



Pregnancy Health Record

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Medicare number:
Date of birth:

Clinician's section

Attach ADR Sticker

ALLERGIES AND ADVERSE DRUG REACTIONS (ADR)
 Nil known Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction / Date	Initials

Sign: Print: Date:

Model of care (complete details page a10):

Rh D negative?
 Yes No
 See page a10 for Rh D immunoglobulin

Medicare ineligible – comments:

Religious, ethnic or cultural considerations important to antenatal care (e.g. birth practices, blood products, dietary, etc.):

Woman's Information

Preferred name: Age: years Marital status:

Country of birth: Australia Other: If *Other*, what year did you arrive in Australia?

Do you have refugee status experience? Yes No

Interpreter required? Yes No Ethnicity:

If Yes, Language:

Do you have any problems reading English and understanding the content of this Pregnancy Health Record? Yes No

Are you of Aboriginal and/or Torres Strait Islander origin?
 Yes, Aboriginal Yes, Torres Strait Islander No Prefer not to say Occupation:

Date of first pregnancy appointment with GP or healthcare provider: / /

Email address: Contact number:

Baby's biological father's information

Preferred name: Unknown

Date of birth: / / Country of birth: Australia Other: Ethnicity:

Are you of Aboriginal and/or Torres Strait Islander origin?
 Yes, Aboriginal Yes, Torres Strait Islander No Prefer not to say Contact number:

Partner or Support Person Information

Preferred name: As above

Relationship to woman: Contact number:

Baby's Information

Is your baby of Aboriginal and/or Torres Strait Islander origin?
 Yes, Aboriginal Yes, Torres Strait Islander No Prefer not to say Ethnicity:

Signature Log

Initials	Print name	Designation	Signature	Date	Initials	Print name	Designation	Signature	Date
				/ /					/ /
				/ /					/ /
				/ /					/ /

General Practitioner (GP) / Private Practice Midwife (stamp or print details)

Name:	Name:
Address:	Address:
Email address:	Email address:
Phone: Fax: Pager:	Phone: Fax: Pager:
Shared care: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Discontinued	Shared care: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Discontinued

DO NOT WRITE IN THIS BINDING MARGIN

PREGNANCY HEALTH RECORD

v7.00 - 12/2023
WINC Code: 1NY31163



SW071

(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Woman's Health History

Health Directive in place? Yes No

Gynaecological

Cervical screening test (CST) date: / /
 Previous treatment for abnormal CST (i.e. LLETZ, cone biopsy):
 Date: / /

Artificial reproductive therapy (ART):
 Yes – type: No

Sexually transmitted infection (STI):

Gynaecological issues (e.g. FGM):

Medical No history

Asthma / Respiratory diseases:

Heart condition:
 Cardiologist referral (e.g. RHD)

High blood pressure:

Kidney disease / UTI:

Bladder function: Frequency Urgency
 Dysuria Voiding problems

Incontinence: Stress or urgency
 Physio referral (if applicable)

Bowel function: Constipation Incontinence
 Physio referral (if applicable)

Diabetes: Type 1 OR Type 2 OR Gestational
 Treatment: Insulin Metformin Other

Thyroid disorder:

Neurological:

Epilepsy:

Gastrointestinal:

Hyperemesis with hospitalisation:

Liver disorders:

Musculoskeletal disorder: Physio referral (if applicable)

Childhood illness (e.g. chicken pox):

Other:

Haematological (blood) conditions No history

Autoimmune:

Other:

Travel history

Have you or your partner travelled overseas to a WHO notifiable affected area (e.g. Zika, Yellow fever) Yes No
 If yes, where have you or your partner travelled?

Consider relevant virus testing

Mental health history No history

Bipolar disorder Anxiety
 Acute psychosis Previous birth trauma (e.g. emotional, physical, fear of birth)
 Depression / PND
 Other:

Confirm if condition(s):
 Current Previous Treatment
 See mental health plan attached

Surgical history No history

.....

 Previous anaesthetic complication:

Other:

Medications (list all prescription, over-the-counter, natural remedies, vitamins)

.....

Tobacco / Vaping / Alcohol / Drugs

(If yes to any, refer to page a14–15)

Smoking – number of cigarettes per day:

Smoking – number of e-cigarettes / vapes per day:

Alcohol – number of drinks per day:

Other drugs (specify type):

Maternal family history No history

High blood pressure Diabetes (type 1–2; gestational)
 Heart disease Congenital abnormalities
 Hearing impairment Multiple pregnancies
 Asthma Postnatal depression
 Thyroid disorder Depression / Bi-polar
 Genetic disorders Other mental health issues
 Bleeding disorders Refer to patient chart
 Other / Comments:

Other (including any significant medical history of the baby's biological father, social/living situation)

.....

Initials: _____ Date: ____ / ____ / ____

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Veno ANTENATAL risk assessment for VTE

Refer to *QCG VTE prophylaxis in pregnancy and the puerperium*.

High risk factors for VTE	If any high risk factor, escalate for treatment	Tick if present
	Pre-pregnancy therapeutic anticoagulation (any reason)	<input type="checkbox"/>
	Any previous VTE plus high risk thrombophilia	<input type="checkbox"/>
	Recurrent unprovoked VTE (2 or more)	<input type="checkbox"/>
	VTE in current pregnancy (seek expert advice)	<input type="checkbox"/>
	Any single previous VTE not provoked by surgery	<input type="checkbox"/>
	Recurrent provoked VTE (2 or more)	<input type="checkbox"/>
	Active autoimmune or inflammatory disorder	<input type="checkbox"/>
	Medical co-morbidity (e.g. cancer, nephrotic syndrome, heart failure, sickle cell, type I diabetes with nephropathy)	<input type="checkbox"/>
	High or low risk thrombophilia (no personal history of VTE)	<input type="checkbox"/>
	Antenatal hospital admission	<input type="checkbox"/>
	Ovarian hyperstimulation syndrome (first trimester only)	<input type="checkbox"/>
	Any surgery (pregnancy)	<input type="checkbox"/>
Severe hyperemesis or dehydration requiring IV fluid	<input type="checkbox"/>	

Risk factors for VTE	If any risk factor, enter the risk score and then sum the total	Tick if present	Risk score	Enter risk score
	Family history (1st degree relative) of unprovoked or oestrogen provoked VTE	<input type="checkbox"/>	1	
	Single VTE provoked by surgery	<input type="checkbox"/>	3	
	Age >35 years	<input type="checkbox"/>	1	
	Parity ≥3	<input type="checkbox"/>	1	
	Smoking (any amount)	<input type="checkbox"/>	1	
	Gross varicose veins	<input type="checkbox"/>	1	
	Current BMI 30–39kg/m ²	<input type="checkbox"/>	1	
	Current BMI ≥40kg/m ²	<input type="checkbox"/>	2	
	IVF/ART	<input type="checkbox"/>	1	
	Multiple pregnancy	<input type="checkbox"/>	1	
	Pre-eclampsia in current pregnancy	<input type="checkbox"/>	1	
	Immobility	<input type="checkbox"/>	1	
	Current systemic infection	<input type="checkbox"/>	1	
Pre-existing diabetes	<input type="checkbox"/>	1		
SUM the risk score for each risk factor identified				

Enoxaparin: standard prophylaxis (subcut)	• 50–90 kg 40mg daily • 91–130 kg 60mg daily	• 131–170 kg 80mg daily • >171 kg 0.5mg/kg
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Action plan
Escalate for clinical management at the first antenatal visit if:
<input checked="" type="checkbox"/> Any high risk factor present from the red section which has not already been addressed according to treatment recommendations
OR
<input checked="" type="checkbox"/> Total (sum of) antenatal risk score from the blue section is 3. For discussion with the obstetrician at the routine 20 week appointment (may require treatment from 28 weeks if clinically appropriate)
<input checked="" type="checkbox"/> Total (sum of) antenatal risk score from the blue section is 4 or more (may require treatment from the first visit)

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Previous Pregnancies (miscarriages, terminations, molar and ectopic pregnancies, stillbirth/NND)

Gravida:		Parity:		Pregnancy loss:					*Type of labour: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Induced	
Date of birth	Gestation	Place of birth	Type of labour*	Duration of labour	Type of birth	Perineal trauma	Sex	Birth weight	Complications (e.g. PPH, APH, pre-eclampsia, diabetes, birth trauma, phototherapy, SCN, NICU) / name of child including family name	
/ /								g		
/ /								g		
/ /								g		
/ /								g		
/ /								g		
/ /								g		
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/ /								g		
/ /								g		
/ /								g		

Guidelines for Calculating Estimated Date of Birth (EDB)

1. First day of LNMP
 Date: / / Certain? Yes No
 Assisted conception? Yes – Type: No Pill or other contraception
 Comments:

2. Menstrual cycle
 Regular Irregular Number of bleeding days: Usual length of cycle:

3. Estimated date based on period and cycle
 / /

4. Estimated date by ART
 / / Transfer date: / / Age of embryo:

5. Estimated date by ultrasound
 / / Gestation at ultrasound: / 40
 LNMP consistent with early ultrasound scan (within five days)? Yes No

6. Estimate date of birth
 / / Woman's preferred mode of birth:

Woman's initials (to acknowledge EDB): **Person who calculated** (print name): Initials: Date: Designation:

			/ /	
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Psychosocial History

Check Medical Record

Completed	Initials	Score	Gestation	Comments
EPDS				
Repeat EPDS				
Repeat EPDS(if required)				
ANRQ (if required)				
<input type="checkbox"/> Mental Health referral <input type="checkbox"/> Social Worker referral <input type="checkbox"/> Community referral (i.e. social and emotional wellbeing program Peachtrees)				
SAFE Start @ booking in:	<input type="checkbox"/> Commenced <input type="checkbox"/> Completed <input type="checkbox"/> Referred Initials:			
SAFE Start @ 28/40:	<input type="checkbox"/> Commenced <input type="checkbox"/> Completed <input type="checkbox"/> Referred Initials:			
SAFE Start @ 36/40:	<input type="checkbox"/> Commenced <input type="checkbox"/> Completed <input type="checkbox"/> Referred Initials:			

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Laboratory Results

Further results attached

For management of high risk populations, see the <i>Primary Clinical Care Manual</i>		5–12 weeks	24–28 weeks	34–36 weeks		
Date		/ /	/ /	/ /	/ /	/ /
Blood group						
Antibody screen						
Hb g/L						
MCV						
Platelets						
Ferritin						
OGTT (if high risk [recommended] or HbA1c if OGTT not tolerated in 1st trimester)	Fasting	For high risk				
	1 hour					
	2 hour					
HbA1c (if not tolerated in 1st trimester: refer to QCG: <i>GDM</i>)						
Syphilis serology (repeat at 28 and 36 weeks) <i>Refer to QCG Syphilis in Pregnancy</i>					Post-birth (for high risk)	
Hep B (HBsAg)						
Hep C antibody (check RNA if positive)						
Rubella titre						
HIV						
Urine dipstick (once each trimester) / MSU						
Other:						
Other:						
Optional (if indicated)	Group B Strep status (GBS)					
	MRO (i.e MRSA)					
	Chlamydia (offer for those ages less than 30 years and high risk population)					
	Gonorrhoea screening (offer for high risk)					
	TSH					

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Antenatal Screening Tests (document follow-up and management plan on page a11)

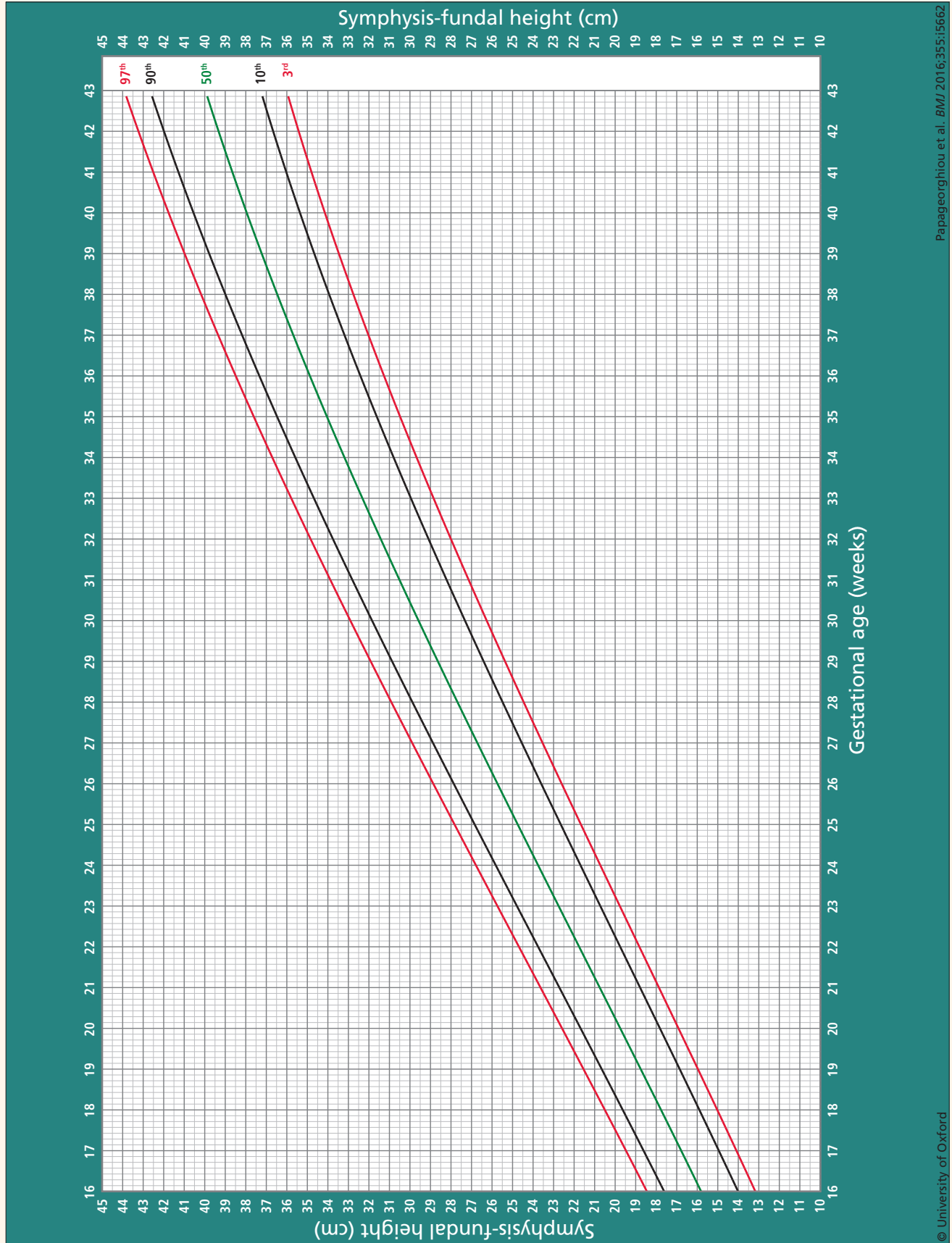
Preconception screening: Yes No Comments:

Date	Gestation (weeks)	Estimated date of birth by dating scan: / /
/ /		Screening tests (11–13 weeks + 6 days) <ul style="list-style-type: none"> • PaPP-A: MoM • NT: mm • EDD: / / <ul style="list-style-type: none"> • <input type="checkbox"/> Chance of: 1 in • <input type="checkbox"/> NIPT (optional): Low chance: High chance: • <input type="checkbox"/> NTS:
/ /		Reproductive carrier screening – preconception/early pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No Outcome: <input type="checkbox"/> Low chance result <input type="checkbox"/> High chance result
/ /		Morphology scan Cervical length (if known): mm (TA/TV) <input type="checkbox"/> TA <35mm <input type="checkbox"/> TV <25mm Vaginal progesterone discussed/prescribed: <input type="checkbox"/> Yes (document intervention on page a11) <input type="checkbox"/> No Placenta: <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Fundal <input type="checkbox"/> Low lying <input type="checkbox"/> Clear of the OS Fetal morphology: <input type="checkbox"/> No abnormalities detected
/ /		Additional scans (plot scan results on graphs)

(Affix identification label here)

URN:
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 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Fetal Growth Chart (Singleton)



Papageorgiou et al. *BMJ* 2016;355:f5662

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URN:

Family name:

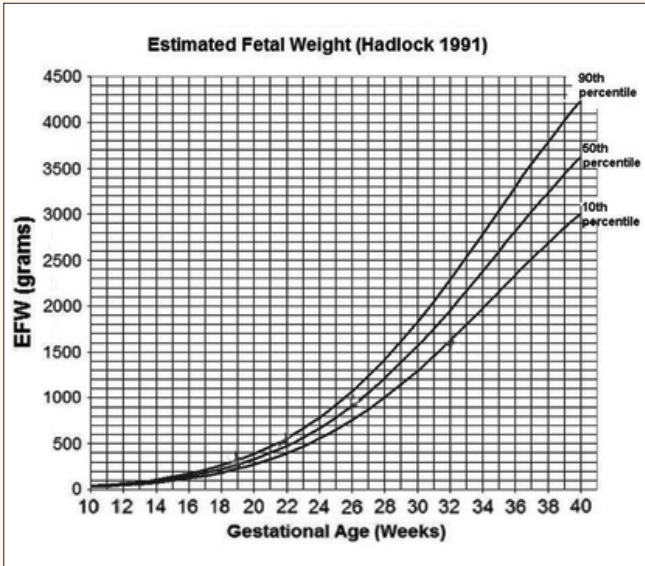
Given name(s):

Address:

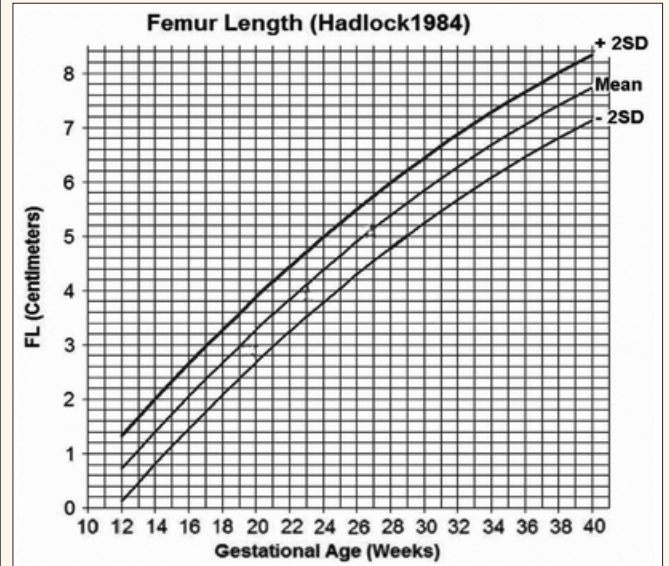
Medicare number:

Date of birth:

Estimated Fetal Weight

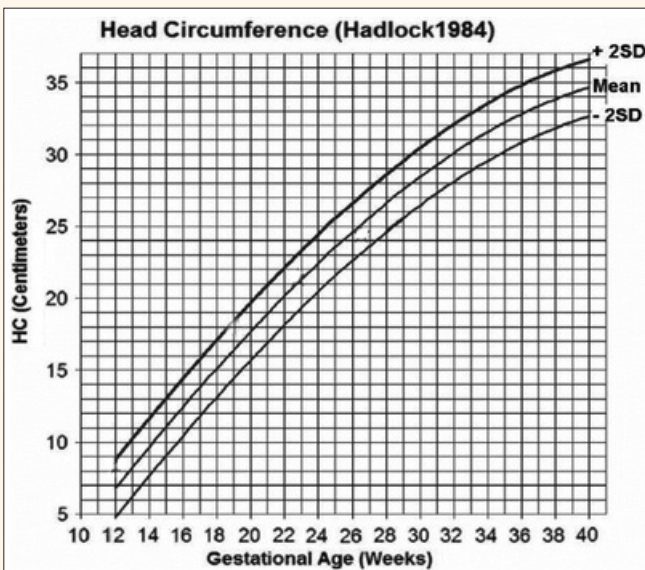


Femur length

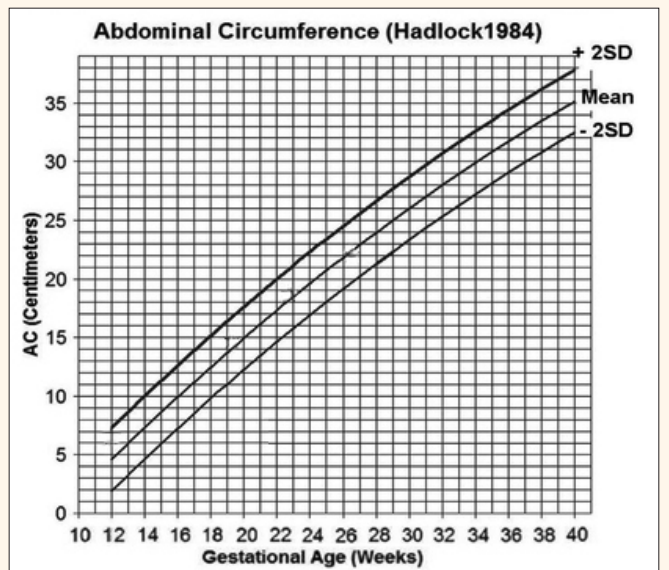


Assessment of fetal growth on ultrasound. Open access under the CC BYNC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>) by Kidney Int Rep (2019) 4, 733–739; 9; <https://doi.org/10.1016/j.ekir.2018.12.014>.

Head Circumference



Abdominal Circumference



Assessment of fetal growth on ultrasound. Open access under the CC BYNC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>) by Kidney Int Rep (2019) 4, 733–739; 9; <https://doi.org/10.1016/j.ekir.2018.12.014>.

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 Date of birth:

Initial Physical Examination

BMI: Use pre-pregnancy weight if known, otherwise use first weight taken

Date: / /

Booking-in weight: kg Pre-pregnancy weight: kg Height: cm

Pre-pregnancy BMI:

Underweight (≤ 18.5) Referral to Medical Officer
 Normal (18.5–24.9) Dietitian for review
 Overweight (25–29.9) Physio for review
 Obese I (30.0–34.9)
 Obese II (35.0–39.9)
 Obese III (≥ 40)

36 week kg/BMI: kg / BMI

Underweight (≤ 18.5) Referral to Medical Officer
 Normal (18.5–24.9) Dietitian for review
 Overweight (25–29.9) Physio for review
 Obese I (30.0–34.9)
 Obese II (35.0–39.9)
 Obese III (≥ 40)

Dental:

Last appointment: / /

Name: Designation: Signature:

To be completed by a Medical Officer / Midwife

Breasts / Nipples:

Cardiovascular:

Respiratory:

Abdominal:

Skeletal:

Thyroid:

Document follow-up and management plan on pg a11.

Target Weight Gains (to be completed by health provider)

*Calculations assume a 0.5–2kg weight gain in the first trimester for single babies.
 Refer to dietitian if multiple pregnancies, as different goals required. Dietary and physical activity requirements discussed.
 Refer to Queensland Clinical Guideline: *Obesity and pregnancy (including post bariatric surgery)* for further information.

Pre-pregnancy BMI (kg/m ²)	Singleton pregnancy weight gain		
Non-Asian background	1st trimester total weight gain (kg)	2nd and 3rd trimester (kg/week)	Total (kg)
Less than 18.5	0.5–2 kg	0.5	12.5–18
18.5 to 24.9		0.4	11.5–16
25.0 to 29.9		0.3	7–11.5
Greater than or equal to 30.0		0.2	5–9
Asian background			
Less than 18.5	0.5–2 kg	0.5	12.5–18
18.5 to 22.9		0.4	11.5–16
23.0 to 27.5		0.3	7–11.5
Greater than 27.5			7
Twin and triplet pregnancy			
Pre-pregnancy BMI (kg/m ²)	Twin or triplet pregnancy weight gain		Total (kg)
18.5 to 24.9	—		17–25
25.0 to 29.9	—		14–23
Greater than or equal to 30.0	—		11–19

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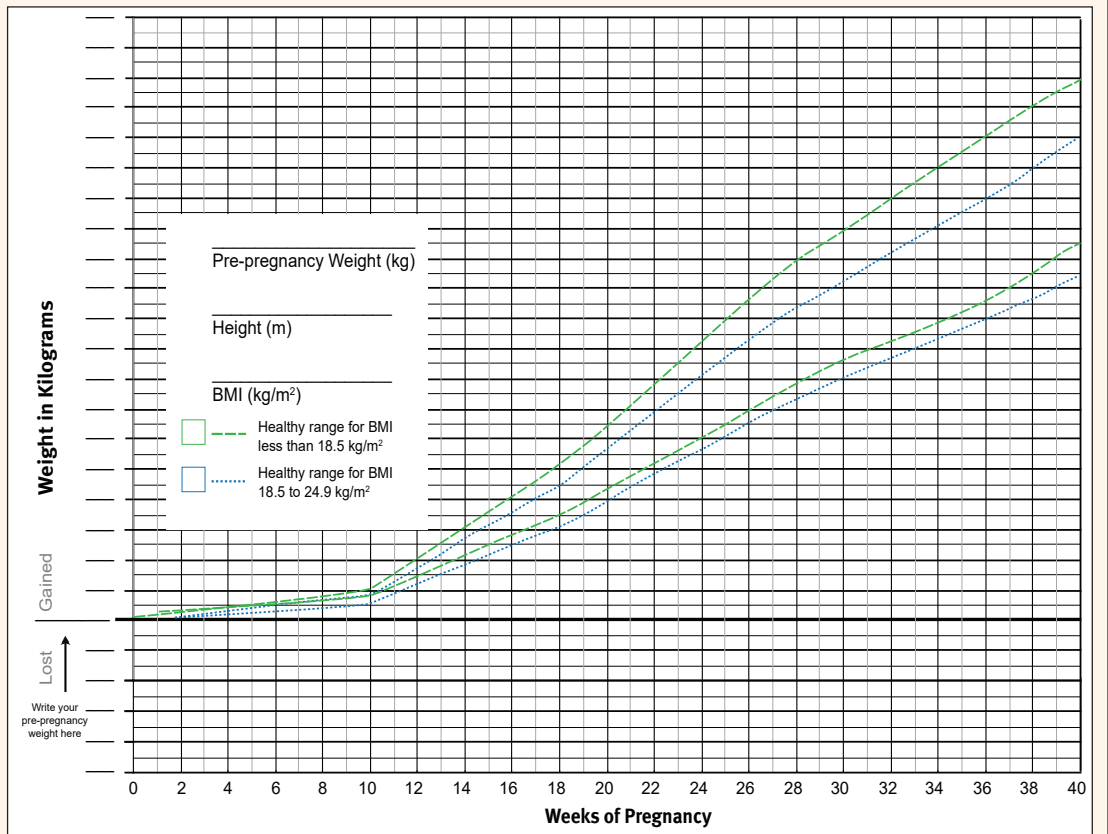
(Affix identification label here)

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Address:
Medicare number:
Date of birth:

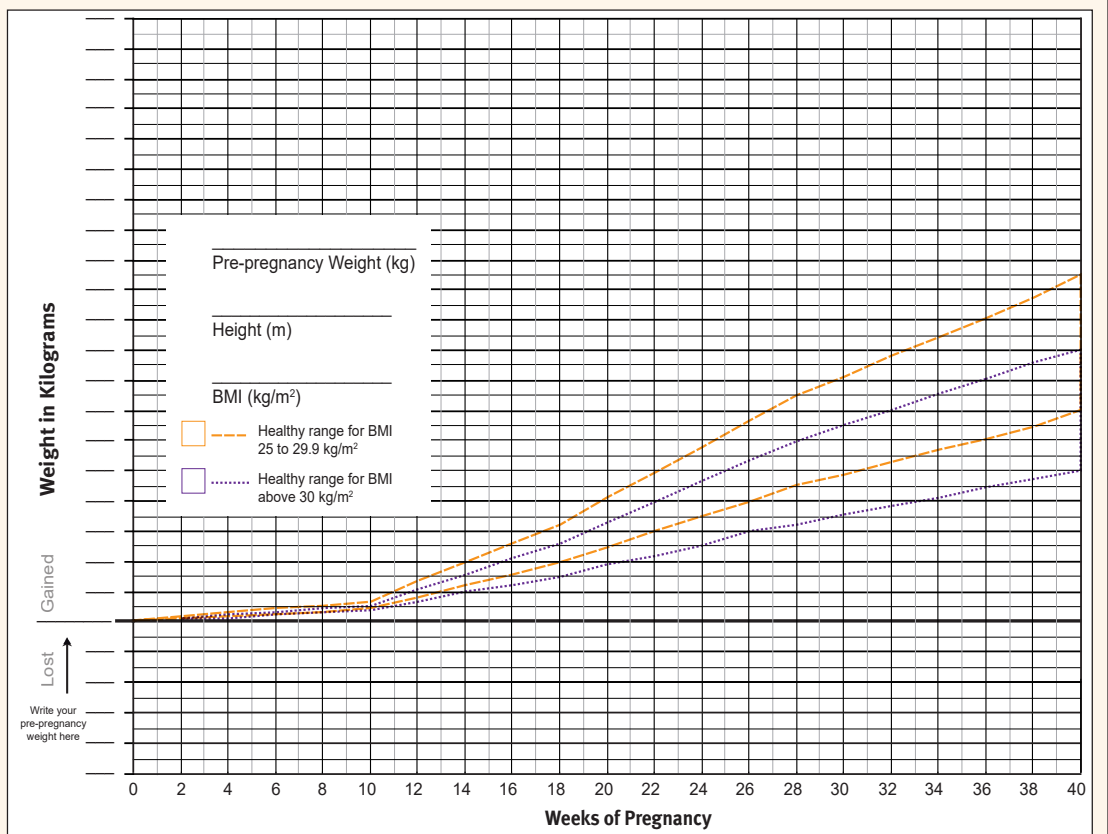
Target Weight Gains (to be completed by health provider) (continued)

Pregnancy weight gain chart for BMI less than 25kg/m²

BMI targets will differ for women from Asian and Polynesian backgrounds



Pregnancy weight gain chart for BMI 25kg/m² or over



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Immunisation

All vaccinations are required to be reported to the Australian Immunisation Register.

Complete signature log on page a1.

Rh D immunoglobulin (Rh D negative women only) Blood group:	<input type="checkbox"/> 28 weeks If no, reason:	Date given: / /	Batch number:	Initials:	
	<input type="checkbox"/> 34–36 weeks If no, reason:	Date given: / /	Batch number:	Initials:	
dTpa (diphtheria, tetanus and pertussis) vaccine (recommended 20–32 weeks)	<input type="checkbox"/> Discussed <input type="checkbox"/> Declined	Gestation: weeks	Date given: / /	Batch number:	Initials:
	<input type="checkbox"/> Yes <input type="checkbox"/> Up-to-date	Date last given: / /			
COVID-19 vaccination	<input type="checkbox"/> Discussed <input type="checkbox"/> Declined				Initials:
	<input type="checkbox"/> Yes <input type="checkbox"/> Up-to-date				
Influenza vaccine (recommended at any gestation)	<input type="checkbox"/> Discussed <input type="checkbox"/> Declined	Gestation: weeks	Date given: / /	Batch number:	Initials:
	<input type="checkbox"/> Yes <input type="checkbox"/> Up-to-date				
Other	Specify:	Gestation: weeks			
	Date given: / /	Batch number:			
	Specify:	Gestation: weeks			
	Date given: / /	Batch number:			

Model of Care

Woman's principal model of care

- Public hospital maternity care
- Midwifery group practice caseload care
- Team midwifery care
- Public hospital high risk maternity care
- Remote area maternity care
- Shared care
- Combined care

- General Practitioner obstetrician care
- Private midwifery care
- Private obstetrician (specialist) care
- Private obstetrician and privately practising midwife joint care
- Other:

Maternity model of care definitions:



Reason for model chosen:

Date:

Name:

Designation:

Signature:

/ /

Change of model of care

New model:

Date of change:

Reason for change of model of care:

/ /

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 Medicare number:
 Date of birth:

Best estimate date of birth:
 / /

Anaesthetic review <input type="checkbox"/> Yes → Review date: / / <input type="checkbox"/> Referred <input type="checkbox"/> No	Neonatal / Paediatric review <input type="checkbox"/> Yes → Review date: / / <input type="checkbox"/> Referred <input type="checkbox"/> No
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Midwife Risk Evaluation				
National Midwifery Guidelines for Consultation and Referral (4th edition, 2021)				
Weeks	Risk identified (e.g. 6.1.4)	Date	Code	Initials
Initial assessment		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

Medical and Obstetric Issues and Management Plan	
Resources: <i>Partnering with the woman who declines recommended maternity care (2020)</i> <i>Yarning and Support Care Plan: Declining Recommended Maternity Care</i>	

Date	Antenatal risk factors (Refer to observations, medications, US, graph plots, screening tests)	Management plan (including follow-up)	Initials
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

Birth management plan (for events occurring prior to, during and after birth. Refer to page b3 for further preferences)

Postnatal management

Cervical screening test
 Contraception - Type:
 MMR
 OGTT
 ECHO request
 Cardiology referral
 Paediatric review
 Perinatal Mental Health screening and if indicated referral
 Other:

Management plan and date of birth confirmed by

Woman's signature: _____ Date: / /
 Clinician's name: _____ Designation: _____ Signature: _____ Date: / /

Changes / Additions to the plan are to be **dated**, with the RMO **and** Consultant initials also recorded.
 Use SW071e Pregnancy Health Record – Medical and Obstetric Issues and Management Plan (Additional Page) if more space is required

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Recommended Minimum Antenatal Schedule Checklist

To be discussed at every visit

- If any concerns please contact your health provider or 13 HEALTH (13 43 25 84)
- Safer Baby Bundle (fetal movement, safe maternal sleep position, quitting smoking / vaping, fetal growth assessed)
- Full assessment including abdominal palpation and fetal auscultation performed
- Discuss emotional wellbeing
- Drug and alcohol screening as required
- Blood results reviewed
- Maternal concerns addressed
- Recommended weight gain discussed and weight recorded
- Healthy eating and physical activity
- BMI calculated (discuss how BMI informs clinical decision-making, e.g. anaesthetic review, fetal monitoring if BMI >40)
 - Refer to food safety (*Clinical Practice Guidelines: Pregnancy Care Part C: Lifestyle considerations*)



Additional appointments may be required according to individual need. Please discuss any questions or concerns you have during your antenatal, labour or postnatal period with your care providers

First visit (GP visit preferably before 12 weeks)

Refer to items to be discussed at every visit

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Pregnancy confirmed, maternal counselling commenced <input type="checkbox"/> VTE risk assessed <input type="checkbox"/> Smoking/vaping and drug and alcohol cessation screening completed <input type="checkbox"/> Antenatal pathology tests ordered with consent and counselling: blood group and antibodies (status checked / identified), full blood count (FBC), ferritin level, diabetes mellitus screening (if indicated), syphilis, rubella, hepatitis B, hepatitis C, HIV ordered, proteinuria testing, midstream urine <input type="checkbox"/> Genetic Counselling and testing discussed as appropriate: <ul style="list-style-type: none"> <input type="radio"/> Reproductive carrier screening <input type="radio"/> Chorionic Villus Sampling 11–13 weeks / Amniocentesis 16–18 weeks as indicated <input type="checkbox"/> Urine dipstick / MSU performed <input type="checkbox"/> Booking in referral sent: <ul style="list-style-type: none"> <input type="radio"/> Local models of care discussed <input type="checkbox"/> Cervical screening test offered if due <input type="checkbox"/> Folate and iodine supplementation discussed | <ul style="list-style-type: none"> <input type="checkbox"/> Normal breast changes discussed: <ul style="list-style-type: none"> <input type="radio"/> Examination performed <input type="checkbox"/> Influenza and COVID-19 vaccines discussed <input type="checkbox"/> Fetal Anomaly Screening discussed and ordered as appropriate: <ul style="list-style-type: none"> <input type="radio"/> Antenatal screening bloods Free Beta-hCG and Papp A after 10 completed weeks and preferably 3–5 days prior to Nuchal USS. <i>Note: request slip to include EDB and current maternal weight</i> <input type="radio"/> Nuchal Translucency 11–13 weeks + 6 days <input type="radio"/> NIPT <input type="radio"/> Diagnostic Morphology 18–20 weeks <input type="checkbox"/> SAFE Start or similar tool <input type="checkbox"/> Pre-pregnancy weight, height and BMI recorded (if additional care required referral to dietitian, GP and physio) |
|---|---|

12–18 weeks (Midwife booking visit)

Refer to items to be discussed at every visit

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Consider early Aspirin use if risk factors for FGR/Pre-eclampsia <input type="checkbox"/> Antenatal Booking Details form completed <input type="checkbox"/> EPDS performed / emotional wellbeing discussed <input type="checkbox"/> SAFE Start or similar tool <input type="checkbox"/> Models of care discussed and preference identified (page a10) <input type="checkbox"/> Follow-up Nuchal Translucency / NIPT / Amniocentesis <input type="checkbox"/> Refer to Queensland Clinical Guideline: <i>Gestational diabetes</i> for early OGTT | <ul style="list-style-type: none"> <input type="checkbox"/> Urine dipstick / MSU repeated (as required) <input type="checkbox"/> Commence infant feeding education according to page b4, topics for this visit to include breastfeeding recommendations, importance of breastfeeding and risks associated with not breastfeeding <input type="checkbox"/> Refer to <i>Queensland Clinical Guideline: Establishing breastfeeding</i> <input type="checkbox"/> Pregnancy, Birth and Parenting classes discussed <input type="checkbox"/> How to register a compliment or complaint about the service <input type="checkbox"/> How to action Ryan's Rule |
|--|---|

20 weeks

Refer to items to be discussed at every visit

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Growth and well-being scans ordered (if required) <input type="checkbox"/> Breastfeeding classes discussed. Referral to Lactation Consultant if required <input type="checkbox"/> Morphology ultrasound reviewed, including cervical length <input type="checkbox"/> General health check attended <input type="checkbox"/> Appropriate model of care confirmed and documented (after risk assessment completed) | <ul style="list-style-type: none"> <input type="checkbox"/> Urine dipstick <input type="checkbox"/> Consent obtained from Rh D negative women for Rh D immunoglobulin (staple inside Pregnancy Health Record) <input type="checkbox"/> Estimated date of birth confirmed <input type="checkbox"/> Recommend during pregnancy influenza vaccination <input type="checkbox"/> Recommend dTpa (diphtheria, tetanus and pertussis) (whooping cough) before 32 weeks |
|---|--|

24–26 weeks

Refer to items to be discussed at every visit

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Discuss normal vaginal discharge vs. abnormal discharge <input type="checkbox"/> 24–28 week blood tests ordered: <ul style="list-style-type: none"> • Full blood count (FBC), ferritin, syphilis serology and OGTT unless diagnosed diabetes / GDM • Rh Antibody blood screen | <ul style="list-style-type: none"> <input type="checkbox"/> Purchasing baby equipment (cots, car seats, prams), refer to <i>Australia Competition and Consumer Commission Product Safety Australia Guidelines</i> <input type="checkbox"/> Benefits of rooming-in discussed (baby / mother staying together) |
|--|--|

DO NOT WRITE IN THIS BINDING MARGIN

(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Recommended Minimum Antenatal Schedule Checklist (continued)

28 weeks *Refer to items to be discussed at every visit*

- | | |
|---|--|
| <input type="checkbox"/> Influenza immunisation discussed | <input type="checkbox"/> SUDI (includes SIDS and accidents) discussed
• Refer to <i>Guideline: Safer Infant Sleep</i> |
| <input type="checkbox"/> Timing of birth for women with stillbirth individual risk factors discussed | <input type="checkbox"/> Side sleeping discussed |
| <input type="checkbox"/> VTE Risk assessment | <input type="checkbox"/> SAFE Start or similar tool |
| <input type="checkbox"/> Where to access help in the community | |
| <input type="checkbox"/> Pathology results checked (Rh Antibody screen completed) | |
| <input type="checkbox"/> First dose of Anti D for Rh D negative woman attended | |
| <input type="checkbox"/> Immunisation for dTpa (diphtheria, tetanus and pertussis) administered (recommended before 32 weeks) | |



31 weeks *Refer to items to be discussed at every visit*

- | | |
|--|--|
| <input type="checkbox"/> Timing of birth for women with stillbirth individual risk factors discussed | <input type="checkbox"/> Follow-up ultrasound for identified complexity (e.g. placental position), if required |
| <input type="checkbox"/> Booked into Birthing classes | <input type="checkbox"/> Postnatal community supports discussed (i.e. Child Health Service) |
| <input type="checkbox"/> Length of hospital stay discussed | <input type="checkbox"/> Advise family to have booster immunisation (i.e dTpa [diphtheria, tetanus and pertussis]) |
| <input type="checkbox"/> Birth preferences discussed (page b3) | |
| <input type="checkbox"/> Side sleeping discussed | |

34 weeks *Refer to items to be discussed at every visit*

- | | |
|--|---|
| <input type="checkbox"/> Timing of birth for women with stillbirth individual risk factors discussed | <input type="checkbox"/> Antenatal expressing of breast milk and safe storage discussed (if applicable) |
| <input type="checkbox"/> Discuss signs of labour and when to come to hospital | <input type="checkbox"/> Order full blood count (FBC), ferritin (if indicated) and syphilis serology |
| <input type="checkbox"/> Birth preferences reviewed and discussed | <input type="checkbox"/> Perineal massage discussed |
| <input type="checkbox"/> Second dose of Anti D for Rh D negative women attended | |
| <input type="checkbox"/> EPDS repeated and recorded | |
| <input type="checkbox"/> Side sleeping discussed | |

36 weeks *Refer to items to be discussed at every visit*

- Visit at 36 weeks, then as clinically indicated every 1–2 weeks until 41 weeks:**
- | | |
|--|--|
| <input type="checkbox"/> Timing of birth for women with stillbirth individual risk factors discussed | <input type="checkbox"/> Mode of preferred birth discussed |
| <input type="checkbox"/> Discuss signs of labour and when to come to hospital | <input type="checkbox"/> Side sleeping discussed |
| <input type="checkbox"/> Breast feeding education revisited | <input type="checkbox"/> SUDI (includes SIDS and accidents) discussed
• Refer to <i>Guideline: Safer Infant Sleep</i> |
| <input type="checkbox"/> Ensure has contact numbers for Birth Suite and healthcare provider | <input type="checkbox"/> Review Birth Suite video tour (if available) |
| <input type="checkbox"/> Referral to child health service if required | <input type="checkbox"/> Contraception discussed |
| <input type="checkbox"/> SAFE Start or similar tool | <input type="checkbox"/> Vitamin K discussed |
| | <input type="checkbox"/> Hepatitis B Immunisation discussed |
- At 36 weeks:**
- | | |
|--|---|
| <input type="checkbox"/> Elective caesarean section booked (if applicable) including second opinion to confirm necessity | <input type="checkbox"/> Blood results reviewed |
| | <input type="checkbox"/> VTE risk assessment |



38 weeks *Refer to items to be discussed at every visit*

- | | |
|--|---|
| <input type="checkbox"/> Timing of birth for women with stillbirth individual risk factors discussed | <input type="checkbox"/> Discuss signs of labour and when to come to hospital |
| <input type="checkbox"/> Blood results reviewed | <input type="checkbox"/> Breastfeeding information reviewed |
| <input type="checkbox"/> Side sleeping discussed | |

40 weeks *Refer to items to be discussed at every visit*

- | | |
|---|--|
| <input type="checkbox"/> Discuss signs of labour and when to come to hospital | <input type="checkbox"/> Induction of labour for 41+0 weeks plus or minus membrane sweep discussed |
| <input type="checkbox"/> Side sleeping discussed | |

41 weeks *Refer to items to be discussed at every visit*

- | | |
|---|---|
| <input type="checkbox"/> Assessment of maternal and baby wellbeing completed (arrange for CTG if indicated) | <input type="checkbox"/> Side sleeping discussed |
| <input type="checkbox"/> Induction of labour by 42 weeks re-discussed (if applicable) | <input type="checkbox"/> Monitoring if indicated as per current fetal surveillance guidelines |

Comments (note gestation week):

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DO NOT WRITE IN THIS BINDING MARGIN

(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Tobacco and Vaping Screening Tool

Date: / / Gestation:

Clinician has advised that smoking/vaping can have a negative health effect on health of mother and unborn children. Not smoking or vaping is the best option.

ASK Initials

Which of these statements best describes your current smoking and/or vaping?

If admitted during the antenatal period complete the *Smoking Cessation Clinical Pathway*

- I have never smoked or vaped
- I smoke and/or vape daily now, about the same as before finding out I was pregnant
- I smoke and/or vape daily now, but I've cut down since finding out I was pregnant
- I smoke and/or vape every once in a while
- I quit smoking and/or vaping since finding out I was pregnant. Date quit smoking/vaping: / /

Do you smoke tobacco? Yes No N/A

Do you use an e-cigarette or vape? Yes No N/A

How many tobacco cigarettes do you have per day?

How many e-cigarettes or vapes do you have per day?

Does your partner smoke tobacco or use an e-cigarette or vape? Yes No N/A

ADVISE Initials

Benefits of quitting

Pregnancy:

- ↓ Risk of lower birth weight
- ↑ Oxygen and nutrients to baby
- ↓ Risk of complicated birth
- ↓ Risk of pre-term birth

Baby:

- More settled
- More likely to be discharged with mother
- Fewer colds, ear, respiratory infections
- ↓ Risk of SIDS, asthma

Woman / Partner:

- Save money
- ↑ Self-esteem
- ↑ Energy, breathe easier
- ↓ Cancers
- ↓ Cardiac / Respiratory disease

Families:

- Healthy environment
- ↓ Risks of passive smoking
- Breastfeeding:**
- No chemicals in milk to baby
- ↑ Intention to breastfeed / duration of feeding

HELP Initials

Quitting smoking and / or vaping is the best thing you can do for you and your baby. Would you like information on support available to help you quit? Discuss support available.

- 'Quit for you...Quit for baby' (QFQFB) program. Delivered by Quitline. Available to both pregnant woman and partner. Combines individual quit support and a free 12-week supply of NRT. Clients can self-refer by calling 13 7848 (provide QFYQFB postcard) or be referred by Antenatal Staff.
- QFYQFB referral available www.health.qld.gov.au/_data/assets/pdf_file/0027/737316/quitline-hp-referral-pregnancy.pdf
- GP (PBS reduced cost NRT)
- Pharmacist or Community Health worker
- Nicotine Replacement Therapy (Lozenges; Gum; Mouth Spray; Inhalator; Patch) – oral forms of NRT preferred for use by women

Resources (available from www.quithq.initiatives.qld.gov.au/)

- Smoking and pregnancy Information for partners who smoke Passive Smoking Benefits of quitting
- Nicotine Replacement Therapy (NRT) in pregnancy and breastfeeding Electronic cigarettes and pregnancy

Printed resources (email smokingreduction@health.qld.gov.au to order copies)

- QFYQFB postcard

Clinician to complete the following at every visit for smokers and recent quitters

Visit date	Week gestation	Number of tobacco cigarettes per day	Number of e-cigs or vapes per day	Support / Advice given	Initials
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

DO NOT WRITE IN THIS BINDING MARGIN

(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Drug and Alcohol Screening Tool

Check Medical Record

Drug screening: In the past 3–6 months have you used any prescribed, non-prescribed or herbal drugs? Yes No
 If yes: • Specify:
 • Refer to local support service for assessment and ongoing support

Ask again:					
Visit date 1: / /	Weeks gestation:	Advice / Help provided:	Visit date 2: / /	Weeks gestation:	Advice / Help provided:

Date: / /
To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.

ASK	Initials
During this pregnancy... <input type="checkbox"/> Only prior to confirmation of pregnancy; stopped at weeks (0)	
1. How often have you had a drink containing alcohol in it? <input type="checkbox"/> Never (0) <input type="checkbox"/> Monthly or less (1) <input type="checkbox"/> 2 to 4 times a month (2) <input type="checkbox"/> 2 to 3 times a week (3) <input type="checkbox"/> 4 or more times a week (4)	
2. How many standard drinks have you had on a typical day when drinking? <input type="checkbox"/> 1 or 2 (0) <input type="checkbox"/> 3 or 4 (1) <input type="checkbox"/> 5 or 6 (2) <input type="checkbox"/> 7 to 9 (3) <input type="checkbox"/> 10 or more (4)	
3. How often have you had five (5) or more standard drinks on one occasion? <input type="checkbox"/> Never (0) <input type="checkbox"/> Less than monthly (1) <input type="checkbox"/> Monthly (2) <input type="checkbox"/> Weekly (3) <input type="checkbox"/> Daily or almost daily (4)	
Scoring: Add the scores (shown in brackets) for each of the three questions for a total score out of 12. Score: /12	

ADVISE

Score	Advice to be given
0 No risk of harm	<ul style="list-style-type: none"> Provide positive reinforcement and not to drink any alcohol during pregnancy. Advise that there is no safe amount of alcohol you can drink while pregnant and by continuing to not drink alcohol you will prevent alcohol related harm to your baby. Advise that the risk of harm to the baby increases with increasing amounts and frequency of drinking alcohol and any score above zero indicates risk for your baby.
1–2 Low risk of harm	<ul style="list-style-type: none"> Advise that the risk to the developing baby is likely to be low but there is no safe amount of alcohol you can drink while pregnant. When a woman drinks alcohol during pregnancy, so does the developing baby. The baby's blood gets about the same level of alcohol as the mother's blood. To prevent harm to baby she should not drink alcohol during pregnancy. Advise that the risk of harm to baby increases with increasing amounts and frequency of alcohol consumption and any score above zero indicates risk for baby. Encourage stopping drinking alcohol altogether during the pregnancy and discuss supports available to her.
3–4 Medium risk of harm	<ul style="list-style-type: none"> Advise there is no safe amount of alcohol you can drink while pregnant. When a woman drinks alcohol during pregnancy, so does the developing baby. The baby's blood gets about the same level of alcohol as the mother's blood. To prevent harm to baby do not drink alcohol during pregnancy. Reinforce the benefits of stopping at any time. Advise that the risk of harm to baby increases with increasing amounts and frequency of alcohol consumption. Discuss potential effects of current drinking levels, including health concerns for both woman and baby. Fetal Alcohol Spectrum Disorder (FASD) If unsure or ready to cut down or stop: » ask how confident they are about succeeding » ask if they would like some assistance » offer referral to local support service.
5+ High risk of harm	<ul style="list-style-type: none"> Discuss that the AUDIT-C score indicates that they are drinking at a level of high-risk for her health and high-risk for baby's health. Discuss positives and negatives of taking action and determine what assistance is required to be able to stop or cut down. Refer to local AOD service for assessment and support as may be at risk of alcohol dependence. Organise specialist support before they stop or cut down on alcohol consumption, as without support, alcohol withdrawal can be dangerous to the health of the mother and baby. Discuss concerns with treating team.
Only prior to confirmation of pregnancy	<ul style="list-style-type: none"> Advise if alcohol was consumed before they found out they were pregnant; it does not automatically mean the baby will be harmed. Advise the risk of harm to baby is lower if only small amounts of alcohol were consumed before they were pregnant. Stopping drinking at any time during pregnancy reduces the risk to baby.

HELP	Initials
Education: <input type="checkbox"/> Affirm positive change <input type="checkbox"/> Give encouragement <input type="checkbox"/> Discuss supports (Health Worker, family, GP, AODS)	
Written resources: For woman: <input type="checkbox"/> Yes <input type="checkbox"/> Declined For partner: <input type="checkbox"/> Yes <input type="checkbox"/> Declined	
Referrals: Local support service: <input type="checkbox"/> Faxed <input type="checkbox"/> Declined (midwife to follow-up at next visit) Aboriginal and Torres Strait Islander Health Clinic: <input type="checkbox"/> Faxed <input type="checkbox"/> Declined (midwife to follow-up at next visit)	

Clinician to complete the following at every visit

Visit date	Week gestation	Number of drinks per day	Advice offered (risks of drinking)	Help provided	Initials
/ /					
/ /					
/ /					
/ /					

DO NOT WRITE IN THIS BINDING MARGIN

(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Best estimate date of birth:
 / /

Gravida:

Parity:

Blood group:

Visit Notes (1 of 5)

All hospital staff document any variances in progress notes

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Notes:

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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

DO NOT WRITE IN THIS BINDING MARGIN

(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Best estimate date of birth:
 / /

Gravida:

Parity:

Blood group:

Visit Notes (2 of 5)

All hospital staff document any variances in progress notes

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

DO NOT WRITE IN THIS BINDING MARGIN

(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Best estimate date of birth:
 / /

Gravida:

Parity:

Blood group:

Visit Notes (3 of 5)

All hospital staff document any variances in progress notes

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

DO NOT WRITE IN THIS BINDING MARGIN

(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Best estimate date of birth:
 / /

Gravida:

Parity:

Blood group:

Visit Notes (4 of 5)

All hospital staff document any variances in progress notes

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

DO NOT WRITE IN THIS BINDING MARGIN

(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Best estimate date of birth:
 / /

Gravida:

Parity:

Blood group:

Visit Notes (5 of 5)

All hospital staff document any variances in progress notes

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Notes:

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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Notes:

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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position Quitting vaping Quitting tobacco Cigarettes p/day:
 Advice weight gain Nutrition Activity Alcohol, other brief intervention offered: Yes N/A Declined
 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
Maternity care provider name: Designation: Signature:

DO NOT WRITE IN THIS BINDING MARGIN



Pregnancy Health Record

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Medicare number:
Date of birth:

Woman's section



Woman's section

If you choose to keep your Pregnancy Health Record, please bring it with you when you visit any health provider / hospital.

PRIVACY STATEMENT: As part of the health service provided to you, Queensland Health collects identifying information about you that is known as personal information under the Information Privacy Act 2009 and confidential information under the Hospital and Health Boards Act 2011. This information is handled by Queensland Health in accordance with the requirements under those Acts, and assists health providers with your care and treatment. All information will be securely stored and only accessible by authorised staff at Queensland Health. The information included in your Pregnancy Health Record may be given by Queensland Health to health providers outside of Queensland Health to assist with your ongoing care and treatment. However, your identifying personal information will not be disclosed to other persons without your consent, unless required by law. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au/system-governance/records-privacy.

For urgent telephone advice dial:



available
24 hours

In an emergency dial 000

Useful Phone Numbers

13 HEALTH 13 43 25 84

Domestic Violence Hotline 1800 811 811

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DO NOT WRITE IN THIS BINDING MARGIN

My Pregnancy Health Record

I acknowledge that:

- I have read the disclaimer on page b6 of this document and have understood it.
- My Pregnancy Health Record (PHR) is not intended to replace the advice I receive from my treating health provider.
- My PHR is not intended to replace the need for me to provide informed consent to any treatment or procedure.
- If I elect to keep my PHR, I accept:
 - » It will be my sole responsibility to produce my copy of the PHR at all appointments and birth with all my treating health provider. I understand my PHR will be updated at each visit by my health provider.
 - » The safekeeping of my PHR and the information contained in my PHR will be my sole responsibility.
 - » My PHR contains confidential health information. It will be my responsibility to advise the health provider if I would like to keep some information private and not to include the information in the PHR.
 - » The original PHR will be retained by the hospital after the birth. I may then take the photocopied PHR for my personal records.

- I would like to keep my PHR
 I would **not** like to keep my PHR

Record of Copies Made

Copied for:	Hospital	GP	Midwife	Woman
Copied by:				
Date of copying:	/ /	/ /	/ /	/ /

Best Contact Person (to be completed by the woman)

Full name: Relationship: Partner Other (specify)

Home phone: Work phone: Mobile phone: Email address:

Address:

Comments:

(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Considerations for Labour and Birth

To be completed during discussions with your GP, midwife or obstetrician. These plans are flexible and can be changed at any time, even through labour and birth.

Signs of early labour and when to go to hospital discussed

Positions for labour and birth discussed

Preferred mode of birth discussed:

Homebirth Birth centre

Birth suite Operating theatre

Perineal care discussed: Yes No

Vaginal examination during labour discussed: Yes No

Cultural / Personal preferences discussed:



3rd stage management

Active – discussed

Modified active – discussed

Timing for cord clamping

Physiological – discussed

Plans for placenta – discussed

Discard the placenta: Yes No

Comments:



Birthing aids to consider

Bean bag Bath Shower

Mirror Birth stool Gym ball

Other: _____

Non-Pharmacological pain management

Massage oils Heat pack

Shower / Bath Music-relaxation

Aromatherapy Relaxation techniques

TENS machine Acupressure

Active positioning



Pharmacological pain management

Epidural Nitrous oxide/oxygen gas

Sterile water injection Narcotic intramuscular injection

Things to consider (consent will be obtained prior to care offered or intervention)

Circumstances can change due to a long and / or difficult labour or pre-term baby. I may require:

- More pain management than expected
- Assisted birth (i.e. forceps, ventouse [vacuum])
- Caesarean section (operative birth)
- Episiotomy



Support / Cultural needs

Name of main support person:

Name of second support person:

Interpreter required for birthing? Yes No

Meals

I will require normal hospital food

I will require a special diet:

Vegetarian Vegan Diabetic Halal

Gluten free Other: _____

Screening and Vaccinations recommended for all babies following birth

I have received information and would like my baby to have:

Vitamin K Yes No

Hepatitis B vaccination Yes No

Newborn bloodspot screening test Yes No

Healthy Hearing screening Yes No

O₂ saturations Yes No

Consent for the above will be confirmed at another time

Plans for home discussed

I have discussed with my health provider:

Uncomplicated vaginal birth, expected discharge 4–24 hours as per hospital policy in discussion with your healthcare provider

Uncomplicated caesarean birth, expected discharge within 48–72 hours

Community midwifery service – postnatal home visiting / phone contact

Community Child Health Services

Infant feeding plan if required

Day 5–10 baby check with GP / Midwife

6 weeks postnatal check with GP

Postnatal depression information

Postnatal follow up regarding pre-existing medical condition(s)

SAFE sleeping and SUDI (includes SIDS and accidents) discussed

How to register a compliment or concern about the service

Birth Registration, Medicare and Centrelink

Comments and questions

Awareness statement Safety for you and your baby will be paramount in any decision-making

I understand that this is a guide to my preferences and acknowledge that circumstances can change, sometimes suddenly. I understand that if things do not happen as indicated then the primary maternity carer will discuss options with me in consultation with the specialist team on duty.

Woman's signature: _____ Doctor's / Midwife's name: _____ Designation: _____ Signature: _____ Date: _____ / ____ / ____

DO NOT WRITE IN THIS BINDING MARGIN

(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Feeding Your Baby (to be completed by health provider)

<p>Have you breastfed before?</p> <p><input type="checkbox"/> Yes → Duration: <input type="text"/></p> <p><input type="checkbox"/> No</p>	<p>Have you experienced difficulties with breastfeeding in the past?</p> <p><input type="checkbox"/> Yes → Give details: <input type="text"/></p> <p><input type="checkbox"/> No</p>
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Queensland Health has a guideline titled *Establishing breastfeeding* and your local birthing hospital has infant feeding information available. Ask your midwife for a copy. Where relevant this information will outline the *Ten Steps to Successful Breastfeeding* and how your facility meets each of these steps in accordance with their Baby Friendly Health Initiative (BFHI) status.



Establishing Breastfeeding



Baby Friendly Health Initiative






Sign and date each section as it is discussed		Date	Initial
Importance of breastfeeding for your baby	<ul style="list-style-type: none"> Breast milk is a complete food for your baby. It is a living fluid constantly changing according to your baby's needs and packed full of nutrients and antibodies to boost your baby's immune system. 	/ /	
Importance of breastfeeding for you	<ul style="list-style-type: none"> Breastfeeding may assist the bonding and attachment between mothers and babies. Breastfeeding promotes faster maternal recovery from childbirth and women who have breastfed have reduced risks of breast and ovarian cancers later in life. May assist mothers to lose weight after baby's birth. 	/ /	
Importance of breastfeeding for the family	<ul style="list-style-type: none"> Breastfeeding is free, safe, convenient and environmentally friendly. No preparation required, ready anytime, anywhere. 	/ /	
Risks of not breastfeeding	<ul style="list-style-type: none"> Breastfeeding can help protect your baby against illness and diseases. Breastfeed babies have a lower risk of asthma, obesity, diabetes and sudden infant death syndrome (SIDS or cot death). 	/ /	
Importance of early uninterrupted skin-to-skin contact after birth for all babies	<ul style="list-style-type: none"> Holding close after birth keeps babies warm and calm. Promotes bonding. Babies can hear their mother's heartbeat. Baby's heart and breathing is normalised. Necessary procedures and checks should wait until after the first feed. 	/ /	
How to recognise when baby is ready to attach to the breast for the first feed	<ul style="list-style-type: none"> When a baby has skin-to-skin contact after birth there are nine observable newborn stages, happening in a specific order, that are instinctive for the baby. Within each of these stages, there are a variety of actions the baby may demonstrate. These stages are the birth cry, relaxation, awakening, activity, rest, crawling, familiarisation, sucking and final stage is sleep. 	/ /	
No other food or drink to around the first 6 months	<p>WHO, UNICEF and NHMRC recommend:</p> <ul style="list-style-type: none"> Early initiation of breastfeeding within 1 hour of birth. Exclusive breastfeeding to around 6 months of age. Exclusively breastfed babies do not require additional fluids up to 6 months of age. Continue breastfeeding until 12 months of age and beyond while introducing complementary (solid) foods at around 6 months of age. First foods need to include iron-rich foods. 	/ /	
Getting breastfeeding off to a good start	<ul style="list-style-type: none"> Breastfeeding problems are most often caused by baby not attaching well; ask for help when you are starting out. Positioning involves holding your baby close to you (chest to chest). Lying completely on you, with the baby's chin to the breast with a wide open mouth. Effective attachment is recognised by no significant nipple pain. Babies are fed according to their needs in response to feeding cues / signs, as long and as often as baby requires. 	/ /	
Importance of rooming in	<ul style="list-style-type: none"> Keeping your baby in the room with you with their cot beside your bed day and night means: <ul style="list-style-type: none"> » You can cuddle your baby whenever you want. » Get to know your baby before you go home. » Breastfeed when your baby shows feeding signs. 	/ /	
Signs baby is getting enough milk	<ul style="list-style-type: none"> Anywhere from 8 to 12 feeds per 24 hours can be normal. The first week is different to any other time. 5 to 6 wet nappies each day after the first 5 days. Most breastfed babies will poo at least 3 to 4 times a day by the end of first week and poo will be yellow and runny. 	/ /	

DO NOT WRITE IN THIS BINDING MARGIN

(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Feeding Your Baby (to be completed by health provider) *(continued)*

Sign and date each section as it is discussed		Date	Initial
Why bottle teats and dummies are discouraged while breastfeeding is being established	<ul style="list-style-type: none"> • Infant may learn an inappropriate sucking action. • Decreased desire to feed at the breast. • Using teats and dummies prior to 4 weeks of age may cause problems while mum and baby learn to breastfeed. 	/ /	
Formula feeding	<ul style="list-style-type: none"> • Mothers whose babies are formula fed will be shown how to safely and appropriately feed their baby. • Cows / Goat / Almond / Rice / Sheep milk is not suitable for babies under 12 months of age, a breast milk substitute formula should be used for this period. • Formula is suitable for the first 12 months of life unless there are specific medical indications. • Check with your local maternity services regards bringing formula and feeding equipment requirements to hospital. 	/ /	
How your family and friends can support you?	<ul style="list-style-type: none"> • Your partner, family and friends can help in a lot of ways other than feeding (settling, baby massage and bathing). 	/ /	
Further information and where to get help	<ul style="list-style-type: none"> • 13 HEALTH (13 43 25 84) provides health information, referral and teletriage services to the public in all parts of Queensland for the cost of a local call. Calls from mobile phones may be charged at a higher rate. For breastfeeding and child health advice ask for a child health nurse. A child health nurse is available 7 days a week from 6:30am to 11:00pm. • Child Health Service. • General Practitioners. • Australian Breastfeeding Association – 1800 mum 2 mum (1800 686 268) 24 hour helpline. <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p>Infant feeding</p> </div> <div style="text-align: center;">  <p>Australian Breastfeeding Association</p> </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">  <p>Breastfeeding</p> </div> <div style="text-align: center;">  <p>Raising children</p> </div> </div> <div style="text-align: center; margin-top: 10px;">  <p>Queensland Clinical Guidelines – Parent Information – Breastfeeding your baby</p> </div>	/ /	

I have had all the above information (pages b4 and b5) discussed with me and my questions answered to my satisfaction.

Woman's signature:

Date:

Woman's Notes / Your Questions

Things you may like to talk about with your GP / midwife / obstetrician / allied health:

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(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Medicare number:
Date of birth:

Additional Information

 <p>Useful information for your pregnancy: www.qld.gov.au/health/children/pregnancy/pregnancy-health-record-resources <i>(Scan the QR code for further information on the following topics to support you during the antenatal period)</i></p>	 <p>Queensland Clinical Guidelines: Information for consumers and carers.</p>
 <p>Prenatal screening: Prenatal guides and resources to help support expectant parents and inform the process of prenatal testing.</p>	 <p>Mental health and wellbeing: For practical advice on emotional wellbeing and mental health for you, your baby and your family.</p>
 <p>Shared decision-making resources for consumers: Resources and tips to help you understand your role in the shared decision-making process.</p>	 <p>Partnering with the woman who declines recommended maternity care: Resource to support you and your health provider to jointly plan maternity care.</p>
 <p>Pelvic floor in pregnancy: Information on pelvic floor exercises, good bladder and bowel habits and where to go for help.</p>	 <p>Correct use of seat belts in pregnancy: Information about the correct use of seatbelts in pregnancy.</p>
 <p>Safer Baby Bundle: Provides information about how to reduce the risk of stillbirth.</p>	 <p>Nutrition in pregnancy: The <i>Australian Dietary Guidelines</i> provide advice on eating for health and wellbeing of infants, children and adults.</p>
 <p>Perineal care: Information about perineal care.</p>	 <p>Physical activity in pregnancy: It is important to remain active during pregnancy. There are benefits for both yourself and your baby.</p>
 <p>Vaccine during pregnancy: Find out why vaccination during pregnancy is the best way to protect yourself and your baby from disease.</p>	 <p>Dental health: Keeping teeth and gums healthy during pregnancy is important for both mum and babies.</p>
 <p>Healthy hearing: Further information on newborn hearing screening.</p>	 <p>Information for parents and carers: Useful resources on pregnancy, birthing and newborns is available on the Queensland Health website.</p>
  <p>Safe infant sleeping: Further information on safe infant sleeping.</p>	 <p>Newborn bloodspot screening test: The test and answers some common questions raised by parents.</p>
 <p>Hepatitis B: Most important things you need to know about hepatitis B, pregnancy and breastfeeding.</p>	 <p>Vitamin K for newborn babies: Information and advice on the importance of receiving vitamin k for newborn babies.</p>

DO NOT WRITE IN THIS BINDING MARGIN

Glossary of Terms

This list is an explanation of some of the terms or abbreviations you may see printed or added to this *Pregnancy Health Record*. Ask your GP, midwife or obstetrician if you don't understand any of the terms or words they use.

A B O Rh human blood groups; checks are done to see that there is no problem between the mother's and baby's blood

Amniocentesis fluid (also called liquor) is taken by needle from the mother's uterus to do tests

ANRQ antenatal risk questionnaire

Antenatal the period of pregnancy – before the birth

Antibodies proteins produced by blood (checks are done to see that there is no problem between the mother's and baby's blood)

APH antepartum haemorrhage – bleeding after 20 weeks and before labour

ART assisted reproductive technology – a range of methods and procedures which are designed to assist infertile couples to conceive

Auscultation action of listening to the heart of the fetus

BGL blood glucose level – to be watched for early signs of diabetes

BMI body mass index – a measure of weight and height

BP blood pressure

Br, Breech unborn baby is lying bottom-down in the uterus

C, Ceph unborn baby is lying head down in the uterus – cephalic presentation

Combined care antenatal care provided by a private maternity service provider (doctor and / or midwife) in the community

CST cervical screening test – vaginal examination where a sample is collected to detect early warning of cancer of the cervix

CVS chorionic villus sampling, taking a small sample of placenta for testing for Down syndrome etc.

dTpa triple antigen vaccine to protect against 3 diseases – diphtheria, tetanus and pertussis (whooping cough)

E, Eng, Engaged unborn baby's head is positioned in the mother's pelvis, ready to be born

Ectopic pregnancy that develops outside the uterus

EDD estimated date of baby's birth – it is normal for the baby to be born up to 2 weeks before / after this date

EPDS Edinburgh Postnatal Depression Scale

Episiotomy surgical incision to enlarge the vaginal opening

Ferritin level reflects the amount of stored iron in the liver

Fetus developing human baby

FGR fetal growth restriction

FH fetal heart

FHR fetal heart rate – unborn baby's heartrate

Fifths above brim position of unborn baby's head in relation to mother's pelvis assessed by examining the abdomen

FM fetal movements – unborn baby's movements

FMF; FMNF fetal (baby) movements felt; fetal movements not felt

Forceps instruments supporting baby's head to assist in childbirth

Fundal height size of the uterus – expected to increase 1cm per week from 20–36 weeks of pregnancy

GDM gestational diabetes mellitus – diabetes in pregnancy

General Practitioner obstetrician care antenatal care provided by a GP obstetrician

Gestation number of weeks pregnant

Gestational hypertension a rise in blood pressure during pregnancy which will require close monitoring

GP, general practitioner a medical specialist who provides evidence based, person centred, continuing, comprehensive and coordinated wholeperson health care to individuals and families within their communities

Gravida the number of times you have been pregnant, primigravida means first, multigravida means more than 1

GTT glucose tolerance test – diagnostic blood test for gestational diabetes which may develop during pregnancy

Hb, haemoglobin the red cells in your blood, which carry oxygen and iron

Hepatitis A B or C inflammation or enlargement of the liver caused by various viruses. Baby may be immunised at birth against Hepatitis B

HIV human immunodeficiency virus, the virus that may lead to AIDS

Hypertension high blood pressure

IOL induction of labour – labour that is initiated by medication or surgical rupture of membranes

Liquor fluid around baby

LNMP last normal menstrual period

MC miscarriage

Midwife professional healthcare worker who specialises in providing care for women and their families throughout pregnancy, labour and birth, and after the birth

Midwifery Group Practice caseload care antenatal care is provided within a publicly-funded caseload model by a known primary midwife with secondary backup midwife / midwives providing cover and assistance with collaboration with doctors in the event of identified risk factors

MMR measles, mumps or rubella

Model of care the way maternity care is organised, who is providing care and how they are providing it

Morphology scan routine ultrasound that checks the baby's development and growth

MRO multi resistant organism

MSU mid-stream specimen urine – tested to check for infection

Multi-gravida a woman who has had more than one pregnancy

NAD no abnormality detected

NE not engaged (see engaged)

NICU neonatal intensive care unit

NIPT non-invasive prenatal testing

NMHR National Medical Health and Research Council

NND neonatal death

Nuchal Translucency one of the special measurements taken of the unborn baby during an ultrasound scan

Obstetrician Medical specialist who specialises in providing care for women and their families throughout pregnancy, labour and birth, and after the birth

Oedema swelling generally of ankles, fingers or face

OGTT oral glucose tolerance tests for pre-existing diabetes or gestational diabetes mellitus

Palpation examination of the mother's abdomen by feeling with hands

Parity the number of babies you already have had

Pre-eclampsia a condition that typically occurs after 20 weeks of pregnancy, it is a combination of raised blood pressure and protein in the urine

Placenta the baby's lifeline to you, also known as after-birth

Posterior the unborn baby is lying with its spine alongside mother's spine. This can cause backache in labour

Postnatal period of time after the birth of the baby

PPH postpartum haemorrhage – excessive bleeding in the first 24 hours post-birth

Presentation the position of the baby in the uterus before the birth (referred to as vertex, breech, transverse)

Primary maternity carer the health care professional providing the majority of your maternity care

Primigravida woman pregnant for the first time

Private midwifery care providing care for women and their families throughout pregnancy, labour and birth

Private obstetrician and privately practising midwife joint care antenatal care is provided by a privately practising obstetrician and midwife from the same collaborative private practice

Private obstetrician (specialist) care antenatal care provided by a private specialist obstetrician

Public hospital high risk maternity care antenatal care is provided to women with medical high risk / complex pregnancies by maternity care providers (specialist obstetricians and / or maternal-fetal medicine subspecialists in collaboration with midwives)

Public hospital maternity care antenatal care is provided in hospital outpatient clinics (either onsite or outreach) by midwives and / or doctors

Remote area maternity care antenatal care is provided in remote communities by a remote area midwife (or a remote area nurse) in collaboration with a remote area nurse and / or doctor

Reproductive carrier screening blood test that provides information about the chance of having a child with an inherited genetic condition

RHD rheumatic heart disease – is caused by damage to the heart resulting from previous acute rheumatic fever (ARF)

Rubella German measles, a disease that can cause major abnormalities in an unborn baby

Shared care antenatal care is provided by a community maternity service provider (doctor and / or midwife) in collaboration with hospital medical and / or midwifery staff

Spontaneous labour labour that occurs naturally

STI sexually transmitted infections: includes syphilis, gonorrhoea, chlamydia and herpes

SCN special care nursery

Stillbirth birth of a baby who shows no signs of life, after a pregnancy of at least 20 weeks gestation or weighing 400g or more

SIDS sudden infant death syndrome, SIDS and fatal sleeping accidents

SUDI sudden unexplained death in infancy

T, FT, Term full-term, baby is due to be born (37–42 weeks)

Team midwifery care antenatal care is provided by a small team of rostered midwives in collaboration with doctors in the event of identified risk factors

TENS (Transcutaneous Electrical Nerve Stimulation) machine non-invasive device, using small (non-painful) electrical messages to ease or manage pain

THS thyroid stimulating hormone

Transverse unborn baby is lying crossways in the uterus

UNICEF United Nations International Children's Emergency Fund

US, scan, ultrasound sound waves passed across the mother's abdomen are used to make pictures of the unborn baby

Uterine size size of the uterus relative to stage of pregnancy

Uterus, womb hollow muscle in which the baby grows

UTI urinary tract infection

VE vaginal examination (an internal check of the mothers cervix)

Venous Thrombus embolism a blood clot in a vein

Ventouse / Vacuum extraction suction cap to baby's head to assist birth

Vx, Vertex unborn baby is lying head down in the uterus – the most common position for birth

Woman is used to support plain English use and health literacy. Use of this term should be taken to include people who do not identify as women but who are pregnant

WHO World Health Organization