NHS No.			Maternity Unit			
Antenatal		First Name Address	Su	rname		NHS
Admiss	sion	Postcode		≅ Unit No		
	Time	Where seen		Lead professiona		
Blood Previous pregnancie group (>24 wks + <24 wk + No. of antenatal visits Unbooked 5 or less		Current gestation (weeks + days)	performed	VTE pathway initiated		EDD
Smoking/tobacco use No	Yes CO re	eading (if performed)	Referral t	o smoking cessat	ion services	Yes Declined
Special features (ie A/N	risk factors, mental	health, allergies,GBS pos	itive, previous baby affe	cted with GBS etc.)		
				· ·		
Presenting history CPE Yes No screening Signs of sepsis	es No Fetal movements	Yes No s Contractions	Yes No Pain		Yembranes Yendrates	es No Vaginal Yes No bleeding
Blood / Te		alpation resentation	Contraction No. / 10 r		Strenş Regula	
MEOWS score on admiss Oedema Tissue viab assessm Urine Manual hand	ility E ent (Position ngagement (5ths palpable) Fundal	Fetal heart Pinard [Doptone [Rate (bpm)		ternal pulse (bpm) ate (Twin 2) nent (mins)
Estimated	ent h Estimated	neight (cm)	Стб [Baseline Variability		celerations
liquor Normal Oligohydramnios		ustomised centile)	Normal	Suspic		Pathological
Polyhydramnios Comments	Large (>90th c	ustomised centile)	Signed*			
			Date/Time		ΥΥ	
Signatures* Anyone writin Name (print clearly)		ould record their name as Signature	nd signature here Name (print c	:learly)	Post	Signature
** Re-weigh on ad if the booking B	GBS =	a abbreviations = Carbapenemase Produce = Group B Haemolytic Stri ion © - Version 21.1 (J Date of printing	eptococcus anuary 2021) Produc			Admission no.

Web: www.perinatal.org.uk E-mail: notes@perinatal.org.uk Tel: 0121 607 0101

Medication prior to admission (e.g. pain relief, complimentary therapies)

Date/ Time	Notes	Signed*
DDMMYY		
ННММ		
		P
		· ·

Name								
Unit No/	1							
NHS No		1	1	1	1	1	1	1