

(Affix identification label here)

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Woman's Health History

Health Directive in place? Yes → Copy in chart No **Tick (✓) if yes to any and elaborate. Cross (X) if no issues.**

<p>Gynaecological</p> <p>Pap smear (specify date / result): Previous abnormal pap smear: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fertility problems: IVF: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sexually Transmitted Infection (STI):</p> <p>Gynaecological issues:</p> <p>Other:</p>	<p>Counselling</p> <p>Antenatal diagnosis:</p> <p>Genetic:</p>
<p>Medical</p> <p>Asthma / Respiratory diseases:</p> <p>Heart disease:</p> <p>High blood pressure:</p> <p>Kidney disease / UTI:</p> <p>Bladder function: <input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Dysuria <input type="checkbox"/> Voiding problems</p> <p>Incontinence: <input type="checkbox"/> Stress or urgency <input type="checkbox"/> Physio referral</p> <p>Bowel function: <input type="checkbox"/> Constipation <input type="checkbox"/> Incontinence <input type="checkbox"/> Physio referral</p> <p>Diabetes: Pre-existing: <input type="checkbox"/> Type 1 OR <input type="checkbox"/> Type 2 OR <input type="checkbox"/> Gestational Treatment: <input type="checkbox"/> Insulin <input type="checkbox"/> Metformin <input type="checkbox"/> Other</p> <p>Thyroid disorder:</p> <p>Neurological:</p> <p>Epilepsy:</p> <p>Gastrointestinal:</p> <p>Liver disorders:</p> <p>Musculoskeletal disorder: <input type="checkbox"/> Physio referral</p> <p>Childhood illness:</p> <p>Vaccinations:</p>	<p>Mental health / emotional history</p> <p>Specify mental health issues below (i.e. depression, anxiety, eating disorder and postnatal depression):</p> <p><input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Treatment</p>
<p>Haematological (blood) conditions</p> <p>Autoimmune:</p> <p>Other:</p>	<p>Surgical history</p> <p><input type="checkbox"/> Blood transfusions <input type="checkbox"/> Previous anaesthetic</p>
<p>Travel history</p> <p>Have you or your partner travelled to a Zika affected area in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No (see list on www.health.qld.gov.au/zika) If yes, where have you or your partner travelled? _____ <i>If travel has been to a Zika affected area consider Zika virus testing</i></p>	<p>Medications (Including over the counter, natural remedies, vitamins etc)</p>
<p>Other (Including any significant medical history of the baby's biological father)</p>	<p>Smoking / Alcohol / Drugs (If yes to any, refer to page a15-16)</p> <p>Smoking – number of cigarettes per day:</p> <p>Alcohol – number of drinks per day:</p> <p>Other drugs (specify type):</p>
<p>Maternal family history</p> <p><input type="checkbox"/> High blood pressure <input type="checkbox"/> Diabetes (type 1-2; gestational) <input type="checkbox"/> Heart disease <input type="checkbox"/> Congenital abnormalities <input type="checkbox"/> Hearing <input type="checkbox"/> Multiple pregnancies <input type="checkbox"/> Asthma <input type="checkbox"/> Postnatal depression <input type="checkbox"/> Thyroid disorder <input type="checkbox"/> Depression / Bi-polar <input type="checkbox"/> Genetic disorders <input type="checkbox"/> Other mental health issues <input type="checkbox"/> Other / Comments:</p>	
<p>Initial: _____ Date: / /</p>	

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Antenatal Assessment and Management for VTE Prophylaxis

Pre-pregnancy therapeutic anticoagulation: Antenatal therapeutic anticoagulation

High Risk Factors: low molecular weight heparin (LMWH) prophylaxis + discuss graduated compression stockings (GCS) + consider intermittent pneumatic compression (IPC) admission

- | | |
|--|---|
| <input type="checkbox"/> Single prior unprovoked VTE | <input type="checkbox"/> Single prior VTE + family history of thrombophilia |
| <input type="checkbox"/> Single prior VTE in pregnancy or combined oral contraceptive pill related | <input type="checkbox"/> Prior recurrent VTE (>1) |
| <input type="checkbox"/> Single prior VTE + thrombophilia | <input type="checkbox"/> Family history VTE (but no personal history VTE) + antithrombin deficiency |

Known Risk Factors: common to antenatal and postnatal risk assessment (1 risk factor = 1 point)

- | | | |
|---|---|---------------|
| <input type="checkbox"/> Age ≥35 years | <input type="checkbox"/> Surgical Procedure | Score: |
| <input type="checkbox"/> BMI ≥30 | <input type="checkbox"/> Nephrotic syndrome | |
| <input type="checkbox"/> Cigarette smoker (>10 per day) | <input type="checkbox"/> Cancer | |
| <input type="checkbox"/> Systemic lupus erythematosus | <input type="checkbox"/> Pre-existing diabetes or Gestational Diabetes Mellitus | |
| <input type="checkbox"/> Cardiac or lung disease | <input type="checkbox"/> Asymptomatic thrombophilia (inherited or acquired) | |
| <input type="checkbox"/> Sickle cell disease | <input type="checkbox"/> Antiphospholipid antibodies | |
| <input type="checkbox"/> Gross varicose veins | <input type="checkbox"/> Immobility (e.g. bed rest, long distance travel) | |
| <input type="checkbox"/> Inflammatory conditions | <input type="checkbox"/> Pre-eclampsia / Eclampsia | |

Known Risk Factors: for antenatal risk assessment only (1 risk factor = 1 point)

- | | | |
|--|--|---------------|
| <input type="checkbox"/> Ovarian hyperstimulation | <input type="checkbox"/> Intrauterine growth restriction | Score: |
| <input type="checkbox"/> Artificial reproductive therapy | <input type="checkbox"/> Hyperemesis / Dehydration | |
| <input type="checkbox"/> Multiparity (>2) | <input type="checkbox"/> Current systemic infection (requiring antibiotics or hospitalisation) | |
| <input type="checkbox"/> Multiple pregnancy | <input type="checkbox"/> Antepartum haemorrhage (APH) | |

Total score (known risk factors)

0–2 risk factors: Clinical surveillance + mobilisation + avoid dehydration

Hospitalised and ≥2 OR ≥3 risk factors: Discuss GCS + consider IPC if hospitalised + consider LMWH prophylaxis (Medical Officers: prior to writing the script for enoxaparin, please call the PBS authority on 1800 888 333 for concessional price approval)

TOTAL score:

Antenatal Management Plan

Recalculated Score

Date: / /	Gestation:	TOTAL score:	Initial:
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Postnatal Assessment and Management for VTE Prophylaxis

Antenatal therapeutic anticoagulation: Postnatal therapeutic anticoagulation

High Risk Factors: LMWH for 6 weeks + GCS + consider IPC if admission

- | | |
|---|--|
| <input type="checkbox"/> Antenatal LMWH prophylaxis | <input type="checkbox"/> Any previous personal history of VTE (not in current pregnancy) |
|---|--|

Known Risk Factors: for postnatal risk assessment only (1 risk factor = 1 point)

- | | | | |
|---|--|---|---------------|
| <input type="checkbox"/> Family History of VTE + weak thrombophilia | <input type="checkbox"/> Operative vaginal birth | <input type="checkbox"/> Postpartum haemorrhage >1L | Score: |
| <input type="checkbox"/> Elective CS | <input type="checkbox"/> Stillbirth | <input type="checkbox"/> Infection | |
| <input type="checkbox"/> Prolonged labour (>24 hrs) | <input type="checkbox"/> Preterm birth | | |

Total score of known risk factors: add up score from Known Risk Factors common to antenatal and postnatal risk assessment and Known Risk Factors for postnatal risk assessment only

Emergency CS in labour OR ≥3 risk factors: LMWH prophylaxis for 5 days + consider GCS + consider IPC

1–2 risk factors: Consider LMWH prophylaxis until discharge or fully mobilised + GCS

All risk factor: Clinical surveillance + mobilisation + avoid dehydration

TOTAL score:

Postnatal Management Plan

Recalculated Score

Date: / /	Gestation:	TOTAL score:	Initial:
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Refer to Queensland Clinical Guideline: Venous thromboembolism (VTE) prophylaxis in pregnancy and the puerperium for further information.

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Recommended Minimum Antenatal Schedule Checklist

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 / Midwife visit preferably before 12 weeks

- Pregnancy confirmed, maternal counselling commenced
- Tobacco, drug and alcohol cessation screening completed
- Pre-pregnancy weight, height and BMI recorded (may require referral to dietitian, GP and physio)
- Urine dipstick / MSU performed
- Antenatal blood tests ordered with consent and counselling: blood group and antibodies (status checked / identified), full blood count, diabetes mellitus (if indicated), syphilis, rubella, hepatitis B, hepatitis C, HIV ordered
- Antenatal tests ordered:
 - Antenatal screening bloods Free Beta-hCG and Papp A after 10 completed weeks and preferably 3–5 days prior to Nuchal USS. *Note: request slip to include EDD and current maternal weight*
 - Nuchal Translucency 11–13 weeks + 6 days
 - NIPT (if applicable)
 - Diagnostic Morphology 18–20 weeks
- Genetic Counselling and testing discussed as appropriate:
 - Chorionic Villus Sampling 11–13 weeks / Amniocentesis 16–18 weeks as indicated
- Booking in referral sent:
 - Birth centre care options discussed (if applicable)
- Pap smear offered if due
- Normal breast changes discussed
 - Examination performed
- Folate and iodine supplementation discussed
- Influenza vaccination administered
- SAFE Start or similar tool: Commenced Completed Referred

Comments:

12–18 weeks Midwife booking-in visit

- Booking in Visit – demographic, social, medical and obstetric history documented ± allied health referrals arranged (if not commenced at first visit)
- SAFE Start or similar tool: Commenced Completed Referred
- Tobacco screening / drug and alcohol screening / EDS (EPDS) / maternal counselling completed
- Models of care discussed and preference identified (page a7)
- Follow up Nuchal Translucency / NIPT / Amniocentesis
- Urine dipstick / MSU repeated
- Refer to Queensland Clinical Guideline: *Gestational diabetes mellitus* for early OGTT
- Recommended weight gain and healthy eating discussed and information given: www.health.qld.gov.au/nutrition/nemo_antenatal.asp
- Physical activity discussed: www.pregnancybirthbaby.org.au/exercising-during-pregnancy
- Commence infant feeding education according to page b4, topics for this visit to include breastfeeding recommendations, importance of breastfeeding and risks associated with not breastfeeding
- Refer to Queensland Clinical Guideline: *Establishing breastfeeding*
- Antenatal classes offered: Accepted Declined Booked
- How to register a compliment or complaint about the service
- How to action Ryan's Rule

Comments:

20 weeks

- Post diagnostic morphology ultrasound assessment and general health check attended
- Appropriate model of care confirmed and documented (after risk assessment completed)
- Maternal counselling including tobacco / drug and alcohol cessation continued (if applicable)
- Skin-to-skin contact and how to recognise when baby is ready for first feed
- Baby led feeding discussed
- Positioning and attachment discussed
- Consent obtained from Rh D negative women for prophylactic Anti D (staple inside Pregnancy Health Record)
- Expected date of birth confirmed
- Model of care confirmed
- Blood / Scan results reviewed
- Confirm influenza vaccination administered
- Fetal movement discussed

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Recommended Minimum Antenatal Schedule Checklist (continued)

<p>24–26 weeks</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full assessment including abdominal palpation and fetal auscultation performed <input type="checkbox"/> Request slip given to women for blood tests to be performed between 24–28 weeks: <ul style="list-style-type: none"> • Full blood count (FBC), and OGTT unless diagnosed diabetes / GDM • Rh Antibody blood screen <input type="checkbox"/> Benefits of rooming-in discussed (baby / mother staying together) <input type="checkbox"/> Physical activity and rest discussed <input type="checkbox"/> Home safety and hazard identification for injury prevention discussed <input type="checkbox"/> Fetal movement discussed 	<p>Comments:</p>
<p>28 weeks</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pathology results checked <input type="checkbox"/> First dose of Anti D for Rh D negative women attended (page a7) <input type="checkbox"/> Immunisation for dTpa administered <input type="checkbox"/> Physical activity and rest revisited <input type="checkbox"/> SIDS and SUDI discussed and pamphlet given <input type="checkbox"/> Exclusive breastfeeding and how to get breastfeeding off to a good start <input type="checkbox"/> Why teats and dummies are discouraged prior to breastfeeding being established <input type="checkbox"/> Signs baby is getting enough breast milk <input type="checkbox"/> Where to access help in the community <input type="checkbox"/> Fetal movement discussed <input type="checkbox"/> SAFE Start or similar tool: <input type="radio"/> Commenced <input type="radio"/> Completed <input type="radio"/> Referred 	<p>Comments:</p>
<p>31 weeks</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maternal counselling on tobacco / drug and alcohol cessation revisited (page a15–a16) <input type="checkbox"/> Breastfeeding education provided, recommending exclusive breast feeding for around the first six months of baby's life (page b4) <input type="checkbox"/> Birth preferences discussed (page b3) <input type="checkbox"/> Length of hospital stay and time of discharge discussed <input type="checkbox"/> Postnatal community supports discussed <input type="checkbox"/> Advise family to have booster immunisation 	<p>Comments:</p>
<p>34 weeks</p> <ul style="list-style-type: none"> <input type="checkbox"/> Second dose of Anti D for Rh D negative women attended (page a7) <input type="checkbox"/> EDS (EPDS) reviewed, repeated and recorded <input type="checkbox"/> Expressing of breast milk and safe storage discussed <input type="checkbox"/> Fetal movement discussed 	<p>Comments:</p>
<p>36 weeks</p> <p>Visit at 36 weeks, then as clinically indicated every 1–2 weeks until 41 weeks.</p> <ul style="list-style-type: none"> <input type="checkbox"/> At each standard antenatal visit: <ul style="list-style-type: none"> • Revisit maternal counselling on tobacco / drug and alcohol cessation / breastfeeding education (page a15–a16, b4) • Review blood results • Discuss signs of early labour and when to come to hospital • Rh Antibody screen completed by 28 weeks <input type="checkbox"/> SAFE Start or similar tool: <input type="radio"/> Commenced <input type="radio"/> Completed <input type="radio"/> Referred <p>At 36 weeks:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Elective caesarean section booked (if applicable) <input type="checkbox"/> Full blood count <input type="checkbox"/> BMI calculated (discuss how BMI informs clinical decision making e.g. anaesthetic review, fetal monitoring if BMI >40) <input type="checkbox"/> Fetal movement discussed <input type="checkbox"/> Consider recalculation of VTE risk assessment (page a3) 	<p>Comments:</p>
<p>38 weeks</p> <ul style="list-style-type: none"> <input type="checkbox"/> Signs of early labour and when to come to hospital discussed <input type="checkbox"/> Breastfeeding information reviewed (page b4) <input type="checkbox"/> Blood results reviewed <input type="checkbox"/> Fetal movement discussed 	<p>Comments:</p>
<p>40 weeks</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maternal counselling on tobacco / drug and alcohol cessation revisited (page a15–a16) <input type="checkbox"/> Maternal concerns discussed and addressed <input type="checkbox"/> Induction of labour for week 40^(+10–14 days) plus or minus membrane sweep discussed <input type="checkbox"/> Fetal movement discussed 	<p>Comments:</p>
<p>41 weeks</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment of maternal and baby wellbeing completed (arrange for CTG if indicated) <input type="checkbox"/> Monitoring if indicated as per current fetal surveillance guidelines <input type="checkbox"/> Induction of labour by 42 weeks re-discussed (if applicable) <input type="checkbox"/> Fetal movement discussed 	<p>Comments:</p>

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