (page 5)

|   |                             |                              |                                     |  |   |                              |                          |
|---|-----------------------------|------------------------------|-------------------------------------|--|---|------------------------------|--------------------------|
| Have you smoked in the last 12 months       | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No. per day<br><input type="text"/> | Have you tried to stop smoking in the last 12 months | No <input type="checkbox"/>                               | Yes <input type="checkbox"/> |                          |
| Did you smoke at the beginning of pregnancy | <input type="checkbox"/>    | <input type="checkbox"/>     |                                     | <input type="text"/>                                 | Were you referred to a smoking cessation advisor          | <input type="checkbox"/>     | <input type="checkbox"/> |
| Did you smoke at the end of pregnancy       | <input type="checkbox"/>    | <input type="checkbox"/>     |                                     | <input type="text"/>                                 | Do you want to be referred to a smoking cessation advisor | <input type="checkbox"/>     | <input type="checkbox"/> |
| Does anyone else in your home smoke         | <input type="checkbox"/>    | <input type="checkbox"/>     |                                     |  |   |                              |                          |

## Investigations/immunisations

Including antibodies, rubella, hepatitis B, syphilis, HIV, sickle cell, thalassaemia, if **NOT** done antenatally.

Antenatal Serology Screening Yes  No  Postnatal follow-up required Yes  No  Signed\*

| Test | Explained                | Accepted by mother       |                          | Date taken/<br>Date given | Results/Actions/Comments | Signed * |
|------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|----------|
|      |                          | Yes                      | No                       |                           |                          |          |
|      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                           |                          |          |
|      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                           |                          |          |
|      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                           |                          |          |
|      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                           |                          |          |
|      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                           |                          |          |
|      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                           |                          |          |
|      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                           |                          |          |
|      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                           |                          |          |
|      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                           |                          |          |
|      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                           |                          |          |
|      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                           |                          |          |

Name   
Unit No



**PRINTER: Cut sheet on dotted line exactly (at 75)**

**Mother alerts**



Part of the assessment at each postnatal contact is to identify any additional needs you may have, e.g. medical, personal or family problems, to assess which additional services you might need to be offered. The alerts below can be used by your midwife and other carers to help identify your risk of developing problems. During the postnatal period, the aim is to monitor your health and to check that you are well and progressing normally after the birth. The management of any problems or special features can then be documented on page 5.

Your midwife will circle which features apply to you and transfer them to the key below to identify any risks you may have.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><b>1</b> Age &gt; 35</li> <li><b>2</b> Para &gt; 3</li> <li><b>3</b> BMI &gt; 35</li> <li><b>4</b> Immobility prior to labour &gt; 4 days</li> <li><b>5</b> Pregnancy induced hypertension / BP &gt; 160/100</li> <li><b>6</b> Prolonged rupture of membranes</li> <li><b>7</b> Labour &gt; 12 hours</li> <li><b>8</b> Pushing &gt; 1.5 hours</li> <li><b>9</b> Ventouse or forceps</li> <li><b>10</b> Caesarean section</li> <li><b>11</b> Incomplete placenta or membranes</li> <li><b>12</b> Baby weight &gt; 90th centile</li> </ul> | <ul style="list-style-type: none"> <li><b>13</b> High temperature / unwell</li> <li><b>14</b> Severe varicose veins</li> <li><b>15</b> Episiotomy / 2nd degree tear</li> <li><b>16</b> 3rd degree tear</li> <li><b>17</b> No spontaneous urinary void &gt; 3 hours</li> <li><b>18</b> Single catheter drainage &gt; 500 ml</li> <li><b>19</b> Indwelling catheter &gt; 24 hours</li> <li><b>20</b> Lack of support</li> <li><b>21</b> Previous psychiatric illness</li> <li><b>22</b> Previous postnatal depression</li> <li><b>23</b> Family history of psychological illness</li> <li><b>24</b> Excessive blood loss</li> </ul> |
|---|---|

None identified at delivery

**Key to risk**

If you have one or more risk factors for any of the conditions below, it does not necessarily mean that you will develop a problem. These are merely prompts for your carers to initiate further investigations, treatment or referral. Should you have concerns about any of these risks, contact your midwife.

|   |                                     |
|---|-------------------------------------|
| Thromboembolism   | <b>1 2 3 4 5 7 9 10 14 24</b>       |
| Infection   | <b>6 10 11 13 15 16 17 18 19 24</b> |
| Abnormal bleeding   | <b>2 5 11 13</b>                    |
| Hypertensive disorders  | <b>1 3 5</b>                        |
| Urinary urgency or incontinence<br>Faecal urgency or incontinence | <b>2 8 9 12 15 16 17 18 19</b>      |
| Psychological well being  | <b>20 21 22 23</b>                  |

For more information on what to do if you start to feel unwell, see pages 6, 13, 15 and 17.

Key to abbreviations:

BP = blood pressure; > = greater than; BMI = body mass index

\* Signatures must be listed on page 18 for identification

|         |
|---------|
| Name    |
| Unit No |