



easternhealth

Maternity Record

**INTERPRETER
ALERT**
LANGUAGE

UR Number	Surname, Given Name	Sex
Address	Contact Number	Pub/ Pri
Medicare Number	Age	DOB

Affix Hospital UR label here

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**

CONTACT DETAILS	Angliss Hospital	Box Hill Hospital	Healesville Hospital	Yarra Ranges Health Clinics	Yarra Junction Clinics
Antenatal Appts Phone	AMSSS 9764 6292 FBC 9764 6226	9895 4641	5962 4300	9091 8888	1300 130 381 or 5967 2681
Fax	AMSSS 9764 6193 or FBC 9764 6290	9895 4644	5962 3983	9091 8897	5967 2613
HOSPITAL Phone	9764 6111	9895 3333	5962 4300	Not applicable	Not applicable

Obstetrician / Midwife Name..... **Phone**..... **Fax**.....
General Practitioner Name..... **Phone**..... **Fax**.....

APPOINTMENTS

Date	Time	Interpreter Booked	What / Who	Where

Maternity Care Pathway

Colour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTIONS FOR USING YOUR MATERNITY RECORD

Bring your record to every appointment

Write in it Record appointments, questions to ask at your next visit and your birth plan

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 the future

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
- *Membranes (waters) broken
- *Severe or persistent headache
- *Vaginal bleeding
- *Reduced baby movements in late pregnancy
- *Constant itching

General Information:

- **EDD (Estimated due date) is an estimation of when your baby is due.**
The normal length of pregnancy is 37-42 weeks. A baby is premature if born before 37wks and **not considered to be overdue until after 42 wks.**
- In Eastern Health, **the average stay for an uncomplicated birth is 1-2 days and for caesarean birth is 4-5 days.** Some women may stay longer or shorter depending on their needs.
- **Eastern Health provides a domiciliary service** after you leave hospital. All women receive at least one 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.
- Please arrange to have your **child restraint fitted in your car** before taking your baby home.

GLOSSARY – Common terms used in pregnancy

AFI <i>Ultrasound measurement of the amount of water around the baby</i>	Fundal Height <i>Size of uterus measured in cm</i>
Antenatal <i>During pregnancy, before labour</i>	Gestation <i>The number of weeks/days pregnant</i>
BP <i>Blood Pressure</i>	Gravida <i>The number of times pregnant</i>
Breech <i>Bottom</i>	MSU (MSSU) <i>Mid stream specimen urine</i>
Cephalic / Vertex <i>Head</i>	Para <i>The number of times you've given birth</i>
CTG (Cardiotocograph) <i>Monitoring of your baby's heart rate and contractions in pregnancy and labour</i>	Postnatal <i>After the birth</i>
	Premature <i>Before 37 weeks</i>
Fetal Heart Rate (FHR) <i>Unborn baby's heart rate</i>	Post mature <i>Prolonged pregnancy of more than 42 weeks</i>
Fetal Movement (FM) <i>Unborn baby's movement</i>	Presentation <i>The part of the baby which is coming first e.g. head, bottom</i>

Recommended Routine Investigations and Schedule of Visits

Please note: This is a standard schedule for an UNCOMPLICATED PREGNANCY and may vary according to individual needs. **The Maternity Care Pathway** section on page 1 will indicate if you need extra care.

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

All investigations must be preceded with appropriate discussion and counselling.

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

GESTATION	RECOMMENDED APPOINTMENTS	RECOMMENDED INVESTIGATIONS
6-12 WEEKS	Appointment with GP <i>Request results to be forwarded to birthing hospital</i>	ANTENATAL SCREENING TESTS <i>Combined maternal serum screening request form required</i>
10-12 WEEKS		COMBINED MATERNAL SERUM SCREENING TEST Pathology at 10 weeks Ultrasound at 12 weeks
14 WEEKS	Appointment with MIDWIFE and DOCTOR (Hospital visit for GP shared care)	<i>Medical Imaging request form required for 20 wk US</i>
15-17 WEEKS		MATERNAL SERUM SCREENING <u>only</u> if no combined screening test done
20 WEEKS		ULTRASOUND
20 -22 WEEKS	Appointment with MIDWIFE or GP (1 week after ultrasound)	<i>Pathology request form required for GCT (Glucose Challenge Test) FBE (Full Blood Examination) Rhesus Antibodies (if Rh Neg)</i>
26 WEEKS		GCT, FBE and Rhesus Antibodies (if Rh Neg)
28 WEEKS	Appointment with MIDWIFE (Hospital visit for GP shared care) (After 26 week tests) ANTI D ADMINISTRATION (if Rh Neg)	GTT (Glucose Tolerance Test) (if GCT abnormal)
31 WEEKS	Appointment with MIDWIFE or GP	
34 WEEKS	Appointment with MIDWIFE or GP ANTI D ADMINISTRATION (if Rh Neg)	
36 WEEKS	Appointment with MIDWIFE (Hospital visit with a DOCTOR for GP shared care)	GBS (Group B Strep) 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 (refer to glossary)

Recommended Discussions

Tick	Early - Mid Pregnancy	Tick	From 31 weeks
	Folic Acid supplements		Labour and birth preparation / plan
	Listeriosis and food storage		Active labour and working with pain
	BMI and healthy weight gain in pregnancy		Birth and postnatal supports
	Diet, vitamins and exercise including pelvic floor. Mums in training class		Breastfeeding – Benefits to mother and baby including bonding.
	Recreational drug use and alcohol consumption Smoking behaviour / cessation		Results of repeat ultrasound/s as required
	Antenatal screening tests		Postnatal depression
	Length of Stay		Whooping cough vaccination
	Options for pregnancy care		Smoking behaviour / cessation
	Maternity Care pathways		36 week visit
	Fetal development		Offer Group B Streptococcus (GBS) screen
	Breastfeeding – Breast or bottle pamphlet		Stages of labour and positioning
	Special requests, cultural needs, students		Water immersion for labour and birth
	SIDS information - pamphlet		Managing early labour and when to come to hospital
	20-22 week visit		Weight gain in pregnancy
	Results of anomaly ultrasound scan		Smoking behaviour / cessation
	Offer screening for GCT, FBE, Atypical red-cell allo antibodies		From 38 week visit
	Anti D prophylaxis for Rh Neg women		GBS screen result
	Breastfeeding – role of lactation consultant. Aust Breastfeeding Association		Management of prolonged pregnancy
	Baby's movements		Newborn Screening test and hearing test
	Mental and social health		Newborn baby check
	Childbirth Education		Infant feeding options
	Smoking behaviour / cessation		Smoking behaviour / cessation
	28 week visit		40 week visit
	GCT result and offer GTT as appropriate		Signs of labour
	Length of stay, Discharge time, Domiciliary and MCHN services, 6 week GP /Postnatal review		Offer membrane sweep to nulliparous women
	Breastfeeding – skin to skin, demand feeding, rooming in, teats, dummies,		Offer CTG and AFI surveillance from 41 wks
	Weight gain in pregnancy		41 week visit
	Hepatitis B and Vitamin K for babies		Offer vaginal examination to assess Bishop Score
	Antenatal breast feeding classes		Offer membrane sweep for all women
	Smoking behaviour / cessation		Smoking behaviour / cessation

BIRTH PLAN AND PREFERENCES Affix Hospital UR label here

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

Name(s).....

Previous birth experience or any other information

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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 and 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.