



Pregnancy Health Record

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Medicare number:
Date of birth:

For ieMR sites ONLY

For ieMR sites ONLY

If you choose to keep your Pregnancy Health Record, please bring it with you when you visit any health provider / hospital.

PRIVACY STATEMENT: As part of the health service provided to you, Queensland Health collects identifying information about you that is known as personal information under the Information *Privacy Act 2009* and confidential information under the *Hospital and Health Boards Act 2011*. This information is handled by Queensland Health in accordance with the requirements under those Acts, and assists health providers with your care and treatment. All information will be securely stored and only accessible by authorised staff at Queensland Health. The information included in your Pregnancy Health Record may be given by Queensland Health to health providers outside of Queensland Health to assist with your ongoing care and treatment. However, your identifying personal information will not be disclosed to other persons without your consent, unless required by law. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au/system-governance/records-privacy.

For urgent telephone advice dial:

available
24 hours

In an emergency dial 000

Useful Phone Numbers

13 HEALTH 13 43 25 84

Domestic Violence Hotline 1800 811 811

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DO NOT WRITE IN THIS BINDING MARGIN

Important Information

It is very important that you tell your health providers about any problems you or your baby had in previous pregnancy, labour and / or post-birth.

Call your GP / midwife / obstetrician or birth suite:

- If you are unsure about what is happening to you or if you think you are in labour.
- If your baby is moving less than usual or pattern of movement has changed such that you are concerned (*do not wait until the next day*).
- If you experience vaginal fluid loss, your waters break (membranes rupture).
- If you are experiencing any of these complications:

• Any vaginal bleeding	• Fainting	• Stomach or back pain	• Fever
• Uncontrollable vomiting or diarrhoea	• Urinary problems	• Unusual headaches and / or blurred vision	• Constant itching

You may be in early labour and still be able to remain at home. A phone call to the hospital may reduce your anxiety and prepares staff for your arrival if necessary.

When to see your GP / midwife / obstetrician: Please refer to the Recommended Minimum Antenatal Schedule Checklist on page b8–9. If you have any concerns, please discuss this with your health provider.

My Pregnancy Health Record

I acknowledge that:

- I have read the disclaimer on page b14 of this document and have understood it.
- My Pregnancy Health Record (PHR) is not intended to replace the advice I receive from my treating health provider.
- My PHR is not intended to replace the need for me to provide informed consent to any treatment or procedure.
- If I elect to keep my PHR, I accept:
 - » It will be my sole responsibility to produce my copy of the PHR at all appointments and birth with all my treating health provider. I understand my PHR will be updated at each visit by my health provider.
 - » The safekeeping of my PHR and the information contained in my PHR will be my sole responsibility.
 - » My PHR contains confidential health information. It will be my responsibility to advise the health provider if I would like to keep some information private and not to include the information in the PHR.
 - » The original PHR will be retained by the hospital after the birth. I may then take the photocopied PHR for my personal records.

I would like to keep my PHR

I would **not** like to keep my PHR

Comments

v2.00 - 12/2023
WINC Code: 1NY31401

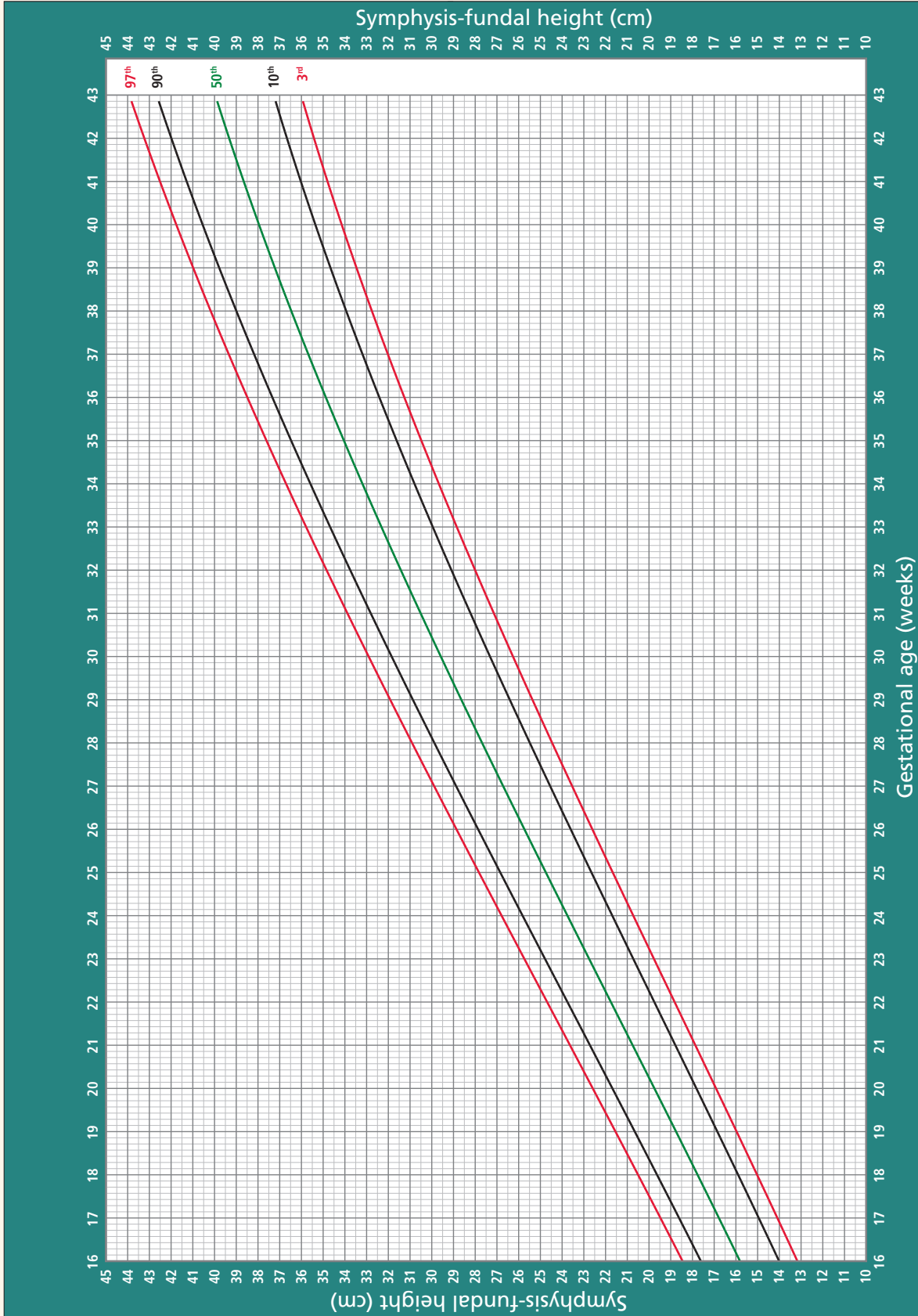


SW0719

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URN:
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Fetal Growth Chart (Singleton; BMI <40)



Papageorghiou et al. *BMJ* 2016;355:i5662

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For iEMR sites ONLY

Immunisation (to be completed by health provider)

All vaccinations are required to be reported to the Australian Immunisation Register.

Rh D immunoglobulin (Rh D negative women only) Blood group:	<input type="checkbox"/> 28 weeks If no, reason:	Signature:
	Date given: / / Batch number:	
	<input type="checkbox"/> 34–36 weeks If no, reason:	Signature:
	Date given: / / Batch number:	
dTpa (diphtheria, tetanus and pertussis) vaccine (recommended 20–32 weeks)	<input type="checkbox"/> Discussed <input type="checkbox"/> Declined Gestation: weeks	Signature:
	Date given: / / Batch number:	
COVID-19 vaccination (recommended at any gestation)	<input type="checkbox"/> Discussed <input type="checkbox"/> Declined Date last given: / /	Signature:
	<input type="checkbox"/> Yes <input type="checkbox"/> Up-to-date	
Influenza vaccine (recommended at any gestation)	<input type="checkbox"/> Discussed <input type="checkbox"/> Declined Gestation: weeks	Signature:
	<input type="checkbox"/> Yes <input type="checkbox"/> Up-to-date Date given: / /	
Other	Specify: Gestation: weeks	Signature:
	Date given: / / Batch number:	

Model of Care

Types of pregnancy / antenatal care available:

Shared care with hospital or hospital based midwife / doctor care / midwife in private practice or GP. Most hospitals offer 3 or 4 models of pregnancy / antenatal care. Please ask for details.

Woman's principal model of care

- Public hospital maternity care
- Midwifery group practice caseload care
- Team midwifery care
- Public hospital high risk maternity care
- Remote area maternity care
- Shared care
- Combined care
- General Practitioner obstetrician care
- Private midwifery care
- Private obstetrician (specialist) care
- Private obstetrician and privately practising midwife joint care
- Other:

Maternity model of care definitions:



Reason for model chosen:

Date: / /

Name: Designation: Signature:

Change of model of care

New model: Date of change: / /

Reason for change of model of care:
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Target Weight Gains (to be completed by health provider)

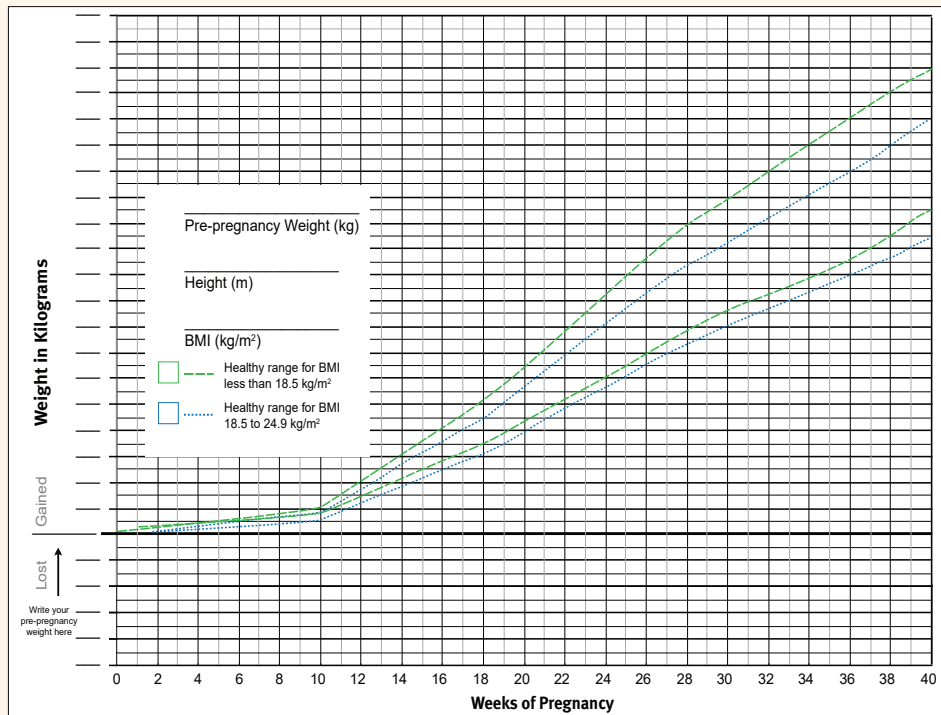
*Calculations assume a 0.5–2kg weight gain in the first trimester for single babies.

Refer to dietitian if multiple pregnancies, as different goals required. Dietary and physical activity requirements discussed (refer to page b8). Refer to Queensland Clinical Guideline: *Obesity in pregnancy* for further information.

Pre-pregnancy BMI (kg/m ²)	Rate of gain 2nd and 3rd trimester (kg/week)*	Recommended total gain range (kg)
Less than 18.5	0.51	12.5 to 18
18.5 to 24.9	0.42	11.5 to 16
25.0 to 29.9	0.28	7 to 11.5
≥30.0	0.22	5 to 9

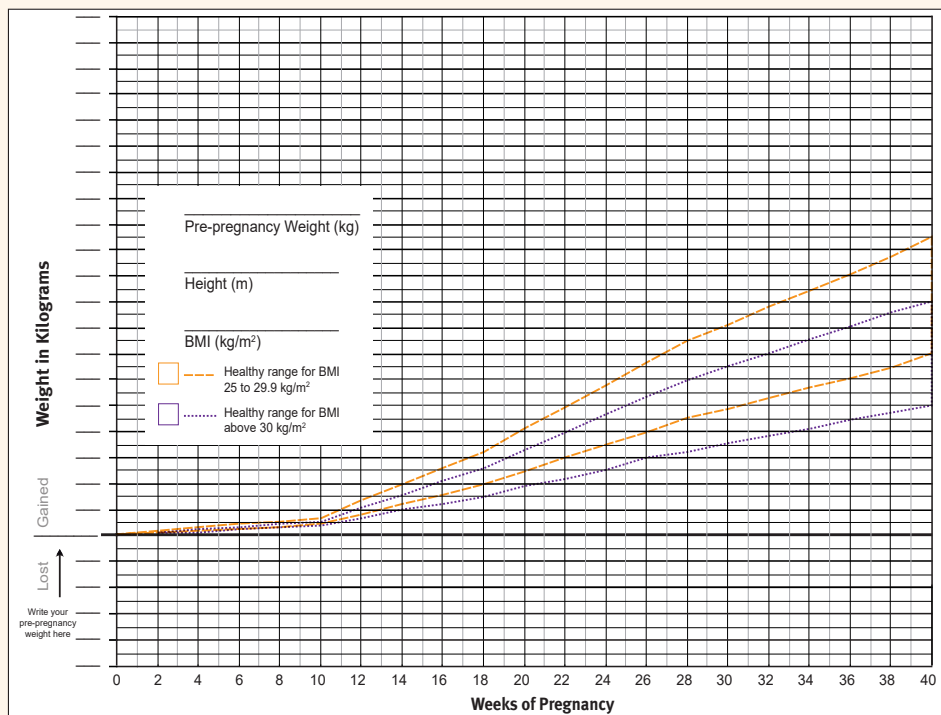
Pregnancy weight gain chart for BMI less than 25kg/m²

BMI targets will differ for women from Asian and Polynesian backgrounds



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Pregnancy weight gain chart for BMI 25kg/m² or over



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Considerations for Labour and Birth

To be completed during discussions with your GP, midwife or obstetrician. These plans are flexible and can be changed at any time, even through labour and birth.

Signs of early labour and when to go to hospital discussed

Positions for labour and birth discussed

Preferred mode of birth discussed:

Homebirth Birth centre

Birth suite Operating theatre

Perineal care discussed: Yes No

Vaginal examination during labour discussed: Yes No

Cultural / Personal preferences discussed:



3rd stage management

Active – discussed

Modified active – discussed

Timing for cord clamping

Physiological – discussed

Plans for placenta – discussed

Discard the placenta: Yes No

Comments:



Birthing aids to consider

Bean bag Bath Shower

Mirror Birth stool Gym ball

Other:

Non-Pharmacological pain management

Massage oils Heat pack

Shower / Bath Music-relaxation

Aromatherapy Relaxation techniques

TENS machine Acupressure

Active positioning



Pharmacological pain management

Epidural Nitrous oxide/oxygen gas

Sterile water injection Narcotic intramuscular injection

Things to consider (consent will be obtained prior to care offered or intervention)

Circumstances can change due to a long and / or difficult labour or pre-term baby. I may require:

- More pain management than expected
- Assisted birth (i.e. forceps, ventouse [vacuum])
- Caesarean section (operative birth)
- Episiotomy



Support / Cultural needs

Name of main support person:

Name of second support person:

Interpreter required for birthing? Yes No

Meals

I will require normal hospital food

I will require a special diet:

Vegetarian Vegan Diabetic Halal

Gluten free Other:

Screening and Vaccinations recommended for all babies following birth

I have received information and would like my baby to have:

Vitamin K Yes No

Hepatitis B vaccination Yes No

Newborn bloodspot screening test Yes No

Healthy Hearing screening Yes No

O₂ saturations Yes No

Consent for the above will be confirmed at another time

Plans for home discussed

I have discussed with my health provider:

Uncomplicated vaginal birth, expected discharge 4–24 hours as per hospital policy in discussion with your healthcare provider

Uncomplicated caesarean birth, expected discharge within 48–72 hours

Community midwifery service – postnatal home visiting / phone contact

Community Child Health Services

Infant feeding plan if required

Day 5–10 baby check with GP / Midwife

6 weeks postnatal check with GP

Postnatal depression information

Postnatal follow up regarding pre-existing medical condition(s)

SAFE sleeping and SUDI (includes SIDS and accidents) discussed

How to register a compliment or concern about the service

Birth Registration, Medicare and Centrelink

Comments and questions

Awareness statement Safety for you and your baby will be paramount in any decision-making

I understand that this is a guide to my preferences and acknowledge that circumstances can change, sometimes suddenly. I understand that if things do not happen as indicated then the primary maternity carer will discuss options with me in consultation with the specialist team on duty.

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Feeding Your Baby (to be completed by health provider)

Have you breastfed before? <input type="checkbox"/> Yes → Duration: <input style="width: 100px;" type="text"/> <input type="checkbox"/> No	Have you experienced difficulties with breastfeeding in the past? <input type="checkbox"/> Yes → Give details: <input style="width: 100px;" type="text"/> <input type="checkbox"/> No
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Queensland Health has a guideline titled *Establishing breastfeeding* and your local birthing hospital has infant feeding information available. Ask your midwife for a copy. Where relevant this information will outline the *Ten Steps to Successful Breastfeeding* and how your facility meets each of these steps in accordance with their Baby Friendly Health Initiative (BFHI) status.

Establishing Breastfeeding
Baby Friendly Health Initiative






Sign and date each section as it is discussed		Date	Initial
Importance of breastfeeding for your baby	<ul style="list-style-type: none"> Breast milk is a complete food for your baby. It is a living fluid constantly changing according to your baby's needs and packed full of nutrients and antibodies to boost your baby's immune system. 	/ /	
Importance of breastfeeding for you	<ul style="list-style-type: none"> Breastfeeding may assist the bonding and attachment between mothers and babies. Breastfeeding promotes faster maternal recovery from childbirth and women who have breastfed have reduced risks of breast and ovarian cancers later in life. May assist mothers to lose weight after baby's birth. 	/ /	
Importance of breastfeeding for the family	<ul style="list-style-type: none"> Breastfeeding is free, safe, convenient and environmentally friendly. No preparation required, ready anytime, anywhere. 	/ /	
Risks of not breastfeeding	<ul style="list-style-type: none"> Breastfeeding can help protect your baby against illness and diseases. Breastfeed babies have a lower risk of asthma, obesity, diabetes and sudden infant death syndrome (SIDS or cot death). 	/ /	
Importance of early uninterrupted skin-to-skin contact after birth for all babies	<ul style="list-style-type: none"> Holding close after birth keeps babies warm and calm. Promotes bonding. Babies can hear their mother's heartbeat. Baby's heart and breathing is normalised. Necessary procedures and checks should wait until after the first feed. 	/ /	
How to recognise when baby is ready to attach to the breast for the first feed	<ul style="list-style-type: none"> When a baby has skin-to-skin contact after birth there are nine observable newborn stages, happening in a specific order, that are instinctive for the baby. Within each of these stages, there are a variety of actions the baby may demonstrate. These stages are the birth cry, relaxation, awakening, activity, rest, crawling, familiarisation, sucking and final stage is sleep. 	/ /	
No other food or drink to around the first 6 months	WHO, UNICEF and NHMRC recommend: <ul style="list-style-type: none"> Early initiation of breastfeeding within 1 hour of birth. Exclusive breastfeeding to around 6 months of age. Exclusively breastfed babies do not require additional fluids up to 6 months of age. Continue breastfeeding until 12 months of age and beyond while introducing complementary (solid) foods at around 6 months of age. First foods need to include iron-rich foods. 	/ /	
Getting breastfeeding off to a good start	<ul style="list-style-type: none"> Breastfeeding problems are most often caused by baby not attaching well; ask for help when you are starting out. Positioning involves holding your baby close to you (chest to chest). Lying completely on you, with the baby's chin to the breast with a wide open mouth. Effective attachment is recognised by no significant nipple pain. Babies are fed according to their needs in response to feeding cues / signs, as long and as often as baby requires. 	/ /	
Importance of rooming in	<ul style="list-style-type: none"> Keeping your baby in the room with you with their cot beside your bed day and night means: <ul style="list-style-type: none"> » You can cuddle your baby whenever you want. » Get to know your baby before you go home. » Breastfeed when your baby shows feeding signs. 	/ /	
Signs baby is getting enough milk	<ul style="list-style-type: none"> Anywhere from 8 to 12 feeds per 24 hours can be normal. The first week is different to any other time. 5 to 6 wet nappies each day after the first 5 days. Most breastfed babies will poo at least 3 to 4 times a day by the end of first week and poo will be yellow and runny. 	/ /	

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Feeding Your Baby (to be completed by health provider) *(continued)*

Sign and date each section as it is discussed		Date	Initial
Why bottle teats and dummies are discouraged while breastfeeding is being established	<ul style="list-style-type: none"> • Infant may learn an inappropriate sucking action. • Decreased desire to feed at the breast. • Using teats and dummies prior to 4 weeks of age may cause problems while mum and baby learn to breastfeed. 	/ /	
Formula feeding	<ul style="list-style-type: none"> • Mothers whose babies are formula fed will be shown how to safely and appropriately feed their baby. • Cows / Goat / Almond / Rice / Sheep milk is not suitable for babies under 12 months of age, a breast milk substitute formula should be used for this period. • Formula is suitable for the first 12 months of life unless there are specific medical indications. • Check with your local maternity services regards bringing formula and feeding equipment requirements to hospital. 	/ /	
How your family and friends can support you?	<ul style="list-style-type: none"> • Your partner, family and friends can help in a lot of ways other than feeding (settling, baby massage and bathing). 	/ /	
Further information and where to get help	<ul style="list-style-type: none"> • 13 HEALTH (13 43 25 84) provides health information, referral and teletriage services to the public in all parts of Queensland for the cost of a local call. Calls from mobile phones may be charged at a higher rate. For breastfeeding and child health advice ask for a child health nurse. A child health nurse is available 7 days a week from 6:30am to 11:00pm. • Child Health Service. • General Practitioners. • Australian Breastfeeding Association – 1800 mum 2 mum (1800 686 268) 24 hour helpline. <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  Infant feeding </div> <div style="text-align: center;">  Australian Breastfeeding Association </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">  Breastfeeding </div> <div style="text-align: center;">  Raising children </div> </div> <div style="text-align: center; margin-top: 10px;">  Queensland Clinical Guidelines – Parent Information – Breastfeeding your baby </div>	/ /	

I have had all the above information (pages b6 and b7) discussed with me and my questions answered to my satisfaction.

Woman's signature:

Date:

 / /

Woman's Notes / Your Questions

Things you may like to talk about with your GP / midwife / obstetrician / allied health:

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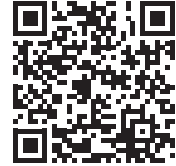
Address:

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Recommended Minimum Antenatal Schedule Checklist**To be discussed at every visit**

- If any concerns please contact your healthcare provider or 13 HEALTH (13 43 25 84)
- Safer Baby Bundle (fetal movement, safe maternal sleep position, quitting smoking / vaping, fetal growth assessed)
- Full assessment including abdominal palpation and fetal auscultation performed
- Discuss emotional wellbeing
- Drug and alcohol screening as required
- Blood results reviewed
- Maternal concerns addressed
- Recommended weight gain discussed and weight recorded
- Healthy eating and physical activity
- BMI calculated (discuss how BMI informs clinical decision-making, e.g. anaesthetic review, fetal monitoring if BMI >40)
 - Refer to food safety (*Clinical Practice Guidelines: Pregnancy Care Part C: Lifestyle considerations*)



Additional appointments may be required according to individual need. Please discuss any questions or concerns you have during your antenatal, labour or postnatal period with your care providers

First visit (GP visit preferably before 12 weeks)*Refer to items to be discussed at every visit*

- | | |
|--|--|
| <input type="checkbox"/> Pregnancy confirmed, maternal counselling commenced
<input type="checkbox"/> VTE risk assessed
<input type="checkbox"/> Smoking / vaping, drug and alcohol cessation screening completed
<input type="checkbox"/> Antenatal pathology tests ordered with consent and counselling: blood group and antibodies (status checked / identified), full blood count (FBC), ferritin level, diabetes mellitus screening (if indicated), syphilis, rubella, hepatitis B, hepatitis C, HIV ordered, proteinuria testing, midstream urine
<input type="checkbox"/> Genetic Counselling and testing discussed as appropriate: <ul style="list-style-type: none"> <input type="radio"/> Reproductive carrier screening <input type="radio"/> Chorionic Villus Sampling 11–13 weeks / Amniocentesis 16–18 weeks as indicated <input type="checkbox"/> Urine dipstick / MSU performed
<input type="checkbox"/> Booking in referral sent: <ul style="list-style-type: none"> <input type="radio"/> Local models of care discussed <input type="checkbox"/> Cervical screening test offered if due
<input type="checkbox"/> Folate and iodine supplementation discussed | <input type="checkbox"/> Normal breast changes discussed: <ul style="list-style-type: none"> <input type="radio"/> Examination performed <input type="checkbox"/> Influenza and COVID-19 vaccines discussed
<input type="checkbox"/> Fetal Anomaly Screening discussed and ordered as appropriate: <ul style="list-style-type: none"> <input type="radio"/> Antenatal screening bloods Free Beta-hCG and Papp A after 10 completed weeks and preferably 3–5 days prior to Nuchal USS. <i>Note: request slip to include estimated date of birth and current maternal weight</i> <input type="radio"/> Nuchal Translucency 11–13 weeks + 6 days <input type="radio"/> NIPT <input type="radio"/> Diagnostic Morphology 18–20 weeks <input type="checkbox"/> SAFE Start or similar tool: <ul style="list-style-type: none"> <input type="radio"/> Commenced <input type="radio"/> Completed <input type="radio"/> Referred <input type="checkbox"/> Pre-pregnancy weight, height and BMI recorded (if additional care required referral to dietitian, GP and physio) |
|--|--|

12–18 weeks (Midwife booking visit)*Refer to items to be discussed at every visit*

- | | |
|--|---|
| <input type="checkbox"/> Consider early Aspirin use if risk factors for FGR/Pre-eclampsia
<input type="checkbox"/> Antenatal Booking Details form completed
<input type="checkbox"/> EPDS performed / emotional wellbeing discussed
<input type="checkbox"/> SAFE Start or similar tool: <ul style="list-style-type: none"> <input type="radio"/> Commenced <input type="radio"/> Completed <input type="radio"/> Referred <input type="checkbox"/> Models of care discussed and preference identified (page b3)
<input type="checkbox"/> Follow-up Nuchal Translucency / NIPT / Amniocentesis
<input type="checkbox"/> Refer to Queensland Clinical Guideline: <i>Gestational diabetes</i> for early OGTT | <input type="checkbox"/> Urine dipstick / MSU repeated (as required)
<input type="checkbox"/> Commence infant feeding education according to page b6, topics for this visit to include breastfeeding recommendations, importance of breastfeeding and risks associated with not breastfeeding
<input type="checkbox"/> Refer to <i>Queensland Clinical Guideline: Establishing breastfeeding</i>
<input type="checkbox"/> Pregnancy, Birth and Parenting classes discussed
<input type="checkbox"/> How to register a compliment or complaint about the service
<input type="checkbox"/> How to action Ryan's Rule |
|--|---|

20 weeks*Refer to items to be discussed at every visit*

- | | |
|---|--|
| <input type="checkbox"/> Growth and well-being scans ordered (if required)
<input type="checkbox"/> Breastfeeding classes discussed. Referral to Lactation Consultant if required
<input type="checkbox"/> Morphology ultrasound reviewed, including cervical length
<input type="checkbox"/> General health check attended
<input type="checkbox"/> Appropriate model of care confirmed and documented (after risk assessment completed) | <input type="checkbox"/> Urine dipstick
<input type="checkbox"/> Consent obtained from Rh D negative women for prophylactic Anti D (staple inside Pregnancy Health Record)
<input type="checkbox"/> Estimated date of birth confirmed
<input type="checkbox"/> Recommend during pregnancy influenza vaccination
<input type="checkbox"/> Recommend dTpa (diphtheria, tetanus and pertussis) (whooping cough) before 32 weeks |
|---|--|

24–26 weeks*Refer to items to be discussed at every visit*

- | | |
|---|--|
| <input type="checkbox"/> Discuss normal vaginal discharge vs. abnormal discharge
<input type="checkbox"/> 24–28 week blood tests ordered: <ul style="list-style-type: none"> • Full blood count (FBC), ferritin, syphilis serology and OGTT unless diagnosed diabetes / GDM • Rh Antibody blood screen | <input type="checkbox"/> Purchasing baby equipment (cots, car seats, prams), refer to <i>Australia Competition and Consumer Commission Product Safety Australia Guidelines</i>
<input type="checkbox"/> Benefits of rooming-in discussed (baby / mother staying together) |
|---|--|

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Recommended Minimum Antenatal Schedule Checklist *(continued)*

28 weeks *Refer to items to be discussed at every visit*

- | | |
|---|--|
| <input type="checkbox"/> Influenza immunisation discussed
<input type="checkbox"/> Timing of birth for women with stillbirth individual risk factors discussed
<input type="checkbox"/> VTE risk assessment
<input type="checkbox"/> Where to access help in the community
<input type="checkbox"/> Pathology results checked (Rh Antibody screen completed)
<input type="checkbox"/> First dose of Anti D for Rh D negative woman attended (page b3)
<input type="checkbox"/> Immunisation for dTpa (diphtheria, tetanus and pertussis) administered (recommended before 32 weeks) | <input type="checkbox"/> SUDI (includes SIDS and accidents) discussed
• Refer to <i>Guideline: Safer Infant Sleep</i>
<input type="checkbox"/> Side sleeping discussed
<input type="checkbox"/> SAFE Start or similar tool:
<input type="radio"/> Commenced
<input type="radio"/> Completed
<input type="radio"/> Referred |
|---|--|



31 weeks *Refer to items to be discussed at every visit*

- | | |
|---|--|
| <input type="checkbox"/> Timing of birth for women with stillbirth individual risk factors discussed
<input type="checkbox"/> Booked into Birthing classes
<input type="checkbox"/> Length of hospital stay discussed
<input type="checkbox"/> Birth preferences discussed (page b5)
<input type="checkbox"/> Side sleeping discussed | <input type="checkbox"/> Follow-up ultrasound for identified complexity (i.e. placental position) if required
<input type="checkbox"/> Postnatal community supports discussed (i.e. Child Health Service)
<input type="checkbox"/> Advise family to have booster immunisation (i.e dTpa [diphtheria, tetanus and pertussis]) |
|---|--|

34 weeks *Refer to items to be discussed at every visit*

- | | |
|--|--|
| <input type="checkbox"/> Timing of birth for women with stillbirth individual risk factors discussed
<input type="checkbox"/> Discuss signs of labour and when to come to hospital
<input type="checkbox"/> Birth preferences reviewed and discussed
<input type="checkbox"/> Second dose of Anti D for Rh D negative women attended (page b3)
<input type="checkbox"/> EPDS repeated and recorded
<input type="checkbox"/> Side sleeping discussed | <input type="checkbox"/> Antenatal expressing of breast milk and safe storage discussed (if applicable)
<input type="checkbox"/> Order full blood count (FBC), ferritin (if indicated) and syphilis serology
<input type="checkbox"/> Perineal massage discussed |
|--|--|

36 weeks *Refer to items to be discussed at every visit*

- Visit at 36 weeks, then as clinically indicated every 1–2 weeks until 41 weeks:**
- | | |
|--|--|
| <input type="checkbox"/> Timing of birth for women with stillbirth individual risk factors discussed
<input type="checkbox"/> Discuss signs of labour and when to come to hospital
<input type="checkbox"/> Breast feeding education revisited
<input type="checkbox"/> Ensure has contact numbers for Birth Suite and healthcare provider
<input type="checkbox"/> Referral to child health service if required
<input type="checkbox"/> SAFE Start or similar tool:
<input type="radio"/> Commenced <input type="radio"/> Completed <input type="radio"/> Referred | <input type="checkbox"/> Mode of preferred birth discussed
<input type="checkbox"/> Side sleeping discussed
<input type="checkbox"/> SUDI (includes SIDS and accidents) discussed
• Refer to <i>Guideline: Safer Infant Sleep</i>
<input type="checkbox"/> Review Birth Suite video tour (if available)
<input type="checkbox"/> Contraception discussed
<input type="checkbox"/> Vitamin K discussed
<input type="checkbox"/> Hepatitis B Immunisation discussed |
|--|--|
- At 36 weeks:**
- | | |
|--|---|
| <input type="checkbox"/> Elective caesarean section booked (if applicable) including second opinion to confirm necessity | <input type="checkbox"/> Blood results reviewed
<input type="checkbox"/> VTE risk assessment |
|--|---|



38 weeks *Refer to items to be discussed at every visit*

- | | |
|---|--|
| <input type="checkbox"/> Timing of birth for women with stillbirth individual risk factors discussed
<input type="checkbox"/> Blood results reviewed
<input type="checkbox"/> Side sleeping discussed | <input type="checkbox"/> Discuss signs of labour and when to come to hospital
<input type="checkbox"/> Breastfeeding information reviewed |
|---|--|

40 weeks *Refer to items to be discussed at every visit*

- | | |
|---|--|
| <input type="checkbox"/> Discuss signs of labour and when to come to hospital
<input type="checkbox"/> Side sleeping discussed | <input type="checkbox"/> Induction of labour for 41+0 weeks plus or minus membrane sweep discussed |
|---|--|

41 weeks *Refer to items to be discussed at every visit*

- | | |
|--|---|
| <input type="checkbox"/> Assessment of maternal and baby wellbeing completed (arrange for CTG if indicated)
<input type="checkbox"/> Induction of labour by 42 weeks re-discussed (if applicable) | <input type="checkbox"/> Side sleeping discussed
<input type="checkbox"/> Monitoring if indicated as per current fetal surveillance guidelines |
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Comments (note gestation week):

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 Medicare number:
 Date of birth:

Best estimate due date:
 / /

Gravida:

Parity:

Blood group:

Visit Notes (1 of 4)

All hospital staff document any variances in progress notes

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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 Registered interpreter present? Yes No Aboriginal and Torres Strait Islander Health Worker present? Yes No
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(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Medicare number:
 Date of birth:

Best estimate due date:
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Gravida:

Parity:

Blood group:

Visit Notes (2 of 4)

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 Address:
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Gravida:

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Visit Notes (3 of 4)

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 Medicare number:
 Date of birth:

Best estimate due date:
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Gravida:

Parity:

Blood group:

Visit Notes (4 of 4)

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Date of birth:

Additional Information

 <p>Useful information for your pregnancy: www.qld.gov.au/health/children/pregnancy/pregnancy-health-record-resources <i>(Scan the QR code for further information on the following topics to support you during the antenatal period)</i></p>	 <p>Queensland Clinical Guidelines: Information for consumers and carers.</p>
 <p>Prenatal screening: Prenatal guides and resources to help support expectant parents and inform the process of prenatal testing.</p>	 <p>Mental health and wellbeing: For practical advice on emotional wellbeing and mental health for you, your baby and your family.</p>
 <p>Shared decision-making resources for consumers: Resources and tips to help you understand your role in the shared decision-making process.</p>	 <p>Partnering with the woman who declines recommended maternity care: Resource to support you and your health provider to jointly plan maternity care.</p>
 <p>Pelvic floor in pregnancy: Information on pelvic floor exercises, good bladder and bowel habits and where to go for help.</p>	 <p>Correct use of seat belts in pregnancy: Information about the correct use of seatbelts in pregnancy.</p>
 <p>Safer Baby Bundle: Provides information about how to reduce the risk of stillbirth.</p>	 <p>Nutrition in pregnancy: The <i>Australian Dietary Guidelines</i> provide advice on eating for health and wellbeing of infants, children and adults.</p>
 <p>Perineal care: Information about perineal care.</p>	 <p>Physical activity in pregnancy: It is important to remain active during pregnancy. There are benefits for both yourself and your baby.</p>
 <p>Vaccine during pregnancy: Find out why vaccination during pregnancy is the best way to protect yourself and your baby from disease.</p>	 <p>Dental health: Keeping teeth and gums healthy during pregnancy is important for both mum and babies.</p>
 <p>Healthy hearing: Further information on newborn hearing screening.</p>	 <p>Information for parents and carers: Useful resources on pregnancy, birthing and newborns is available on the Queensland Health website.</p>
  <p>Safe infant sleeping: Further information on safe infant sleeping.</p>	 <p>Newborn bloodspot screening test: The test and answers some common questions raised by parents.</p>
 <p>Hepatitis B: Most important things you need to know about hepatitis B, pregnancy and breastfeeding.</p>	 <p>Vitamin K for newborn babies: Information and advice on the importance of receiving vitamin k for newborn babies.</p>

DO NOT WRITE IN THIS BINDING MARGIN

Glossary of Terms

This list is an explanation of some of the terms or abbreviations you may see printed or added to this *Pregnancy Health Record*. Ask your GP, midwife or obstetrician if you don't understand any of the terms or words they use.

A B O Rh human blood groups; checks are done to see that there is no problem between the mother's and baby's blood

Amniocentesis fluid (also called liquor) is taken by needle from the mother's uterus to do tests

ANRQ antenatal risk questionnaire

Antenatal the period of pregnancy – before the birth

Antibodies proteins produced by blood (checks are done to see that there is no problem between the mother's and baby's blood)

APH antepartum haemorrhage – bleeding after 20 weeks and before labour

ART assisted reproductive technology – a range of methods and procedures which are designed to assist infertile couples to conceive

Auscultation action of listening to the heart of the fetus

BGL blood glucose level – to be watched for early signs of diabetes

BMI body mass index – a measure of weight and height

BP blood pressure

Br, Breech unborn baby is lying bottom-down in the uterus

C, Ceph unborn baby is lying head down in the uterus – cephalic presentation

Combined care antenatal care provided by a private maternity service provider (doctor and / or midwife) in the community

CST cervical screening test – vaginal examination where a sample is collected to detect early warning of cancer of the cervix

CVS chorionic villus sampling, taking a small sample of placenta for testing for Down syndrome etc.

dTpa triple antigen vaccine to protect against 3 diseases – diphtheria, tetanus and pertussis (whooping cough)

E, Eng, Engaged unborn baby's head is positioned in the mother's pelvis, ready to be born

Ectopic pregnancy that develops outside the uterus

EDD estimated date of baby's birth – it is normal for the baby to be born up to 2 weeks before / after this date

EPDS Edinburgh Postnatal Depression Scale

Episiotomy surgical incision to enlarge the vaginal opening

Ferritin level reflects the amount of stored iron in the liver

Fetus developing human baby

FGR fetal growth restriction

FH fetal heart

FHR fetal heart rate – unborn baby's heartrate

Fifths above brim position of unborn baby's head in relation to mother's pelvis assessed by examining the abdomen

FM fetal movements – unborn baby's movements

FMF; FMNF fetal (baby) movements felt; fetal movements not felt

Forceps instruments supporting baby's head to assist in childbirth

Fundal height size of the uterus – expected to increase 1cm per week from 20–36 weeks of pregnancy

GDM gestational diabetes mellitus – diabetes in pregnancy

General Practitioner obstetrician care antenatal care provided by a GP obstetrician

Gestation number of weeks pregnant

Gestational hypertension a rise in blood pressure during pregnancy which will require close monitoring

GP, general practitioner a medical specialist who provides evidence based, person centred, continuing, comprehensive and coordinated wholeperson health care to individuals and families within their communities

Gravida the number of times you have been pregnant, primigravida means first, multigravida means more than 1

GTT glucose tolerance test – diagnostic blood test for gestational diabetes which may develop during pregnancy

Hb, haemoglobin the red cells in your blood, which carry oxygen and iron

Hepatitis A B or C inflammation or enlargement of the liver caused by various viruses. Baby may be immunised at birth against Hepatitis B

HIV human immunodeficiency virus, the virus that may lead to AIDS

Hypertension high blood pressure

IOL induction of labour – labour that is initiated by medication or surgical rupture of membranes

Liquor fluid around baby

LNMP last normal menstrual period

MC miscarriage

Midwife professional healthcare worker who specialises in providing care for women and their families throughout pregnancy, labour and birth, and after the birth

Midwifery Group Practice caseload care antenatal care is provided within a publicly-funded caseload model by a known primary midwife with secondary backup midwife / midwives providing cover and assistance with collaboration with doctors in the event of identified risk factors

MMR measles, mumps or rubella

Model of care the way maternity care is organised, who is providing care and how they are providing it

Morphology scan routine ultrasound that checks the baby's development and growth

MRO multi resistant organism

MSU mid-stream specimen urine – tested to check for infection

Multi-gravida a woman who has had more than one pregnancy

NAD no abnormality detected

NE not engaged (see engaged)

NICU neonatal intensive care unit

NIPT non-invasive prenatal testing

NMHR National Medical Health and Research Council

NND neonatal death

Nuchal Translucency one of the special measurements taken of the unborn baby during an ultrasound scan

Obstetrician Medical specialist who specialises in providing care for women and their families throughout pregnancy, labour and birth, and after the birth

Oedema swelling generally of ankles, fingers or face

OGTT oral glucose tolerance tests for pre-existing diabetes or gestational diabetes mellitus

Palpation examination of the mother's abdomen by feeling with hands

Parity the number of babies you already have had

Pre-eclampsia a condition that typically occurs after 20 weeks of pregnancy, it is a combination of raised blood pressure and protein in the urine

Placenta the baby's lifeline to you, also known as after-birth

Posterior the unborn baby is lying with its spine alongside mother's spine. This can cause backache in labour

Postnatal period of time after the birth of the baby

PPH postpartum haemorrhage – excessive bleeding in the first 24 hours post-birth

Presentation the position of the baby in the uterus before the birth (referred to as vertex, breech, transverse)

Primary maternity carer the health care professional providing the majority of your maternity care

Primigravida woman pregnant for the first time

Private midwifery care providing care for women and their families throughout pregnancy, labour and birth

Private obstetrician and privately practising midwife joint care antenatal care is provided by a privately practising obstetrician and midwife from the same collaborative private practice

Private obstetrician (specialist) care antenatal care provided by a private specialist obstetrician

Public hospital high risk maternity care antenatal care is provided to women with medical high risk / complex pregnancies by maternity care providers (specialist obstetricians and / or maternal-fetal medicine subspecialists in collaboration with midwives)

Public hospital maternity care antenatal care is provided in hospital outpatient clinics (either onsite or outreach) by midwives and / or doctors

Remote area maternity care antenatal care is provided in remote communities by a remote area midwife (or a remote area nurse) in collaboration with a remote area nurse and / or doctor

Reproductive carrier screening blood test that provides information about the chance of having a child with an inherited genetic condition

RHD rheumatic heart disease – is caused by damage to the heart resulting from previous acute rheumatic fever (ARF)

Rubella German measles, a disease that can cause major abnormalities in an unborn baby

Shared care antenatal care is provided by a community maternity service provider (doctor and / or midwife) in collaboration with hospital medical and / or midwifery staff

Spontaneous labour labour that occurs naturally

STI sexually transmitted infections: includes syphilis, gonorrhoea, chlamydia and herpes

SCN special care nursery

Stillbirth birth of a baby who shows no signs of life, after a pregnancy of at least 20 weeks gestation or weighing 400g or more

SIDS sudden infant death syndrome, SIDS and fatal sleeping accidents

SUDI sudden unexplained death in infancy

T, FT, Term full-term, baby is due to be born (37–42 weeks)

Team midwifery care antenatal care is provided by a small team of rostered midwives in collaboration with doctors in the event of identified risk factors

TENS (Transcutaneous Electrical Nerve Stimulation) machine non-invasive device, using small (non-painful) electrical messages to ease or manage pain

THS thyroid stimulating hormone

Transverse unborn baby is lying crossways in the uterus

UNICEF United Nations International Children's Emergency Fund

US, scan, ultrasound sound waves passed across the mother's abdomen are used to make pictures of the unborn baby

Uterine size size of the uterus relative to stage of pregnancy

Uterus, womb hollow muscle in which the baby grows

UTI urinary tract infection

VE vaginal examination (an internal check of the mothers cervix)

Venous Thrombus embolism a blood clot in a vein

Ventouse / Vacuum extraction suction cap to baby's head to assist birth

Vx, Vertex unborn baby is lying head down in the uterus – the most common position for birth

Woman is used to support plain English use and health literacy. Use of this term should be taken to include people who do not identify as women but who are pregnant

WHO World Health Organization