NHS No. | Maternity Unit

ANTENATAL SUMMARY

NHS

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

Named midwife ☎
Midwifery team ☎
Other ☎

Ethnic Origin
Interpreter

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

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	☐	☐		Preterm birth assessment performed	☐	☐		GP record reviewed	☐	☐	
Obstetric	☐	☐		BMI pathway initiated	☐	☐		Manual handling/ tissue viability assessment	☐	☐	
VTE assessment performed	☐	☐		OGTT booked	☐	☐					
VTE pathway initiated	☐	☐	Low/Med High Risk	Mental health	☐	☐		Personalised care plan commenced	☐	☐	
Aspirin required	☐	☐		Social	☐	☐		Smoking	☐	☐	
FGR risk assessment performed	☐	☐		Anaesthetic assessment	☐	☐		Drug/alcohol use	☐	☐	

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	
Haemoglobin	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)

perinatal institute for maternal and child health

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