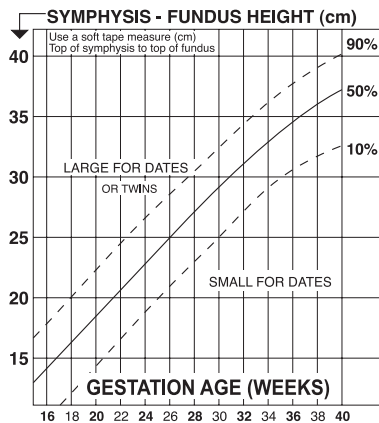


[illegible]

17. Second & Third Trimester Topics Discussed <input type="checkbox"/> Call schedule <input type="checkbox"/> Preterm labour <input type="checkbox"/> Hospital admission <input type="checkbox"/> Doula <input type="checkbox"/> Risks/benefits of planned or use of blood/blood products <input type="checkbox"/> Birth plan <input type="checkbox"/> VBAC <input type="checkbox"/> Newborn screening: bloodspot/hearing <input type="checkbox"/> Pain management <input type="checkbox"/> Cesarean <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Infant safe sleep <input type="checkbox"/> Infant car seats		
18. Other Investigations & Comments 1st US (DD/MM/YYYY) GA by US (WEEKS + DAYS)		If maternal prenatal screen above cut-off, amnio: <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE:		MD/MW