

LMP: **04/01/14**

LMP: Certain Uncertain
Normal Abnormal

Weight (kg): **60**

EDD: **11/10/14**

Cycle

Height (Cm): **152**

EDD by USS:

Anaesthetic Review

BMI at booking: **24**

Sig:

Gravida: **2**

Date:

PARA: **0**

Reason:

Examination Date:

Date Time	Place	Gestation			Presentation	Engaged/Unengaged	FH / FM	Urine		Weight (Kg)	BP
		Dates	Fundal Height	U/S				Protein	Glucose		
22/03/14 10:00	ANC CMW	11 40	—	—	—	—	NAD	NAD	60	100 60	
25/04/14 11:05	ANC CMW	16 ⁺² 40	—	—	—	FFH	NAD	NAD		108 64	
Enter date & time	Where GP Surgery	24 40	Measurement in cm with tape measure if >2cm different refer to DAU or static growth		Ceph / Breech / Transverse	Free or how much palpable	FFH – listen with sonicaid FMF Ask about fetal movements	Test Urine NAD NAD		120 68	

Place H = Home GP = GP surgery DAU = Day assessment unit ANC = Hospital clinic
 CC = Children's Centre DS = Delivery suite O = Other

Alerts, Allergies and Risk Factors
 1.
 2.
 3.
 4.
 5.
 6.
 7.

Type of care
 Midwife care
 Shared care
 Consultant

Blood group: **A Pos**

Affix addressograph here

HB	Notes	Next visit	Seen by (please sign and print)	Status
Taken HB 120 Platelets 190	Booking information given. Booking bloods discussed, consent given Combined screening discussed. Happy for this. Aware of schedule of care. FW8 ✓		SIGN & PRINT NAME	M/W
	Blood results and combined screening result discussed. Low risk 1:35000		SIGN & PRINT NAME	
Not required	Comment on physical & mental wellbeing and any discrepancies from normal including if patient needs referral. Advise re whooping cough vaccine. Comment on swelling	Inform woman when next appt due according to schedule of care or clinical judgement	SIGN & PRINT NAME	GP

Status C=Consultant
 GP=General Practitioner

ST3-7 ST1-2
 MW=Midwife