ANTENATAL BOOKING 2019

DATE: **Time:**

User carrying out the antenatal assessment …….

Is the user carrying out the assessment: named midwife ☐ Team member ☐

Location: Antenatal Clinic ☐ GP Surgery □ other ……..

Others present at assessment: Partner/spouse ☐ nobody ☐ other ☐

Information sharing	**Consents for:** Data Collection ☐ Record Keeping ☐ Health visitors/GP/Support agencies ☐ Procedure ☐ Spine ☐ Can the trust board contact you for audit purposes ☐ Spent time in a health care facility in the past 12 months : No ☐ Yes ☐ **IF yes please complete the MRSA/CPE Risk assessment – attach with the booking form. (appendix 1)**
Mothers Details D.O.B _____Age_____ Title Forename Middle name Surname Preferred name Address Postcode	NHS Number:_____ Hospital number:_____ Pregnancy management type : NHS☐ Private ☐ Mobile contact…… Home contact …… Email……
Communication and mobility Speech/ hearing/sight/mobility problems Learning difficulties/ special needs	Please circle and provide details :
Primary language :	
	YES No

Interpreter required:	
Mothers Details	Date entered UK or approximate year _____
Country of birth	_____
Ethnic category	_____
Family origin	_____
Mothers Citizenship	British Citizen/Asylum seeker/ EU citizen /failed asylum/ Refugee/ Spouse of British citizen/ new to country/ student-work visa/ temporary visitor/ other_____
No recourse to public funds	YES/NO
Overseas visitor	YES/NO
Employment status	
Occupation	
Qualifications	
Age when left education	_____yrs.
Council tax area	
Partnership status	Married ☐ Single☐ Cohabiting ☐
Support status	Lives with husband/partner/family ☐ Lives with parents ☐ Homeless☐ other ☐ state…….
Do you feel Supported:	Yes ☐ No☐ Declined to answer ☐
Accommodation-	own/rent/council/family/homeless
Religion	……..
Biological fathers Details	
Biological father is Current partner	Yes/No or details not known/not divulged
Forename	
Surname	
D.O.B _____	
Age_____	
Address	
Contact number	_____
GP details known	YES/NO (if yes supply address)
Father aware of pregnancy	YES/NO
Biological father Next of kin	YES/NO
Fathers country of birth	
Fathers Family origin	
Father Citizenship	
Father no recourse to public funds	YES/NO
Father overseas visitor	YES/NO
Fathers employment status	
Fathers Occupation	

Temporary Address Previous names/ address	Details ……..needs review 28/40 YES ☐ 36/40 YES ☐
Next of kin Title Forename Surname Full address and post code Contact number: Relationship of next of kin	…… _____
1st other contact Title Forename Surname Full address and post code	Contact Number:_____ Relationship_____
Registered GP GP informed of pregnancy Name Practice name Address Postcode Telephone number PCT code	Yes / No
Dates Ever been pregnant before Any vaginal bleeding since LMP Sure of LMP LMP date _____ EDD by dates _____ First AN booking offered Date AN booking appointment / express booking Booked elsewhere in the UK Information supplied by Does the woman live in the	YES/ NO YES/ NO YES/ NO Date referred ……. Referred by: GP, Midwife, self, other. Date referral received…….. ……. …… YES/NO mother/partner/patients mother/ other YES/NO YES/NO

trust catchment area? Mother carrying her own notes State reason booked after 12+6weeks		
Fertility/contraception Is your current pregnancy with a new partner? Baby paternity Planned pregnancy Trying for Fertility treatment	YES/NO/ not disclosed Conventional/ sperm donor/ same sex relationship/ other YES/NO Less than a year/ 1-2yrs / state time frame _____/ not disclosed Donor insemination/ frozen embryo replacement cycle/ Gamete intra fallopian transfer/ Intra cytoplasmic sperm injection/In-utero insemination/ In-utero vitro fertilization- fresh/ In-utero vitro fertilization- frozen/ In-utero vitro fertilization- unknown/micro epididvmal sperm aspiration/ parental induction of ovulation/ Percutaneous epididvmal sperm aspiration/ Testicular epididvmal sperm aspiration/Zygote intra- fallopian transfer/ Tubal surgery/ vasectomy reversal/ sterilisation reversal Date Embryo transfer/conception _____	
Scans offered Dating/ mid T Extra USS (if required)	Accepted	Declined
Previous pregnancy details Confidential Date of birth Number of babies: Outcome: <u>Details if unsuccessful pregnancy</u> Place of delivery: Maternal problems (pregnancy) Onset of labour Anaesthetic Maternal problems(labour) Perineum Maternal problems (post-delivery)	YES/ N0 _____ Gestation _____wks _____Days unknown / singleton/ Twins Live birth/ miscarriage/ Ectopic/ stillbirth/ other_____ How confirmed - type spontaneous/ missed How managed -medical/ conservative UK hospital / Home / other Intact/ other- provide details	
Baby 1 Details Date of Birth Full Name Sex Birth weight	…… …… Girl / Boy / indeterminate ……	

Gestation	weeks _____Days _____
Reason delivered early Treatment to delay labour Duration of labour Baby problems (pregnancy) Baby problems (labour) Presentation Type of delivery Reason for instrumental/ LSCS Shoulder Dystocia – Any neonatal concerns- Any neonatal admission- Baby abnormalities Feeding method Current status	…….. YES/ N0 YES/ N0 YES/ N0 YES/ N0- state AF/ BF/ Mixed – (if BF state how long…… Alive/ Died (year)
Baby 2 or more pregnancies	Appendix 2
Health history <u>General</u> Allergies Ever had a Blood transfusion Is a blood transfusion acceptable to you? Are blood products acceptable to you? Ever been admitted to ITU? Difficulty accessing your veins? Genetic counselling ever? Previous infections and childhood illnesses? Have you been to a zika infected country within pregnancy or 8 weeks	 YES / NO (detail of allergies)……. YES /NO (if yes- was it UK/abroad and any complications)……. YES /NO YES /NO YES /NO YES /NO YES /NO Yes/ NO (state)……. YES/NO

before conception? Admission to A&E last 12 months? Admitted to a healthcare institution abroad in last 12 months? Any exposure toxic substances?	YES/NO YES / NO YES/ NO
<u>Medical</u> Any medical problems Genetic disorders Congenital abnormalities Haematology Thrombosis Cardiac Hypertension Renal Asthma Lung disorders Respiratory disease Diabetes Endocrine Autoimmune Epilepsy (date last seizure) Neurological Gastro intestinal Gynaecological Liver Incontinence Bone disorders Joint disorders Back problems Skin Infectious diseases Other medical problems ie. Cancer Other medical notes	YES/ NO (if yes complete details)
<u>Surgical</u> Previous anaesthetics (excluding childbirth) Operations Previous anaesthetic problems Anaesthetic problems in blood relatives	

or partner	
<u>Cervical smear</u> Date last smear Result Cervical smear required P/N Ever referred for colposcopy Ever had a LLETZ procedure Ever had a cone biopsy	 ……. …… YES/NO YES/NO YES/NO YES/NO
<u>Mental health</u> Past month- have you felt down depressed or helpless? Past month- have you had little or less pleasure in doing things? Is this something you want help with? Past month have you been feeling nervous or on edge? Past month- have you not been able to stop worrying? Mental health problems ever? Previous MH referrals? Have you ever seen a psychiatrist before? Did you MH issues occur during pregnancy or within 6 months of having a baby? Do you have a close family member with a history of bi-pola(manic depressive) or have any other serious mental health illness? Mental health issues with current partner? Any recent stressful/ adverse life events? Do you have any adverse childhood experiences occurring in childhood?	Details if answer yes: YES/ NO YES/ NO YES/ NO YES/ NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO Referral required YES/ NO DECLINED

<u>Dental</u> Are you registered with a dentist? Excessive bleeding following dental treatment? Routine antibiotics before or after dental treatment	 YES/ NO YES/NO YES/NO
<u>Diet</u> Special requirements <u>Vitamins and supplements</u> Folic acid Folic acid dose Vitamin D Healthy start vitamins offered?	 YES/ NO Commenced date _____ 400mcg, 8oomcg, 5mg, unknown YES / NO 10mcg, unknown YES/ NO
<u>Prescription medication</u> During past 12 months Current reason	
<u>Non prescription</u> During past 12 months Current reason	
<u>Recreational drugs or substances</u> Ever used drugs? Ever overdosed? Ever self-harmed? Current partner using drugs? Does your partner currently or has attended an addiction service?	 YES/ NO YES/ NO YES/ NO YES/ NO YES/ NO Referral required YES/ NO/ DECLINED
<u>Alcohol</u> Average units a week prior to conception Average units per day before conception? Average units per week since conception? Average units per day since conception? Units per week for current partner?	 _____ _____ _____ _____ _____

	Referral required YES/ NO
<u>Smoking</u> Ever smoked Smoker 12 months prior to conception? Smoker at booking? Number smoked a day? Do you smoke - Considered quitting? Advised for referral to GP or pharmacy? Risk perception sent Number of smokers in household (excluding mother) Advised Given	Date Quit _____ YES/ NO YES/ NO YES/ NO _____ Cigarettes, E-cigarettes, roll ups, cannabis, chew tobacco, use shisha YES/ NO YES/ NO YES/ NO _____ YES/ NO
<u>Family health</u> **Baby parents blood results** Any family health issue Genetic counselling <u>Blood relatives only</u> Genetic disorders Congenital abnormalities Congenital abnormalities – (baby's fathers blood relatives only) <u>Both sides families</u> Familial diseases Deafness congenital Deafness acquired Diabetes Blood disorders Any member of the household has chronic hep B? Sickle cell anaemia MCADD Asthma Allergies Thrombosis (blood clots) or pulmonary embolism Hypertension Pre-eclampsia Anaesthetic problems-	YES/ NO (If yes degree of relationship) _____ YES/ NO / Unknown YES/ NO

blood relatives only Congenital hip problems Sever jaundice at birth Learning difficulties/ special needs Postnatal depression (blood relatives only) Mental health problems Multiple pregnancies Stillbirth/ multiple miscarriage Sudden infant death Extra notes:	
<u>TB</u> Either parent of the baby or the grandparents born in a high prevalence area? Any family member had TB in last 5yrs? Is the baby's family (your family) likely to live in high prevalence area for more than a month? Has either parent moved from high prevalence area and not been immunised?	YES/ NO YES/ NO YES/ NO YES/NO
<u>Routine enquiry</u> Seen alone? Do you feel safe at home? Have you ever been fearful for your safety or the safety of your children? Are you currently frightened of your partner or someone close to you? <u>Previous DV</u> Previous DV abuse? Date of previous DV? Who was the perpetrator? Details of perpetrator Type of abuse? Were the police involved? Were the social services involved?	YES/NO/ unable to ask YES/NO/ unable to ask YES/NO/ unable to ask YES/ NO / unable to ask YES/ NO / unable to ask / declined to answer If yes….. Referral require YES/ NO Date from …….. Date to……. Name …… Physical/ emotional/sexual/financial/ psychological/ Honour based/ other YES/ NO YES/ NO

Any current contact with this perpetrator? Any bail conditions or restraining orders? <u>Current DV</u> Previous DV abuse? Date of previous DV? Who was the perpetrator? Details of perpetrator Type of abuse? Were the police involved? Were the social services involved? Any current contact with this perpetrator? Any bail conditions or restraining orders?	YES/ NO YES/ NO YES/ NO / unable to ask / declined to answer If yes….. Referral require YES/ NO Date from …….. Date to……. Name …… Physical/ emotional/sexual/financial/ psychological/ Honour based/ other YES/ NO YES/ NO YES/ NO YES/ NO Have trust Domestic Abuse forms been completed YES/ NO Referred to DV midwife YES/ NO Additional DV notes:
<u>Social</u> Any household member had SS support? <u>Previous child/children</u> Do you have any previous children? Previous children subject to protection plan? Previous children in need? Previous children in foster care? Previous children adopted? Previous children living elsewhere? Step children in family? **<u>Unborn child/children</u>** Pregnancy to be terminated?	YES/ NO If yes full details : names and DOB of children and step children in family YES/ NO YES/ NO YES/ NO YES/ NO YES/ NO YES/ NO YES/ NO Details: YES/ NO YES/ NO YES/ NO

Unborn subject to child protection? Unborn in need? Unborn for foster? Unborn for adoption? Surrogate mother? Unborn under team around the family? Cause for concern? Relationship issues? Involvement with the police or probation? Housing problems? Significant issues in either parent childhood? Have you been looked after or accommodated in childhood? Financial difficulties? Safeguarding referrals been completed?	YES/ NO YES/ NO YES/ NO YES/ NO YES/ NO YES/ NO YES/ NO YES/ NO YES/ NO YES/ NO YES/ NO YES/NO consent YES/ Declined
<u>Confidential Medical issues</u> Previous STI's FGM- (type if known) Any genital piercing or tattoos	Under 18yrs consent to report YES/NO Details:
<u>Vaccinations</u>	Flu – accepted YES/ NO Given YES/ NO Date_____ time _____ Name who give vaccination _____ Pertussis (whooping cough)- accepted YES/NO Given YES NO Date_____ time _____ Name who give vaccination _____
<u>Observations</u> Looks well? Urinalysis carried out? **Height** _____ **Weight** _____ **CO2 Level** required _____ **CO2 monitor reading** BP Large BP cuff used	 YES/ NO YES/ NO urinalysis result _____ If Co2 monitoring not offered state why 1. Monitor not available 2. Monitor not working Accepted/ declined systolic _____ Diastolic _____ YES/ NO

Electronic/manual			
Bloods Booking bloods offered Accepted/ declined DATE taken Time Screening offered Accepted /declined DATE taken	**Community midwife to take booking bloods at booking.** YES/NO If no state why: …… _____ _____ YES/ NO _____ Time _____		
Booking Risk assessment	**Must be completed by midwife doing the booking** **Booking Risk assessment**		
Medical risk factors			
Mental Health risk factors			
Gynaecological risk factors			
Obstetric risk factors			
Previous babies risk factors			
Family history risk factors			
Sensitive risk factors			
Current pregnancy risk factors			
Anaesthetic risk factors			
Social risk factors			
RISK OVERALL	NORMAL LOW	HIGH	UNKNOWN/ REVIEW
Management plan	Recommended management plan:		

VTE risk assessment Location:	**Must be completed by midwife doing the booking** Home/ Antenatal surgery
	Circle risk
1.Risk factors present	Yes/NO
2. Any previous VTE (except a single event related to a major surgery)	Yes/NO
3. Hospital admission	Yes/ NO
4. single previous VTE related to major surgery	Yes/ NO
5. High risk thrombophilia and no VTE	Yes/ NO
6. BMI≥40	Yes/ NO
VTE medical Co morbidities	
1. Heart Disease	Yes/NO
2. Lung Disease	Yes/ NO
3. SLE	Yes/ NO
4. Cancer	Yes/ NO
5. IBS or inflammatory polyarthropathy	Yes/ NO
6. Nephrotic syndrome	Yes/ NO
7. Sickle cell disease	Yes/ NO
8. Current IVDU	Yes/ NO
9. Type 1 DM with nephropathy	Yes/ NO
1. Any surgical procedures i.e appendectomy	Yes/ NO
2. OHSS (first trimester only)	Yes/ NO
3. BMI ≥ 30	Yes/ NO
4. Age ≥ 35yrs	Yes/ NO
5. Parity ≥3	Yes/ NO
6. Smoker	Yes/ NO
7. Gross varicose veins	Yes/ NO
8. Current pre- eclampsia	Yes/NO
9. Immobility	Yes/ NO
10. Family history of unprovoked or estrogen provoked VTE in first degree relative	Yes/ NO
11. Low risk thrombophilia	Yes/ NO
12. Multiple pregnancy	Yes/ NO
13. IVF/ART	Yes/ NO
Dehydration/ hyperemesis/ current systemic infection/ long distance travel	Yes/ NO

Indicate	LOW VTE Risk ☐ Intermediate VTE risk ☐ High VTE risk ☐
Booking Care plan Hospital community midwife attached to? Antenatal care type? Intended place of birth? Intended location of delivery? Lead professional type Lead professional Named consultant Named midwife Team	Circle: i.e Burton **Consultant** obstetric only/ **Midwife** only/ **Shared**- obstetric+ midwife/ **Shared**- obstetric+ midwife +GP/ GP + midwife NHS Hospital/ Home/ NHS hospital-shared care/ Private Midwife Trust / Midwife other trust / obstetric/ GP
Topics discussed Work and benefits Eating and drinking Smoking Travel and transport Health and wellbeing Important symptoms discussed Preparing for the baby Place of birth Cord blood donation	
FGM **Do you, your parents come from a community where cutting or circumcision is practiced?** **Have you been cut? FGM?** **Any of the following been performed on the genital area?** **Confirmation method**	**Mandatory underlined questions to be completed for midwife doing the booking** Yes/ NO / unknown / not stated. If yes: Which side? □ Mother □ Father Yes☐ No ☐ None ☐ Type 1 ☐ Type 2 ☐ Type 3 ☐ Type 4 ☐ unknown ☐ Tattoo's ☐piercing☐ pricking ☐scraping☐ incising ☐cauterisation☐ Self-reporting ☐ Clinical examination ☐

Has the woman been advised on health implications of FGM? Has the woman been advised and understands the illegalities of FGM? Does the woman understand that it is illegal to take her baby abroad for FGM? Does the woman understand that it is illegal to perform FGM on her baby in this country? Mother informed about FGM information system? Is the woman's GP aware? Has the Trust FGM lead been notified? FGM leaflet been given? Perineum illustration	Yes ☐No ☐ Unknown ☐ Yes ☐No ☐ Unknown ☐ Yes ☐No ☐ Unknown ☐ Yes ☐No ☐ Unknown ☐ Yes ☐No ☐ Unknown ☐ Yes ☐No ☐ Unknown ☐ Yes ☐No ☐ Unknown ☐ Yes ☐No ☐ Unknown ☐ Yes ☐No ☐ Unknown ☐
Referrals sent	
Extra details	

Appendix

1. **MRSA/CPE Risk assessment**
2. **Previous Pregnancy details of more babies**

MRSA/CPE Risk assessment

MRSA RISK ASSESMENT

	YES	NO
Has the woman had MRSA in the past?		
Been in contact with a known case of MRSA?		
Been transferred from another hospital/ward or other health care setting?		
Been a recent (6 months) patient in this or another healthcare setting?		
Been a regular visitor to this or other health care settings?		
Has the woman recently developed a productive cough?		
Does the woman have an open wound, recurrent non-healing skin condition or medical device in situ?		
Does the woman, partner or close relative work in a health care setting?		
Does the woman, partner or close relative work in a school or provision of child care?		
Does the woman, partner or close relative work in an institution such as a prison?		

CPE RISK ASSESMENT

Has the woman been an inpatient abroad in the last 12 months?	Yes	NO
Has the woman been an inpatient in the UK excluding current hospital in the last 12 months?		
Has the woman travelled abroad in the last 12 months?		
Has the woman ever had any previous history of CPE colonisation or infection?		
Has the woman had renal dialysis out of the country in the last 12 months?		
Has the woman ever been in contact with a person colonised or infected with CPE?		

Appendix 2
Previous pregnancy details

Previous pregnancy details	
Confidential	YES/ N0
Date of birth	_____ Gestation _____wks _____Days
Number of babies:	unknown / singleton/ Twins
Outcome:	Live birth/ miscarriage/ Ectopic/ stillbirth/ other_____
Details if unsuccessful pregnancy	How confirmed - type spontaneous/ missed How managed -medical/ conservative
Place of delivery:	UK hospital / Home / other
Maternal problems (pregnancy)	
Onset of labour	
Anaesthetic	
Maternal problems(labour)	
Perineum	Intact/ other- provide details
Maternal problems (post-delivery)	
Baby no …….Details	
Date of Birth	…….
Full Name	……
Sex	Girl / Boy / indeterminate
Birth weight	……
Gestation	weeks _____Days _____
Reason delivered early	
Treatment to delay labour	
Duration of labour	
Baby problems (pregnancy)	
Baby problems (labour)	
Presentation	
Type of delivery	
Reason for instrumental/ LSCS	…….
Shoulder Dystocia –	YES/ N0
Any neonatal concerns-	YES/ N0
Any neonatal admission-	YES/ N0
Baby abnormalities	YES/ N0- state
Feeding method	AF/ BF/ Mixed – (if BF state how long……
Current status	Alive/ Died (year)