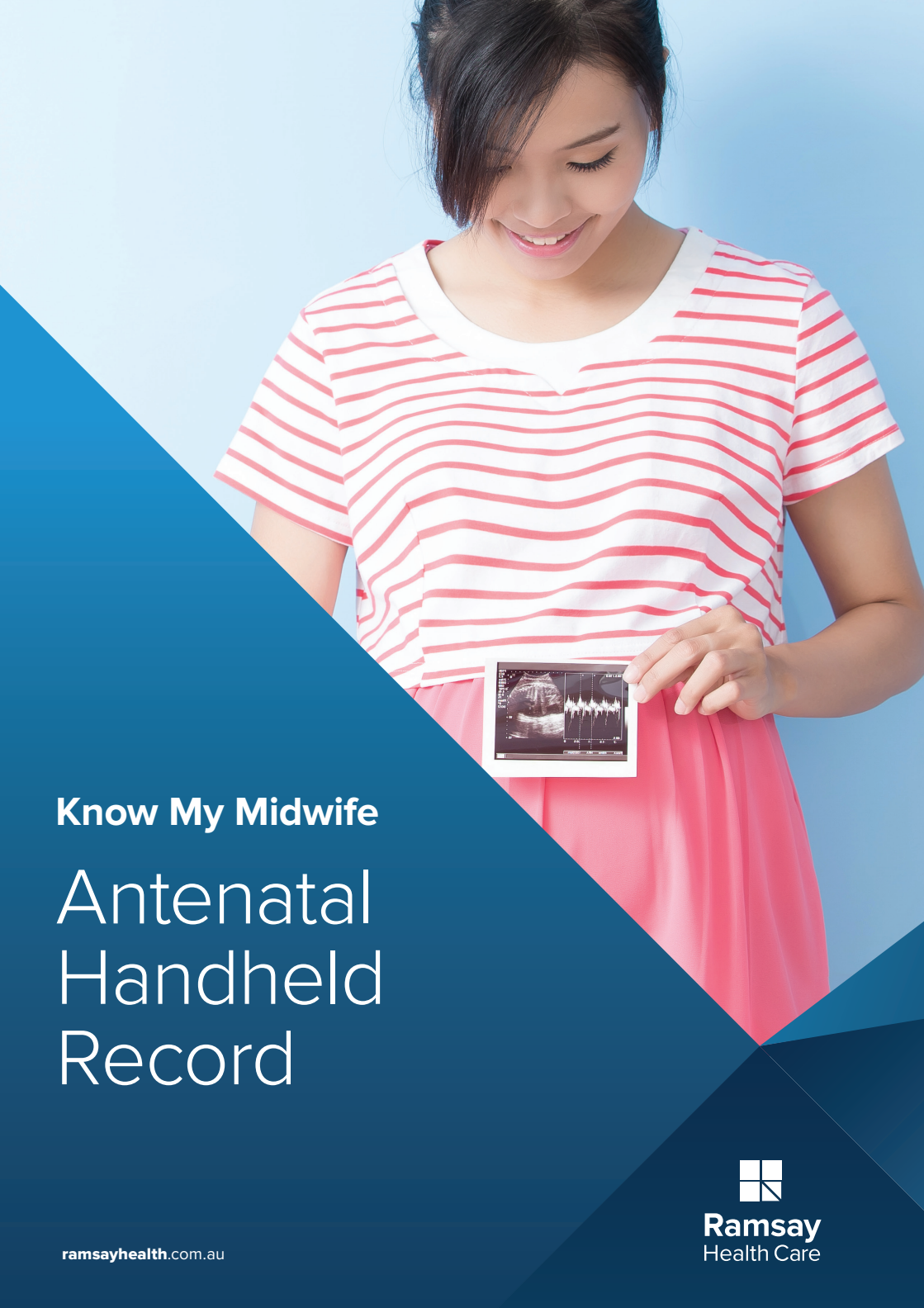


Know My Midwife

Antenatal Handheld Record

ramsayhealth.com.au

Ramsay Health Care

Appointments

DATE	TIME	Appointment	LOCATION

Shared Care Contact Information

Obstetrician Name:	
Phone (Clinic):	
Midwife Name:	
Maternity Unit Phone:	
Referral form:	☐ Yes ☐ No

My Health Record

Forms	**Copy in chart**	
Online Admission form	☐ Yes ☐ No	
Meditech -Antenatal / Medical History	☐ Yes ☐ No Copy to woman	
My Health Record	☐ Yes ☐ No	
Referrals	**Copy in chart**	
Physiotherapist: Name:	☐ Yes ☐ No	Bladder Function: ☐ Frequency ☐ Urgency ☐ Dysuria ☐ Voiding problems ☐ Incontinence ☐ Stress ☐ Urgency Bowel Function: ☐ Constipation ☐ Incontinence
	☐ Yes ☐ No ☐ Yes ☐ No	Diabetes: ☐ Type 1 ☐ Type 2 Gestational: ☐ Diet ☐ Insulin ☐ Metformin
Other:	☐ Yes ☐ No	
Travel History: Have you travelled to a Zika affected area in the last 6 months?	☐ Yes ☐ No Where? _____ *www.health.qld.gov.au/zika*	

Psychosocial History:

Completed	**Gest.**	**Score**	**Initial**	**Comments**
EDS				
EDS repeat				
EDS repeat				
SAFE Start				

Mental Health Referral Name:	☐ Yes ☐ No
Social Work Referral Name:	☐ Yes ☐ No

Pregnancy History

Preg No.	Year	Gest.	Type of Birth	Perineal status	Sex & Name	Birth wt:	Duration BF	Comments

ANTENATAL RISKS:

MEDICAL RISKS:

Pathology Results					
	5-12 weeks	**24-28 weeks**	**34-38 weeks**		
Date	/ /	/ /	/ /	/ /	/ /
Blood group					
Antibody screen (Rh D neg rpt at 28-34wks)					
Hb g/L					
Platelets					
OGTT	Fasting				
	1 hour				
	2 hour				
HbA1c					
Syphilis serology (for high risk woman repeat at 26-28, 34-26 weeks & postnatal)		For high risk	For high risk	Postnatal	
Hep B					
Hep C					
Rubella titre					
HIV					
Urine dip stick					
Other:					
Optional:					
Group B strep (GBS status)					
Varicella					
Chlamydia / Gonorrhoea					

Antenatal Screening

Date of U/S	Gest:	Findings:	Follow-up (if required)
		Estimated due date by dating scan	
		First trimester screen (11-13+6 wks) PaPP-A: MoM Other:	☐ Low risk ☐ High risk ☐ Referral ☐ Amnio / CVS considered
		NIPT (optional)	
		Morphology scan: Placenta: ☐ Anterior ☐ Posterior ☐ Fundal ☐ Low lying ☐ clear of os Fetal morphology: ☐ No abnormalities detected ☐ Review results	☐ Repeat scan 34 weeks
		Additional scans	

Immunisations

Anti D prophylaxis (Rh D neg women only) ☐ Document Meditech	☐ Not required ☐ Required ☐ ____/**40 weeks** Date: _____ Batch: _____	Print name:	
		Signature	Designation:
	☐ ____/**40 weeks** Date: _____ Batch: _____	Print name:	
		Signature	Designation:
Anti D prophylaxis ☐ Document Meditech	☐ Yes ☐ No ☐ ____/**40 weeks** Date: _____ Batch: _____	Print name:	
		Signature	Designation:
DTpa (diphtheria, tetanus and whooping cough) vaccine ☐ Document Meditech	☐ Yes ☐ No ☐ ____/**40 weeks** Date: _____ Batch: _____	Print name:	
		Signature	Designation:
Influenza Vaccine ☐ Document Meditech	☐ Yes ☐ No ☐ ____/**40 weeks** Date: _____ Batch: _____	Print name:	
		Signature	Designation:
Other ☐ Document Meditech	☐ Yes ☐ No ☐ ____/**40 weeks** Date: _____ Batch: _____	Print name:	
		Signature	Designation:

Antenatal Appointments

G:	P:	Bld:	EDC:

Date & Time:	Gest: / 40	BP: /	Pulse:	Temp:	Fundal height:	Presentation:	Decent:	FHR :	Liquor:	Weight:	Next appointment:

Tool offered: ☐ N/A ☐ Yes ☐ Declined	Name:	Signature	Designation:

Date & Time:	Gest: / 40	BP: /	Pulse:	Temp:	Fundal height:	Presentation:	Decent:	FHR :	Liquor:	Weight:	Next appointment:

Tool offered: ☐ N/A ☐ Yes ☐ Declined	Name:	Signature	Designation:

Date & Time:	Gest: / 40	BP: /	Pulse:	Temp:	Fundal height:	Presentation:	Decent:	FHR :	Liquor:	Weight:	Next appointment:

Tool offered: ☐ N/A ☐ Yes ☐ Declined	Name:	Signature	Designation:

Antenatal Appointments

G:		P:		Bld:		EDC:					
Date & Time:	Gest: 40	BP:	Pulse:	Temp:	Fundal height:	Presentation:	Decent:	FHR :	Liquor:	Weight:	Next appointment:
Tool offered: ☐ N/A ☐ Yes ☐ Declined			Name:			Signature			Designation:		

Date & Time:	Gest: 40	BP:	Pulse:	Temp:	Fundal height:	Presentation:	Decent:	FHR :	Liquor:	Weight:	Next appointment:
Tool offered: ☐ N/A ☐ Yes ☐ Declined			Name:			Signature			Designation:		

Date & Time:	Gest: 40	BP:	Pulse:	Temp:	Fundal height:	Presentation:	Decent:	FHR :	Liquor:	Weight:	Next appointment:
Tool offered: ☐ N/A ☐ Yes ☐ Declined			Name:			Signature			Designation:		

Antenatal Appointments

G:	P:	Bld:	EDC:

Date & Time:	Gest: /40	BP:	Pulse:	Temp:	Fundal height:	Presentation:	Decent:	FHR :	Liquor:	Weight:	Next appointment:

Tool offered: ☐ N/A ☐ Yes ☐ Declined	Name:	Signature	Designation:

Date & Time:	Gest: /40	BP:	Pulse:	Temp:	Fundal height:	Presentation:	Decent:	FHR :	Liquor:	Weight:	Next appointment:

Tool offered: ☐ N/A ☐ Yes ☐ Declined	Name:	Signature	Designation:

Date & Time:	Gest: /40	BP:	Pulse:	Temp:	Fundal height:	Presentation:	Decent:	FHR :	Liquor:	Weight:	Next appointment:

Tool offered: ☐ N/A ☐ Yes ☐ Declined	Name:	Signature	Designation:

Women's Section

Always carry this Antenatal Handheld record with you

Record of Copies Made:

Hospital		Obstetrician		Woman	
Date:	Sign:	Date:	Sign:	Date:	Sign:

Call the hospital or your Obstetrician if:

1. You think you might be in labour
2. Your baby is moving less than usual or you are concerned (do not wait until the next day)
3. If your waters break (ruptured membranes)
4. If you are experiencing complications in pregnancy, such as

- vaginal bleeding
- vomiting or diarrhoea
- stomach or back pain
- unusual headaches and/or blurred vision
- fainting
- urinary problems
- fever
- constant itching

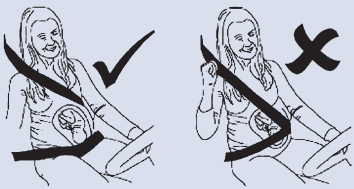
Antenatal Education

Fetal Movements

https://sanda.psanz.com.au/parent-centre/pregnancy

Correct use of Seat belts in Pregnancy

- Place the seat belt under your baby as low as possible. It should sit over the upper thighs (not across your baby).
- Position the shoulder strap over your collar bone and between your breasts.



Safe Sleeping, tummy time & safe wrapping

https://rednose.com.au/section/education

CPR for Babies

https://www.youtube.com/user/cprkidsTV

Breastfeeding Helpline

1800 686 268

MR0011615 RHC Antenatal Handheld Record 0918

Ramsay
Health Care