



**Queensland  
Government**

**Antenatal Assessment**

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

Every person documenting in this assessment must provide their name, signature and initials in the signature log.

<b>Reason for presentation</b>			<b>Arrival</b>	
.....			Date: ..... / ..... / .....	
.....			Time: ..... : .....	
<b>Assessment</b> Date: ..... / ..... / ..... Time: ..... : .....	Model of care:		Allergies:	
	Gravida:	Para:	Skin-to-skin contact: Importance discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	EDD: <input type="checkbox"/> Dates <input type="checkbox"/> Scan	Gestation: ..... weeks	Placental location:	
<b>Bloods / Alerts</b>	Date: ..... / ..... / .....		Blood group: .....	
	Antibodies: .....		Hb: .....	
	<b>Serology</b> Hep B: <input type="checkbox"/> Yes (○ +ve ○ -ve) <input type="checkbox"/> No		Hep C: <input type="checkbox"/> Yes (○ +ve ○ -ve) <input type="checkbox"/> No	
	HIV: <input type="checkbox"/> Yes (○ +ve ○ -ve) <input type="checkbox"/> No		Syphilis: <input type="checkbox"/> Yes (○ +ve ○ -ve) <input type="checkbox"/> No	
	Rubella status: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune			
Whooping cough vaccine given: <input type="checkbox"/> Yes <input type="checkbox"/> No		Gestation age given: .....		
Influenza vaccine given: <input type="checkbox"/> Yes <input type="checkbox"/> No		Gestation age given: .....		
Alerts: .....				
<b>Obstetric history</b>				
.....				
<b>Current medications</b>				
.....				
<b>Antenatal ACM* category on admission</b>		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
*Australian College of Midwives				
<b>Birth preferences</b>		Discussed: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Risk Factors / Management Plan		
Risk Factors	Management Plan	Initials
GBS positive: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Weight: ..... kg Current BMI: .....		
Antenatal VTE score: .....		
Risk identified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type: .....		
Abnormal ultrasound finding – Date: ..... / ..... / ..... <input type="checkbox"/> Yes (see report) ..... <input type="checkbox"/> No		
PPH risk: <input type="checkbox"/> Yes <input type="checkbox"/> No		
3rd / 4th degree tear: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type: .....		
Other risks: .....		
<input type="checkbox"/> Plan discussed with woman		

Signature Log							
Every person documenting in this assessment must provide their name, signature and initials below							
Name (print)	Designation	Signature	Initials	Name (print)	Designation	Signature	Initials

DO NOT WRITE IN THIS BINDING MARGIN

ANTENATAL ASSESSMENT



SW248



**Queensland  
Government**

## Antenatal Assessment

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

### Observations on Arrival

Temp: °C	Pulse:	Resp:	BP: /	<b>Abdominal palpation</b>	
				Fundus: ..... Lie: .....	
Urinalysis:			Presentation / Attitude:		Position:
MSU sent? <input type="checkbox"/> Yes <input type="checkbox"/> No			Engagement: / 5	FHR:	Fetal movements:

### Current Presentation

Date / Time	DOCUMENT: STATUS ON ARRIVAL, ADVICE GIVEN, PROCEDURES / INVESTIGATIONS UNDERTAKEN The woman states reason for presentation (signs and symptoms). Include acute musculoskeletal / orthopaedic symptoms. A final assessment of maternal and fetal conditions. <i>Include name, signature, date and staff category with all entries.</i>

<b>Discharge / Transfer</b>	<input type="checkbox"/> Birth Suite <input type="checkbox"/> Ward <input type="checkbox"/> Home <input type="checkbox"/> Other: .....
	Discharge / Transfer time: ..... : .....
<b>Follow up appointment</b> (if applicable)	Date: ..... / ..... / ..... Time: ..... : ..... Clinic / GP: .....
<b>Medical consultation / referral</b>	<input type="checkbox"/> Required <input type="checkbox"/> Not required
	If required – Referred to: ..... Date referred: ..... / ..... / ..... Time referred: ..... : .....

○ DO NOT WRITE IN THIS BINDING MARGIN ○