NSW GOVERNMENT

NSW Health

Facility:

ANTENATAL RECORD

Summary of considerations for this pregnancy

FAMILY NAME	MRN
GIVEN NAMES	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Plan for pregnancy care

Plan for labour and birth

Date	Weight	U/A*	BP*	Gest.*	FH (cm)*	Pres. / Pos.*	Engage. /5*	FHR*	FMF*	Comments	Initials / Desig.	Next Visit Date	Next Visit Time
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CONFIDENTIAL Do not circulate

Pre-pregnancy BMI	Target weight gain this pregnancy	Target weight gain identified and discussed. Tick appropriate box
<18.5	12.5-18kg	☐
18.5-24.9	11.5-16kg	☐
25-29.9	7-11.5kg	☐
≥30	5-9kg	☐

Vaccine	Date	Initials
dTpa: Diphtheria Tetanus Pertussis (Whooping Cough)		
Influenza		
Respiratory Syncytial Virus (RSV)		

Anti D	Date	Initials
28 weeks		
34 weeks		

*Glossary

BP = Blood Pressure; Desig = Designation; Engage. = Engagement; FH = Fundal Height; FMF = Fetal Movements Felt; FHR = Fetal Heart Rate; Gest = Gestation; Pres / Pos = Presentation and Position; U/A = Urinalysis

After the birth of baby copy both sides of this card and place into the woman's health record and return original to the woman

SMR060455

BINDING MARGIN - NO WRITING

Holes Punched as per AS2828.1: 2019