Queensland Government

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:

Reason for model of care:

Rh D negative?

☐ **Yes** ☐ **No**

See page a7 for Anti D prophylaxis

☐ **Medicare ineligible** - Comments:

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

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 in accordance with the requirements under those Acts, and assists health practitioners 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 to healthcare providers outside of Queensland Health to assist with your ongoing care and treatment. Your personal information will not be disclosed to other third parties 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

Woman's Information

Preferred name: | Age: yrs | Marital status:

Country of birth: ☐ Australia ☐ Other: ..... | Interpreter required? ☐ Yes, language: ..... ☐ No | Ethnicity:

Are you of Aboriginal or Torres Strait Islander origin? (both boxes may be ticked) ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ No | Date of 1st antenatal visit: / /

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

Occupation:

Contact number: | Email address:

Biological Father of the Baby's Information

Preferred name: | Age: yrs

Country of birth: ☐ Australia ☐ Other: ..... | Interpreter required? ☐ Yes, language: ..... ☐ No | Ethnicity:

Are you of Aboriginal or Torres Strait Islander origin? (both boxes may be ticked) ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ No | Occupation:

Contact number: | Email address:

Reside together? ☐ Yes ☐ No | Details of smoking / alcohol use:

Baby's Information

Is the baby Aboriginal or Torres Strait Islander origin? (both boxes may be ticked) ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ No | Ethnicity:

Shared Care Contact Information

Consultant: | Primary maternity carer name:

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

Name:	Name:
Address:	Address:
Email:	Email:
Phone: Fax: Pager:	Phone: Fax: Pager:
Shared care: ☐ Yes ☐ No ☐ Discontinued	Shared care: ☐ Yes ☐ No ☐ Discontinued

DO NOT WRITE IN THIS BINDING MARGIN

PREGNANCY HEALTH RECORD

v6.00 - 12/2018
Mat. No.: 10179298
SW071

Clinician's section

(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 → Copy in chart ☐ No

Tick (✓) if *yes* to any and elaborate. Cross (X) if no issues.

Gynaecological

- Pap smear (specify date / result):
  Previous abnormal pap smear: ☐ Yes ☐ No
- Fertility problems:
  IVF: ☐ Yes ☐ No
- Sexually Transmitted Infection (STI):
- Gynaecological issues:
- Other:

Medical

- Asthma / Respiratory diseases:
- Heart disease:
- High blood pressure:
- Kidney disease / UTI:
- Bladder function: ☐ Frequency ☐ Urgency ☐ Dysuria ☐ Voiding problems
  Incontinence: ☐ Stress or urgency ☐ Physio referral
  Bowel function: ☐ Constipation ☐ Incontinence ☐ Physio referral
- Diabetes:
  Pre-existing: ☐ Type 1 *OR* ☐ Type 2 *OR* ☐ Gestational
  Treatment: ☐ Insulin ☐ Metformin ☐ Other
- Thyroid disorder:
- Neurological:
- Epilepsy:
- Gastrointestinal:
- Liver disorders:
- Musculoskeletal disorder: ☐ Physio referral
- Childhood illness:
- Vaccinations:

Haematological (blood) conditions

- Autoimmune:
- Other:

Travel history

Have you or your partner travelled to a Zika affected area in the past 6 months? ☐ Yes ☐ No
(see list on www.health.qld.gov.au/zika)
If *yes*, where have you or your partner travelled?
.....
If travel has been to a Zika affected area consider Zika virus testing

Counselling

- Antenatal diagnosis:
- Genetic:

Mental health / emotional history

Specify mental health issues below (i.e. depression, anxiety, eating disorder and postnatal depression):

☐ Current ☐ Previous ☐ Treatment

Surgical history

☐ Blood transfusions ☐ Previous anaesthetic

Medications
(Including over the counter, natural remedies, vitamins etc)

Smoking / Alcohol / Drugs
(If *yes* to any, refer to page a15–16)

- Smoking – number of cigarettes per day: .....
- Alcohol – number of drinks per day: .....
- Other drugs (specify type):

Maternal family history

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

Other (Including any significant medical history of the baby's biological father)

Initial:	Date: / /

DO NOT WRITE IN THIS BINDING MARGIN

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URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Clinician's section

DO NOT WRITE IN THIS BINDING MARGIN

Antenatal Assessment and Management for VTE Prophylaxis

☐ **Pre-pregnancy therapeutic anticoagulation: Antenatal therapeutic anticoagulation**

High Risk Factors: low molecular weight heparin (LMWH) prophylaxis + discuss graduated compression stockings (GCS) + consider intermittent pneumatic compression (IPC) admission

- ☐ Single prior unprovoked VTE
- ☐ Single prior VTE in pregnancy or combined oral contraceptive pill related
- ☐ Single prior VTE + thrombophilia
- ☐ Single prior VTE + family history of thrombophilia
- ☐ Prior recurrent VTE (>1)
- ☐ Family history VTE (but no personal history VTE) + antithrombin deficiency

Known Risk Factors: common to antenatal and postnatal risk assessment (1 risk factor = 1 point)

- ☐ Age ≥35 years
- ☐ BMI ≥30
- ☐ Cigarette smoker (>10 per day)
- ☐ Systemic lupus erythematosus
- ☐ Cardiac or lung disease
- ☐ Sickle cell disease
- ☐ Gross varicose veins
- ☐ Inflammatory conditions
- ☐ Surgical Procedure
- ☐ Nephrotic syndrome
- ☐ Cancer
- ☐ Pre-existing diabetes or Gestational Diabetes Mellitus
- ☐ Asymptomatic thrombophilia (inherited or acquired)
- ☐ Antiphospholipid antibodies
- ☐ Immobility (e.g. bed rest, long distance travel)
- ☐ Pre-eclampsia / Eclampsia

Score:

Known Risk Factors: for antenatal risk assessment only (1 risk factor = 1 point)

- ☐ Ovarian hyperstimulation
- ☐ Artificial reproductive therapy
- ☐ Multiparity (>2)
- ☐ Multiple pregnancy
- ☐ Intrauterine growth restriction
- ☐ Hyperemesis / Dehydration
- ☐ Current systemic infection (requiring antibiotics or hospitalisation)
- ☐ Antepartum haemorrhage (APH)

Score:

Total score *(known risk factors)*

TOTAL score:

0–2 risk factors: Clinical surveillance + mobilisation + avoid dehydration

Hospitalised and ≥2 *OR* ≥3 risk factors: Discuss GCS + consider IPC if hospitalised + consider LMWH prophylaxis

(Medical Officers: prior to writing the script for enoxaparin, please call the PBS authority on 1800 888 333 for concessional price approval)

Antenatal Management Plan

Recalculated Score

Date: / /	Gestation:	TOTAL score:	Initial:

Postnatal Assessment and Management for VTE Prophylaxis

☐ **Antenatal therapeutic anticoagulation: Postnatal therapeutic anticoagulation**

High Risk Factors: LMWH for 6 weeks + GCS + consider IPC if admission

- ☐ Antenatal LMWH prophylaxis
- ☐ Any previous personal history of VTE (not in current pregnancy)

Known Risk Factors: for postnatal risk assessment only (1 risk factor = 1 point)

- ☐ Family History of VTE + weak thrombophilia
- ☐ Elective CS
- ☐ Prolonged labour (>24 hrs)
- ☐ Operative vaginal birth
- ☐ Stillbirth
- ☐ Preterm birth
- ☐ Postpartum haemorrhage >1L
- ☐ Infection

Score:

Total score of known risk factors: add up score from *Known Risk Factors common to antenatal and postnatal risk assessment* and *Known Risk Factors for postnatal risk assessment only*

TOTAL score:

Emergency CS in labour *OR* ≥3 risk factors: LMWH prophylaxis for 5 days + consider GCS + consider IPC

1–2 risk factors: Consider LMWH prophylaxis until discharge or fully mobilised + GCS

All risk factor: Clinical surveillance + mobilisation + avoid dehydration

Postnatal Management Plan

Recalculated Score

Date: / /	Gestation:	TOTAL score:	Initial:

Refer to Queensland Clinical Guideline: *Venous thromboembolism (VTE) prophylaxis in pregnancy and the puerperium* for further information.

Clinician's section

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Previous Pregnancies

Gravida:	Parity:	Pregnancy loss:

Date of birth	Gestation	Place of birth	Type of labour	Duration of labour	Type of birth	Perineal status	Sex	Birth weight	Duration of B/F	Complications (e.g. PPH, APH, pre-eclampsia, diabetes) / name of child including family name
/ /			☐ Spont ☐ Ind					g		
/ /			☐ Spont ☐ Ind					g		
/ /			☐ Spont ☐ Ind					g		
/ /			☐ Spont ☐ Ind					g		
/ /			☐ Spont ☐ Ind					g		
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/ /			☐ Spont ☐ Ind					g		
/ /			☐ Spont ☐ Ind					g		

Guidelines for Calculating Estimated Due Date

1. First day of LNMP

Date: / /

Certain? ☐ Yes ☐ No

Assisted conception? ☐ Yes ☐ No

If *yes*, type:

☐ Pill or other contraception

Comments:

2. Menstrual cycle ☐ Regular ☐ Irregular

Number of bleeding days:

Usual length of cycle:

3. Due date based on period and cycle / /

4. Due date by ultrasound / /

Gestation at ultrasound: / 40

LNMP consistent with early ultrasound scan (within seven days)? ☐ Yes ☐ No

5. Estimate due date / /

Person who calculated (print name):

Initial:

Date: / /

Designation:

Psychosocial History

☐ **Check Medical Record**

Completed	Initial	Score	Gestation	Comments
EDS (EPDS)				
Repeat EDS (EPDS)				
Repeat EDS (EPDS) (if required)				
Mental Health referral				
Social Worker referral				
SAFE Start @ booking in Initial:	SAFE Start @ 28/40 Initial:	SAFE Start @ 36/40 Initial:		

DO NOT WRITE IN THIS BINDING MARGIN

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URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Clinician's section

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Laboratory Results

For management of high risk populations, see the *Primary Clinical Care Manual*		5–12 weeks	24–28 weeks	34–36 weeks		
Date		/ /	/ /	/ /	/ /	/ /
Blood group						
Antibody screen **(for Rh D negative women repeat at 34 weeks)**			For Rh D neg			
Hb g/L						
Platelets						
OGTT (If high risk OGTT (preferred) or HbA1c at 5-12 weeks)	Fasting	For high risk				
	1 hour					
	2 hour					
HbA1c (1st trimester only: please refer to Queensland Clinical Guideline: *GDM*)						
Syphilis serology **(for high risk women: repeat at 26–28, 34–36 weeks and post birth)**			For high risk	For high risk	Post birth	
Hep B						
Hep C						
Rubella titre						
HIV						
Urine dipstick (once each trimester) / MSU						
Other:						
Optional (if indicated)	Group B Strep status (GBS)					
	Varicella (consider if history uncertain)					
	Chlamydia / Gonorrhoea screening (first catch urine or self applied swab)					

Antenatal Screening Tests

Date of US	Gestation	Findings	**Follow up** (only if required)
/ /		Estimated due date by dating scan	
/ /		First trimester screen (11-13 weeks + 6 days) • PaPP-A: ..... MoM • Other:	☐ Low risk ☐ High risk ☐ Counselling ☐ Amnio / CVS considered ☐ Tertiary referral offered
/ /		☐ NIPT (optional)	☐ Low risk ☐ High risk
/ /		Morphology scan Placenta: ☐ Anterior ☐ Posterior ☐ Fundal ☐ Low lying ☐ Clear of the os Fetal morphology: ☐ No abnormalities detected ☐ Review result	☐ Rescan 34 weeks
/ /		Additional scans	

Clinician's section

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

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)
☐ Normal (18.5–24.9)
☐ Overweight (25–29.9)
☐ Clinically obese (≥30)
☐ Morbidly obese (≥40)

☐ Referral to medical officer
☐ Dietitian for review
☐ Physio for review

36 week kg/BMI: kg / BMI

☐ Underweight (≤18.5)
☐ Normal (18.5–24.9)
☐ Overweight (25–29.9)
☐ Clinically obese (≥30)
☐ Morbidly obese (≥40)

☐ Referral to medical officer
☐ Dietitian for review
☐ Physio for review

Cx (Pap) smear:

☐ Up-to-date ☐ Offered ☐ Performed ☐ Declined
☐ Deferred postpartum → ◯ Referral arranged

Dental:

Last appointment: ..... / ..... / .....

To be completed by a medical officer

Breasts / Nipples:
Cardiovascular:
Respiratory:
Abdominal:
Skeletal:
Thyroid:

Name:

Designation: Signature:

Target Weight Gains

*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 page b2).
Refer to Queensland Clinical Guideline: *Obesity in pregnancy* for further information.

Pre-pregnancy BMI (kg/m^2)	Rate of gain 2nd and 3rd trimester (kg/week)*	Recommended total gain range (kg)
Less than 18.5	0.45	12.5 to 18
18.5 to 24.9	0.45	11.5 to 16
25.0 to 29.9	0.28	7 to 11.5
≥30.0	0.22	5 to 9

Anaesthetic review

☐ Yes → Review date: / / ☐ Referred
☐ No

Neonatal / Paediatric review

☐ Yes → Review date: / / ☐ Referred
☐ No

Midwife Risk Evaluation

National Midwifery Guidelines for Consultation and Referral (3rd edition, issue 2, 2014)

Weeks	**Risk identified** (e.g. 6.1.4)	Date	Code	Initial
Initial assessment		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

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URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Clinician's section

DO NOT WRITE IN THIS BINDING MARGIN

Immunisation

Anti D Prophylaxis (Rh D negative women only)	☐ Not required ☐ 28 weeks If *no*, reason: Batch number: ☐ 34–36 weeks If *no*, reason: Batch number:	Print name: Designation: / Signature: Print name: Designation: / Signature:	
dTpa (diphtheria, tetanus and whooping cough) vaccine	☐ Yes ☐ No Date given: / / Gestation: weeks Batch number:	Print name: Designation: / Signature:	
Influenza vaccine	☐ Yes ☐ No Date given: / / Gestation: weeks Batch number:	Print name: Designation: / Signature:	
Other (specify)	Date given: / / Gestation: weeks Batch number:	Print name: Designation: / Signature:	

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:
- ☐ Model ID:

Reason for model chosen:		**Date agreed:** / /
Name:	Designation:	Signature:

Change of model of care

New model:	**Date of change:** / /
Reason for change of model of care:	

Clinician's section

Signature Log

Initials	Name	Designation	Signature	Date

Best estimate due date:
/ /

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Medical and Obstetric Issues and Management Plan

Date	**Pre-conception Risk Factors** (observations and medications – to be completed at book-in)	Management Plan	Initials
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

Date	**Antenatal Risk Factors** (observations and medications)	Management Plan	Initials
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

Birth Management Plan (for events occurring prior to, during and after birth)

Postnatal Management

☐ Pap smear ☐ Contraception ☐ MMR ☐ GTT ☐ Other: .....

Plan and due date confirmed by

Mother's signature: Date: / /

Lead 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

DO NOT WRITE IN THIS BINDING MARGIN

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Clinician's section

DO NOT WRITE IN THIS BINDING MARGIN

Recommended Minimum Antenatal Schedule Checklist

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 / Midwife visit preferably before 12 weeks

Comments:

- ☐ Pregnancy confirmed, maternal counselling commenced
- ☐ Tobacco, drug and alcohol cessation screening completed
- ☐ Pre-pregnancy weight, height and BMI recorded (may require referral to dietitian, GP and physio)
- ☐ Urine dipstick / MSU performed
- ☐ Antenatal blood tests ordered with consent and counselling: blood group and antibodies (status checked / identified), full blood count, diabetes mellitus (if indicated), syphilis, rubella, hepatitis B, hepatitis C, HIV ordered
- ☐ Antenatal tests ordered:
  - ☐ Antenatal screening bloods Free Beta-hCG and Papp A after 10 completed weeks and preferably 3–5 days prior to Nuchal USS. *Note: request slip to include EDD and current maternal weight*
  - ☐ Nuchal Translucency 11–13 weeks + 6 days
  - ☐ NIPT (if applicable)
  - ☐ Diagnostic Morphology 18–20 weeks
- ☐ Genetic Counselling and testing discussed as appropriate:
  - ☐ Chorionic Villus Sampling 11–13 weeks / Amniocentesis 16–18 weeks as indicated
- ☐ Booking in referral sent:
  - ☐ Birth centre care options discussed (if applicable)
- ☐ Pap smear offered if due
- ☐ Normal breast changes discussed
  - ☐ Examination performed
- ☐ Folate and iodine supplementation discussed
- ☐ Influenza vaccination administered
- ☐ SAFE Start or similar tool: ◯ Commenced ◯ Completed ◯ Referred

12–18 weeks — Midwife booking-in visit

Comments:

- ☐ Booking in Visit – demographic, social, medical and obstetric history documented ± allied health referrals arranged (if not commenced at first visit)
- ☐ SAFE Start or similar tool: ◯ Commenced ◯ Completed ◯ Referred
- ☐ Tobacco screening / drug and alcohol screening / EDS (EPDS) / maternal counselling completed
- ☐ Models of care discussed and preference identified (page a7)
- ☐ Follow up Nuchal Translucency / NIPT / Amniocentesis
- ☐ Urine dipstick / MSU repeated
- ☐ Refer to Queensland Clinical Guideline: *Gestational diabetes mellitus* for early OGTT
- ☐ Recommended weight gain and healthy eating discussed and information given: www.health.qld.gov.au/nutrition/nemo_antenatal.asp
- ☐ Physical activity discussed: www.pregnancybirthbaby.org.au/exercising-during-pregnancy
- ☐ 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
- ☐ Refer to Queensland Clinical Guideline: *Establishing breastfeeding*
- ☐ Antenatal classes offered: ◯ Accepted ◯ Declined ◯ Booked
- ☐ How to register a compliment or complaint about the service
- ☐ How to action Ryan's Rule

20 weeks

Comments:

- ☐ Post diagnostic morphology ultrasound assessment and general health check attended
- ☐ Appropriate model of care confirmed and documented (after risk assessment completed)
- ☐ Maternal counselling including tobacco / drug and alcohol cessation continued (if applicable)
- ☐ Skin-to-skin contact and how to recognise when baby is ready for first feed
- ☐ Baby led feeding discussed
- ☐ Positioning and attachment discussed
- ☐ Consent obtained from Rh D negative women for prophylactic Anti D (staple inside Pregnancy Health Record)
- ☐ Expected date of birth confirmed
- ☐ Model of care confirmed
- ☐ Blood / Scan results reviewed
- ☐ Confirm influenza vaccination administered
- ☐ Fetal movement discussed

Clinician's section

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Recommended Minimum Antenatal Schedule Checklist *(continued)*

24–26 weeks

- ☐ Full assessment including abdominal palpation and fetal auscultation performed
- ☐ Request slip given to women for blood tests to be performed between 24–28 weeks:
  - Full blood count (FBC), and OGTT unless diagnosed diabetes / GDM
  - Rh Antibody blood screen
- ☐ Benefits of rooming-in discussed (baby / mother staying together)
- ☐ Physical activity and rest discussed
- ☐ Home safety and hazard identification for injury prevention discussed
- ☐ Fetal movement discussed

Comments:

28 weeks

- ☐ Pathology results checked
- ☐ First dose of Anti D for Rh D negative women attended (page a7)
- ☐ Immunisation for dTpa administered
- ☐ Physical activity and rest revisited
- ☐ SIDS and SUDI discussed and pamphlet given
- ☐ Exclusive breastfeeding and how to get breastfeeding off to a good start
- ☐ Why teats and dummies are discouraged prior to breastfeeding being established
- ☐ Signs baby is getting enough breast milk
- ☐ Where to access help in the community ☐ Fetal movement discussed
- ☐ SAFE Start or similar tool: ◯ Commenced ◯ Completed ◯ Referred

Comments:

31 weeks

- ☐ Maternal counselling on tobacco / drug and alcohol cessation revisited (page a15–a16)
- ☐ Breastfeeding education provided, recommending exclusive breast feeding for around the first six months of baby's life (page b4)
- ☐ Birth preferences discussed (page b3)
- ☐ Length of hospital stay and time of discharge discussed
- ☐ Postnatal community supports discussed
- ☐ Advise family to have booster immunisation

Comments:

34 weeks

- ☐ Second dose of Anti D for Rh D negative women attended (page a7)
- ☐ EDS (EPDS) reviewed, repeated and recorded
- ☐ Expressing of breast milk and safe storage discussed
- ☐ Fetal movement discussed

Comments:

36 weeks

Visit at 36 weeks, then as clinically indicated every 1–2 weeks until 41 weeks.

- ☐ At each standard antenatal visit:
  - Revisit maternal counselling on tobacco / drug and alcohol cessation / breastfeeding education (page a15–a16, b4)
  - Review blood results
  - Discuss signs of early labour and when to come to hospital
  - Rh Antibody screen completed by 28 weeks
- ☐ SAFE Start or similar tool: ◯ Commenced ◯ Completed ◯ Referred

At 36 weeks:

- ☐ Elective caesarean section booked (if applicable)
- ☐ Full blood count
- ☐ BMI calculated (discuss how BMI informs clinical decision making e.g. anaesthetic review, fetal monitoring if BMI >40)
- ☐ Fetal movement discussed
- ☐ Consider recalculation of VTE risk assessment (page a3)

Comments:

38 weeks

- ☐ Signs of early labour and when to come to hospital discussed
- ☐ Breastfeeding information reviewed (page b4)
- ☐ Blood results reviewed ☐ Fetal movement discussed

Comments:

40 weeks

- ☐ Maternal counselling on tobacco / drug and alcohol cessation revisited (page a15–a16)
- ☐ Maternal concerns discussed and addressed
- ☐ Induction of labour for week $40^{(+10–14\ days)}$ plus or minus membrane sweep discussed
- ☐ Fetal movement discussed

Comments:

41 weeks

- ☐ Assessment of maternal and baby wellbeing completed (arrange for CTG if indicated)
- ☐ Monitoring if indicated as per current fetal surveillance guidelines
- ☐ Induction of labour by 42 weeks re-discussed (if applicable)
- ☐ Fetal movement discussed

Comments:

DO NOT WRITE IN THIS BINDING MARGIN

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Clinician's section

Best estimate due date: / /

Gravida: | **Parity:** | **Blood group:**

DO NOT WRITE IN THIS BINDING MARGIN

Visit Notes *(1 of 4)*

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	FM	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit

Notes:

Smoking, alcohol, other brief intervention offered (page a15–16): ☐ Yes ☐ N/A ☐ Declined Registered interpreter 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	FM	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit

Notes:

Smoking, alcohol, other brief intervention offered (page a15–16): ☐ Yes ☐ N/A ☐ Declined Registered interpreter 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	FM	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit

Notes:

Smoking, alcohol, other brief intervention offered (page a15–16): ☐ Yes ☐ N/A ☐ Declined Registered interpreter present? ☐ Yes ☐ No

Maternity care provider name: | Designation: | Signature:

Clinician's section

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Best estimate due date: / /

Gravida:

Parity:

Blood group:

Visit Notes *(2 of 4)*

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	FM	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit

Notes:

Smoking, alcohol, other brief intervention offered (page a15–16): ☐ Yes ☐ N/A ☐ Declined Registered interpreter 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	FM	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit

Notes:

Smoking, alcohol, other brief intervention offered (page a15–16): ☐ Yes ☐ N/A ☐ Declined Registered interpreter 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	FM	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit

Notes:

Smoking, alcohol, other brief intervention offered (page a15–16): ☐ Yes ☐ N/A ☐ Declined Registered interpreter present? ☐ Yes ☐ No

Maternity care provider name: Designation: Signature:

DO NOT WRITE IN THIS BINDING MARGIN

Best estimate due date: / /

Gravida:	**Parity:**	**Blood group:**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Clinician's section

DO NOT WRITE IN THIS BINDING MARGIN

Visit Notes *(3 of 4)*

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	FM	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit

Notes:

Smoking, alcohol, other brief intervention offered (page a15–16): ☐ Yes ☐ N/A ☐ Declined Registered interpreter 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	FM	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit

Notes:

Smoking, alcohol, other brief intervention offered (page a15–16): ☐ Yes ☐ N/A ☐ Declined Registered interpreter 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	FM	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit

Notes:

Smoking, alcohol, other brief intervention offered (page a15–16): ☐ Yes ☐ N/A ☐ Declined Registered interpreter present? ☐ Yes ☐ No

Maternity care provider name:	Designation:	Signature:

Clinician's section

Best estimate due date: / /

Gravida:	Parity:	Blood group:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Visit Notes *(4 of 4)*

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	FM	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit

Notes:

Smoking, alcohol, other brief intervention offered (page a15–16): ☐ Yes ☐ N/A ☐ Declined Registered interpreter 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	FM	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit

Notes:

Smoking, alcohol, other brief intervention offered (page a15–16): ☐ Yes ☐ N/A ☐ Declined Registered interpreter 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	FM	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit

Notes:

Smoking, alcohol, other brief intervention offered (page a15–16): ☐ Yes ☐ N/A ☐ Declined Registered interpreter 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:

Clinician's section

Tips to Help Quit Smoking

- **Delay;** delay for a few minutes and the urge will pass
- **Deep breathe;** breathe slowly and deeply
- **Do something else;** ring a friend or do your prenatal exercises
- **Drink water;** take time out and sip slowly

Tobacco Screening Tool

Smoking is proven harmful to women and their unborn children. To help smokers there is smoking cessation support available.

Date: ..... / ..... / ..... **Gestation:** ..... ☐ Clinician has advised that smoking is harmful to mothers and unborn children

Initial

1. Ask

Which of these statements best describes your current smoking?

If admitted during the antenatal period consider completing the *Smoking Cessation Clinical Pathway*

- ☐ I have never smoked
- ☐ I smoke daily now, about the same as before finding out I was pregnant
- ☐ I smoke daily now, but I've cut down since finding out I was pregnant
- ☐ I smoke every once in awhile
- ☐ I quit smoking since finding out I was pregnant. Date quit smoking: ..... / ..... / .....
- ☐ I wasn't smoking around the time I found out I was pregnant - I had smoked within the last 12 months
- ☐ Previous smoker – last smoked: .....

If currently smoking, number of cigarettes per day? .....

Does your partner smoke? ☐ Yes ☐ No ☐ N/A

Does anyone residing in or regularly visiting your household smoke? ☐ Yes ☐ No ☐ N/A

2. Assess

Quitting smoking is the best thing you can do for you and your baby. Would you like some assistance to quit smoking? ☐ Yes ☐ No

Barriers to quitting

☐ Withdrawal / Cravings ☐ Weight gain ☐ Other
☐ Partner smoking ☐ Stress

Notes

3. Advise

Benefits of quitting

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

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

Breastfeeding
- No chemicals in milk to baby
- ↑ Intention to breastfeed / duration of feeding

Families
- Healthy environment
- ↓ Risks of passive smoking

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

4. Assist / arrange

Education

- ☐ Affirm positive change
- ☐ Give encouragement
- ☐ Discuss supports – GP, Quitline 13 QUIT (13 7848)
- ☐ Discuss Nicotine Replacement Therapy (NRT)

Written resources given

For woman: ☐ Yes ☐ Declined
For partner: ☐ Yes ☐ Declined

Quitline referral completed ☐ Yes ☐ Declined

If *yes*, completed Quitline referral:
www.health.qld.gov.au/public-health/topics/atod/quitline-hp-referral-form/default.asp

5. Ask again

Please complete the following at every opportune visit for smokers and recent quitters

Visit date	Week gestation	Cigarettes per day	Advice offered	Support / Assistance given	Initial
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

DO NOT WRITE IN THIS BINDING MARGIN

Clinician's section

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

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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:	Support / Assistance given:	Visit date 2: / /	Weeks gestation:	Support / Assistance given:

Date: ... / ... / ... ***No alcohol in pregnancy is the safest option, please ask, you can make a difference*** **Initial**

1. Ask

DURING THIS PREGNANCY ☐ Only prior to confirmation of pregnancy; stopped at ..... weeks *(0)*

How often have you had a drink containing alcohol in it?
☐ Never *(0)*
☐ Monthly or less *(1)*
☐ 2 to 4 times a month *(2)*
☐ 2 to 3 times a week *(3)*
☐ 4 or more times a week *(4)*

How many standard drinks have you had on a typical day when drinking?
☐ 1 or 2 *(1)*
☐ 3 or 4 *(1)*
☐ 5 or 6 *(2)*
☐ 7 to 9 *(3)*
☐ 10 or more *(4)*

How often have you had six (6) or more standard drinks on one occasion?
☐ Less than monthly *(1)*
☐ Monthly *(2)*
☐ Weekly *(3)*
☐ 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**

0	No risk drinking
1–3	Some risk drinking
4–5	Risky drinking
≥6	High-risk drinking

2. Assess

Readiness to stop drinking **Ask:** ***"How ready are you to stop drinking now you are pregnant?"***
☐ 1. Not ready ☐ 2. Unsure ☐ 3. Ready ☐ 4. Staying a non-drinker ☐ 5. Relapse

Barriers to stopping drinking ☐ Withdrawal / Cravings ☐ Partner drinking ☐ Stress ☐ Other

Notes

3. Advise

☐ **0 No risk drinking**
☐ **1–3 Some risk drinking**
- Congratulate and reinforce no safe level of drinking whilst pregnant
- Reinforce there is no safe level of drinking whilst pregnant
- May indicate harm for baby

☐ **4–5 Risky drinking**
- Reinforce there is no safe level of drinking whilst pregnant
- May indicate harm for baby
- Reinforce benefits of stopping at any time
- 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 she is about succeeding
  » ask if she would like some assistance
  » offer referral to local support service

☐ **≥6 High-risk drinking**
- Advise same as 'risky drinking' section above
- Refer to local support service for assessment and support
- Discuss concerns with treating team

4. Assist / arrange

Education
☐ Affirm positive change
☐ Give encouragement
☐ Discuss supports (family, GP, AODS)

Written resources given **For woman:** ☐ Yes ☐ Declined
For partner: ☐ Yes ☐ Declined

Referrals **Local Support Service:** ☐ Faxed ☐ Declined (midwife to follow up at next visit)
Indigenous Health Clinic: ☐ Faxed ☐ Declined (midwife to follow up at next visit) ☐ N/A

5. Ask again

Please complete the following at every opportune visit

Visit date	Week gestation	1. Drinks per day	2. Stage of readiness (as above in *Assess*)	3. Advice offered (risks of drinking)	4. Support / Assistance given / referral	Initial
/ /			☐1 ☐2 ☐3 ☐4 ☐5			
/ /			☐1 ☐2 ☐3 ☐4 ☐5			
/ /			☐1 ☐2 ☐3 ☐4 ☐5			
/ /			☐1 ☐2 ☐3 ☐4 ☐5			
/ /			☐1 ☐2 ☐3 ☐4 ☐5			

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government

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

Always carry this record with you

You must bring this record with you when you visit any health care professional / hospital. Please complete the following pages at home.

Consent to Carry

I acknowledge that:

1. I have read the disclaimer on page b8 of this document and have understood it.
2. My Pregnancy Health Record (PHR) is not intended to replace the advice I receive from my treating health practitioners.
3. My PHR is not intended to replace the need for me to provide informed consent to any treatment or procedure.
4. If I elect to carry my PHR, I accept:
   a. It will be my sole responsibility to produce my copy of the PHR at all appointments and birth with all my treating health practitioners. I understand my record will be updated at each visit.
   b. The safekeeping of my PHR and the information contained in my PHR will be my sole responsibility. For further information please refer to the *About Pregnancy Health Record* brochure.
   c. My PHR contains confidential health information about myself as well as confidential information about the father of my child.
   d. It will be my responsibility to advise the health care professional if I would like to keep some information private and not to include it in the PHR.
   e. It will be my responsibility to ensure that the PHR is updated at every visit to any health professional in Queensland Health.
   f. It will be my responsibility to ensure that relevant information is included in my PHR at any appointment or during any episode of care from a non-Queensland Health health practitioner.
   g. A photocopy of this document will be kept in my Hospital file. The original will be retained by the hospital after the birth. I may then take the photocopy for my personal records.

☐ I would like to carry my PHR

☐ I would **NOT** like to carry my PHR

Signature:

Date: / /

Record of Copies Made

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

Best Contact Person

Full name:

Relationship: ☐ Partner ☐ Other (specify)

Home phone:

Work phone:

Mobile phone:

Email address:

Address:

Comments:

DO NOT WRITE IN THIS BINDING MARGIN

Woman's section

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Important Information

It is very important that you tell your health care providers about any problems you or your baby had in previous pregnancy, labour and / or post-birth.

Please phone the following number prior to arriving at the hospital.

Call your GP / midwife / obstetrician or birth suite:

1. If you are unsure about what is happening to you or if you think you are in labour.
2. Your baby is moving less than usual or if you are concerned *(do not wait until the next day)*.
3. If your 'waters' break (membranes rupture).
4. If you are experiencing any of these complications:
   - Any vaginal bleeding during pregnancy
   - Uncontrollable vomiting or diarrhoea
   - Stomach or back pain
   - Unusual headaches and / or blurred vision
   - Fainting
   - Urinary problems
   - Fever
   - Constant itching

You may be in early labour and still be able to remain at home. A phone call to the hospital may reduce your anxiety and prepares staff for your arrival if necessary.

When to see your GP / midwife / obstetrician

Please refer to the Recommended Minimum Antenatal Schedule Checklist on page a9–10.

If you have any concerns, please discuss this with your health care provider.

Types of pregnancy / antenatal care available

Shared care with hospital or hospital based midwife / doctor care / midwife in private practice or GP.

Most hospitals offer 3 or 4 models of pregnancy / antenatal care. Please ask for details.

Further information online (the QR code can be used to download the linked information on a smart device)

Fetal Movements

Please refer to the following link for information on what to expect from your baby's movements as pregnancy progresses and when to seek care if you become concerned:
https://sanda.psanz.com.au/parent-centre/pregnancy/

Correct use of Seat Belts in Pregnancy

It is always safer for you and your baby to use a three point seatbelt (lap-sash) with a lap-belt and a shoulder strap (sash). However, a lap-belt on its own is safer than no seatbelt at all if you are involved in a car crash. Place the lap-belt under your baby as low as possible. It should sit over the upper thighs / pelvis and not across your baby. Position the shoulder strap (sash) over your collar bone and snuggly between your breasts.

Please refer to the following link for *Queensland Health Parent Information about seatbelts and pregnancy*: https://www.health.qld.gov.au/qcg/documents/c-trauma-seatbelts.pdf

Nutrition and Physical Activity in Pregnancy

The *Australian Dietary Guidelines* provide advice on eating for health and wellbeing of infants, children and adults:
http://www.eatforhealth.gov.au/guidelines

It is important to remain active during pregnancy. There are benefits for both yourself and your baby. Please see the following link for more details, including specific guidelines for exercise during pregnancy:
http://www.pregnancybirthbaby.org.au/exercising-during-pregnancy

Information for Parents and Carers

Further information and resources are available at:
https://www.health.qld.gov.au/qcg/html/consumers.asp#consumer-info

Pelvic Floor in Pregnancy

For information on pelvic floor exercises, good bladder and bowel habits and where to go for help please see the following link for more details: http://www.continence.org.au/pages/pregnancy.html

Mental Health and Wellbeing

Pregnancy and new parenthood can cause tremendous changes in your body, mind, sense of self, lifestyle and relationships. It's important to look after your mental health and emotional wellbeing during this time. For practical advice on emotional wellbeing and mental health for you, your baby and your family, follow this link:
www.childrens.health.qld.gov.au/qcpimh

DO NOT WRITE IN THIS BINDING MARGIN

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Woman's section

Considerations for Labour and Birth

Please complete by 34 weeks after talking with your GP, midwife or obstetrician. You may tick more than one box. 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
- ☐ Cultural / Personal preferences discussed

Birthing aids to consider

- ☐ Bean bag ☐ Bath ☐ Shower
- ☐ Mirror ☐ Birth stool ☐ Gym ball
- ☐ Other:

Non-Pharmacological pain relief

- ☐ Massage oils ☐ Heat pack
- ☐ Shower / Bath ☐ Music-relaxation CD
- ☐ Aromatherapy ☐ Relaxation techniques
- ☐ TENS machine

Pharmacological pain relief

- ☐ Entonox gas ☐ Narcotic intramuscular injection
- ☐ Epidural ☐ Sterile water injection

Be aware

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

- More pain relief 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:

Placenta – 3rd stage management

- ☐ Active – discussed
- ☐ Modified active – discussed
- ☐ Physiological – discussed
- ☐ Plans for placenta – discussed

Comments

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
Neonatal screening blood test	☐ Yes	☐ No
Healthy Hearing screening	☐ Yes	☐ No

Consent will be sought for the above when you have your baby

Plans for home discussed

I have discussed with my health provider:

- ☐ Uncomplicated vaginal birth, expected discharge 6–24 hours
- ☐ Uncomplicated caesarean birth, expected discharge within 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
- ☐ 6 weeks postnatal check with GP
- ☐ Postnatal depression information
- ☐ Postnatal follow up regarding pre-existing medical condition(s) – *see page a8*
- ☐ SAFE sleeping and SIDS / SUDI information
- ☐ How to register a compliment or concern about the service

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. I have information about and have indicated my choices for screening and vaccinations following birth.

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

DO NOT WRITE IN THIS BINDING MARGIN

Woman's section

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Feeding Your Baby

Have you breastfed before?	Have you experienced difficulties with breastfeeding in the past?
☐ Yes → Duration: ☐ No	☐ Yes → Give details: ☐ No

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.

Sign and date each section as it is discussed		Date	Initial
Importance of breastfeeding for your baby	• 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	• 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	• Breastfeeding is free, safe, convenient and environmentally friendly. • No preparation required, ready anytime, anywhere.	/ /	
Risks of not breastfeeding	• A baby not breastfed is more likely to develop infections, Type 2 diabetes, some childhood cancers, obesity, lower IQ and higher likelihood of sudden infant death syndrome (SIDS or cot death).	/ /	
Importance of early uninterrupted skin-to-skin contact after birth for all babies	• Holding close after birth keeps babies warm and calm. Promotes bonding. • Babies can hear their mothers' 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	• 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	WHO, UNICEF and NHMRC recommend: • 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. • Optimal infant nutrition: *Infant feeding Guidelines (NHMRC, 2012)*: https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56b_infant_feeding_summary_130808.pdf	/ /	
Getting breastfeeding off to a good start	• Breastfeeding problems are most often caused by baby not attaching well; ask for help when you are starting out. • Positioning applies to ensuring you hold baby close to you (chest to chest), the baby's back is well supported, baby's chin is to the breast with a wide open mouth. • Effective attachment is recognised by no significant nipple pain, baby's cheeks not drawn in and evidence of milk transfer such as swallowing sounds. • 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	• Having your baby's cot beside your bed or in your room means: » You can cuddle your baby whenever you want. » Get to know your baby before you go home. » Breastfeed when your baby shows feeding signs. » Lower the incidence of jaundice. » Decrease the chance of hospital acquired infection.	/ /	
Signs baby is getting enough	• Anywhere from 8 to 12 breastfeeds per day is normal whilst breastfeeding is being established. • 5 to 6 wet nappies each day after the first 5 days. • A breastfed baby will poo at least 4 times a day by the end of first week and poo will be yellow and runny.	/ /	

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Given name(s):

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Woman's section

DO NOT WRITE IN THIS BINDING MARGIN

Feeding Your Baby *(continued)*

Sign and date each section as it is discussed		Date	Initial
Why bottle teats and dummies are discouraged while breastfeeding is being established	• Reduces time at the breast often resulting in a decrease in milk supply. • Infant may learn an inappropriate sucking action. • Decreased desire to feed at the breast. • Using teats and dummies prior to 4 weeks of age can cause problems while Mum and Baby learn to breastfeed.	/ /	
Formula feeding	• Mothers who formula feed will be shown how to safely and appropriately feed their baby. • Cow's milk-based formula is suitable for the first 12 months of life unless there are specific medical indications. • 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. • Check with your local maternity services regards bringing formula and feeding equipment requirements to hospital.	/ /	
How your family and friends can support you?	• Your partner, family and friends can help in a lot of ways other than feeding (settling, baby massage and bathing).	/ /	
Where to get help and support in the community	• 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 06:30 hours to 23:00hours. • Queensland Health breastfeeding website at: https://www.health.qld.gov.au/breastfeeding/ • International Board Certified Lactation Consultants in Private Practice. • Child Health Service. • General Practitioners. • Australian Breastfeeding Association – 1800 mum 2 mum (1800 686 268) 24 hour helpline. • Raising Children Network at: http://raisingchildren.net.au/babies/babies.html http://www.lcanz.org/	/ /	

I have had all the above information 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:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Woman's Notes / Your Questions *(continued)*

Acknowledgements

We wish to thank the Queensland Health Statewide Maternity and Neonatal Clinical Network, Pregnancy Health Record Statewide Forum representatives and Pregnancy Health Working Group for providing their clinical expertise in the revision of this document.

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 types; 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

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)

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

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

Cx (Pap) smear vaginal examination where a sample is collected to detect early warning of cancer of the cervix

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

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

EDS, EPDS Edinburgh Depression Scale

Episiotomy surgical incision to enlarge the vaginal opening to help the birth

Fetal heart rate (FHR) unborn baby's heartrate

Fetal movements (FM) unborn baby's movements

Fetus developing human baby

FH (H) fetal heart

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

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

Glucose tolerance test (GTT) diagnostic blood test for gestational diabetes which may develop during pregnancy

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

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

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

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)

NIPT non-invasive prenatal testing

NMHRC National Medical Health and Research Council

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

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

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 antenatal care is provided by a private midwife or group of midwives in collaboration with doctors in the event of identified risk factors

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

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

SIDS sudden infant death syndrome

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

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

WHO World Health Organization

Woman's section

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

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

Appointments

Date	Time	Type of Appointment	Where
/ /		First GP antenatal care	
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Antenatal Education Classes

Date	Time	Type of Appointment	Where	Booked
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/ /				☐ Yes
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/ /				☐ Yes

DO NOT WRITE IN THIS BINDING MARGIN