



HOSP ID \_\_\_\_\_ MRN \_\_\_\_\_  
 SURNAME \_\_\_\_\_  
 OTHER NAMES \_\_\_\_\_  
 DOB \_\_\_\_\_ SEX \_\_\_\_\_ AMO \_\_\_\_\_

FOR MEDICAL RECORD USE ONLY

• MEDICAL RECORD COPY •

**South Eastern Sydney Illawarra  
Area Health Service**

MRN BAR CODE

AFFIX PATIENT IDENTIFICATION LABEL HERE

**ANTENATAL CARE RECORD**



HOSP ID \_\_\_\_\_ MRN \_\_\_\_\_  
 SURNAME \_\_\_\_\_  
 OTHER NAMES \_\_\_\_\_  
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**ANTENATAL CARE RECORD**

DATE	<b>ANTENATAL EDUCATION GUIDELINE</b>
	<p><b>* Trimings for discussion should be guided by individual needs</b></p> <p><b>AT BOOKING</b></p> <p><input type="checkbox"/> Booking Blood results discussed and documented in notes</p> <p><input type="checkbox"/> 1<sup>st</sup> Trimester Screening:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discussed and has a copy of the information leaflet</li> <li><input type="checkbox"/> Declined 1<sup>st</sup> Trimester Screening</li> <li><input type="checkbox"/> If NT Scan / Screening performed , make sure there is a copy of the NT scan result in the notes</li> <li><input type="checkbox"/> Too late for 1<sup>st</sup> Trimester Screening. Triple Test discussed:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Declined <input type="checkbox"/> Accepted / referral given <input type="checkbox"/> Result obtained and documented</li> </ul> </li> </ul> <p><input type="checkbox"/> Genetic Counselling referral, if indicated</p> <p><input type="checkbox"/> Discuss / book morphology ultrasound</p> <p><input type="checkbox"/> Discuss healthy diet including foods to avoid and additional requirements</p> <p><input type="checkbox"/> Importance of breastfeeding to the mother and baby</p> <p><input type="checkbox"/> Rh-ve Anti D prophylaxis pamphlet and explanation</p> <p><input type="checkbox"/> Occupation / Occupational Hazards / maternity leave</p> <p><input type="checkbox"/> Nausea, constipation, haemorrhoids</p> <p><input type="checkbox"/> Notification of contact with viral or gastro infection</p> <p><input type="checkbox"/> Discuss signs and symptoms of miscarriage</p> <p><input type="checkbox"/> How and who to contact at hospital, including MotherSafe service</p> <p>Other: _____</p>
	<p><b>18-26 WEEKS VISIT/S</b></p> <p><input type="checkbox"/> Review and discuss morphology scan results / other tests</p> <p><input type="checkbox"/> Review referral to Peritatal Mental Health service, if appropriate</p> <p><input type="checkbox"/> Discuss fetal movements and what to expect</p> <p><input type="checkbox"/> Exercise in pregnancy and pelvic floor exercises</p> <p><input type="checkbox"/> Breastfeeding management</p> <p><input type="checkbox"/> Length of stay / Postnatal care in the home options</p> <p><input type="checkbox"/> Relationship changes during pregnancy</p> <p><input type="checkbox"/> Rh-ve women: discuss / organise anti-D at 28 weeks</p> <p><input type="checkbox"/> Discuss and order 28-week blood tests: GCT / GTT, FBC and antibodies</p> <p>Other: _____</p>
	<p><b>27-34 WEEKS VISIT/S (If shared care the above points also have to be covered)</b></p> <p><input type="checkbox"/> Discuss results of 28-week blood tests</p> <p><input type="checkbox"/> Signs of premature labour</p> <p><input type="checkbox"/> Signs and symptoms of pre-eclampsia (pamphlet)</p> <p><input type="checkbox"/> Baby-led feeding / positioning and attachment / ensuring adequate milk supply</p> <p><input type="checkbox"/> Effects of birth analgesia on breastfeeding</p> <p><input type="checkbox"/> Enquire regarding attitudes and plans for labour and birth / birth plan</p> <p><input type="checkbox"/> Discuss arrangements for tour of birthing suite</p> <p><input type="checkbox"/> Reminder - pelvic floor exercises</p> <p><input type="checkbox"/> Rh-ve women: discuss / organise anti-D at 34 weeks</p> <p>Other: _____</p>
	<p><b>35-40 WEEKS VISIT/S</b></p> <p><input type="checkbox"/> Labour preparation and strategies for managing labour / perineal massage</p> <p><input type="checkbox"/> Support people in labour / children in birth</p> <p><input type="checkbox"/> Discuss GBS screening</p> <p><input type="checkbox"/> Discuss: Benefits of sweeping and stretching membranes / induction of labour for post dates</p> <p><input type="checkbox"/> Discuss: What to bring to hospital, how to contact the hospital, visiting times</p> <p><input type="checkbox"/> Importance of skin to skin contact / rooming-in with baby</p> <p><input type="checkbox"/> Effects of use of dummies</p> <p><input type="checkbox"/> Review and discuss GBS screening result</p> <p><input type="checkbox"/> Discuss early discharge and complete risk assessment form for home visits</p> <p><input type="checkbox"/> Support at home after birth</p> <p><input type="checkbox"/> Community support - C&amp;FH Centres, ABA, Help lines (1800MUM2MUM)</p> <p><input type="checkbox"/> Hepatitis B Neonatal Vaccination / hearing screening / NBST / Discuss Vitamin K (give leaflet if appropriate)</p> <p><input type="checkbox"/> Safety restraints in cars</p> <p>Other: _____</p>

**SOUTH EASTERN SYDNEY  
ILLAWARRA  
NSW HEALTH**

Estimated Date of Birth: \_\_\_\_\_

**ANTENATAL CARE  
RECORD**

Language: \_\_\_\_\_

Interpreter Required:  Yes  No

BINDING MARGIN - DO NOT WRITE

BINDING MARGIN - DO NOT WRITE

