



# Antenatal Care

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## Objectives

- ▶ Understand principles of antenatal care
- ▶ Screening tests at different gestations
- ▶ Schedule of antenatal visits
- ▶ Screening for pregnancy complications
- ▶ Parental education about pregnancy and childbirth
- ▶ Other support systems in pregnancy



## Diagnosis of pregnancy

- ▶ Missed menstrual periods
- ▶ Urine or Serum beta HCG
- ▶ Dating ultrasound scan (USS)

# Dating of pregnancy by ultrasound scan

- ▶ Dating scans are done in first trimester usually 8-12 weeks, accurate within 3-5 days
- ▶ Dating scans are most accurate at 8-12 weeks because fetus is growing rapidly
- ▶ Crown rump length is measured, the body does not bend or twist, hence measurement is accurate
- ▶ Dating scans at 12-22 weeks are accurate +/- 10 days
- ▶ Dating scan determines the EDD/EDC- Expected Date of Delivery/Expected Date of Confinement

## Dating pregnancy by Crown Rump Length CRL





## Significance of dating scan

1. Viability
2. Expected Date of Delivery
3. Singleton or Multiple pregnancy
4. Timing of screening tests at different stages in pregnancy
5. Determining preterm labour or post dated pregnancy
6. Understanding the various disorders of pregnancy at different gestational ages

# National Woman-Held Pregnancy Record

XY310440

 Government of Western Australia  
Department of Health

## National Woman-Held Pregnancy Record

SERVICE	HOSPITAL	Maternal Fetal Assessment Unit or Maternity ward	Antenatal Clinic	Other
South Metropolitan Area Health Service and East Metropolitan Area Health Service	Fiona Stanley	6152 4301	6152 4012	
	Armadale	9391 2947	9391 2901	
	Bentley	9416 3627	9416 3529	
	Rockingham	9599 4509	9599 4740	

\*Booking midwife to highlight relevant hospital/contacts

BEFORE YOU LEAVE MFAU IT IS VERY IMPORTANT THAT YOU HAVE  
**YOUR NEXT APPOINTMENT**

IF THE MFAU CLERK IS UNABLE TO GIVE YOU AN APPOINTMENT SHE WILL ARRANGE FOR AN APPOINTMENT TO BE MADE.

IF YOU ARE NOT CONTACTED WITHIN 24 HOURS (Monday to Friday), PLEASE PHONE 6152 9416 or 6152 5687 (7:30am - 4:00pm Monday to Friday) WE WILL FOLLOW THIS UP TO ENSURE THERE ARE NO GAPS IN YOUR CARE. PLEASE REMEMBER MFAU IS OPEN 24 HOURS A DAY IF YOU ARE CONCERNED.

Australian Health Ministers' Advisory Council

MWHPRS  
11/16

South Metropolitan Health Service Version 1 April 2015

MR70 NATIONAL WOMAN-Held PREGNANCY RECORD

## WHEN TO SEEK ADVICE

Contact your lead maternity provider or hospital if you are worried or experience any of the following:

Abdominal pain or sudden onset of back pain	If you think labour has started
Baby is moving less than usual	Vaginal bleeding
Fainting	Swelling in your hands, feet and face first thing in the morning
Fever	Unusual headaches [severe/persistent]
If your 'waters' (liquor) break; watery vaginal discharge	Constant itching
Urinary problems, including frequency or burning when passing urine	Uncontrollable vomiting or diarrhoea, severe nausea
Blurred vision	You are worried

- Your Birth Registration, Centrelink and Medicare documents will be given to you following the birth of your baby
- Discharge home after a vaginal birth is usually within 4-24 hours after birth
- Women experiencing a caesarean section are planned for discharge 48-72 hours following birth
- Occasionally, women may be transferred to another hospital for their continued care
- Occasionally, women and babies who become unwell may be transferred to a tertiary hospital
- If you go home within 4 days of your birth your care will continue either by the hospital visiting midwifery service (if they have one), at another maternity hospital, as a hospital outpatient or with a community midwife or GP.

If care is transferred between hospitals then the receiving hospital is to place their phone contact details sticker here

Affix unique patient identification label in this box

## National Woman-Held Pregnancy Record

### Confidential Medical Record

Please take care of this Record as it may be the only official record of your pregnancy.  
**You should bring this Record with you when you visit any health care professional and when you go into labour. It is best to carry the Record with you at all times. (If you don't want to carry your Record, tell your midwife or doctor). The Record will be stored by the hospital or your lead maternity provider at the end of your pregnancy (you may request a copy).**

For URGENT Telephone advice call: ..... (maternity provider should complete)  
Please remember in an EMERGENCY call: 000

#### Intended place of birth

Intended place of birth: .....

Intended place of birth changed to: .....

Reason: .....

#### Model of Care ( )

- Midwife     GP     MGP     Hospital Obstetric Team  
 Shared care     Private obstetrician  
 Collaborative care describe .....  
 Other describe .....

Date agreed: .....

Nominated lead maternity provider/team: .....

Contact Details for lead maternity provider: .....

Change of Model of care, new Model/team: .....

Date of change: .....

Reason for change of Model: .....

#### Management Plan

Preferences for labour and/or birth to be noted here for discussion with your maternity provider. Can be left blank.

#### Alert for sensitive information

##### GP Contact Details

(if different to lead maternity provider)

Name GP: .....

GP Address: .....

GP Phone: .....

##### Phone Numbers & Websites

Pregnancy, Birth & Baby Helpline 1800 88 24 36

DV Hotline 1800 200 526

DV WA Hotline 1800 007 339

Quittine 13 7848

beyondblue Info 1300 22 4636

Lifeline 13 11 14

Alcohol & Drug Centre 1800 888 236

Australian Breastfeeding Association (ABA) 1800 6 8 6 2 6 8 6

1800 MUM 2 MUM

Telephone Interpreter Services 13 14 50

Kimberley Aboriginal Interpreter Services 08 9192 3981

Obstetric Medicines Information Service 08 6458 2723

..... 8.30am – 5.00pm Mon to Fri

[www.health.wa.gov.au/havingababy](http://www.health.wa.gov.au/havingababy)

[www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

[www.beyondblue.org.au](http://www.beyondblue.org.au)



Affix unique patient identification label in this box

<b>Summary</b>	Age:	U.R.:
Booking BP:	Height (cm):	Surname:
Pre-pregnancy (or 1st visit) weight:	BMI:	Given Name:
Weight at 28 week:	BMI at 28 week:	Second Given Name:
Gravida:	Parity:	DOB:
Stillbirths	Blood Group	
Neonatal Deaths	Rhesus	
Alive now	Antibodies	

**Significant History**

**Medications/Substance Use**  
Medications (inc. over-the-counter)

**Allergies**

Folate:  Preconception  In pregnancy  
Alcohol (specify) Refer to Audit C

Marijuana/Speed/Heroin/Other  
 Never  
 Previous  
 Current  
(use assessment tool)

**Medical History**

- Autoimmune conditions
- Blood disorders or clots
- Cancer
- Endocrine - diabetes, thyroid etc
- Gastrointestinal / liver conditions
- Genetic conditions
- Heart disease
- High blood pressure
- Incontinence
- Immunisations up to date
- Infectious diseases
- Kidney disease / UTI
- MRSA Screening
- Musculoskeletal or fractures
- Neurological conditions / epilepsy
- Psychiatric illness
- Respiratory disease
- Other

Past Present Severe Mental Illness  
 Anxiety  
 Schizophrenia  
 Bipolar  
 Postnatal (PND)  
 Psychosis  
 Depression

**Gynaecological Conditions** (please circle)  
endometriosis, fibroids, polycystic ovarian syndrome, abnormal Pap test, Fertility problems/treatment, Involuntary fertility > 1 year  
 Never had Pap  
Last Pap test: / Result:  
**FGM:**  No  Yes Type:  1  2  3  4

Name: Desig: Signature: Date: / /

Please (  ):  Natural or  Assisted conception Contraception method/ceased / /

First day of Last Menstrual Period (LMP):	/	<input type="checkbox"/> Certain	<input type="checkbox"/> Uncertain	Ultrasound Scan (USS)
Length of cycle: days		<input type="checkbox"/> Regular	<input type="checkbox"/> Yes	Date of scan: / / Weeks pregnant: / /
LMP Estimated Date of Birth (EDB)	/ /	<input type="checkbox"/> No		USS Estimated Date of Birth (EDB)
Agreed EDB: / /		Changed EDB: / /		
Calculated by (please print) Date: / /		Changed by (please print) Date: / /		
Name: _____		Reason: _____		
		Name: _____		
		Designation: _____		

**Calculating Estimated Date of Birth (EDB)** The information above is needed to calculate the approximate date of your baby's birth. This can be called estimated date of birth (EDB), estimated due date/estimated date of delivery (EDD), or estimated date of confinement (EDC). Most babies are born in the two weeks before or after their estimated date of birth. Because both the menstrual cycle and ultrasound result can be used to calculate the estimated date of birth, the date can change. However, the

**Details of Past Pregnancies (in chronological order)** Tick this box if sensitive information has not been documented

No.	Date	Wks	Outcome	Sex	Name	BirthType	Weight	Place	Complications	Peri	Feeding	Postnatal

**Pregnancy Screening**

Results	Results
36 wks Ferritin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Red Cell Antibodies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ferritin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Blood Picture	<input type="checkbox"/> Yes <input type="checkbox"/> No
Group B Strep swab	<input type="checkbox"/> Yes <input type="checkbox"/> No
As Required	
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis C	<input type="checkbox"/> Not required
MRSA risk	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-D given	<input type="checkbox"/> 28 weeks
HIV (pre/post test counselling)	<input type="checkbox"/> 36 weeks
Rubella Antibody	
Syphilis	<input type="checkbox"/> Repeat Chlamydia STI screen <input type="checkbox"/> 36 weeks
Chlamydia	<input type="checkbox"/> Haemoglobinopathy screening
Midstream Urine	<input type="checkbox"/> Varicella
Vit D Screening	<input type="checkbox"/> Thyroid function
28 wks Full Blood Picture	<input type="checkbox"/> Influenza Vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date given:
Red Cell Antibodies (Rh negative only)	<input type="checkbox"/> Pertussis Vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date given:
Diabetes Screen	Other (specify)
GTT@ wks date	
Routine GTT@ 26-28 wks date	

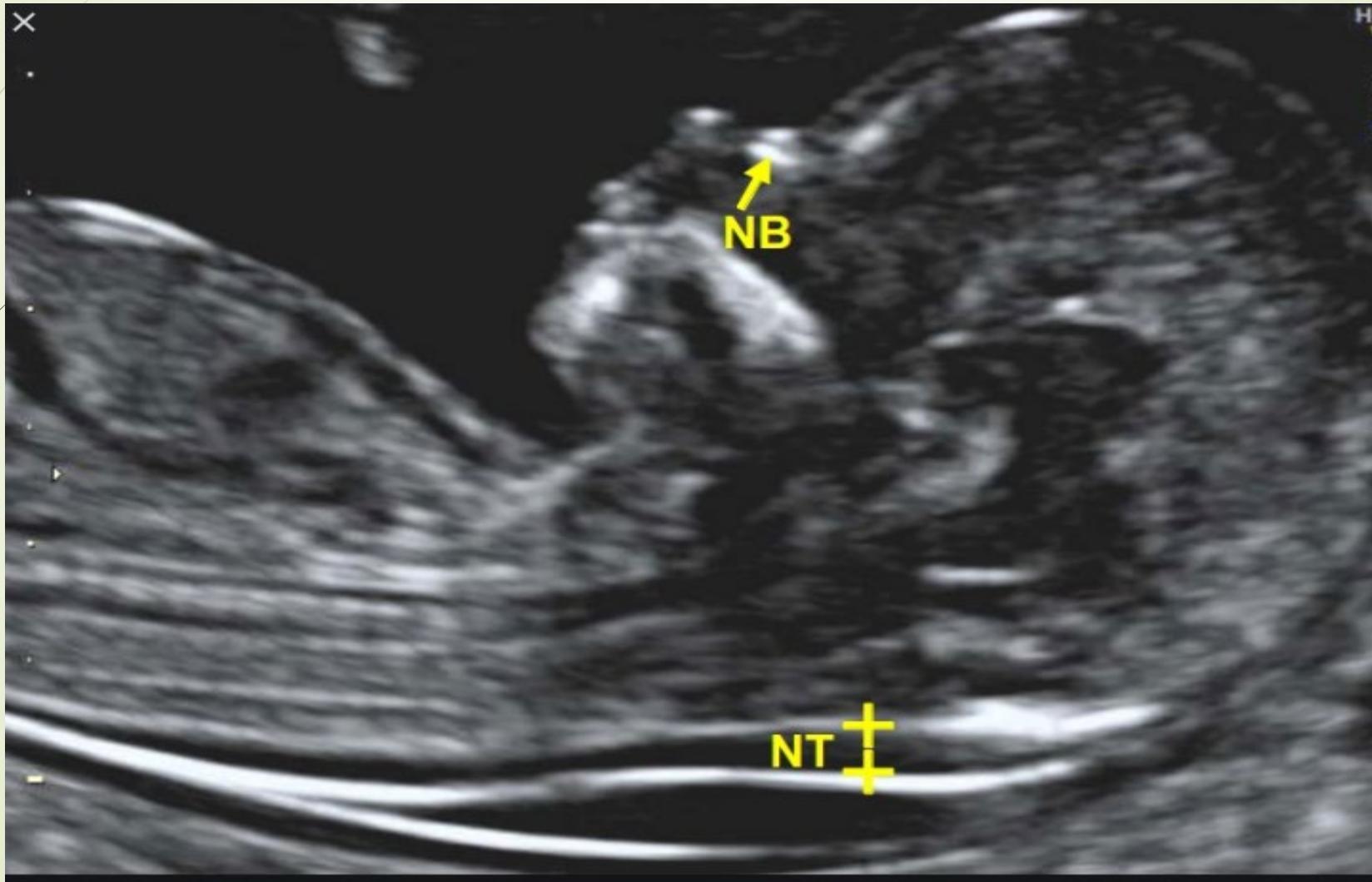
**Scan Date** Gestation (wks) Indication Results & Follow-Up

8 <sup>0</sup> -13 <sup>6</sup> weeks		Gestational age assessment & detection of multiple pregnancy	
11 <sup>0</sup> -13 <sup>6</sup> weeks		Nuchal translucency screening	<input type="checkbox"/> Low risk <input type="checkbox"/> High risk <input type="checkbox"/> Counselling <input type="checkbox"/> Amniocentesis/CVS considered <input type="checkbox"/> Referral
17-22 weeks		Fetal anatomy (morphology)	<input type="checkbox"/> Placenta <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Fundal <input type="checkbox"/> Low lying <input type="checkbox"/> Other <input type="checkbox"/> Fetus <input type="checkbox"/> Normal morphology <input type="checkbox"/> Referral <input type="checkbox"/> Other
Other			

# First trimester screening for aneuploidies

- There are 2 screening tests for : Trisomy 21, Trisomy 18, Trisomy 13
- 1. 10+ weeks- NIPT- Non-Invasive Prenatal Test using cell free fetal DNA in maternal blood. Sensitivity 99%
- 2. 11 weeks to 13 weeks and 6 days- First trimester combined test including Nuchal Translucency Scan + Serum Beta HCG and PAPP-A. Sensitivity 90%. (HCG- Human Gonadotrophic Hormone. PAPP-A- Pregnancy Associated Plasma Protein-A)
- Result is reported as : Low risk or High risk

# Nasal bone and Nuchal Translucency



# Definitive tests for aneuploidy

- ▶ There are **2 definitive** tests to confirm aneuploidy:
  - ▶ 1. **Frist Trimester:** Chorionic villous sampling from 11 to 13 weeks
  - ▶ CVS is offered to- Maternal age 35+ years, Previous chromosomal abnormality, Family history of genetic disorders, High risk result on first trimester screening
  - ▶ 2. **Second Trimester:** Amniocentesis- 15-20 weeks.

Affix unique patient identification label in this box

<b>Summary</b>	Age:	UR:			
Booking BP:	Height (cm):				
Pre-pregnancy (or 1st visit) weight:	BMI:	Surname:			
Weight at 28 week:	BMI at 28 week:	Given Name:			
Gravida.....	Parity..... (20 or more weeks)	Second Given Name:			
Stillbirths	Blood Group	DOB:			
Neonatal Deaths.	Rhesus	Pre-pregnancy Score	1 <sup>st</sup> Score	2 <sup>nd</sup> Score	3 <sup>rd</sup> Score
Alive now	Antibodies	Date			

**Physical Examination**

Abdomen:	Cardiovascular:
Respiratory:	Thyroid:
Other:	

Referral to medical specialist/other  N/A  Yes  No  
(e.g. dietitian, diabetes educator, housing officer, mental health, physiotherapist, social worker, other [Refer to page 4])

<b>Assistance needed with:</b>	<b>Mother</b>	<b>Partner</b>	<b>Other Supporting Person</b>
<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision
<input type="checkbox"/> Speech	<input type="checkbox"/> Mobility	<input type="checkbox"/> Speech	<input type="checkbox"/> Mobility
<input type="checkbox"/> Literacy	<input type="checkbox"/> Other	<input type="checkbox"/> Literacy	<input type="checkbox"/> Other
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

**Infant Feeding Discussion**

Baby feeding choice this pregnancy  Breast feeding  Formula feeding  
 Previous infant feeding methods  Breast feeding  Formula feeding

B/F duration.....

Previous feeding issues.....

Referral to Lactation Consultant offered Date sent .....  Declined

Offered breastfeeding class  Yes  No

Provided with written information on breastfeeding and Baby Friendly Health Initiative  Yes  No

**Antenatal Information and Education**

Date	Initial	Booking Visit	Date	Initial	32 Weeks
		VTE Assessment			Screening EDPS/DVS/Alcohol/Smoking
		Schedule of Visits			*Pain Relief Options During Birth
		Contacting MFAU			*Role/Nr. of support people during labour
		Screening EDPS/DVS/Alcohol/Smoking			Advise no overnight facilities for support people when not on BS
		*Parent Education Sessions @ FSH			34 Weeks
		Access to Physio/Dietitian/MW/LC			Labour & Birth / Birth Plan
		*CPC Classes/BUMP			Recognising Active Labour
		*Mild Discomforts in Pregnancy			*Group B Strep Screening
		*Listeria			*Anti D for Rh - ve women
		*Anti D for Rh - ve women			36 Weeks
		Fetal Anatomy Scan			Check consent Vit K/Hep B/NBST/NST if not completed
		Healthy Weight Gain in Pregnancy			VTE Assessment
		*FSH Breastfeeding Booklet			*Safe Sleeping
		*Having Your Baby @ FSH			Infant Feeding
		*Pertussis Vaccination/ Flu Vaccination			Rooming In
		*Waterbirth Information			Going Home after the Birth of your Baby - expected length of stay
		*Pathology/USS - advise of locations			Visiting Midwifery Service
		24 Weeks			38 Weeks
		*Glucose Tolerance Test			Normal Length of Pregnancy
		*Screening for Anaemia			Onset of Labour
		*Monitoring Fetal Movements			*Consent for Waterbirth
		28 Weeks			*Options for prolonged pregnancy
		*Provide Hep B/Vit K/NBHS/NST information			*denotes resources available for distribution
		*Breastfeeding Education - form completed			
		*Complete consent for Anti-D			
		*Anti D for Rh - ve women			

Print name..... Signature..... Designation.....

Please (  ):  Natural or  Assisted conception Contraception method/ceased .....

First day of Last Menstrual Period (LMP):	.....	.....	<input type="checkbox"/> Certain	<input type="checkbox"/> Uncertain	Ultrasound Scan (USS):	.....	.....	Weeks pregnant: .....				
Length of cycle:..... days	.....	.....	<input type="checkbox"/> Regular	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of scan: .....	.....	.....				
LMP Estimated Date of Birth (EDB):	.....	.....	USS Estimated Date of Birth (EDB):			.....	.....	.....				
Agreed EDB: .....	.....	.....	Changed EDB: .....			.....	.....	.....				
Calculated by (please print):	Date: .....	.....	Changed by (please print):			Date: .....	.....	.....				
Name:.....	.....	.....	Reason:.....			.....	.....	.....				
Designation:.....	.....	.....	Name:.....			.....	.....	.....				
<b>Calculating Estimated Date of Birth (EDB)</b> The information above is needed to calculate the approximate date of your baby's birth. This can be called estimated date of birth (EDB), estimated due date/estimated date of delivery (EDD), or estimated date of confinement (EDC). Most babies are born in the two weeks before or after their estimated date of birth. Because both the menstrual cycle and ultrasound result can be used to calculate the estimated date of birth, the date can change. However, the information will not change the estimated date of birth.												
Date	Registered interpreter	Weeks pregnant	Fundal height cm	Weight kg	Urine test Prot	Blood Gluc	pressure	Oedema	Fetal movements	Presentation	Engagement	Fetal heart
Y / NA												
Brief intervention offered for: Smoking: <input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> Declined Other: <input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> Declined Alcohol: <input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> Declined (i.e. substance misuse)												
Notes:..... ..... ..... ..... .....												
Next visit in:..... weeks												
Print name..... Signature..... Designation.....												
Date	Registered interpreter	Weeks pregnant	Fundal height cm	Weight kg	Urine test Prot	Blood Gluc	pressure	Oedema	Fetal movements	Presentation	Engagement	Fetal heart
Y / NA												
Brief intervention offered for: Smoking: <input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> Declined Other: <input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> Declined Alcohol: <input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> Declined (i.e. substance misuse)												
Notes:..... ..... ..... ..... .....												
Next visit in:..... weeks												
Print name..... Signature..... Designation.....												

## Screening- Clinical

- ▶ Symphysio fundal height: For fetal growth.
- ▶ SFH- Measured in tape in centimeters from the upper border of symphysis pubis to the fundus of the uterus. Equals gestational age in cm +/- 2 cm
- ▶ BP- Hypertensive disorders in pregnancy, mainly pre-eclampsia
- ▶ Urine- For protein and glucose
- ▶ Fetal movements- sign of fetal well being
- ▶ Weight- more relevant at booking for BMI

## EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

The EPDS is recognised as a very valuable screening test to assist you and your carers in the detection of possible depression, both in pregnancy and the postnatal period.

DATE (at 12 weeks or first visit): .....

The EPDS is a set of questions which can tell you whether you have symptoms that are common in women with depression and anxiety during pregnancy and in the year following the birth of a child. This is not intended to provide a diagnosis – only trained health professionals should do this.

To complete this set of questions, mothers should circle the number next to the response which comes closest to how they have felt in the PAST SEVEN DAYS.

DATE (at 28-30 weeks): .....

IN THE PAST 7 DAYS	1 <sup>st</sup> visit	28-30 wks	IN THE PAST 7 DAYS	1 <sup>st</sup> visit	28-30 wks
1. I have been able to laugh and see the funny side of things:			6. Things have been getting on top of me:		
<ul style="list-style-type: none"> <li>• As much as I could</li> <li>• Not quite so much now</li> <li>• Definitely not so much now</li> <li>• Not at all</li> </ul>			<ul style="list-style-type: none"> <li>• Yes, most of the time I haven't been able to cope at all</li> <li>• Yes, sometimes I haven't been coping as well as usual</li> <li>• No, most of the time I have coped well</li> <li>• No, I have been coping as well as ever</li> </ul>		
2. I have looked forward with enjoyment to things:			7. I have been so unhappy that I have had difficulty sleeping:		
<ul style="list-style-type: none"> <li>• As much as I always did</li> <li>• Rather less than I used to</li> <li>• Definitely less than I used to</li> <li>• Hardly at all</li> </ul>			<ul style="list-style-type: none"> <li>• Yes, most of the time</li> <li>• Yes, sometimes</li> <li>• Not very often</li> <li>• No, not at all</li> </ul>		
3. I have blamed myself unnecessarily when things go wrong:			8. I have felt sad or miserable:		
<ul style="list-style-type: none"> <li>• Yes, most of the time</li> <li>• Yes, some of the time</li> <li>• Not very often</li> <li>• No, never</li> </ul>			<ul style="list-style-type: none"> <li>• Yes, most of the time</li> <li>• Yes, quite often</li> <li>• Not very often</li> <li>• No, not at all</li> </ul>		
4. I have been anxious or worried for no good reason:			9. I have been so unhappy that I have been crying:		
<ul style="list-style-type: none"> <li>• No, not at all</li> <li>• Hardly ever</li> <li>• Yes, sometimes</li> <li>• Yes, very often</li> </ul>			<ul style="list-style-type: none"> <li>• Yes, most of the time</li> <li>• Yes, quite often</li> <li>• Only occasionally</li> <li>• No, not at all</li> </ul>		
5. I have felt scared or panicky for no good reason:			10. The thought of harming myself has occurred to me:		
<ul style="list-style-type: none"> <li>• Yes, quite a lot</li> <li>• Yes, sometimes</li> <li>• No, not much</li> <li>• No, not at all</li> </ul>			<ul style="list-style-type: none"> <li>• Yes, quite often</li> <li>• Sometimes</li> <li>• Hardly ever</li> <li>• Never</li> </ul>		

Cox, J.L., Holden, J.M., and Sagovsky, R. (1987). "Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale". *British Journal of Psychiatry* 150:782-786

TOTAL:

TOTAL ANXIETY SUBSCALE:

## ASSESSING ALCOHOL USE DURING PREGNANCY

Affix unique patient identification label in this box

U.R. ....
Surname: .....
Given Name: .....
Second Given Name: .....
DOB ..... .....

Ask your client the following questions about their alcohol use to assess the level of risk.  
Add the scores for each question to get a total score and match the total score to the level of risk below.

Score				
Pre-Pregnancy	Date Gestation	Date Gestation	Date Gestation	
0 Never	1 Monthly or less	2 2-4 times a month	3 2-3 times a week	4 4+ a week
0 1 or 2	1 3 or 4	2 5 or 6	3 7-9	4 10+
0 Never	1 Monthly or less	2 Monthly	3 Weekly	4 Daily / almost daily
<b>Total Score:</b>				

### Level of Risk

Low risk of harm to women (total score 0-3)	Medium risk of harm to women (total score 4-7)	High risk of harm to women (total score 8+)
<b>Actions:</b>		
<ul style="list-style-type: none"> <li>a) Discuss score and provide feedback for low risk drinking for women.</li> <li>b) Assist by providing alcohol harm prevention and reduction resources.</li> <li>c) Discuss tips, strategies and plan for taking action.</li> <li>d) Assist by providing alcohol harm prevention and reduction resources.</li> <li>e) Offer to arrange a follow up session if needed.</li> </ul>	<ul style="list-style-type: none"> <li>a) Discuss score and provide feedback for risky drinking.</li> <li>b) Discuss positives and negatives of taking action.</li> <li>c) Discuss tips, strategies and plan for taking action.</li> <li>d) Assist by providing alcohol harm prevention and reduction resources.</li> <li>e) Offer to arrange referral and follow-up session if needed.</li> </ul>	<ul style="list-style-type: none"> <li>a) Discuss score and provide feedback for high risk drinking.</li> <li>b) Discuss the positives and negatives for taking action.</li> <li>c) Provide contact information for alcohol and other drug services, ADIS and a doctor.</li> <li>d) Assist by providing alcohol harm prevention and reduction resources.</li> <li>e) Offer to arrange referral and a follow-up session.</li> </ul>

Table continued over page

## ASSESSING ALCOHOL USE DURING PREGNANCY

Continuation of 'Level of Risk' table

Lower risk of fetal harm (total score <1)	Risk of fetal harm (total score 1-4)	Higher risk of fetal harm (total score ≥5)
<b>Key messages:</b>		
<ul style="list-style-type: none"> <li>Advise that the safest choice is not to drink alcohol during pregnancy.</li> <li>Advise that a score of 0 indicates no risk of alcohol-related harm to the developing fetus.</li> <li>Advise women who have consumed small amounts (e.g. one or two standard drinks) of alcohol prior to or during pregnancy, that the risk to the developing fetus is low.</li> <li>Advise that the risk to the developing fetus is influenced by maternal and fetal characteristics and is difficult to predict.</li> <li>Advise that the risk to the developing fetus increases with increasing amount and frequency of alcohol consumption.</li> <li>Advise that the risk to the developing fetus is influenced by maternal and fetal characteristics and is difficult to predict.</li> <li>Advise that 5 or more standard drinks in one sitting increases the risk of harm to the developing fetus. (Q2. 2+Q3 1+).</li> <li>Advise that 7 or more standard drinks in one week increases the risk of fetal harm.</li> <li>Discuss positives and negatives of taking action.</li> <li>Discuss tips, strategies and plan for taking action.</li> <li>Assist by providing alcohol harm prevention and reduction resources such as: Here's to your health; Alcohol and pregnancy wallet card.</li> <li>Offer to Arrange referral and a follow-up session if needed.</li> </ul>	<ul style="list-style-type: none"> <li>Advise that the safest choice is not to drink alcohol during pregnancy.</li> <li>Advise that the risk of harm to the developing fetus increases with increasing amount and frequency of alcohol consumption.</li> <li>Advise that the risk to the developing fetus is influenced by maternal and fetal characteristics and is difficult to predict.</li> <li>Advise that the risk of harm to the fetus is highest when there is high, frequent maternal intake.</li> <li>Discuss the positives and negatives for taking action.</li> <li>Provide contact information for alcohol and other drug services, ADIS<sup>†</sup> or doctor.</li> <li>Assist by providing alcohol harm prevention and reduction resources such as: Here's to your health; Alcohol and pregnancy wallet card.</li> <li>Offer to Arrange referral and a follow-up session.</li> </ul>	<ul style="list-style-type: none"> <li>Advise that the safest choice is not to drink alcohol during pregnancy.</li> <li>Advise that the risk of harm to the developing fetus increases with increasing amount and frequency of alcohol consumption.</li> </ul>

People with health problems such as diabetes or are on medication that interacts with alcohol should seek advice from their doctor.

<sup>†</sup>The Alcohol and Drug Information Service (ADIS) is a free 24 hour, confidential, telephone counselling, information and referral service available state-wide on: (country toll-free) 1800 198 024 or (metro) 9442 5000.

## TOBACCO SMOKING ASSESSMENT

Affix unique patient identification label in this box

U.R. ....
Surname: .....
Given Name: .....
Second Given Name: .....
DOB: .....

1. Have you ever smoked?  Yes  No  
 2. Does anyone at home smoke?  Yes  No

If you answered **no** to both of these questions you don't need to answer any more questions about smoking.

If you answered **yes** to either 1 or 2 above please answer the following questions.

You will be offered information about the benefits of quitting and the possible risks to your health of smoking and passive smoking.

### Which of the following statements best describes your smoking habits?

- I smoke daily  Yes  No  
 I smoke daily, but have recently cut down  Yes  No  
 I smoke every once in a while  Yes  No

### Fagerstrom Test for Nicotine Dependence

Please tick one box for each question

How soon after waking do you smoke your first cigarette?	Within 5 min <input type="checkbox"/> 3	5-30 min <input type="checkbox"/> 2	31-60 min <input type="checkbox"/> 1	60+ min <input type="checkbox"/> 0
How many cigarettes a day do you smoke?	10 or less <input type="checkbox"/> 0	11 - 20 <input type="checkbox"/> 1	21 - 30 <input type="checkbox"/> 2	31 or more <input type="checkbox"/> 3
	<b>Total Score</b>			
Dependence Score	1-2 = very low 3 = low to mod	4 = moderate	5 + = high	

Dependence Level	Nicotine Replacement Therapy (NRT) Dosage	Combination Therapy
		Patches: 21mg/24 hr or 15mg/16hr AND Lozenge/gum: 2mg
High or Moderate	Patches: 21mg/24 hr or 15mg/16hr Inhaler: 6-12 cartridges/day Lozenge: 4mg Gum: 4 mg	Patches: 21mg/24 hr or 15mg/16hr AND Lozenge/gum: 2mg
Low to moderate	Patches: 14mg/24 or 10mg/16hr Inhaler: 6-12 cartridges/day Lozenge: 2mg Gum: 2 mg	Patches: 14mg/24 or 10mg/16hr or 10mg/16hr AND Lozenge/gum: 2mg
Low	May not need NRT Monitor for withdrawal symptoms Patches: 7mg/24 hr or 5mg/16hr Lozenge: 2mg Gum: 2mg	

### Health Care Workers to assess your plan and success at all opportune visits.

#### Assessment by Health Care Worker

Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
Gestation in weeks										
I am an ex smoker / I quit since finding out I was pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Number of cigarettes smoked per day										
Interested in quitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Planning to quit date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
Recently quit - date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
Support literature given or offered / Advice given	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Intermediate support given	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Other comments										
Seen by: (name & designation)										

## ASSESSING ALCOHOL USE DURING PREGNANCY

Continuation of 'Level of Risk' table

Lower risk of fetal harm (total score <1)	Risk of fetal harm (total score 1-4)	Higher risk of fetal harm (total score ≥5)
<b>Key messages:</b>		
<ul style="list-style-type: none"> <li>Advise that the safest choice is not to drink alcohol during pregnancy.</li> <li>Advise that a score of 0 indicates no risk of alcohol-related harm to the developing fetus.</li> <li>Advise women who have consumed small amounts (e.g. one or two standard drinks) of alcohol prior to or during pregnancy, that the risk to the developing fetus is low.</li> <li>Advise that the risk to the developing fetus is influenced by maternal and fetal characteristics and is difficult to predict.</li> <li>Advise that 5 or more standard drinks in one sitting increases the risk of harm to the developing fetus. (Q2. 2+/Q3 1+).</li> <li>Advise that 7 or more standard drinks in one week increases the risk of fetal harm.</li> <li>Discuss positives and negatives of taking action.</li> <li>Discuss tips, strategies and plan for taking action.</li> <li>Assist by providing alcohol harm prevention and reduction resources such as: Here's to your health; Alcohol and pregnancy wallet card.</li> <li>Offer to Arrange referral and a follow-up session (if needed).</li> </ul>	<ul style="list-style-type: none"> <li>Advise that the safest choice is not to drink alcohol during pregnancy.</li> <li>Advise that the risk of harm to the developing fetus increases with increasing amount and frequency of alcohol consumption.</li> <li>Advise that the risk to the developing fetus is influenced by maternal and fetal characteristics and is difficult to predict.</li> <li>Advise that the risk of harm to the fetus is highest when there is high, frequent maternal intake.</li> <li>Discuss the positives and negatives for taking action.</li> <li>Provide contact information for alcohol and other drug services, ADIS<sup>†</sup> or doctor.</li> <li>Assist by providing alcohol harm prevention and reduction resources such as: Here's to your health; Alcohol and pregnancy wallet card.</li> <li>Offer to Arrange referral and a follow-up session.</li> </ul>	<ul style="list-style-type: none"> <li>Advise that the safest choice is not to drink alcohol during pregnancy.</li> <li>Advise that the risk of harm to the developing fetus increases with increasing amount and frequency of alcohol consumption.</li> <li>Advise that the risk to the developing fetus is influenced by maternal and fetal characteristics and is difficult to predict.</li> <li>Advise that the risk of harm to the fetus is highest when there is high, frequent maternal intake.</li> <li>Discuss the positives and negatives for taking action.</li> <li>Provide contact information for alcohol and other drug services, ADIS<sup>†</sup> or doctor.</li> <li>Assist by providing alcohol harm prevention and reduction resources such as: Here's to your health; Alcohol and pregnancy wallet card.</li> <li>Offer to Arrange referral and a follow-up session.</li> </ul>

People with health problems such as diabetes or are on medication that interacts with alcohol should seek advice from their doctor.

<sup>†</sup>The Alcohol and Drug Information Service (ADIS) is a free 24 hour, confidential, telephone counselling, information and referral service available state-wide on: (country toll-free) 1800 198 024 or (metro) 9442 5000.

## TOBACCO SMOKING ASSESSMENT

1. Have you ever smoked?  
2. Does anyone at home smoke?

Yes  No  
 Yes  No

If you answered **no** to both of these questions you don't need to answer any more questions about smoking.

If you answered **yes** to either 1 or 2 above please answer the following questions.

You will be offered information about the benefits of quitting and the possible risks to your health of smoking and passive smoking.

### Which of the following statements best describes your smoking habits?

- I smoke daily  
I smoke daily, but have recently cut down  
I smoke every once in a while

Yes  No  
 Yes  No  
 Yes  No

### Fagerstrom Test for Nicotine Dependence

Please tick one box for each question

How soon after waking do you smoke your first cigarette?	Within 5 min	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	5-30 min	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	31-60 min	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	60+ min	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
How many cigarettes a day do you smoke?	10 or less	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	11 – 20	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	21 – 30	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	31 or more	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>Total Score</b>					
Dependence Score	1-2 = very low 3 = low to mod 4 = moderate 5 + = high	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Offer appropriate level of NRT according to level of dependence  
Consider contraindications & precautions - refer to MO if appropriate

Dependence Level	Nicotine Replacement Therapy (NRT) Dosage	Combination Therapy
High	Patches: 21mg/24 or 15mg/18hr Inhaler: 6-12 cartridges/day Lozenge: 4mg	Patches: 21mg/24hr or 15mg/18hr AND Lozenge/gum: 2mg
Moderate	Inhaler: 6-12 cartridges/day Lozenge: 2mg	Gum: 4 mg
Low to moderate	Patches: 14mg/24 or 10mg/18hr Inhaler: 6-12 cartridges/day Lozenge: 2mg	Patches: 14mg/24hr or 10mg/18hr AND Lozenge/gum: 2mg
Low	May not need NRT Monitor for withdrawal symptoms Patches: 7mg/24hr or 5mg/16hr Lozenge: 2mg	Gum: 2mg

### Health Care Workers to assess your plan and success at all opportune visits.

#### Assessment by Health Care Worker

Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Gestation in weeks									
I am an ex smoker / I quit since finding out I was pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Number of cigarettes smoked per day									
Interested in quitting	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Planning to quit date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Recently quit - date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Support literature given or offered / Advice given	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Intermediate support given	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Other comments									
Seen by: (name & designation)									

Affix unique patient identification label in this box

U.R.:	Surname:
Given Name:	Second Given Name:
DOB:	

### TIPS TO HELP YOU QUIT SMOKING

All health professionals agree that pregnant women should not smoke. When a pregnant woman smokes the toxic chemicals in cigarettes cross the placenta to the baby. To help with quitting many smokers need support. You may feel confused about quitting. Most people know it's bad for them, but enjoy smoking, while others are frightened and don't have the confidence to quit. Below are a few suggestions that might help you.

There are many benefits to quitting (e.g. improved health for you and your baby, saves money). It helps to write a list of your reasons for quitting:

.....  
.....  
.....

**My quit date:** .....

My quitting methods (tick one):

- Cold turkey (stopping completely)
- Cutting down or postponing (gradually reducing the number of cigarettes smoked each day or delaying your first cigarette by an hour each day)

**Strategies I can use to avoid smoking (tick one or more):**

- Substitution (drink water, eat a healthy snack, deep breath)
- Distraction (go for a walk, read a book, watch a movie, call a friend)
- Break the association – be aware of why you smoke and break the link between smoking, feelings and habit (after a meal go for a walk instead of smoking)
- Positive self-talk (keep a list of why you're quitting, remember your baby's health, visualise yourself as a non-smoker)

Think of situations where you may want a cigarette and take the time now to write down some strategies to deal with the cravings.

Situation	Strategy
.....	.....
.....	.....
.....	.....
.....	.....

**These may also help:**

- Make your home and car smoke free
- Try doing things where you cannot smoke (e.g. go to the movies, sit in smoke free areas in restaurants, go to the library, go for a swim)
- Practice relaxation exercise (e.g. visualisation, meditation)
- Keep your hands busy (e.g. stress ball)
- Put something in your mouth instead of a cigarette (e.g. healthy snacks)
- Remember the 4D's (delay, drink water, deep breath, do something else)
- Call the Quitline 131 848, see your doctor or midwife, find a support group/friend
- Be kind to yourself and reward yourself for progress
- Read the information in your "Care for my air" pack
- Stay positive – you can do it!

**All Public Metropolitan Hospitals are non smoking facilities. Smoking is prohibited anywhere on site. If you feel this will be an issue for you when you come into hospital please discuss this with your midwife or doctor so they can arrange some nicotine replacement therapy.**

### INFORMATION & CONSENT FOR NEWBORN CARE

(Vitamin K, Hepatitis B, and Newborn Blood Spot Screening)

Affix unique patient identification label in this box

U.R.:	Surname:
Given Name:	Second Given Name:
DOB:	

This form is to be completed giving due consideration to the  
"Consent to Treatment Policy for the Western Australian Health System"

#### Vitamin K Consent

##### Declaration of Health Practitioner (to be completed by the clinician obtaining consent)

- I have recommended the administration of Vitamin K. I have discussed the proposed procedure, benefits, risks and outcomes with the parent / guardian. I have also explained the risks of not having Vitamin K to the parent / guardian.
- The parent / guardian has been provided with the National Health and Medical Research Council information leaflet specific to Vitamin K. He or she has been asked to read the information provided and to advise me, the health practitioner obtaining consent for the procedure if further information is required.

Full Name (print) \_\_\_\_\_ Position / Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

##### Parent / Guardian Declaration

Please read the information carefully and tick the following to indicate that you have understood and agree with the information provided to you. Any specific concerns should be discussed with your health practitioner **prior to signing the consent form**.

- The health practitioner has explained the benefits, risks and outcomes of Vitamin K with me, including the risks of not having Vitamin K.
- I have received, read and understand the written information provided to me.

##### Parent / Guardian Consent

- I **consent** to the baby having a single intramuscular Vitamin K dose.

##### OR

- I wish for the baby to receive an **oral dose** of Vitamin K. I therefore undertake to accept the responsibility of ensuring that the baby receives a total of 3 oral doses of Vitamin K and will arrange this with my family doctor or Child Health Nurse.

##### OR

- I **DO NOT** wish the baby to receive Vitamin K following birth.

Parent / Guardian Full Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Affix unique patient identification label in this box

**INFORMATION & CONSENT FOR NEWBORN CARE**

(Vitamin K, Hepatitis B, and Newborn Blood Spot Screening)

U.R.: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Given Name: \_\_\_\_\_  
 Second Given Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_

**Birth Hepatitis B Immunisation Consent**

**Declaration of Health Practitioner (to be completed by the clinician obtaining consent)**

I have recommended the administration of the Birth Hepatitis B immunisation. I have discussed the proposed procedure, benefits, risks and outcomes with the parent / guardian. I have also explained the risks of not having the Birth Hepatitis B immunisation to the parent / guardian.

The parent / guardian has been provided with the National Health and Medical Research Council information leaflet specific to Hepatitis B. He or she has been asked to read the information provided and to advise me, the health practitioner obtaining consent for the procedure, if further information is required.

Full Name (print) \_\_\_\_\_ Position / Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent / Guardian Declaration**

Please read the information carefully and tick the following to indicate that you have understood and agree with the information provided to you. Any specific concerns should be discussed with your health practitioner *prior to signing the consent form*.

The health practitioner has explained the benefits, risks and outcomes of the Birth Hepatitis B immunisation with me, including the risks of not having the Birth Hepatitis B immunisation.

I have received, read and understand the information provided to me in the National Health and Medical Research Council Hepatitis B information leaflet.

**Parent / Guardian Consent**

I consent to the baby having the intramuscular Birth Hepatitis B immunisation.  
 I DO NOT wish the baby to receive the Birth Hepatitis B immunisation.

Parent / Guardian Full Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_  
 Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Newborn Blood Spot Screening Consent**

**Declaration of Health Practitioner (to be completed by the clinician obtaining consent)**

I have discussed the purpose, procedure and outcomes of the Newborn Blood Spot Screening with the parent / guardian. I have discussed the need for repeat testing according to weight criteria: Day 14 (<1500gm) and Day 28 (<1000gm)

The parent / guardian has been provided with the WA Screening Program information leaflet specific to the Newborn Blood Spot Screening. He or she has been asked to read the information provided and to advise me, the health practitioner obtaining consent for the procedure, if further information is required.

Full Name (print) \_\_\_\_\_ Position / Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent / Guardian Declaration**

Please read the information carefully and tick the following to indicate that you have understood and agree with the information provided to you. Any specific concerns should be discussed with your health practitioner *prior to signing the consent form*.

The health practitioner has explained the purpose, benefits, procedure and outcomes of the Newborn Blood Spot Screening including the risks of not having the test carried out.

I have received, read and understand the written information provided to me.

**Parent / Guardian Consent**

I consent to the baby being given the Newborn Blood Spot Screening.  
 I DO NOT wish the baby to be given the Newborn Blood Spot Screening.

Parent / Guardian Full Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_  
 Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Affix unique patient identification label in this box

**NEWBORN HEARING SCREEN**

U.R.: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Given Name: \_\_\_\_\_  
 Second Given Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_

**Parent consent and screening record**

It is strongly recommended that all newborn babies are screened for hearing loss at birth.

Information brochure received  (please tick)

Please sign the following authority so that your baby can be screened.

I (please print full name) \_\_\_\_\_ would like my baby to be screened for hearing loss and understand that if there are any concerns about my baby's hearing, a referral will be made to a paediatric audiologist.

I have read and understood the information about the hearing screening program. My questions have been answered to my satisfaction. I understand that I may decline further hearing screening at any stage and this will not interfere with access to routine care.

I agree to health professionals such as my GP, child health nurse and paediatrician being notified of the results if there are concerns about my baby's hearing.

I understand that the results of the screen will be stored in an approved Newborn Hearing database. I agree that the research data generated by the program may be published, provided that names are not used.

Signed \_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_ (please circle)  
 Date \_\_\_\_\_

For data collection purposes please provide the following information:

Aboriginal or Torres Strait Islands status: Aboriginal TSI Unknown (please circle)

OR

I (please print full name) \_\_\_\_\_ DO NOT agree to my baby being screened for hearing loss.

I understand that if my baby has a hearing loss, delayed detection and treatment may result in poor language and learning outcomes.

Signed \_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_ (please circle)  
 Date \_\_\_\_\_

**INTERPRETERS DECLARATION**

Specific language requirements (if any) \_\_\_\_\_

Interpreter service used (please tick service used):  on-site  telephone

I declare that I have interpreted the dialogue between the parent / guardian / proceduralist to the best of my ability and have advised them of any concerns about my performance.

Full name (please print) \_\_\_\_\_ NAATI number \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Affix unique patient identification label in this box

U.R.: .....  
 Surname: .....  
 Given Name: .....  
 Second Given Name: .....  
 DOB: .....

**► NEWBORN HEARING SCREEN RESULTS**

**Newborn Details**

Surname			First Name		
Birth Hospital			DOB		
Screening Hospital			Time of Birth		
Information brochure given	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cultural and Linguistically Diverse (CALD)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gest. Age	
				Birth Weight	
				Consent signed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Language Spoken	
Aboriginal or Torres Strait Islands Status (please circle)			Aboriginal	TSI	Unknown

**Screen not performed: Please circle**

Declined	Early Discharge	Transferred	Deceased	Other
----------	-----------------	-------------	----------	-------

**Screen performed:**

Date & Time	Result			Action	Screeener	Comments/ Risk Factors	Screen Location
Left	Pass	Refer		Discharge F/U Screen			Inpatient
	Right	Pass	Refer				Outpatient
Left	Pass	Refer		Discharge F/U Screen			Inpatient
	Right	Pass	Refer				Outpatient
Left	Pass	Refer		Discharge F/U Screen			Inpatient
	Right	Pass	Refer				Audiology

**Please complete this section for infants who require follow-up screen or referral**

Appointment Date & Time			Appointment Location		
Parent Name/Guardian			Phone/Address		
Parent Name/Guardian			Phone/Address		
GP/Paediatrician			Phone/Address		
Child Health Centre					
<b>Comments</b>					
Risk factors noted:					

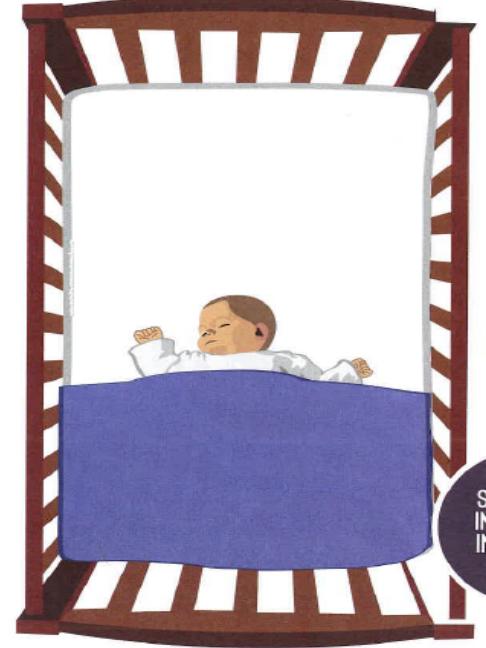
A SAFE SLEEPING MESSAGE

*'Sleep Safe, My Baby'*

# safe sleeping

Six ways to sleep baby safely and reduce the risk of sudden unexpected death in infancy:

- SLEEP BABY ON BACK
- KEEP HEAD AND FACE UNCOVERED
- SAFE SLEEPING ENVIRONMENT NIGHT AND DAY
- KEEP BABY SMOKE FREE BEFORE AND AFTER BIRTH
- BREASTFEED BABY
- SLEEP BABY IN SAFE COT IN PARENTS' ROOM



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**A SAFE SLEEPING MESSAGE**

**'Sleep Safe,  
My Baby'**

# safe wrapping



Infant wrapping is a safe and effective strategy that can be used to help babies sleep on their back during the first 6 months of life. Discontinue wrapping when baby can roll from back to tummy to back again during play (usually 4-6 months).

- INFANT MUST BE PLACED ON THEIR BACK**
- INFANT'S FACE AND HEAD MUST NOT BE COVERED**
- INFANT MUST NOT BE BED-SHARING IF WRAPPED**
- WRAP SHOULD BE FIRM BUT ALLOW BABY'S HANDS TO BE FREE; LEGS TO STRETCH FROM THE HIPS; CHEST TO BREATHE**
- WRAP SHOULD BE OF MUSLIN OR LIGHT COTTON MATERIAL**
- INFANT MUST NOT BE OVERDRESSED UNDER THE WRAP**

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Visit [www.sidsandkids.org](http://www.sidsandkids.org) for more information

## SUGGESTIONS FOR YOUR BIRTH PLAN

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.

### Mobility and positions for labour

- Walking
- Standing
- Squatting
- Kneeling
- Lying (bed/floor mat)
- Fitball
- Other: \_\_\_\_\_

### Relaxation and personal comfort

- Massage Oils
- Heat pack
- Relaxation techniques
- Music-relaxation CD/Tapes
- Other: \_\_\_\_\_

### Be aware

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

- More pain relief than you anticipated
- Assisted birth [i.e. forceps, ventouse (vacuum)]
- Caesarean section (operative birth)
- Episiotomy
- Continuous monitoring

### Support / Cultural needs

Name of main support person: \_\_\_\_\_ Name of second support person: \_\_\_\_\_

### Comments:

### Plans for home discussed

I have discussed with my health provider

- Vaginal birth, expected discharge 4-24 hours
- Caesarean birth, expected discharge within 48-72 hours
- My preferred discharge time. May be within 24 hours, mother and baby condition permitting
- Visiting midwifery service - postnatal home visiting / phone contact up to 5 days
- Community Child Health Services
- 3 weeks postnatal check with GP
- 6 weeks postnatal check with GP
- Postnatal depression information
- Postnatal follow up regarding pre-existing medical condition(s)
- Safe sleeping and SIDS information
- Discharge time is by 10am
- How to register a compliment or complaint 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.

Mother's signature: \_\_\_\_\_ Doctor's/Midwife's signature: \_\_\_\_\_ Doctor's/Midwife's name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Affix unique patient identification label in this box

U.R.: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Given Name: \_\_\_\_\_  
Second Given Name: \_\_\_\_\_  
DOB: \_\_\_\_\_

### Birthing aids

- Bean bag
- Bath
- Shower
- TENS
- Mirror
- Birth stool
- Gym ball
- Other: \_\_\_\_\_

### Pharmacological pain relief

- Nitrous Oxide and Oxygen
- Opioid Intramuscular injection
- Epidural

### Non-pharmacological pain relief

- TENS
- Water immersion
- Shower
- Sterile water injections

### Placenta - 3rd stage management

- Active - oxytocic injection given to mother following baby's birth to reduce the risk of bleeding as recommended by hospital guideline
- Modified active
- Discuss delayed cord clamping
- Physiological - as discussed with care givers (comments): \_\_\_\_\_

Meals

- I will require normal hospital food
- I will require a special diet:
  - Vegetarian
  - Vegan
  - Diabetic
  - Halal
  - Gluten free
  - Other: \_\_\_\_\_
- Do not bring in food to be reheated or stored on the ward

### Discuss care

- Involvement of student doctors
- Involvement of student midwives and continuity of carer experience
- Parent education classes
- Hospital tours
- Skin-to-skin with baby at birth

## SUGGESTED SCHEDULE OF ROUTINE ANTENATAL CARE

Weeks	Content
1 <sup>st</sup> Visit	<p>Woman centred care (comprehensive history including physical, social and emotional aspects of health, including alcohol consumption, smoking and exposure to second-hand smoke)</p> <p>Clinical assessment (including BP, BMI, ultrasound scan for gestational age 8-12 weeks pregnancy)</p> <p>Screening (blood and urine tests), including screening for diabetes risks and chromosomal abnormalities (11-14 weeks pregnancy)</p> <p>Offer psychosocial assessment</p> <p>Discuss maternity care options available; identify women who may need additional care; plan pattern of care for pregnancy</p> <p>Provide general advice on pregnancy symptoms, supplements, nutrition, weight management, exercise, dental visits and vaccinations checks</p>
16	<p>Invite women to discuss concerns/issues since last visit, offer verbal and written information</p> <p>Review, discuss, record test results</p> <p>Assess EPDS</p> <p>If indicated, arrange follow-up investigations, referrals, reassess plan of care</p> <p>Measure BP, weight if influences management, test urine for protein for women at high risk of pre-eclampsia</p> <p>Offer fetal anomaly ultrasound scan for between 18-20 weeks</p>
18-20	<p>If the woman chooses, a morphology ultrasound scan should be performed. If the placenta is found to extend across the internal cervical os, another scan at 32 weeks should be offered</p> <p>Offer diabetes screening between 24- 28 weeks</p>
24	<p>Invite women to discuss concerns/issues since last visit, offer verbal and written information, including antenatal education</p> <p>Offer screening for anaemia, blood group and antibodies</p> <p>Discuss fetal movements (timing, normal patterns of behaviour)</p> <p>Measure symphysis-fundal height, BP, weight, test urine for protein for women at high risk of pre-eclampsia</p>
28	<p>Invite women to discuss concerns/issues since last visit, offer verbal and written information, including antenatal classes, infant feeding including breastfeeding and skin-to-skin</p> <p>Offer Anti-D to rhesus negative women, investigate Hb less than 10.5g/100ml &amp; consider iron supplements, if indicated</p> <p>Offer screening for anaemia, blood group and antibodies (if there was no 25 week visit)</p> <p>Reassess EPDS at 28-30 weeks</p> <p>Measure symphysis-fundal height, BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements (timing, normal patterns of behaviour)</p> <p>Measure BMI if this is likely to influence clinical management</p>
32	<p>Invite women to discuss concerns/issues since last visit, offer verbal and written information, infant feeding including breastfeeding and skin-to-skin</p> <p>Measure symphysis-fundal height, BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements</p> <p>Review, discuss and record test results</p> <p>Reassess plan of care; identify women who require additional care</p>

## SUGGESTED SCHEDULE OF ROUTINE ANTENATAL CARE (cont)

Weeks	Content
34	<p>Invite women to discuss concerns/issues since last visit, offer verbal and written information, including labour &amp; birth, birth plan, recognising active labour, coping with labour, breast feeding (including skin-to-skin) or formula feeding if chosen</p> <p>Discuss and provide written information on Group B strep and the screening test at 36 weeks</p> <p>Discuss repeat full blood picture and Rhesus screening test at 36 weeks</p> <p>Offer 2nd Anti-D to Rhesus negative women</p> <p>Measure symphysis-fundal height, BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements</p> <p>Offer Ultrasound Scan to women if morphology scan suggested repeat to assess location of placenta</p> <p>Reassess plan of care; identify women who require additional care</p>
36	<p>Invite women to discuss concerns/issues since last visit</p> <p>Offer verbal and written information, including care of the new baby, infant feeding, including breastfeeding, safe sleeping, newborn screening tests and vitamin K prophylaxis, the postnatal period including distress; provide an opportunity to discuss issues and ask questions; offer ongoing support</p> <p>Offer Group B strep screening test</p> <p>Measure symphysis-fundal height, BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements</p> <p>Check position of baby, for women with breech presentation, discuss options and offer external cephalic version (ECV)</p> <p>Review ultrasound scan report if performed at last visit</p>
38	<p>Review screening /diagnostic test results undertaken at 36 weeks and develop plan of care if required</p> <p>Invite women to discuss concerns/issues since last visit, offer verbal and written information, including normal length of pregnancy (two weeks before or after expected due date), onset of labour, any fears/ worries; provide an opportunity to discuss issues and ask questions</p> <p>Measure and plot symphysis-fundal height, BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements</p>
40	<p><b>For women having their first baby</b></p> <p>Invite women to discuss concerns/issues since last visit, offer verbal and written information, including options for prolonged pregnancy; provide an opportunity to discuss issues and ask questions</p> <p>Measure symphysis-fundal height BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements</p>
41	<p><b>For women who have not yet given birth</b></p> <p>Invite women to discuss concerns/issues since last visit, offer information, including further discussion about options for prolonged pregnancy; provide an opportunity to discuss issues and ask questions</p> <p>Measure symphysis-fundal height BP, weight, test urine for protein for women at high risk of pre-eclampsia, discuss fetal movements</p> <p>Offer membrane sweep, induction of labour</p> <p>Advise to be vigilant of a reduction in fetal movements</p>

## GLOSSARY OF TERMS

<b>Antenatal</b>	Before birth of the baby
<b>Antibodies</b>	Proteins in blood
<b>Biparietal</b>	Measurement of the baby's skull used to assess growth of the baby
<b>BMI</b>	Body Mass index - a calculation gained from height and weight
<b>BP</b>	Blood Pressure
<b>Blood Glucose Level</b>	Measurement of the amount of glucose in blood, usually measured with a blood test, and usually for women who have diabetes
<b>- BGL/BSL</b>	Contractions or tightenings which are irregular, relatively painless and not associated with labour
<b>Braxton Hicks</b>	The unborn baby laying with its bottom down in the uterus
<b>Breath</b>	The delivery of the baby by surgical incision through the abdominal wall and uterus
<b>Caesarean Birth</b>	The unborn baby laying with its head down in the uterus
<b>Cephalic</b>	The narrow, lower end of the uterus that extends into the vagina
<b>Cervix</b>	Estimated date of baby's birth
<b>EDB</b>	Edinburgh Postnatal Depression Scale – a screening test to assist in the detection of possible depression, both in pregnancy and postnatal period
<b>EPDS</b>	Fetal Heart - normal heart rate 110 to 160 beats per minute
<b>FH</b>	Fetal Heart Head
<b>FHM</b>	Fetal Movement Felt
<b>Fetal movements</b>	Muscular motions produced by the fetus in utero, felt by the mother from approx 20 weeks gestation.
<b>Fetal presentation</b>	The part of the baby lying closest to the cervix. Most often referred to as "cephalic" or "breach"
<b>Fetus</b>	The unborn baby in the uterus after the completion of the eighth gestational week until birth. "Embryo" may be the term used to describe your baby prior to 8 weeks gestation
<b>FGM</b>	Female Genital Mutilation (female circumcision)
<b>Fifths above brim</b>	Level of the unborn baby's head in relation to the mother's pelvis expressed as a fraction e.g. 3/5
<b>Fundal height</b>	The distance (in cm) from the top of the pubic bone to the top of the uterus - generally equals gestational age in weeks
<b>GBS</b>	Group B Streptococcus - part of a normal flora of the gut and genital tract. It may be harmful to baby causing an infection
<b>Gestation</b>	Number of weeks pregnant measured from the first day of the last menstrual period.
<b>GP</b>	General Practitioner - your family doctor
<b>Gravidity/Gravida</b>	The number of times that a woman has been pregnant
<b>GTT</b>	Glucose tolerance test - a blood test to diagnose gestational diabetes, a condition which may develop during pregnancy
<b>Haemoglobin</b>	An iron-containing protein in red blood cells
<b>Hb</b>	Haemoglobin - these cells contain iron and carry oxygen.
<b>HIV</b>	Human Immunodeficiency Virus. The virus which may lead to AIDS (Auto Immune Deficiency Syndrome)
<b>Hypertension</b>	High Blood Pressure
<b>Instrumental birth</b>	A vaginal delivery of the baby using either a vacuum cap or forceps to assist the delivery
<b>In utero</b>	Inside the uterus (womb)
<b>Labour</b>	Regular painful contractions of the uterus (womb) that open the cervix (neck of the uterus) for the baby to pass through
<b>Labour-Induction</b>	Labour that is started artificially by a health professional before the natural onset
<b>Labour-Spontaneous</b>	A labour that starts without any induction procedure
<b>LMP</b>	Last menstrual period
<b>MRSA</b>	Methicillin-Resistant Staphylococcus Aureus – a bacteria responsible for several difficult-to-treat infections and resistant to some antibiotics
<b>MSU</b>	Mid-stream specimen of urine
<b>Multiparous</b>	A woman who is pregnant for at least the second time
<b>Multipara</b>	A woman who has given birth more than once
<b>Neonate</b>	Infant from birth to 28 days of age
<b>NAD</b>	No abnormality detected
<b>Oedema</b>	Swelling
<b>Pap Smear</b>	A sample of cells is removed from the cervix and examined to detect any early changes that warn of cancer
<b>Parity/Para</b>	The number of times a woman has given birth after 20 weeks gestation. (Livebirths and stillbirths are included)
<b>Pre-eclampsia</b>	High blood pressure complicating pregnancy. There may also be protein in the urine, oedema or other symptoms.
<b>Postnatal</b>	After the baby is born
<b>Presentation</b>	The part of the baby that is positioned to come first ie head, bottom
<b>Primigravida</b>	A woman pregnant for the first time
<b>Rh</b>	Refers to Rhesus which is a protein on blood cells. Will be either negative or positive for Rhesus factor
<b>Rubella</b>	A mild contagious disease caused by a virus and capable of producing congenital defects in infants born to mothers infected
<b>SUDI</b>	A sudden death of an infant that is unexpected and remains unexplained after an autopsy
<b>Stillbirth</b>	A baby who did not breathe after birth or show any other signs of life
<b>Term</b>	The gestational period between 37 and 42 weeks
<b>Transverse Lie</b>	The unborn baby lies across the uterus
<b>Trimester</b>	A period of 3 months. In pregnancy, the first trimester is usually until 12 weeks gestation, second trimester until 24 weeks and the third trimester from 25 weeks until the birth of the baby
<b>Uterus</b>	The womb
<b>UTI</b>	Urinary Tract Infection (usually in the bladder or kidneys)
<b>Vaginal birth</b>	The delivery of the baby through the vagina
<b>VBAC</b>	Vaginal Birth After Caesarean
<b>VE</b>	Vaginal examination - an internal pelvic examination usually performed to determine pelvic size, cervical change and fetal presentation
<b>VMS</b>	Visiting Midwifery Service – midwives who visit women at home during pregnancy or postnatally

# Obstetric History

- ▶ Name, Age
- ▶ Gestational age at presentation
- ▶ EDD based on dating scan
- ▶ Presenting problem- Bleeding, abdominal pain +/- preterm uterine contractions, Vaginal discharge or SROM, symptoms of pre-eclampsia, symptoms of infection, reduced fetal movements etc
- ▶ Current pregnancy- Dating scan, First trimester screening tests – blood tests, infection screen, Aneuploidy screening by NIPT or Combined FTS, Mid Trimester Anatomy scan, 26-28 week OGTT/FBC, Schedule of visits and any problems, 36 weeks GBS/FBC, Post dated pregnancy
- ▶ Past Obstetric history



## Obstetric history - continued

- ▶ Gynaecological history including CST
- ▶ Surgical history
- ▶ Medical History
- ▶ Medication history
- ▶ Social history
- ▶ Smoking/Alcohol/Illlicit drug use
- ▶ Allergies



## Summary

- ▶ Study the hand held record in detail
- ▶ Practise obstetric history taking based on various case scenarios detailed in study guide
- ▶ Practise case presentations during clinical sessions



# Questions

