

Maternity Record

UR Number	Gender
Surname, Given Name	Public/Private
Address	Age
Contact Number	DOB
Medicare Number	

Affix Hospital UR label here

G _ P _ Agreed EBD _ / _ / _

Obstetrician / Midwife / GP (circle) Name..... Phone No.....

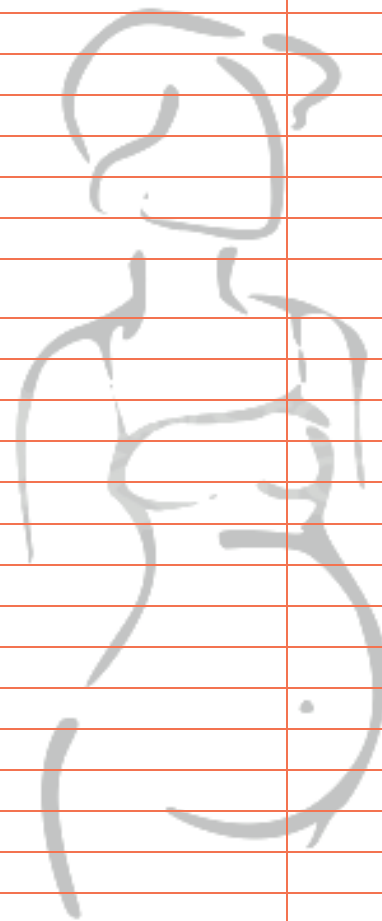
Please take care of this record as it is the ONLY PAPER RECORD of your pregnancy
You should bring this record with you when you visit any health care professional

APPOINTMENTS

Interpreter Language.....

TESTS & INVESTIGATIONS

Date	Time	Gest wks	Interpreter Booked	What / Who	Where	Reports to be filed in your record	
						Blood Group	
						Rhesus Antibodies	
						FBE - Full blood examination	
						Rubella immunity	
						Vitamin D	
						Syphilis	
						Hepatitis B	
						Hepatitis C	
						HIV – Human immunodeficiency virus	
						12 wk ultrasound	
						Combined maternal serum screening test	
						20 wk ultrasound	
						Repeat full blood examination	
						Repeat rhesus antibodies	
						GTT - Glucose tolerance test	
						GBS - Group B streptococci screening	
						All repeat ultrasounds	
						Growth Chart	
						Hepatitis B consent form	
Contact	Clinic / Ward			Angliss	Box Hill	Yarra Ranges Health	Healesville
Phone	Antenatal Clinic			9764 6309	9975 6333	9091 8888	5962 4300
Fax				9764 6193	9975 6663	9091 8899	5962 2226
Phone	FMAC			9759 1865	9975 6334	9091 8888	Not applicable
Phone	Birth Suite <u>ONLY</u>			9764 6310	9975 6364	Not applicable	Not applicable
Phone	Hospital / Ward			1300 342 255	1300 342 255	Not applicable	Not applicable



INSTRUCTIONS FOR USING YOUR MATERNITY RECORD

This is YOUR pregnancy record. Please bring your record to every appointment

Write in it. Under what matters to me, write questions to ask at your next visit and your concerns / preferences

Read it. The information in this record and the information you receive from your appointments will assist you in making informed choices about your care

Keep it safe. Have one place to keep it so you will always know where to find it

Carry it at all times especially in late pregnancy so you have it with you for labour or in an emergency

Don't throw it out. This record will be a valuable reference for you in future pregnancies.

Refer to the Glossary on page 4 for the meaning of words in this record

For Information on pregnancy, birth and parenting go to www.easternhealth.org.au/services/maternity

ADVICE AND INFORMATION

If you have any of these symptoms please contact your hospital, doctor or midwife on the phone numbers provided on the front page

Stomach pains or regular contractions	Severe or persistent headache
Vaginal fluid loss	Blurred vision
Constant itching	Vaginal bleeding
Reduced baby movements - A healthy baby does not reduce its movements towards the end of pregnancy.	

- ❖ **Normal length of pregnancy** is 37-42 weeks.
EBD (Estimated Birth Date) is an estimation of when your baby is due.
A baby is premature if born before 37wks and is not considered to be overdue until after 42 wks.
- ❖ **Length of stay** is largely dependent on your type of birth. You can choose to go home 6 hours after a vaginal birth if you and your baby are healthy and are not requiring further observation.
- ❖ **Domiciliary service** is provided by Eastern Health after you leave hospital. All women receive at least one home visit from midwives post birth and more if required. Your care will then be handed over to a Maternal and Child Health Nurse (MCHN) close to your home.
- ❖ **Child restraint fitted in your car** is your responsibility prior to taking your baby home.
Eastern Health staff can not assist with this. Please refer to the Road Traffic Authority for advice.

WHAT MATTERS TO ME *(write your concerns, preferences etc. here)*



BECOME A CORD BLOOD DONOR – You can help save a life.

Cord Blood Bank (CBB) is a public cord blood donation service at no cost to you.

For further information contact CBB at Box Hill Hospital 9975 6344 or at Angliss Hospital 9764 6216

STANDARD SCHEDULE OF VISITS AND INVESTIGATIONS

The schedule in this record is a standard schedule for an UNCOMPLICATED PREGNANCY.

It may vary according to individual needs.

Some routine midwife appointments may be conducted by a RMO (Resident Medical Officer).

If complications arise you will be referred to the appropriate senior doctor.

All investigations must have appropriate discussion and counselling prior.

All pathology and ultrasound results are reviewed by doctors / midwives and you will be contacted if necessary.

PLEASE DO NOT CONTACT THE HOSPITAL FOR TEST RESULTS AS THEY CAN NOT BE GIVEN BY PHONE

Ask for copies of your Eastern Health pathology and ultrasound reports at your next visit.

For information on tests and investigations in pregnancy go to:

<http://www.health.vic.gov.au/> and type 'tests in pregnancy' into the search engine

GESTATION	RECOMMENDED APPOINTMENTS	RECOMMENDED INVESTIGATIONS
6-12 WEEKS	APPOINTMENT WITH GP <i>Request results to be forwarded to birthing hospital</i>	ANTENATAL SCREENING TESTS Combined maternal serum screening request form required
10-12 WEEKS		COMBINED MATERNAL SERUM SCREENING TEST <ul style="list-style-type: none"> • Pathology at 10 weeks • Ultrasound at 12 weeks
14 WEEKS	APPOINTMENT WITH MIDWIFE Hospital visit for GP SHARED CARE	Medical Imaging request form required for 20 wk Ultrasound
16 WEEKS	APPOINTMENT WITH DOCTOR Hospital visit for GP SHARED CARE	
15-17 WEEKS		MATERNAL SERUM SCREENING <i>only if combined screening test NOT DONE</i>
20 WEEKS		ULTRASOUND
20 -22 WEEKS	APPOINTMENT WITH MIDWIFE or GP 1 week after ultrasound	Pathology request form required for GTT - Glucose Tolerance Test FBE - Full Blood Examination Rhesus Antibodies <i>(if Rh Neg)</i>
26 WEEKS		GTT, FBE and Rhesus Antibodies <i>(if Rh Neg)</i>
28 WEEKS	APPOINTMENT WITH MIDWIFE After 26 week tests Hospital visit for GP SHARED CARE	Discuss GTT result ANTI D ADMINISTRATION <i>(if Rh Neg)</i>
31 WEEKS	APPOINTMENT WITH MIDWIFE or GP	
34 WEEKS	APPOINTMENT WITH MIDWIFE or GP	ANTI D ADMINISTRATION <i>(if Rh Neg)</i>
36 WEEKS	APPOINTMENT WITH MIDWIFE Hospital visit for GP SHARED CARE with a doctor	GBS (Group B Streptococcus) SCREENING
38 WEEKS	APPOINTMENT WITH MIDWIFE or GP	
40 WEEKS	APPOINTMENT WITH MIDWIFE or GP	
41 WEEKS	APPOINTMENT WITH MIDWIFE Hospital visit for GP SHARED CARE	CTG, AFI

GLOSSARY – Common terms used in pregnancy

Amniotic Fluid Index (AFI) Ultrasound measurement of the amount of water around your baby

Antenatal During pregnancy, before labour

Anti D Injection given to Rhesus negative women to prevent Rhesus disease

ARM Artificial Rupture of Membranes. Bag of waters broken by midwife or doctor to bring on labour

Bishop Score Pre labour assessment to predict whether induction of labour is required

BF Breast feeding

Body Mass Index (BMI) Calculation of whether you are a healthy weight for your height

BP Blood Pressure

Breech Bottom

Caesarean when your baby is delivered by a doctor cutting into the uterus through your tummy

Cephalic / Vertex Head

Chlamydia Sexually transmissible infection that can lead to pelvic inflammatory disease if left untreated

Colostrum milk in the first few days that provides nutrition and protection against infectious diseases for the breastfed baby

Continence Control of bladder and bowel action

Cardiotocograph (CTG) Monitoring of your baby's heart rate and contractions in pregnancy /labour

Domiciliary refers to home visits by a midwife

EBD / EDB Estimated Birth Date / Estimated Date of Birth

EDD Estimated Discharge Date from hospital. Also can be Estimated Delivery Date

FBE Full Blood Examination

Fetal Heart Rate (FHR) Unborn baby's heart rate

Fetal Movements (FMs) Unborn baby's movement

FMAC Fetal Maternal Assessment Clinic

Folic Acid (Folate) B group vitamin essential for the healthy development of the baby's brain and spine in early pregnancy

Fundal Height Size of uterus measured in cm

General Practitioner (GP) Local doctor in your community

Group B Streptococci (GBS) Bacteria that occur naturally in the vagina / anus and can pass to your baby during birth

Gestation (gest) Number of weeks / days pregnant

Glucose Tolerance Test (GTT) Blood test to see how your body is using sugar and to diagnose diabetes in pregnancy

Gravida (G) The number of times you are pregnant

Incontinence Lack of bladder or bowel control

Induction of Labour (IOL) Labour brought on using one or more methods including Prostin gel, ARM, Syntocinon (synthetic version of the hormone oxytocin that starts labour)

Influenza (Flu) A very bad cold caused by a virus that can sometimes lead to serious complications

Lactation Consultant Health professional (often a midwife) that specialises in breastfeeding and problems with baby feeding

Liquor Water around the baby. Also known as amniotic fluid

Listeriosis Illness caused by bacteria found in certain foods

Maternal and Child Health Nurse (MCHN) midwife specialised in monitoring your baby's growth and development

Meconium Baby's first bowel motion

MSU (MSSU) Mid stream specimen of urine

Para (P) The number of times you've given birth

Postnatal After the birth

Pre-eclampsia A condition of pregnancy that causes high blood pressure and protein in the urine

Premature Before 37 weeks

Presentation The part of the baby which is coming first e.g. head, bottom

Post Dates Pregnancy beyond the estimated due date

PPH Post partum haemorrhage or too much blood loss after birth

Prolonged Pregnancy Pregnancy of more than 42 weeks

Rubella German measles virus. Vaccination post birth is advised if immunity is low.

Special Care Nursery (SCN) Nursery for small or sick babies

Shared Care Antenatal care shared between hospital and GP

Sudden Infant Death Syndrome (SIDS) also known as cot death, is the sudden death of an infant that is not predicted

Sudden Unexplained Death of an Infant (SUDI) May be due to serious illness or a problem with the baby. When no cause of death is found it is called SIDS

SROM Spontaneous Rupture Of Membranes

US Ultrasound scan to estimate your baby's age, look for abnormalities and where your placenta is located

Vacuum (Ventouse) Procedure used to assist the birth of a baby by gentle suction on the baby's head

VBAC Vaginal Birth After Caesarean

VE Vaginal Examination

Vitamin D Essential vitamin for healthy bones. Best source of Vit D is exposure to sunlight

Vitamin K (Konakion) Medicine given to your baby to prevent a very rare bleeding disorder

Recommended Discussions

<p>12-14 weeks and 16 week visits</p> <p>Folic Acid supplements (1st trimester) Listeriosis, food storage and hygiene Body Mass Index and healthy weight gain in pregnancy Vaccinations for influenza and whooping cough Diet, vitamins and exercise including pelvic floor Antenatal screening tests and results</p> <p>Recreational drug use and alcohol consumption Screening for chlamydia Options for pregnancy care Pathways – Role of the collaborative maternity team Fetal development – offer 20 week ultrasound Breastfeeding – Breast or bottle pamphlet Special requests, cultural needs, students Sudden Infant Death Syndrome (SIDS) - pamphlet</p> <p>Smoking behaviour / cessation</p>	<p>31 week visit</p> <p>Labour /birth preparation and birth plan Active labour Working with pain Continence and pelvic floor exercises Smoking behaviour / cessation</p>
<p>16 week visit</p> <p>Medical check</p>	<p>34 week visit</p> <p>Birth and postnatal supports Results of repeat ultrasound/s as required Continence and pelvic floor exercises Whooping cough vaccination Group B Streptococcus (GBS) screen at 36 wks If Rhesus negative, discuss Anti D prophylaxis Smoking behaviour / cessation</p>
<p>20-22 week visit</p> <p>Screening for diabetes in pregnancy (GTT) and FBE Repeat Vitamin D and antibodies screen if indicated</p> <p>Anti D prophylaxis for rhesus negative women Results of 20 week ultrasound Symptoms of pre-eclampsia Continence and pelvic floor exercises Breastfeeding – Antenatal breastfeeding class Role of the lactation consultant Baby's movements throughout pregnancy Childbirth education</p> <p>Smoking behaviour / cessation</p>	<p>36 week visit</p> <p>Stages of labour, positioning, active birth Water immersion for labour and birth</p> <p>Managing early labour and when to come to hospital Management of third stage options</p> <p>Smoking behaviour / cessation</p>
<p>28 week visit</p> <p>Discuss GTT result If Rhesus negative, discuss Anti D prophylaxis Breastfeeding – health benefits, skin to skin, demand feeding, rooming in, teats, dummies, Weigh and discuss weight gain in pregnancy Good Nutrition & Exercise in pregnancy</p> <p>Urinary Stress Incontinence – Referral to physiotherapist Perineal tears and episiotomy Hepatitis B vaccine and Vitamin K for baby Domiciliary & Maternal and child health nurse (MCHN) 6 week postnatal review with GP (Local doctor) Early transition to home</p> <p>Smoking behaviour / cessation</p>	<p>38 week visit</p> <p>GBS screen result Management of prolonged pregnancy Active labour and positioning Signs of labour Working with pain Newborn Screening test and hearing test Infant feeding options – advantages of breastfeeding Smoking behaviour / cessation</p>
<p>GROWTH CHART – This is filed in your record and should be updated with you at each visit from 28 weeks</p>	<p>40 week visit</p> <p>Management of prolonged pregnancy CTG and AFI surveillance from 41 wks Signs of labour Working with pain Breast feeding supports for postnatal period Smoking behaviour / cessation</p> <p>41 week visit</p> <p>Management of prolonged pregnancy Vaginal examination to assess Bishop Score Membrane sweep to stimulate labour Signs of labour Working with pain Induction of labour Review of management of third stage options Smoking behaviour / cessation</p>

BIRTH PLAN AND PREFERENCES

Affix Hospital UR label here

Discuss with a midwife at 36-38 weeks

Support person(s) for the birth *Recommended maximum of 2*

Name(s).....

Previous birth experience or any other information you think is important

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.....

Birth

My preferences for birth

e.g. positions for labour and birth, cutting the cord, music, food and drink, delivery of the placenta

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Pain Relief

My preferences for working with pain *e.g. massage, bath, shower, TENS, gas, drugs, epidural*

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Cultural or Religious needs

Please specify any cultural or religious needs we need to know to plan your care.....

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After Birth

Feeding your baby *You are encouraged to breast feed your baby as breast feeding provides long term health benefits for both you and your baby. Breast feeding also helps protect your baby against infections.*

My preferences after birth *e.g. feeding intention, length of stay*

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Please note: Your plan will be used as the guide for your care but your doctor or midwife will discuss with you the need for any changes as a result of your clinical needs at the time.