Supplementary material

From maternity paper hand-held records to electronic health records: what do women tell us about their use?

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Always carry this record with you
You must bring this record with you to your health care professional / hospital

Mater Mothers Hospital
Antenatal Clinic: 3163 8330
General Enquiries: 3163 8111
Pregnancy Assessment Unit: 3163 7000

In an emergency dial 000

Mother's information

<table>
<thead>
<tr>
<th>Preferred name:</th>
<th>Country of birth:</th>
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<tbody>
<tr>
<td></td>
<td>Australia</td>
</tr>
</tbody>
</table>

Are you of Aboriginal or Torres Strait Islander origin?
(both may be ticked)

| Yes, Aboriginal | Yes, Torres Strait Islander | No |

Interpreter required?

| Yes, language: | No |

Shared Care Contact Information

<table>
<thead>
<tr>
<th>Consultant:</th>
<th>Primary maternity carer name:</th>
</tr>
</thead>
</table>

General Practitioner (GP) / Midwife (stamp or print details):

<table>
<thead>
<tr>
<th>Name:</th>
<th>Shared care: Yes No Discontinued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Fax:</td>
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<td></td>
<td>Email:</td>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Shared care: Yes No Discontinued</th>
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<tr>
<td></td>
<td>Phone:</td>
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<td>Fax:</td>
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<td></td>
<td>Email:</td>
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</tbody>
</table>

Useful Phone Numbers

13 HEALTH 13 43 25 84
DVI Hotline 1800 811 811

Anti D Prophylaxis (for Rh Negative women only)

<table>
<thead>
<tr>
<th>Yes</th>
<th>Week 28: (initial)</th>
<th>Week 34-36: (initial)</th>
</tr>
</thead>
</table>

Disclaimer

This document is not nor should it be treated as a complete obstetric record for the mother. Copies of the complete obstetric record for the mother will be made available to the mother's treating health practitioner/s on request. Any notes in this document must be read in conjunction with the documents attached to it. This document will be updated at each visit.

Queensland Health does not warrant that this document is a comprehensive or up to date record. In no event shall Queensland Health be liable for any damages (including without limitation, direct, indirect, special or consequential) whatsoever including damages connected with or resulting from the information contained in this document or reliance on it.

This document does not replace the need to obtain a valid consent from the mother in relation to any procedure.
Best Contact Person

Full name: ____________________________  Relationship: ❑ Partner  ❑ Other (specify)

Home phone: _______  Work phone: _______  Mobile phone: _______  Email address: _______

Address: ____________________________________________

Additional Contact Person

Full name: ____________________________  Relationship: ❑ Partner  ❑ Other (specify)

Home phone: _______  Work phone: _______  Mobile phone: _______  Email address: _______

Address: ____________________________________________

Important Information

It is very important that you tell your health care 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:

1. If you are unsure about what is happening to you or if you think you are in labour
2. If your 'waters' break (membranes rupture)
3. If you are experiencing any of these complications:
   - Any vaginal bleeding during pregnancy
   - Your baby is moving less than usual
   - Uncontrollable vomiting or diarrhoea
   - Abdominal or back pain
   - Unusual headaches and/or blurred vision
   - Fainting
   - Urinary problems

Please phone the following number prior to arriving at the hospital:

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 on page 8. If you have any concerns, please discuss this with your health care provider.

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.

Referral for Booking In

Where was the referral sent?

❑ Fax  ❑ Mail  ❑ Other: ____________________________

❑ Electronically
Consent to Carry

I acknowledge that:
1. I have been provided with a copy of a brochure entitled Pregnancy Health Record (PHR). I have read and understood the contents of that brochure.
2. I have also read the disclaimer on the front page of this document and have understood it.
3. My PHR is not intended to replace the advice I receive from my treating health practitioners.
4. My PHR is not intended to replace the need for me to provide informed consent to any treatment or procedure.
5. If I elect to carry my PHR, I accept:
   a. My PHR contains confidential health information about myself as well as confidential information about the father of my child.
   b. The safekeeping of my PHR and the information contained in my PHR will be my sole responsibility.
   c. It will be my sole responsibility to produce my copy of the PHR at all appointments and birth with all my treating health practitioners. I understand my record will be updated at each visit.
   d. It will be my responsibility to ensure that the PHR is updated at every visit to any health professional in Queensland Health.
   e. It will be my responsibility to ensure that relevant information is included in my PHR at any appointment or during any episode of care from a non-Queensland Health Health practitioner.
   f. A photocopy of this document will be kept in my Hospital file. The original will be retained by the hospital after the birth. I may then take the photocopy for my personal records.

I would like to carry my PHR
I would NOT like to carry my PHR

Recording of Copies Made

<table>
<thead>
<tr>
<th>Copied for:</th>
<th>Hospital</th>
<th>GP</th>
<th>Midwife</th>
<th>Mother</th>
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</thead>
<tbody>
<tr>
<td>Copied by:</td>
<td></td>
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<tr>
<td>Date of copying:</td>
<td>/ /</td>
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Staff Signature Log

<table>
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<tr>
<th>Initials</th>
<th>Signature</th>
<th>Print name</th>
<th>Designation</th>
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</table>
Birth Preferences

Please complete by 34 weeks after talking with your GP, midwife or obstetrician. You may tick more than one box. These plans are flexible and can be changed at any time, even through labour and birth.

**Mobility and positions for labour**
- [ ] Walking
- [ ] Standing
- [ ] Squatting
- [ ] Kneeling
- [ ] Lying (bed/loin cloth)
- [ ] Other:

**Relaxation and personal comfort**
- [ ] Massage Oil
- [ ] Heat pack
- [ ] Relaxation techniques
- [ ] Music-relaxation CD/tapes
- [ ] Shower/Bath
- [ ] Aromatherapy

**Be aware**
Circumstances can change due to a long and/or difficult labour or preterm baby. I may require:
- [ ] More pain relief than you anticipated
- [ ] Assisted birth [e.g. forceps, ventouse (vacuum)]
- [ ] Caesarean section (operative birth)
- [ ] Episiotomy

**Support / Cultural needs**
Name of main support person: ________________________
Name of second support person: ________________________

**Comments:**
__________________________________________________________________________________________
__________________________________________________________________________________________

**Plans for home discussed**
I have discussed with my health provider:
- [ ] Vaginal birth, expected discharge 6–48 hours
- [ ] Caesarean birth, expected discharge within 4 days
- [ ] My preferred discharge time: May be within 24 hours, mother and baby condition permitting → Day 3–5 GP check.
- [ ] Community midwifery service – postnatal home visiting / phone contact
- [ ] Community Child Health Services
- [ ] Day 5–10 baby check with GP
- [ ] 6 weeks postnatal check with GP
- [ ] Postnatal depression information
- [ ] Postnatal follow up regarding pre-existing medical condition(s) – see page 13
- [ ] SAFE sleeping and SIDS information
- [ ] Recommended discharge time is by 10am
- [ ] How to register a compliment or complaint about the service

**Birth aids**
- [ ] Bean bag
- [ ] Bath
- [ ] Shower
- [ ] Mirror
- [ ] Birth stool
- [ ] Gym ball
- [ ] Other:

**Pharmacological pain relief**
- [ ] Entonox gas
- [ ] Narcotic intramuscular injection
- [ ] Epidural

**Placenta – 3rd stage management**
- [ ] Active – oxytocic injection given to mother following baby’s birth to reduce the risk of bleeding as recommended by hospital guideline
- [ ] Modified active – discuss delayed cord clamping
- [ ] Physiological – as discussed with care givers (comments):
__________________________________________________________________________________________

**Screening and Vaccinations recommended for all babies following birth**
I have received information and would like my baby to have:

- [ ] Vitamin K
- [ ] Hepatitis B vaccination
- [ ] Neonatal screening blood test
- [ ] Healthy Hearing screening

Consent will be sought for the above when you have your baby.

**Whooping cough vaccination**
- [ ] I have received information about whooping cough vaccination for my family and for me

**Seasonal flu vaccination**
- [ ] I have received information about seasonal flu vaccination

**Meals**
- [ ] I will require normal hospital food
- [ ] I will require a special diet:
  - [ ] Vegetarian
  - [ ] Vegan
  - [ ] Diabetic
  - [ ] Halal
  - [ ] Gluten free
  - [ ] Other:

**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. I have information about and have indicated my choices for screening and vaccinations following birth.

Mother’s signature: ________________________
Doctor’s/Midwife’s signature: ________________________
Doctor’s/Midwife’s name: ________________________
Date: / /
Correct use of seat belts in pregnancy
Place the lap seat belt as low as possible, positioned below your baby. It should be below uterus and across upper thigh.
The sash part of the seat belt should pass above level of uterus and between breasts and over collarbone.

What to Bring to Hospital

<table>
<thead>
<tr>
<th>What to bring for mother</th>
<th>What to bring for baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Pregnancy Health Record</td>
<td>□ 2 dozen newborn size disposable nappies</td>
</tr>
<tr>
<td>□ Comfortable clothing</td>
<td>□ 6 newborn singlets</td>
</tr>
<tr>
<td>□ Toiletries, tissues etc</td>
<td>□ 6 newborn jumpsuits</td>
</tr>
<tr>
<td>□ Minimum of 4 packets of maternity sanitary pads</td>
<td>□ 6-8 bunny-rugs or small cotton blankets</td>
</tr>
<tr>
<td>□ Maternity bras</td>
<td>□ Baby wipes</td>
</tr>
<tr>
<td>□ Massage oil, barley sugar, glucose drinks, music (For use during labour)</td>
<td>□ 3 face washers for baby bath</td>
</tr>
<tr>
<td>□ Pen</td>
<td></td>
</tr>
</tbody>
</table>

Other things to consider
□ Access to phone (eg. use of mobile, phone card)
□ Baby car seat for discharge (mandatory)

Mother's Notes / Your Questions
Things you may like to talk about with your GP / midwife / obstetrician / allied health:
# Feeding Your Baby

<table>
<thead>
<tr>
<th>Have you breastfed before?</th>
<th>Have you experienced difficulties with breastfeeding in the past?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes → Duration:</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### Sign and date each section as it is discussed

<table>
<thead>
<tr>
<th>Date</th>
<th>Initial</th>
</tr>
</thead>
</table>

### Advantages of breastfeeding for your baby
- Breastmilk is a complete food for your baby. It is a living fluid constantly changing according to your baby’s needs and packed full of minerals and antibodies to boost your baby’s immune system.
- A breast fed baby is less likely to develop allergies, diabetes, some childhood cancers, gastroenteritis and obesity

### Advantages of breastfeeding for the mother
- 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.

### Advantages of breastfeeding for the family
- Breastfeeding is free, safe, convenient and environmentally friendly
- No preparation required; ready anytime, anywhere

### Importance of skin-to-skin contact after birth
- Holding baby close after birth keeps them warm and calm, promotes bonding and helps breastfeeding. Bathing and weighing should wait until after the first feed.

### Importance of good positioning and attachment
- Problems are most often caused by baby not being well attached; ask for help when you are starting out

### Getting breastfeeding off to a good start
- Keep your baby with you while in hospital (getting to know each other)
- Feed baby when shows signs of hunger (hands to mouth, searching)
- Dummies and teats can sometimes cause problems when getting started

### No other food or drink for the first 6 months
- Giving formula to breastfed babies in the first six months can reduce some of the health benefits of breastfeeding and decrease breastfeeding duration
- Breastfeeding is still important for babies health after the introduction of solids at around six months of age, breast feeding has ongoing health benefits for mum and baby for as long as it continues

### Who can help support you to breastfeed?
- Your partner—partners can help in a lot of ways other than feeding (settling, bathing)
- Your family and friends by giving practical support and help at home

### Signs baby is getting enough breastmilk
- 6-12 feeds per day can be normal
- 5-6 wet nappies each day
- A breastfed baby may poo many times a day or none for a few days

### Where to get help in the community
- Australian Breastfeeding Association www.breastfeeding.asn.au
- 1800 mum 2 mum (1800 686 2686) 24 hour helpline
- Lactation consultants (see Yellow Pages)
- General practitioners
- Community Child Health (see Yellow Pages)
- 13HEALTH (13 43 25 84)

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Mothers who formula feed their baby will be shown how to safely prepare, store and transport feeds before discharge from hospital

I have had all the above information discussed with me and all my questions answered to my satisfaction.

Mother’s signature: [Signature]

Date: [Date]
Glossary of Terms

A B O Rhésus human blood types; 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.

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).

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, Breach unborn baby is lying bottom-down in the uterus.

C, Cephal unborn baby is lying head down in the uterus—cephalic presentation.

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

Cx (Pap) smear vaginal examination where a sample is collected to detect early warning of cancer of the cervix.

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

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

EDS, EPDS Edinburgh Depression Scale.

Episiotomy surgical incision to enlarge the vaginal opening to help the birth.

Fetal heart rate unborn baby's heartbeat.

Fetal movements unborn baby's movements.

Fetus developing human baby.

FH (f) fetal heart.

Fifties above brisk position of unborn baby's head in relation to mother's pelvis assessed by examining the abdomen.

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.

Gestation number of weeks pregnant.

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

Glucose challenge test (GCT) screening blood test for gestational diabetes which may develop during pregnancy.

Glucose tolerance test (GTT) diagnostic blood test for gestational diabetes which may develop during pregnancy.

GP, general practitioner family doctor.

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

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.

IOI induction of labour—labour that is initiated by medication or surgical rupture of membranes.

Liquor fluid around baby.

LMP 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.

MSU mid-stream specimen urine—tested to check for infection.

MAD no abnormality detected.

NE not engaged (see engaged).

Nuchal Translucency one of the special measurements taken of the un born 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.

Parity the number of babies you already have had.

PET pre-eclampsia or pre-eclamptic toxoaemia (elevated BP in pregnancy associated with 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.

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 mother pregnant for the first time.

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

Spontaneous labour labour that occurs naturally.

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

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

Transverse unborn baby is lying acrossways in the uterus.

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 mother's 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—most common position for birth.
Recommended Minimum Antenatal Schedule

<table>
<thead>
<tr>
<th>First visit</th>
<th>GP/Midwife visit preferably before 12 weeks</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Pregnancy confirmed- maternal counselling including tobacco/alcohol/other drug cessation</td>
</tr>
<tr>
<td></td>
<td>Pre-pregnancy weight, height and BMI</td>
</tr>
<tr>
<td></td>
<td>Urine dipstick/MSU</td>
</tr>
<tr>
<td></td>
<td>Antenatal blood tests ordered with consent and counselling</td>
</tr>
<tr>
<td></td>
<td>Blood group and antibodies (status checked/Identified), full blood count, syphilis, rubella, hepatitis B, hepatitis C, HIV</td>
</tr>
<tr>
<td></td>
<td>Ultrasounds ordered</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Nuchal Translucency 11 weeks-13 weeks -6 days</td>
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<tr>
<td></td>
<td>Diagnostic Morphology 18-20 weeks</td>
</tr>
<tr>
<td></td>
<td>Booking in referral sent</td>
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<tr>
<td></td>
<td>Genetic Counselling and testing discussed as appropriate</td>
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<tr>
<td></td>
<td>Chorionic Villus Sampling 11-13 weeks/Amniocentesis 16-18 weeks</td>
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<table>
<thead>
<tr>
<th>12-18 weeks</th>
<th>Midwife booking in visit</th>
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<tbody>
<tr>
<td></td>
<td>Booking in Visit – demographic, social, medical and obstetric history + allied health referrals</td>
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<tr>
<td></td>
<td>SAFE Start or similar tool, tobacco/alcohol/other drug cessation and EDS (EPDS) completed</td>
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<tr>
<td></td>
<td>Maternal counselling including tobacco/alcohol/other drug cessation, and breastfeeding (see pages 6, 18 and 19)</td>
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<tr>
<td></td>
<td>Models of care discussed and preference identified</td>
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<table>
<thead>
<tr>
<th>20 weeks</th>
<th>Hospital staff visit</th>
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<tbody>
<tr>
<td></td>
<td>Post diagnostic morphology ultrasound assessment and general health check</td>
</tr>
<tr>
<td></td>
<td>Appropriate model of care confirmed (after risk assessment completed)</td>
</tr>
<tr>
<td></td>
<td>Maternal counselling including tobacco/alcohol/other drug cessation and breastfeeding</td>
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<tr>
<td></td>
<td>Rh negative women—Consent for prophylactic Anti D stapled inside Pregnancy Health Record</td>
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<table>
<thead>
<tr>
<th>24 weeks</th>
<th>Standard antenatal visit with primary maternity carer</th>
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<tbody>
<tr>
<td></td>
<td>Full assessment including abdominal palpation and fetal auscultation</td>
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<tr>
<td></td>
<td>Request slip given for blood tests to be performed between 26-28 weeks</td>
</tr>
<tr>
<td></td>
<td>Full blood count, Rhesus Antibody blood screen and Glucose Challenge for all women</td>
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<table>
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<th>28 weeks</th>
<th>Standard antenatal visit with primary maternity carer</th>
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<tr>
<td></td>
<td>Check pathology results</td>
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<tr>
<td></td>
<td>1st dose of Anti D for Rhesus negative women</td>
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<table>
<thead>
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<th>30-32 weeks</th>
<th>Standard antenatal visit with primary maternity carer</th>
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<tbody>
<tr>
<td></td>
<td>Standard antenatal visit including maternal counselling on tobacco/alcohol/other drug cessation and breastfeeding</td>
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<td></td>
<td>Discuss birth preferences, length of hospital stay and postnatal community supports</td>
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<th>34 weeks</th>
<th>Standard antenatal visit with primary maternity carer</th>
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<tr>
<td></td>
<td>2nd dose of Anti D for Rhesus negative women</td>
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<td>EDS (EPDS) completed</td>
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<th>36 weeks</th>
<th>Hospital staff visit</th>
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<tr>
<td></td>
<td>Standard antenatal visit including maternal counselling on tobacco/alcohol/other drug cessation and breastfeeding</td>
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<tr>
<td></td>
<td>Perform Full blood count, Rhesus Antibody blood screen</td>
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<table>
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<th>38 weeks</th>
<th>Standard antenatal visit with primary maternity carer</th>
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<tbody>
<tr>
<td></td>
<td>Discuss signs of early labour and when to come to hospital</td>
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<tr>
<td></td>
<td>Review blood results</td>
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<table>
<thead>
<tr>
<th>40 weeks</th>
<th>Standard antenatal visit with primary maternity carer</th>
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<tbody>
<tr>
<td></td>
<td>Standard antenatal visit including maternal concerns</td>
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<table>
<thead>
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<th>41 weeks</th>
<th>Hospital visit</th>
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<tr>
<td></td>
<td>Assessment of maternal and baby wellbeing (arrange for CTG if indicated)</td>
</tr>
<tr>
<td></td>
<td>Uncomplicated pregnancy - offer IOL for T19-14 i.e. 42 weeks</td>
</tr>
</tbody>
</table>
# Antenatal Care 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.

<table>
<thead>
<tr>
<th>Visit</th>
<th>Activity</th>
<th>Notes</th>
</tr>
</thead>
</table>
| **First Visit**  
Preferably before 12 weeks | - Discuss/order/perform routine investigations and genetic counselling  
- **Bloods**—group and antibodies, FBC, syphilis, hepatitis B&C, rubella, HIV and urine dipstick/MSU  
- **Antenatal screening**—Nuchal Translucency + Bloods at week 11–13\(^*6\)  
- Diagnostic morphology 18–20 weeks  
- Offer pap smear if due  
- Discuss normal breast changes / examination  
- Send hospital referral. Note interest in birth centre care if applicable.  
- Discuss folate and iodine supplementation | |
| **12–18 Week Midwife Booking in Visit** | - Discuss preferred model of care  
- Commence smoking/alcohol cessation counselling  
- Complete SAFE Start or similar tool and EDS (EPDS)  
- Discuss recommended weight gain/nutrition  
- Discuss physiotherapy  
- Discuss reasons to breast feed  
- Offer antenatal classes:  
  - Accepted  
  - Declined | |
| **20 Week Visit** | - Obtain consent for Anti D prophylaxis  
- Confirm expected date of birth  
- Confirm mode of care  
- Review blood/scan results  
- Discuss skin to skin contact  
- Discuss initiation of breast feeding/baby led feeding  
- Discuss positioning and attachment of baby | |
| **Subsequent Visits**  
A minimum of every 4 weeks until 28 weeks | - Discuss benefits of rooming-in (baby/mother staying together)  
- Discuss exercise and rest  
- Week 26–28: Obtain GCT/FBC/antibodies (GTT when indicated)  
- Review blood results  
- Week 28: Provide first dose Anti D if applicable  
- Discuss home safety and hazard identification for injury prevention | |
| **30–32 Week Visit with Midwife** | - Discuss birth preferences  
- Discuss discharge planning including post-natal supports  
- Discuss exclusive breast feeding for six months | |
| **34 Week Visit** | - Week 34: Provide second dose Anti D if applicable  
- Discuss expressing breast milk and safe storage  
- Review EDS (EPDS) | |
| **36 Week Visit**  
Then as clinically indicated every 1–2 weeks until 41 weeks | - Discuss signs of early labour, when to come to hospital  
- Book elective caesarean section (if applicable)  
- Review blood results  
- Review breastfeeding information | |
| **41 Week Hospital Visit** | - Discuss induction of labour for week 40 +10–14 days plus or minus membrane sweep  
- Monitoring if indicated as per current fetal surveillance guidelines | |
Details of Baby's Father

<table>
<thead>
<tr>
<th>Full name:</th>
<th>Age: yrs</th>
</tr>
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<tbody>
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</tbody>
</table>

Aboriginal or Torres Strait Islander origin? (both may be ticked)
- [ ] Yes, Aboriginal
- [ ] Yes, Torres Strait Islander
- [ ] No

Country of birth: [Preferred language: ]

Reside together?  [ ] Yes  [ ] No

Details of smoking / alcohol use:

Health status:

Hereditary conditions:

Mother's Health History  Consult with your healthcare professional to complete this section

<table>
<thead>
<tr>
<th>Health directive in place?  [ ] Yes  [ ] Copy in chart</th>
</tr>
</thead>
</table>

- [ ] Gynaecological
  - Pap smear (specify date/result):
  - Previous abnormal pap smear:  [ ] Yes  [ ] No
  - Fertility problems:
  - STI:
  - Gynaecological problems:
  - Antenatal Diagnosis Counselling:
  - Other:

- [ ] Medical
  - Asthma / Chest diseases:
  - Heart disease:
  - High blood pressure:
  - Kidney disease / UTI:
  - Incontinence
    - [ ] Frequency
    - [ ] Urgency
    - [ ] Stress incontinence
    - [ ] Bowel
    - [ ] Referral
  - Diabetes (specify treatment):
  - Thyroid disorder:
  - Neurological:
  - Gastrointestinal:
  - Liver disorders:
  - Epilepsy:
  - Musculoskeletal disorder:
  - Mental health issues / Eating disorders:
  - Postnatal depression:
  - Childhood illness / Vaccinations:

<table>
<thead>
<tr>
<th>Haematological (blood) conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Autoimmune</td>
</tr>
<tr>
<td>[ ] Other</td>
</tr>
</tbody>
</table>

Venous thrombus embolism (VTE) risk assessment

- Assess if the mother has any of the following VTE risks:
  - [ ] Major medical illness
  - [ ] Personal history of DVT, PE
  - [ ] Family history of DVT, PE
  - [ ] Thrombophilia:
    - [ ] Congenital or acquired
    - [ ] Anti-phospholipid syndrome

Consider refer to obstetric or medical service if:
- [ ] Age over 35 years
- [ ] Weight over 80kg or BMI ≥30
- [ ] Parity 4 or more
- [ ] Gross varicose veins
- [ ] Current infection
- [ ] Preeclampsia
- [ ] Prolonged immobility

Surgical history:

- [ ] Blood transfusions
- [ ] Previous anaesthetic

Medications
(including over the counter, natural remedies, vitamins etc.)

Maternal family history

- [ ] Asthma
- [ ] Heart disease
- [ ] High blood pressure
- [ ] Diabetes
- [ ] Postnatal depression
- [ ] Thyroid disorder
- [ ] Mental health issues
- [ ] Hearing
- [ ] Multiple pregnancies
- [ ] Genetic disorders / congenital abnormalities

Other / Comments:

Signature: [ ] Date: [ ]
Previous Pregnancies

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Gestation</th>
<th>Place of birth</th>
<th>Type of labour</th>
<th>Duration of labour</th>
<th>Type of birth</th>
<th>Sex</th>
<th>Birth weight</th>
<th>Duration of B/F</th>
<th>Comments / Name</th>
</tr>
</thead>
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</tbody>
</table>

Guidelines for Calculation of Estimated Due Date

1. First day of LNMP: Date / /
   - Certain? □ Yes □ No
   - Assisted conception? □ Yes □ No
   Comments: 

2. Menstrual cycle
   - □ Regular □ Irregular
   - Number of bleeding days:
   - Usual length of cycle:

3. Due date based on period and cycle: / / 
4. Due date by ultrasound: / / 
   - Gestation at ultrasound: / 40
   - LNMP consistent with early ultrasound scan (within seven days)? □ Yes □ No
5. Estimated Due Date:

Person who calculated (print name):

Date: / / Position:

Physical Examination at First Booking Visit

Date: / /
- Pre-pregnancy weight: kg Height: cm Pre-pregnancy BMI:
- Booking weight: kg Comments:
- Cx (Pap) smear: □ Up to date □ Offered □ Deferred □ Referral arranged
- Dental:

To be completed by a medical officer:
- Breast / Nipples:
- Cardiovascular:
- Respiratory:
- Abdominal:
- Skeletal:
- Thyroid:
## Laboratory Results

<table>
<thead>
<tr>
<th></th>
<th>5-12 weeks</th>
<th>26-28 weeks</th>
<th>36 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood group</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Antibody screen</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibody screen 28/34 weeks for Rh negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hb g/L</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GCT</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>RPR / TPHA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hep B</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hep C</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rubella titre</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HIV</strong></td>
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<td></td>
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<tr>
<td>Urine dipstick/MSU</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Optional (if indicated)

- GTT
- Group B Strep Status (GBS)
- Varicella: Consider if history uncertain
- Chlamydia screening (first catch urine)

## Ultrasound Results

<table>
<thead>
<tr>
<th>Date of US</th>
<th>Gestation</th>
<th>Findings</th>
<th>Follow up (only if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Estimated due date by dating scan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Combined first trimester screen:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- PaP-P-A and free bhCG after 10 completed weeks</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Nuchal translucency 11-13 weeks + 6 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Morphology/Scan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Placenta:</td>
<td>Anterior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fetal morphology:</td>
<td>No abnormalities detected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low risk</td>
<td>High risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rescan 34 weeks</td>
<td></td>
</tr>
</tbody>
</table>

## Model of care

Is the mother eligible for low risk care?

- Yes →  □ GP Shared Care  □ Hospital midwife  □ Community midwife  □ Birth Centre  □ Midwifery Group Practice
- □ Other: ____________________________

- □ No, state reason: ____________________________

- Print name: ____________________________
- Doctor's signature: ____________________________
- Date: / /

## Additional Notes

- EDS (EPDS) completed (initial): Score: Gestation: Comments:
- Mental health referral completed (initial): Comments:
- Safe Start completed (initial): Comments:
Adverse Reactions

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Date of reaction</th>
<th>Type of reaction</th>
<th>Severity of reaction</th>
<th>Intervention required</th>
</tr>
</thead>
</table>

Medical and Obstetric Issues and Management Plan

Diagnosis:

Antenatal management

☐ Anaesthetic review—date: / /
☐ Neonatology review—date: / /

Peripartum management

Postpartum management

Postpartum follow-up

Pap smear

Contraception

Signature: _______________________________ Date: _______________________________
Fundal Height Chart  Plot at each visit

Visit Notes 1 of 4 All hospital staff document any variances in progress notes

<table>
<thead>
<tr>
<th>Date</th>
<th>Blood pressure (seated)</th>
<th>Weeks/ gestation calc</th>
<th>Gestation clinical (cm)</th>
<th>Presentation</th>
<th>Descent/ Fils above brim</th>
<th>Fetal heart rate</th>
<th>Fetal movements</th>
<th>Liquor</th>
<th>Weight (if required)</th>
<th>Urinalysis (f required)</th>
<th>Smoking (yes / no)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Notes:

Registered Interpreter present? □ Y □ N

Name:  
Position:  
Signature:  

Notes:

Registered Interpreter present? □ Y □ N

Name:  
Position:  
Signature:  

Notes:

Registered Interpreter present? □ Y □ N

Name:  
Position:  
Signature:  

Notes:

Page 14 of 20
Visit Notes 2 of 4

All hospital staff document any variances in progress notes

<table>
<thead>
<tr>
<th>Date</th>
<th>Blood pressure (seated)</th>
<th>Weeks/ gestation cab</th>
<th>Gestation clinical (cm)</th>
<th>Presentation</th>
<th>Decent/ Fifths above brim</th>
<th>Fetal heart rate</th>
<th>Fetal movements</th>
<th>Liquor</th>
<th>Weight (if required)</th>
<th>Urinalysis (if required)</th>
<th>Smoking (yes / no)</th>
</tr>
</thead>
</table>

Notes:

Registered Interpreter present? ☐ Y ☐ N

Name: ____________________________  Position: ____________________________  Signature: ____________________________

Notes:

Registered Interpreter present? ☐ Y ☐ N

Name: ____________________________  Position: ____________________________  Signature: ____________________________

Notes:

Registered Interpreter present? ☐ Y ☐ N

Name: ____________________________  Position: ____________________________  Signature: ____________________________

Notes:

Registered Interpreter present? ☐ Y ☐ N

Name: ____________________________  Position: ____________________________  Signature: ____________________________

Notes:

Registered Interpreter present? ☐ Y ☐ N

Name: ____________________________  Position: ____________________________  Signature: ____________________________

Notes:
Visit Notes 3 of 4

All hospital staff document any variances in progress notes

<table>
<thead>
<tr>
<th>Date</th>
<th>Blood pressure (seated)</th>
<th>Weeks/ gestation calc</th>
<th>Gestation clinical (cm)</th>
<th>Presentation</th>
<th>Descent/ Filths above brim</th>
<th>Fetal heart rate</th>
<th>Fetal movements</th>
<th>Liquor</th>
<th>Weight (if required)</th>
<th>Urinalysis (if required)</th>
<th>Smoking (yes / no)</th>
</tr>
</thead>
</table>

Notes:

Registered interpreter present? □ Y □ N
Name: ____________________________
Position: ________________________
Signature: _______________________

Notes:

Registered interpreter present? □ Y □ N
Name: ____________________________
Position: ________________________
Signature: _______________________

Notes:

Registered interpreter present? □ Y □ N
Name: ____________________________
Position: ________________________
Signature: _______________________

Notes:

Registered interpreter present? □ Y □ N
Name: ____________________________
Position: ________________________
Signature: _______________________

Notes:

Registered interpreter present? □ Y □ N
Name: ____________________________
Position: ________________________
Signature: _______________________

Notes:

Registered interpreter present? □ Y □ N
Name: ____________________________
Position: ________________________
Signature: _______________________

Notes:
Visit Notes 4 of 4

<table>
<thead>
<tr>
<th>Date</th>
<th>Blood pressure (seated)</th>
<th>Weeks/gestation c/e</th>
<th>Gestation clinical (cm)</th>
<th>Presentation</th>
<th>Descent/Filths above brim</th>
<th>Fetal heart rate</th>
<th>Fetal movements</th>
<th>Liquor</th>
<th>Weight (if required)</th>
<th>Urinalysis (if required)</th>
<th>Smoking (yes/no)</th>
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</tbody>
</table>

Notes:

Registered interpreter present? □ Y □ N
Name: ____________________________
Position: ________________________
Signature: ______________________

Notes:

Registered interpreter present? □ Y □ N
Name: ____________________________
Position: ________________________
Signature: ______________________

Notes:

Registered interpreter present? □ Y □ N
Name: ____________________________
Position: ________________________
Signature: ______________________

Notes:

Registered interpreter present? □ Y □ N
Name: ____________________________
Position: ________________________
Signature: ______________________

Notes:

Registered interpreter present? □ Y □ N
Name: ____________________________
Position: ________________________
Signature: ______________________

Notes:
Tobacco Screening Tool

Smoking is proven harmful to mothers and their unborn children. To help smokers there is smoking cessation support available.

**Date:** \_
**Gestation:** \_
☐ Clinician has advised that smoking is harmful to mothers and unborn children

<table>
<thead>
<tr>
<th>Which of these statements best describes your current smoking?</th>
<th>☐ I have never smoked</th>
<th>☐ I smoke daily now, about the same as before finding out I was pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ I smoke daily now, but I've cut down since finding out I was pregnant</td>
<td>☐ I smoke every once in awhile</td>
</tr>
<tr>
<td></td>
<td>☐ I quit smoking since finding out I was pregnant</td>
<td>☐ I wasn't smoking around the time I found out I was pregnant – I had smoked within the last 12 months</td>
</tr>
</tbody>
</table>

If currently smoking, number of cigarettes per day: \_

Does your partner smoke?  ☐ Yes ☐ No ☐ N/A

Does anyone residing in or regularly visiting your household smoke?  ☐ Yes ☐ No ☐ N/A

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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers to quitting</td>
<td>☐ Withdrawal/cravings</td>
<td>☐ Partner smoking</td>
<td>☐ Weight gain</td>
<td>☐ Stress</td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

Notes: \_

**Benefits of quitting**

- Pregnancy
  - ☐ Oxygen and nutrients to baby
  - Normal birth weight
  - ☐ Risk of complicated birth
  - ☐ Risk of pre-term birth
- Baby
  - ☐ More settled
  - ☐ Risk of SIDS, asthma
  - Baby more likely to be discharged with mother
  - ☐ Fewer colds, ear, respiratory infections
- ☐ Breastfeeding
  - ☐ Intention to breastfeed / duration of feeding
  - ☐ No chemicals in milk to baby
  - ☐ Familial
  - ☐ Risks of passive smoking
  - ☐ Healthy environment
  - ☐ Mother / partner
  - ☐ Self esteem
  - ☐ Cancers
  - ☐ Cardiac / respiratory disease
  - ☐ Energy, breath easier
  - ☐ Save money

**Education**

- ☐ Affirm positive change
- ☐ Give encouragement
- ☐ Discuss supports: GP, Quitline
- ☐ Discuss nicotine replacement therapy (NRT)

**Written resources given (for mother)**

- ☐ Yes ☐ Declined

**Written resources given (for partner)**

- ☐ Yes ☐ Declined

☐ Quitline number offered 13 QUIT (13 7846) ☐ Quitline declined

**Referral to Indigenous Health Clinic**

- ☐ Faxed ☐ Declined ☐ N/A

**Please complete the following at every opportune visit for smokers and recent quitters**

<table>
<thead>
<tr>
<th>Visit date</th>
<th>Weeks gestation</th>
<th>1. Cigarettes per day</th>
<th>2. Quitting stage</th>
<th>3. Advice offered</th>
<th>Benefits of quitting</th>
<th>4. Support / Assistance given</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5</td>
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<td></td>
</tr>
</tbody>
</table>
Alcohol and Drug Screening Tool

DURING THIS PREGNANCY:

1. Ask

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often have you had a drink containing alcohol in it?</td>
<td></td>
</tr>
<tr>
<td>□ Never (0)</td>
<td></td>
</tr>
<tr>
<td>□ 2 to 3 times a week (3)</td>
<td></td>
</tr>
<tr>
<td>□ 4 or more times a week (4)</td>
<td></td>
</tr>
<tr>
<td>□ Monthly or less (1)</td>
<td></td>
</tr>
<tr>
<td>□ 2 to 4 times a month (2)</td>
<td></td>
</tr>
<tr>
<td>How many standard drinks have you had on a typical day when drinking?</td>
<td></td>
</tr>
<tr>
<td>□ 1 or 2 (1)</td>
<td></td>
</tr>
<tr>
<td>□ 3 or 4 (1)</td>
<td></td>
</tr>
<tr>
<td>□ 5 or 6 (2)</td>
<td></td>
</tr>
<tr>
<td>How often have you had six (6) or more standard drinks on one occasion?</td>
<td></td>
</tr>
<tr>
<td>□ Less than monthly (1)</td>
<td></td>
</tr>
<tr>
<td>□ Weekly (3)</td>
<td></td>
</tr>
<tr>
<td>□ Daily or almost daily (4)</td>
<td></td>
</tr>
<tr>
<td>□ Monthly (2)</td>
<td></td>
</tr>
</tbody>
</table>

2. Assess

<table>
<thead>
<tr>
<th>Barriers to stopping drinking</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal/cravings</td>
<td></td>
</tr>
<tr>
<td>Partner drinking</td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

3. Advise

<table>
<thead>
<tr>
<th>Score</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No risk drinking</td>
</tr>
<tr>
<td>1-3</td>
<td>Some risk drinking</td>
</tr>
<tr>
<td>4-5</td>
<td>Risky drinking</td>
</tr>
<tr>
<td>≥ 6</td>
<td>High-risk drinking</td>
</tr>
</tbody>
</table>

- Congratulate and reinforce no safe level of drinking whilst pregnant
- Reinforce there is no safe level of drinking whilst pregnant
- May indicate harm for baby
- Reinforce benefits of stopping at any time
- Discuss potential effects of current drinking levels, including health concerns for both mother and baby
- Fetal Alcohol Spectrum Disorder (FASD)
- If unsure or ready to cut down or stop: ask how confident she is about succeeding
- ask if she would like some assistance
- offer referral to local support service

4. Support

- Affirm positive change
- Give encouragement
- Discuss supports—family, GP, ATODS

Education

Written resources given (for mother) □ Yes □ Declined
Written resources given (for partner) □ Yes □ Declined
Referral to local support service □ Faxed □ Declined (midwife to follow up at next visit)
Referral to Indigenous Health Clinic □ Faxed □ Declined (midwife to follow up at next visit) □ N/A

Please complete the following at every opportunity visit

<table>
<thead>
<tr>
<th>Visit date</th>
<th>Weeks gestation</th>
<th>1. Drinks per day</th>
<th>2. Stage of readiness (As above, in ASSESS)</th>
<th>3. Advice offered (Risks of drinking)</th>
<th>4. Support / Assistance given / Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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</tbody>
</table>

Drug Screening

In the past 3-6 months have you used any prescribed, non-prescribed or herbal drugs? □ Yes □ No

If Yes, specify: ____________________________________________________________
- refer to local support service for assessment and ongoing support.

Ask again:

<table>
<thead>
<tr>
<th>Visit date 1</th>
<th>Weeks gestation</th>
<th>Support / Assistance given</th>
<th>Visit date 2</th>
<th>Weeks gestation</th>
<th>Support / Assistance given</th>
</tr>
</thead>
</table>

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## Appointments

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Type of Appointment</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## Antenatal Education Classes

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Type of Appointment</th>
<th>Where</th>
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### Acknowledgements

This document has been an initiative of the Queensland Health Statewide Maternity and Neonatal Clinical Network including the Queensland Health Antenatal Hand Held Steering Committee and Working Group.

We wish to thank the South Australian Department of Health, Townsville Health Service, Royal Brisbane and Woman’s Health and the Southern Area Health Service Maternity Network for providing their pregnancy health records to aid in the design of this document.
Fig. S2. MSEHR home page.