## *MY ANTENTAL RECORD*

**SURNAME**

**Other Names**

**Shared Care** YES / NO

Address

SUPPORT
Need counselllor?

Date of Birth **Age**

Husband or
Partner Age

Occupation
His Hers

Religion

Certain
**LMP** Uncertain

**EDD**

Pregnancy Planned Yes/No

Revised EDD (& reason dates revised)

Infertility / Contraception

Prenatal Diagnosis Discussed

**PAST HEALTH**

Heart Renal / UTI Hypertension DVT
Depression etc Surgery Transfusion
Back & Spine Asthma

**Medication** (Prescribed or OTC)

**Cigarettes** per day
**Alcohol** (drinks) per day
Cannabis, IV Drug Use

**FAMILY HISTORY**

Diabetes Hypertension Depression etc
Genetic Problem Caesarean Epilepsy
DVT

**Allergies**

**PREVIOUS PREGNACIES G P**

| Date & Place | Weeks Gestation | Mode of Delivery | Labour Hours | Birth Weight | Problems in Pregnancy, Labour or 3rd Stage, Labour analgesia, Episiotomy etc, Puerperium, Infant Feeding, Depression etc. |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PHYSICAL EXAMINATION

Date

Height BMI

**FIRST VISIT TESTS**

**Blood Group**

**Blood Group Antibodies**

Full Blood Count

**HB** = on

**Rubella** Immune / Non-immune

**Varicella** Immune / Non-immune

Urine Culture

Date & Report of Last **Cervical Cytology**

**Syphilis** **Negative / Positive**

**Hepatitis B** **Negative / Positive**

Hepatitis C Negative / Positive

**HIV** Negative / Positive

**ULTRASOUND**

| Date | FINDINGS |
|---|---|
| | |
| | Fetal Size = weeks days **Placenta:** Anterior Posterior Fundal Low<br>**Morphology** |
| | |

**OTHER TESTS**

Chlamydia
Fetal Chromosomes
Alpha fetoprotein (AFP)
Vaginal Swab C/S
Glucose Challenge (AGT)
Glucose Tolerance Test (GTT)
Downs Risk Assessment (DRA)

Preferred Pathologist

**Essential Information on this Record in Bold** – Please complete before referring the patient for consultation or Hospital Booking

Use a printed adhesive label whenever it is available. Changes will then look neater by application of another label if required. Trim labels to size.

| **SURNAME** | |
|---|---|
| **Other Names** | |
| Address | |
| Date of Birth | **Age** |

Check the accommodation details – at home? shared with? Rented? Number of bedrooms?

**Essential data** – add to label and circle if necessary

| **Shared Care** YES / NO |
|---|
| SUPPORT<br>Need counselllor? |

Write the name of any GP /Clinic who is sharing care here eg Andrew Smith or Sue Moffitt Midwife at Smithtown

It is important to explore who the patient sees as their main source of support (independently of their partner) after the baby is born. I *always* ask about the woman's mother (or other mother figures including the partner's mother) and explore the relationship of the patient with that person. I will often enquire about "other family" and why the patient is living where they are. These sensitive questions may sometimes be best left to the end of the consultation when rapport has been established. If required, I will then ask the question: "Would you like to meet with a counsellor to discuss…" eg for relationship problems, "stress", social security entitlements, accommodation needs, domestic violence, history of sexual abuse etc.

All patients should be encouraged to nominate "the father of the baby". If they are reticent (or uncertain!) I ask about "who might be coming along when you have the baby" and then ask if I can write his first name on the record.

| Husband or Partner | Age |
|---|---|
| Occupation<br>His | Hers |

Age of partner is desirable information.

Religion

Desirable information – and regarded as essential for medicolegal purposes!

Desirable information – and essential if the patient is a Jehovah's Witness.

Record here the date of the last normal period

Use this box for the "first estimate" of the due date – usually based on dates

| **LMP** Certain / Uncertain | **EDD** |
|---|---|

Tick "Certain" only for regular, 28 day and spontaneous (not Pill) cycles.

Desirable information – will often result on an entry in my Obstetric Problem List and acts as a reminder to provide Family Planning (contraceptive advice) postnatally.

Record here any revision of the EDD (usually as a result of the first or earliest ultrasound measure of fetal size. Do NOT change dates if scan dates are within 7 dates of menstrual dates – see guidelines.

| Pregnancy Planned Yes/No<br><br>Infertility / Contraception | Revised EDD (& reason dates revised)<br><br>Prenatal Diagnosis Discussed |
|---|---|

I often record when the patient stopped using The Pill, had Implanon or an IUCD removed or was barrier methods as these may have implications for the calculation of dates.

Every patient should be told about their options for the prenatal diagnosis of chromosomal abnormalities (Down Syndrome)

It is important to NOT perform any such screens without counselling ie warning patients of the implications of a positive screen.

**PAST HEALTH**

Heart Renal / UTI Hypertension DVT
Depression etc Surgery Transfusion
Back & Spine Genital HSV Asthma

◀ Use the checklist to uncover significant past health problems and use the blank space in this box to record the details. I prefer to strike out the conditions in the checklist when I have asked about them and tick the box for any positive response. Phrases I use include: Any known heart murmurs or rheumatic fever? Any kidney problems or bladder infections? High blood pressure? Blood clots or thromboses? Operations? Accidents or blood transfusions? Back or spine troubles?
Asthma or bronchitis? Have you ever been treated for nerves or depression?

Include here information about iron, folate, vitamins (OTC=Over the Counter) ►

Ask "Have you ever injected yourself with drugs" ►

**Medication** (Prescribed or OTC)

**Cigarettes** per day
**Alcohol** (drinks) per day
Cannabis, IV Drug Use

**FAMILY HISTORY**

Diabetes Hypertension Depression etc
Genetic Problem Caesarean Epilepsy
DVT

▲

Use the checklist to uncover significant family history and use the blank space in this box to record the details. I prefer to strike out the conditions in the checklist when I have asked about them and to tick the box for any positive response. Phrases I use include:

Does depression or any other mental problem run in your family?
Sugar diabetes? High blood pressure? Epilepsy? Blood clots or thromboses? Have any of your female relatives required Caesarean section for their births/babies? Is there any family history of genetic disorder? ie spina bifida, cleft lip or palate, holes in the heart requiring surgery, Down syndrome, mental retardation, club feet, kidney problems requiring transplant or replumbing? Any babies that were stillborn or died? Anyone have multiple miscarriages? What about your husband/partner's side of the family?

NB: Family History is relevant only to the female side except for Genetic Problems

**PREVIOUS PREGNACIES G P** Together with the patient's age, this is the single most important piece of information on this side of the record. Consider the implications of: "a 41 year old Primigravida" or "a 20 year old Gravida 6 and Para 2"

| Date & Place | Weeks Gestation | Mode of Delivery | Labour Hours | Birth Weight | Problems in Pregnancy, Labour or 3rd Stage, Labour analgesia, Episiotomy etc, Puerperium, Infant Feeding, Depression etc. |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

▲

Each column should be completed according to the prompts. Acceptable abbreviations include month and year only for date
CHBH = Coffs Harbour Base Hospital KGV = King George V RNSH = Royal North Shore Hospital RWH = Royal Womens Hospital JHH = John Hunter Hospital etc.

Record the month and date of miscarriages, the weeks of gestation and whether curettage was performed. Terminations of pregnancy (TOP) at <12-14 weeks are irrelevant and can be signalled by using **G**n **P**o. TOPs >14 weeks require details

SVD = Spontaneous vaginal delivery (or NVD = Normal vaginal Delivery) F = Forceps NBF = Neville Barnes Forceps LOF = Low Outlet Forceps KFR = Kiellands Forceps Rotation Vent = Ventouse

Do not write LSCS unless you are sure it was a lower segment Caesarean. El CS = Elective Caesarean ie without labour
Em CS = Emergency CS ie after the onset of labour and it is then preferable to record at what stage (of dilatation) the CS was performed.

Exploration of each of the trigger questions in the final column helps to explore the patient's previous pregnancy and birth experiences. It is desirable to record as much detail as possible eg with Pregnancy Induced Hypertension (PIH) record the week of onset, therapy or interventions (if any), period of hospitalisation etc. For Gestational Diabetes record interventions. For epidural record the stage of labour. For shoulder difficulty categorise as minor, mild, moderate, severe. For Postnatal Depression (PND) record interventions and duration. For breast feeding (B/F) record duration. Record also any significant neonatal outcomes eg nursery admissions, morbidity, handicap, cot death etc.

Don't forget to ask if all pregnancies are in the same relationship. I use numerals in the extreme right to indicate previous partners and bracket all pregnancies "in the current relationship". Ask if all children are currently in the care of the patient. If not, why not and where are they. A useful question can be "Have you ever had a child removed from your care?"

PHYSICAL EXAMINATION

| Date<br><br>Height |
|---|

The extent of any general physical examination that is relevant for pregnancy care is debatable. Patients who may never been examined before should have a basic cardiovascular exam, chest auscultation, thyroid and abdominal palpation. I also check for any obvious spinal or skin surface abnormality including varicosities. I recommend a dental check but do not perform routine breast or nipple examinations. I perform vaginal examinations only for those patients who need a Pap smear and then usually not at the first visit. A record of the patient's height is obstetrically desirable and important in the context of body mass index evaluation.

Write Rhesus as "Pos" or "Neg" rather than as "+" or "+ve" eg "O Pos" or "A Neg"
Likewise Blood Group Antibodies as "Neg" Or "Nil"

If you need a record of which tests you have ordered then underline the trigger word and circle the result when available.

| | | |
|---|---|---|
| **Blood Group**<br>**Blood Group Antibodies** | **Rubella** Immune / Non-immune<br>Urine Culture | **Syphilis** Negative / Positive<br>**Hepatitis B** Negative / Positive |
| Full Blood Count<br><br>**HB** = on | Date & Report of Last **Cervical Cytology** | Hepatitis C Negative / Positive<br>**HIV** Negative / Positive |

Full blood count refers to the "Coulter Counter" evaluation of HB, red cell indices, white cells and platelets. The usual result is "NAD"
The HB result and its date is separately noted.

Should be a trigger to perform a Pap test if >2 years.

HIV is regarded as a desirable routine test with appropriate counselling. HepC is still an optional test.

**ULTRASOUND**

| Date | FINDINGS | |
|---|---|---|
| | | Use this row for 1st Trimester Scans |
| | Fetal Size = weeks days **Placenta:** Anterior Posterior Fundal Low<br>**Morphology** | Use this row for the Routine 2nd Trimester Scan Report only |
| | | Use this row for 3rd Trimester Scans |

Use this column to record the Date the scan was performed

Always record the estimate of gestation by the scan (1st trimester) and any significant positive or negative findings eg FHS = Fetal heart seen, Morphology NAD
EFW = Estimated fetal weight, AFI = Amniotic Fluid Index, S/D = Doppler results etc.

Use this column to note the Date of each additional test

Please use the abbreviation given in brackets to shorthand each test

**OTHER TESTS**

| | |
|---|---|
| | Chlamydia<br>Fetal Chromosomes<br>Alpha fetoprotein (AFP)<br>Low Vaginal Swab (LVS)<br>Glucose Challenge (AGT)<br>Glucose Tolerance Test (GTT)<br>Downs Risk Assessment (DRA)<br><br>Preferred Pathologist |

**Essential Information on this Record in Bold** – Please complete before referring the patient for consultation or Hospital Booking

Please read and heed

Please note the Pathology Service Used