Mother

UHPI Number	CHI Number	First Forename	Surname	Date of Birth
700023046K	0706861108	Vikki	Scoular	6/7/86

Children

UHPI Number	CHI Number	First Forename	Surname	Date of Birth
701018123K	0510140947	Tahlia	Banjoko	10/5/14
701137302V	2009168372	Maleek	Banjoko	9/20/16
701217745B	1101180773	Moruff	Banjoko	1/11/18
701217746E	1101180811	Marley	Banjoko	1/11/18

Special Features Plan

Special Features Plan	Discussed feeding - wishes to mix feed
Create User/Date/Time	Catriona Lipsham - 16/08/2016 - 14:59
Last Update User/Date/Time	Catriona Lipsham - 16/08/2016 - 14:59

Neonatal Management Plan

Neonatal Management Plan	mum taking 4x 30mg df118 a day for ongoing siatic problem Aware that baby my withdraw and aware of signs of this
Create User/Date/Time	Catriona Lipsham - 16/08/2016 - 15:00
Last Update User/Date/Time	Catriona Lipsham - 16/08/2016 - 15:00

AN Booking Part 1

Height (in metres)	1.66
Weight (in Kgs)	97.8
BMI	35.5
Blood Group	A
Rhesus status	Rh Positive
Occupation	college / support worker
Have you been taking Folic acid?	No
Folic acid dose	<12weeks 400mcg
Have you been taking vitamin D	Y
Have you been taking Healthy Start vitamins	Y
Have you been taken any other pregnancy vitamins/supplements	
What do you know about healthy eating during pregnancy?	aware
Do you have any special dietary needs?	
Dietetic referral made	
Dietetic details	
What do you know about the benefits of physical activity in pregnancy?	advised
Advice given	
Do you go to the Dentist regularly	yes
Are there any health and safety issues related to your work?	

AN Booking Part 1

Previous history	
Age >35	
BMI >30	
Parity >4	
Medical history	
Other	
Thrombosis Risk	Moderate
Have you ever had a general anaesthetic	No
Previous difficult intubation	
Sensitivity to anaesthetic drugs	
Abnormal spinal, neck or facial anatomy	
Family/personal history of Suxamethonium apnoea or malignant hyperpyrexia	
weight> 120kg	
Anaesthetic referral sent?	
Have you ever had a cervical smear?	Yes
Date of smear	2015
Comments (inc colposcopy referral/treatment)	
Next smear due?	2018
What do you know about drinking alcohol in pregnancy?	nil
How many units of alcohol did you drink each day before you were pregnant?	0
How many units of alcohol a day are you drinking now	0
How many units of alcohol do you drink in an	0

AN Booking Part 1

average week	
If drinking, are you drinking at home, in clubs/ pubs	0
Offer patient a brief intervention if pregnant and drinking alcohol	
Offer patient a brief intervention if prior to pregnancy alcohol consumption above recommended limits	
Referral for advice on reducing drinking	
Consent for follow up	
What do you know about smoking in pregnancy?	
Have you smoked in the 12 months prior to pregnancy?	Current smoker
Date stopped	
Number per day	20
CO level	13
CO Date	2/4/16
Do you or anyone in the household currently smoke?	N
Are you interested in getting help to stop?	Yes
Referral made to smoking cessation service	
Smoking Brief Intervention offered	
Risks on exposure to cigarette smoke whilst pregnant explained	
Have you used any street drugs, gas or glue in the last year?	No
If yes - are you currently using any street drugs, gas or glue?	No

AN Booking Part 1

Substances used	None
Have you ever injected drugs?	No
Are there signs of Problem Drug Use	No
Referral for advice on substance abuse	
Referred to Substance Misuse Midwife	
Outcome of referrals	
Do you currently or have you ever attended an addiction service (inc smoking and alcohol)	
Addiction Service Details	
Self harm	No
Self Harm Details	
Overdose	No
Overdose Details	
Are you taking any prescribed medication - currently or recently stopped?	dihydrocodine 4x 30mg daily stopped ibuprofen and chlorphenamine
Are you taking any over the counter preparations or medications not prescribed?	
During the past month, have you often been bothered by feeling down, depressed or hopeless?	N
During the past month, have you often been bothered by having little interest or pleasure in doing things?	N
If yes to either question – is this something you feel you need or want help with?	
Are any of the problems on-going at the moment?	
Are you getting any help with the problems at the moment?	

AN Booking Part 1

Details of any agency providing mental health support	
Are they aware of current pregnancy?	
MH referral needed	
MH referral details	
MW Countersigning StM signature	
Create User/Date/Time	Catriona Lipsham - 04/02/2016 - 15:09
Last Update User/Date/Time	Alison McMorrin - 12/02/2016 - 16:14
**** Archive Data ****	
Cervical smear	
Pattern of alcohol use	
Oral drug misuse(inc. Dispensing)	
Other Intravenous drug use	
How many units of alcohol were you drinking prior to pregnancy being confirmed	
Referred to CDPS	
Risks explained	
Are you exposed to cigarette smoke at home?	
How many units of alcohol did you drink each week before you became pregnant	
What was the maximum units of alcohol you would drink per day before you became pregnant	
Have the risks of drinking alcohol in pregnancy been explained to you	

AN Booking Part 2

Do you have Support Needs	Yes
Are you still in school	No
Are you living in or leaving looked after care services	Yes
Do you feel you have someone to support you through the pregnancy	Yes
Are you in temporary housing	Yes
Do you need further advice on finances benefits or housing issues	No
Qualifies for Healthy Start Vouchers	Y
Referral to income maximisation services	
Money and debt advice services	
Financial capability support	
If you have other children do they live with you	Yes
Who looks after them	
Have you ever needed social work assistance	No
Have you ever been involved in the Criminal Justice System?	N
Do you have difficulty reading	No
Do you have difficulty filling in forms or writing letters	No
Do you consider yourself to have a physical disability	No
Do you consider yourself to have a mental disability or learning difficulties	No
Do you get support or have you ever had support with independent living?	N
Support referral needed	

AN Booking Part 2

Support referral details	
Social work	
Social work - Job Title	
Health Visitor/Public Health Nurse	
Health Visitor/Public Health Nurse - Job Title	
Other involved workers	
Other involved workers - Job Title	
Religious & Cultural Comments	
Is Blood Transfusion acceptable to you	Yes
Blood Transfusion Comments	
Was the patient asked about female genital cuttings or piercings?	
If no, why was the question not asked?	
Other reason	
Did the patient disclose having cuttings or piercings done?	
Further details	
Was the patient referred to a Alnisa Midwife?	
Refugee or asylum seeker	
Have you had a full medical examination since arriving in the UK?	
Referred to GP	
Family member with TB in last 5 years	
Has either parent or any grandparent been born in a high prevalence area	
Is family member likely to live for > 3 months in a high prevalence area	
Baby requires BCG	

AN Booking Part 2

State country if Family from country with high prevalence TB	
TB Risk	Yes
TB Comments	
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes	N
Parent Education class - Interested?	No
Leaflets given	Yes
Antenatal education sessions discussed	
Date	
Booked to attend (AN education sessions)	
Your guide to screening tests during pregnancy	Y
FW8 Maternity exemption form	N
Mat B1	
Parent's Guide to Money	
Guide to maternity benefits	
Pregnancy and work	
Ready Steady Baby	Y
information on wearing a car seat belt	
Reduce the risk of cot death	
Off to a good start all you need to know about B/F	
Breast feeding and returning to work	
Your guide to newborn screening tests	
Your baby's hearing screen	
BCG and your baby	

AN Booking Part 2

Talking about postnatal depression	
How to stop smoking & stay stopped	
Any other information leaflets given	
Importance of skin to skin contact	
Baby led feeding	
Rooming in / Keeping baby near	
Benefits of B/F to the baby	Yes
Benefits of B/F to mother	Yes
Effective positioning & attachment	
Effect of teats, dummies & nipple shields	
No other food or drink needed for 6 months	
DVD - From Bump to Breastfeeding	
DVD discussed - date	
If mother declines any part of feeding discussion - please detail	
Comments	
MW Countersigning StM signature	
Create User/Date/Time	Catriona Lipsham - 04/02/2016 - 15:23
Last Update User/Date/Time	Catriona Lipsham - 04/02/2016 - 15:23
**** Archive Data ****	
Attended Infertility clinic	
RS	
Breasts	
CNS	

AN Booking Part 2

CVS	
Are you affected by Domestic abuse	
Breast feeding discussed/charter	
Other screening	
HEBS leaflet	
Folic Acid supplements	
Female genital cutting or piercing	
Female genital cutting or piercing Comments	
Help available with feeds	
Baby's sleeping place	
Infant feeding check list	
Your baby your choice	
Routine Blood tests inc. HIV	
Hospital information	
Vitamin K information	
Health in Pregnancy Grant	

Antenatal check

Gestation (in weeks)	9.5
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	np
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	
Fetal movement felt (Archived)	No
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	No
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	130
Diastolic blood pressure	80
Oedema	
Oedema present	
Urinalysis	
Urinalysis abnormalities	
Comments	booking appt nausia and vomiting aware to see gp if persists routine bloods taken with consent last ate >2hrs cub screen declined consents to detailed scan has plan with gp to reduce and stop DF118 Also plans to make early referal to physio
Plans for care	next appt 7 weeks
MW Countersigning StM signature	
Create User/Date/Time	Catriona Lipsham - 04/02/2016 - 15:44

Antenatal check

Last Update User/Date/Time	Catriona Lipsham - 04/02/2016 - 15:44

Antenatal check

Gestation (in weeks)	16.6
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	17
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	145
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Yes
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	135
Diastolic blood pressure	82
Oedema	Yes
Oedema present	fingers/hands,ankles
Urinalysis	
Urinalysis abnormalities	
Comments	c/o siatica ++ finding this increasingly difficultt to manage ias reducing cocodamol 15/500 2tabs 3-4 times a day waiting on physio appt. fhhr fmf discussed lasrc
Plans for care	next appt 6 weeks
MW Countersigning StM signature	
Create User/Date/Time	Catriona Lipsham - 29/03/2016 - 09:31
Last Update User/Date/Time	Catriona Lipsham - 29/03/2016 - 09:31

Antenatal check

Gestation (in weeks)	22
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	22.6
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	136
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Yes
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	120
Diastolic blood pressure	70
Oedema	Yes
Oedema present	fingers/hands
Urinalysis	
Urinalysis abnormalities	
Comments	generally well fhhr fmf aware to call triage if concerned Larc discussed advised re pertusis
Plans for care	next appt 6 weeks
MW Countersigning StM signature	
Create User/Date/Time	Catriona Lipsham - 10/05/2016 - 16:00
Last Update User/Date/Time	Catriona Lipsham - 10/05/2016 - 16:00

Antenatal check

Gestation (in weeks)	29
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	31.5
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	138
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Yes
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	120
Diastolic blood pressure	78
Oedema	No
Oedema present	
Urinalysis	abnormalities
Urinalysis abnormalities	Trace Protein,Leucocytes
Comments	Carple tunnel symptoms described- had this in previous pregnancy. advice given. No headaches/visual disturbances/oedema 28 week bloods taken with consent - G&S FBC and Random Glucose.ate >2hrs ago MSU sent had growth scan last wk, has forgot notes to plot told normal but on larger side. has cut down smoking Affirm discussed- Vikki happy with these. will book pertusis
Plans for care	5w

Antenatal check

MW Countersigning StM signature	
Create User/Date/Time	Kirstie Anne Woolner - 22/06/2016 - 11:41
Last Update User/Date/Time	Kirstie Anne Woolner - 22/06/2016 - 11:44

Antenatal check

Gestation (in weeks)	34
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	34.5
Lie	Longitudinal
Back on	left
Presentation	Cephalic
Presentation /5ths palpable	Free
Position	
Fetal heart rate	138
Fetal movement felt (Archived)	Too early
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Too early
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	120
Diastolic blood pressure	70
Oedema	Yes
Oedema present	fingers/hands
Urinalysis	abnormalities
Urinalysis abnormalities	Leucocytes
Comments	leucocytes in urine but asymptomatic FMF, affirm discussed, fhhr 138bpm no decel noted over a minute becoming anxious ?due to partners visa tribunal etc - has seen GP - advised to maintain contact with GP re this non pitting oedema to feet and hands reports carpal tunnel flaring up, has physio number - advised to contact FBC with consent, currently on iron
Plans for care	
MW Countersigning StM signature	
Create User/Date/Time	Olwen M Traquair - 27/07/2016 - 10:58
Last Update User/Date/Time	Olwen M Traquair - 27/07/2016 - 10:58

Antenatal check

Gestation (in weeks)	36.6
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	37
Lie	Longitudinal
Back on	
Presentation	Breech
Presentation /5ths palpable	
Position	
Fetal heart rate	128
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Yes
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	118
Diastolic blood pressure	74
Oedema	Yes
Oedema present	fingers/hands,ankles
Urinalysis	abnormalities
Urinalysis abnormalities	Protein+
Comments	genrally well aware of some braxton hick like pain and ongoing siatic pain advised Taking DF118 for this aware of side effects ?? breech plan for presentation scan tomorrow at 10.30
Plans for care	next appt
MW Countersigning StM signature	
Create User/Date/Time	Catriona Lipsham - 16/08/2016 - 15:15
Last Update User/Date/Time	Catriona Lipsham - 16/08/2016 - 15:15

Antenatal check

Gestation (in weeks)	39
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	39
Lie	Longitudinal
Back on	left
Presentation	Cephalic
Presentation /5ths palpable	4/5ths
Position	
Fetal heart rate	140
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Yes
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	120
Diastolic blood pressure	70
Oedema	No
Oedema present	
Urinalysis	No Sample
Urinalysis abnormalities	
Comments	fmf, affirm discussed, fhhr 140bpm no decels noted over a minute
Plans for care	
MW Countersigning StM signature	
Create User/Date/Time	Olwen M Traquair - 31/08/2016 - 10:45
Last Update User/Date/Time	Olwen M Traquair - 31/08/2016 - 10:52

Antenatal tests - planning

Booking bloods & MSU - Offered	Y
Booking bloods & MSU - Accepted	Y
Booking bloods & MSU - Date taken	2/4/16
Repeat BI Group & Antibody check - Offered	
Repeat BI Group & Antibody check - Accepted	N
Repeat BI Group & Antibody check - Date taken	
Repeat FBC - Offered	
Repeat FBC - Accepted	
Repeat FBC - Date taken	
Have you received info on Pertussis vaccine ?	
Have you received the Pertussis vaccine?	
Pertussis Vaccine Date	
Repeat RBG - Offered	
Repeat RBG - Accepted	
Repeat RBG - Date taken	
Prophylactic Anti D - Req'd /discussed	
Prophylactic Anti D - Offered	
Prophylactic Anti D - Accepted	
Prophylactic Anti D - Date taken	
Prophylactic Anti D - Gestation	
Prophylactic Anti D - Batch	
Prophylactic Anti D - Dose	
Has the Anti D info leaflet been given?	
Chlamydia - opportunistic testing for < 20 yr olds - Offered	
Chlamydia - opportunistic testing for < 20 yr olds - Accepted	
Chlamydia - opportunistic testing for < 20 yr olds - Date taken	
Which tests declined - inc reason	
HIV - Discussed & offered	Y
HIV - Date discussed & offered	2/4/16

Antenatal tests - planning

HIV - Accepted	Yes
HIV recounselled	
HIV - Date taken	2/4/16
HIV - Comments	
HIV - Result returned	
HIV - Actioned if abnormal	
Hepatitis B - Discussed & offered	Y
Hepatitis B - Date discussed & offered	2/4/16
Hepatitis B - Accepted	Yes
Hepatitis B recounselled	
Hepatitis B - Date taken	2/4/16
Hepatitis B - Comments	
Hepatitis B - Result returned	
Hepatitis B - Actioned if abnormal	
Hepatitis C - Discussed & offered	
Hepatitis C - Date discussed & offered	
Hepatitis C - Accepted	
Hepatitis C recounselled	
Hepatitis C - Date taken	
Hepatitis C - Comments	
Hepatitis C - Result returned	
Hepatitis C - Actioned if abnormal	
Syphilis - Discussed & offered	Y
Syphilis - Date discussed & offered	2/4/16
Syphilis - Accepted	Yes
Syphilis recounselled	
Syphilis - Date taken	2/4/16
Syphilis - Comments	
Syphilis - Result returned	
Syphilis - Actioned if abnormal	
Rubella - Discussed & offered	Y
Rubella - Date discussed & offered	2/4/16
Rubella - Accepted	Y
Rubella - Date taken	2/4/16
Rubella - Comments	
Rubella - Result returned	
Rubella - Actioned if abnormal	

Antenatal tests - planning

Rubella - Actioned if abnormal	
Haemoglobinopathy - Have you been screened for Haemoglobinopathy before?	
Haemoglobinopathy - Date	
Haemoglobinopathy - Status	
Haemoglobinopathy - Has baby's father been offered screening?	
Haemoglobinopathy - Date father offered screening	
Thalassaemia - Discussed & offered	Y
Thalassaemia - Date discussed & offered	2/4/16
Thalassaemia - Accepted	Y
Thalassaemia - Date taken	2/4/16
Thalassaemia - Comments	
Thalassaemia - Result returned	
Thalassaemia - Actioned if abnormal	
Sickle Cell - Discussed & offered	Y
Sickle Cell - Date discussed & offered	2/4/16
Sickle Cell - Accepted	Y
Sickle Cell - Date taken	2/4/16
Sickle Cell - Comments	
Sickle Cell - Result returned	
Sickle Cell - Actioned if abnormal	
Written information given and discussed (FTS)	
Date discussed and offered (FTS)	
Accepted and consented (FTS)	N
Accepted and consented to (FTS)	
Comments (FTS)	
Result returned (FTS)	
Actioned if abnormal (FTS)	
Date consented (FTS)	2/4/16
Date sample taken (FTS)	
Written information given and discussed (STS)	
Date discussed and offered (STS)	
Accepted and consented (STS)	
Accepted and consented to (STS)	

Antenatal tests - planning

Comments (STS)	
Result returned (STS)	
Actioned if abnormal (STS)	
Date consented (STS)	
Date sample taken (STS)	
Written information given and discussed (NIPT)	
Date discussed and offered (NIPT)	
Accepted and consented to (NIPT)	
Reason for NIPT (old)	
Directed to electronic information (old)	
Women's choice	
Test result	
Date sample taken (NIPT)	
Date of test result	
Repeat sample result	
Date of repeat sample result	
Abnormal Results - Action taken	
Dating scan - Discussed & offered	Y
Dating scan - Accepted	Y
Nuchal Translucency scan 11-13 wks - Discussed & offered	Y
Nuchal Translucency scan 11-13 wks - Accepted	
Fetal Anomaly scan - Discussed & offered	Y
Fetal Anomaly scan - Accepted	Y
Detailed scan - Discussed & offered	Y
Detailed scan - Accepted	Y
Detailed scan - Weeks	
Detailed scan - Card given to woman	
Growth Scan 1 - Arranged	
Growth Scan 1 - Date arranged for	
Growth Scan 1 - Comments	
Growth Scan 2 - Arranged	
Growth Scan 2 - Date arranged for	
Growth Scan 2 - Comments	
Growth Scan 3 - Arranged	

Antenatal tests - planning

Growth Scan 3 - Date arranged for	
Growth Scan 3 - Comments	
Other Scans	
MW Countersigning StM signature	
Create User/Date/Time	Catriona Lipsham - 04/02/2016 - 15:58
Last Update User/Date/Time	Catriona Lipsham - 04/02/2016 - 15:58
**** Archive Data ****	
Screening for Spina Bifida due	
Repeat FBC - Due	
Screening for Down's syndrome - due	
Repeat BI group and Antibody check - due	
Screening for Haemaglobinopathy - due	
Screening for Edwards Syndrome - Due	
Repeat Random Blood Glucose - due	
Screening for Haemaglobinopathy - done	
Screening for Haemoglobinopathy required	
Repeat Random Blood Glucose required	
Repeat FBC required	
Repeat Blood group and Antibody check Required	
Screening for Spina Bifida - Done	
Screening for Edwards Syndrome - Done	
Chlamydia (if under 25) required	
Woman has information for vaccination programme	
Have you been vaccinated recently for swine flu?	
Swine flu vacc date	
Down's Syndrome offered	Y
Down's Syndrome offered date	2/4/16
Down's -2- offered	
Down's -2- offered date	

Day Assessment Unit

Referred by	DO NOT USE Craigmillar Team
Referred by - Other	
Reason for referral	Malpresentation
Gestation (in weeks)	37
Maternal Temperature	
Pulse	
Systolic Blood Pressure	
Diastolic Blood Pressure	
Systolic BP - Electronic	
Diastolic BP - Electronic	
Visual disturbance	
Headaches	
Epigastric Pain	
How are you feeling	
Urinalysis	
Urinalysis - abnormalities	
Oedema	
Oedema present	
Blood Pressure Profile performed	
Fundal height	np
Lie	Longitudinal
Presentation	Cephalic
ECV discussed/info given	
ECV offered	
ECV Accepted	
ECV Details	
Fetal Position	
Presenting part /5ths palpable	4/5ths palpable
Membranes	
Membrane rupture date	
Membrane rupture time	
Liquor	
Fetal Heart	

Day Assessment Unit

Fetal movements felt (by mother)	Yes
CTG required	
Fetal heart baseline	
3 accelerations	
Unreactive	
Variability	
Decelerations	
Acceptable	
Difficult to interpret	
No of Contractions in 10 mins	
Baseline FH2	
3 Accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Acceptable - FH2	
Difficult to interpret - FH2	
Amniotic fluid index	
Amniotic Fluid Score	
Fetal Tone Score	
Fetal Movement Score	
Fetal Breathing Score	
Bio-physical score	<BLANK>^Blank value for variable "Fetal Tone Score"
Score	0.00
VE Indication	
Verbal consent obtained	
Cervical position	
Cervical consistency	
Cervical effacement/length	
Cervical dilation	
Presenting part	
Relation to Ischial Spines	
Fetal position	
Caput	
Moulding	
Fetal heart after exam	

Day Assessment Unit

Comments	referred to DAU for presentation uss FHS cephalic presentation LV normal
Follow up	
Diagnosis	
M/W countersigning STM	
Create User/Date/Time	Jane CM McKinnon - 17/08/2016 - 11:23
Last Update User/Date/Time	Jane CM McKinnon - 17/08/2016 - 11:23

Day Assessment Unit

Referred by	DO NOT USE Craigmillar Team
Referred by - Other	
Reason for referral	Pre Induction of Labour
Gestation (in weeks)	41.5
Maternal Temperature	
Pulse	
Systolic Blood Pressure	
Diastolic Blood Pressure	
Systolic BP - Electronic	
Diastolic BP - Electronic	
Visual disturbance	
Headaches	
Epigastric Pain	
How are you feeling	
Urinalysis	
Urinalysis - abnormalities	
Oedema	
Oedema present	
Blood Pressure Profile performed	
Fundal height	np
Lie	
Presentation	
ECV discussed/info given	
ECV offered	
ECV Accepted	
ECV Details	
Fetal Position	
Presenting part /5ths palpable	
Membranes	
Membrane rupture date	
Membrane rupture time	
Liquor	
Fetal Heart	
Fetal movements felt (by mother)	

Day Assessment Unit

CTG required	
Fetal heart baseline	
3 accelerations	
Unreactive	
Variability	
Decelerations	
Acceptable	
Difficult to interpret	
No of Contractions in 10 mins	
Baseline FH2	
3 Accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Acceptable - FH2	
Difficult to interpret - FH2	
Amniotic fluid index	
Amniotic Fluid Score	
Fetal Tone Score	
Fetal Movement Score	
Fetal Breathing Score	
Bio-physical score	<BLANK>^'Fetal Tone Score' Blank value for variable
Score	0.00
VE Indication	
Verbal consent obtained	
Cervical position	
Cervical consistency	
Cervical effacement/length	
Cervical dilation	
Presenting part	
Relation to Ischial Spines	
Fetal position	
Caput	
Moulding	
Fetal heart after exam	
	I Groen RM

Day Assessment Unit

Comments	30 year old 1+0 at 41.5 weeks gestation On scan Single live fetus Longitudinal cephalic presentation Fetal back ROT Fetal heart, stomach and bladder seen LV AFI 7.4 cm
Follow up	
Diagnosis	
M/W countersigning STM	
Create User/Date/Time	Inge Groen-van den Berg - 19/09/2016 - 16:01
Last Update User/Date/Time	Inge Groen-van den Berg - 19/09/2016 - 16:01

Telephone Triage and Assessment

Return phone number	0
Time of Call	23:00
Has this woman called before?	0
Caller	self
Relationship to Woman	
Current location	Home
Travel time to hospital	
Type of Call	Antenatal
Gestation (in weeks)	22.0
Past Obstetric History	
Additional Info	
Call Reason	Vaginal bleeding
Call Reason other	
Contractions	
Frequency - 1 in	
Strength	
Duration (seconds)	
Show	
Comments	
SROM	N
Liquor - colour	
Are you having normal fetal movements?	
Bleeding	
PV Discharge	N/A
Are you Rhesus Negative?	
Headache	N/A
Visual disturbance	N/A
Oedema	
Abdominal pain	
Urinary symptoms	N
Anxiety or distress	
Additional Information	
Delivery Date	

Telephone Triage and Assessment

Type of delivery	
PN Problem	
Days postnatal	
Clinical Summary	had intercourse this morning no bleeding then has just been to the toilet and noticed streaks of blood through discharge on wiping only no abdo pain 20/40 NAD nil urinary symptoms rhs pos
Advice given	put a pad on overnight if she wakens and there is fresh blood on it or develops any form of abdo pain to call us back patient happy with plan
Assessment as per Triage Pathway	Y
Request to attend unit	
Transport	
Hospital on divert?	
Diverted to	
Follow up	None
MW Countersigning StM signature	
Create User/Date/Time	Sharon M Henderson - 04/05/2016 - 23:06
Last Update User/Date/Time	Sharon M Henderson - 04/05/2016 - 23:06
****** Archive Data ******	
Plan	
Request to attend Unit (old)	
Call outcome	
Call taken by Birth Centre?	
Has this woman called before? (old)	
SROM (old)	
Final outcome if Woman attends	

Mother

UHPI Number	CHI Number	First Forename	Surname	Date of Birth
700023046K	0706861108	Vikki	Scoular	6/7/86

Induction Assessment

Sections 1 & 2

Parity	1+0
Indication for Induction	
Decision for IOL made by	
Date of assessment	9/7/16
Time of assessment	10:39
Explanation Given	Yes
Gestation (in weeks)	40
Type of Assessment	Postdates review
Systolic blood pressure	108
Diastolic blood pressure	65
Fundal height	40
Fetal Heart rate	128
Fetal movements felt?	Yes
Lie	Longitudinal
Back	Left
Presentation	Cephalic
Presenting part /5ths palpable	4/5th palpable

Section 3 - Recurring Updates

Date
Time
Lie (section 3)
Presentation (section 3)
Presenting Part
Uterine Activity
Membranes Ruptured (section 3)
PV Loss (section 3)
Normal CTG - Fetus 1
Normal CTG - Fetus 2
Dilation (section 3)
Length of cervix (section 3)
Station (cm) (section 3)
Consistency (section 3)
Position (section 3)

Induction Assessment

Oedema	Yes
Oedema present	Ankles,Fingers/hands
Urinalysis	Abnormalities
Urinalysis abnormalities	Trace Protein,Leucocytes
PV Loss	Show
Membranes Ruptured	No
Verbal consent obtained	Yes
Woman asked if she wishes chaperone	Yes - Declined
Membrane sweep offered & accepted	Y
Reason if not accepted	
Fetal heart following membrane sweep	134
Dilation	1-2 cm
Length of cervix	2-4 cm
Station (cm)	Spines -3
Consistency	Soft
Position	Posterior
Cervical Score	4
Is this woman's current care low risk?	Y
Is this woman para 3 or less?	Y
Is this woman 10-14 days postdates at date of IOL?	N
Was the maternal age less than 40 at the time of booking?	Y
Is the head 4/5ths or less palpable?	Y
Has this woman had a previous C-section?	No

Cervical Score (section 3)
Membrane Sweep
Induction Agent / Action

Induction Assessment

Is there an Obs management plan in place?	
Discussed with Consultant?	
Medical staff asked to review?	
Name of person booking induction	
Grade	
Is this woman suitable for Outpatient induction	
Outpatient Induction arranged for - date	
Liquor Volume arranged for - date	
Inpatient Induction arranged for - date	
IOL leaflet given	
Details of discussion - risks & benefits	
MW Countersigning StM signature	
Gestation (in weeks)(section 2)	
Type of Assessment (section 2)	
Explanation Given (section 2)	
History of contractions?	
Temperature	
Pulse	
Systolic blood pressure (section 2)	
Diastolic blood pressure (section 2)	
Resps	
Sats	
Mews Score	

Induction Assessment

Fundal height (section 2)	
Fetal Heart rate (section 2)	
Fetal movements felt? (section 2)	
Lie (section 2)	
Back (section 2)	
Presentation (section 2)	
Presenting part /5ths palpable (section 2)	
Oedema (section 2)	
Oedema present (section 2)	
Urinalysis (section 2)	
Urinalysis abnormalities (section 2)	
PV Loss (section 2)	
Membranes ruptured (section 2)	
Any uterine activity?	
Verbal consent obtained (section 2)	
Woman asked if she wishes chaperone (section 2)	
Membrane sweep offered & accepted (section 2)	
Reason if not accepted (section 2)	
Fetal heart following membrane sweep (section 2)	
Dilation (section 2)	
Length of cervix (section 2)	
Station (cm) (section 2)	
Consistency (section 2)	

Induction Assessment

Position (section 2)	
Cervical Score (section 2)	<BLANK>^Blank value for variable "Dilation"
Normal CTG less than 2 hours ago?	
CTG details	
Is this woman's current care low risk? (section 2)	
Is this woman para 3 or less? (section 2)	
Is this woman 10-14 days postdates at date of IOL? (section 2)	
Was the maternal age less than 40 at the time of booking? (section 2)	
Is the head 4/5ths or less palpable? (section 2)	
Has this woman had a previous C-section? (section 2)	
Discussed with Consultant? (section 2)	
Medical staff asked to review? (section 2)	
Suitable for OP Propess?	
Liquor volume within last 48 hours within normal parameters	
Inpatient Induction	
Details if 'No'	
Method of Induction	
If other please state method	
Date Induction agent given	
Time Induction agent given	
Prescribed by	
Administered by	
Details of discussion - risks & benefits (section 2)	

Induction Assessment

Date of OP 12hr review	
Time of OP 12hr review	
IP 12hr review	
Are you having any contractions?	
Comments (on contractions)	
Are you aware of any rupture of membranes?	
Comments (RoM)	
Do you have any bleeding?	
Comments (bleeding)	
Do you have any pain, which is different to any contractions?	
Comments (pain)	
Are you having normal fetal movement for your baby?	
Comments (movement)	
Woman asked to attend?	
Documentation of Induction Process	
MW Countersigning StM signature (section 2)	
Propess removed	
Propess removed date	
Propess removed time	
MW Countersigning StM signature (section 3)	
Create User/Date/Time	Yvonne MA Fee - 07/09/2016 - 10:55
Last Update User/Date/Time	Yvonne MA Fee - 07/09/2016 - 10:55
****** Archive Data ******	

Induction Assessment

Station (cm) (archive)	
Vaginal gel dose	
Vaginal gel given	
Acceptable (dpc)	
Difficult to interpret	
Induction method	
F1 - Fetal Heart monitoring	
F1 - Baseline	
F1 - Accelerations x3	
F1 - Reactive	
F1 - Variability	
F1 - Decelerations	
F1 - Acceptable	
F1 - Non reassuring	
F1 - Reassuring	
F2 - Fetal Heart Monitoring	
F2 - Baseline	
F2 - Accelerations x 3	
F2 - Reactive	
F2 - Variability	
F2 - Decelerations	
F2 - Acceptable	
F2 - Non-reassuring	

Induction Assessment

F2 - Reassuring	
FH before amniotomy	
Amniotomy date	
Amniotomy time	
Liquor volume	
Liquor colour	
Cord/limbs felt	
FH after amniotomy	
Outpatient information leaflet given	
Inpatient 12 hour review	
Suitable for Outpatient Propess	
Inpatient induction with Propess	
Inpatient induction with other method	
Outpatient 12 hour review	
Phone call & form completed	

Induction Assessment

Sections 1 & 2

Parity	1
Indication for Induction	
Decision for IOL made by	
Date of assessment	9/14/16
Time of assessment	12:45
Explanation Given	Yes
Gestation (in weeks)	41
Type of Assessment	Postdates review
Systolic blood pressure	120
Diastolic blood pressure	66
Fundal height	41
Fetal Heart rate	126
Fetal movements felt?	Yes
Lie	Longitudinal
Back	Right
Presentation	Cephalic
Presenting part /5ths palpable	3/5th palpable
Oedema	No
Oedema present	
Urinalysis	No Sample

Section 3 - Recurring Updates

Date
Time
Lie (section 3)
Presentation (section 3)
Presenting Part
Uterine Activity
Membranes Ruptured (section 3)
PV Loss (section 3)
Normal CTG - Fetus 1
Normal CTG - Fetus 2
Dilation (section 3)
Length of cervix (section 3)
Station (cm) (section 3)
Consistency (section 3)
Position (section 3)
Cervical Score (section 3)
Membrane Sweep
Induction Agent / Action

Induction Assessment

Urinalysis abnormalities	
PV Loss	Nil
Membranes Ruptured	No
Verbal consent obtained	Yes
Woman asked if she wishes chaperone	No - None available
Membrane sweep offered & accepted	Y
Reason if not accepted	
Fetal heart following membrane sweep	118
Dilation	1-2 cm
Length of cervix	1-2 cm
Station (cm)	Spines -3
Consistency	Soft
Position	Posterior
Cervical Score	5
Is this woman's current care low risk?	
Is this woman para 3 or less?	
Is this woman 10-14 days postdates at date of IOL?	
Was the maternal age less than 40 at the time of booking?	
Is the head 4/5ths or less palpable?	
Has this woman had a previous C-section?	
Is there an Obs management plan in place?	
Discussed with Consultant?	
Medical staff asked to review?	

Induction Assessment

Name of person booking induction	
Grade	
Is this woman suitable for Outpatient induction	
Outpatient Induction arranged for - date	
Liquor Volume arranged for - date	
Inpatient Induction arranged for - date	
IOL leaflet given	
Details of discussion - risks & benefits	
MW Countersigning StM signature	
Gestation (in weeks)(section 2)	
Type of Assessment (section 2)	
Explanation Given (section 2)	
History of contractions?	
Temperature	
Pulse	
Systolic blood pressure (section 2)	
Diastolic blood pressure (section 2)	
Resps	
Sats	
Mews Score	
Fundal height (section 2)	
Fetal Heart rate (section 2)	
Fetal movements felt? (section 2)	

Induction Assessment

Lie (section 2)	
Back (section 2)	
Presentation (section 2)	
Presenting part /5ths palpable (section 2)	
Oedema (section 2)	
Oedema present (section 2)	
Urinalysis (section 2)	
Urinalysis abnormalities (section 2)	
PV Loss (section 2)	
Membranes ruptured (section 2)	
Any uterine activity?	
Verbal consent obtained (section 2)	
Woman asked if she wishes chaperone (section 2)	
Membrane sweep offered & accepted (section 2)	
Reason if not accepted (section 2)	
Fetal heart following membrane sweep (section 2)	
Dilation (section 2)	
Length of cervix (section 2)	
Station (cm) (section 2)	
Consistency (section 2)	
Position (section 2)	
Cervical Score (section 2)	<BLANK>^Blank value for variable "Dilation"
Normal CTG less than 2 hours ago?	

Induction Assessment

CTG details	
Is this woman's current care low risk? (section 2)	
Is this woman para 3 or less? (section 2)	
Is this woman 10-14 days postdates at date of IOL? (section 2)	
Was the maternal age less than 40 at the time of booking? (section 2)	
Is the head 4/5ths or less palpable? (section 2)	
Has this woman had a previous C-section? (section 2)	
Discussed with Consultant? (section 2)	
Medical staff asked to review? (section 2)	
Suitable for OP Propess?	
Liquor volume within last 48 hours within normal parameters	
Inpatient Induction	
Details if 'No'	
Method of Induction	
If other please state method	
Date Induction agent given	
Time Induction agent given	
Prescribed by	
Administered by	
Details of discussion - risks & benefits (section 2)	
Date of OP 12hr review	
Time of OP 12hr review	
IP 12hr review	

Induction Assessment

Are you having any contractions?	
Comments (on contractions)	
Are you aware of any rupture of membranes?	
Comments (RoM)	
Do you have any bleeding?	
Comments (bleeding)	
Do you have any pain, which is different to any contractions?	
Comments (pain)	
Are you having normal fetal movement for your baby?	
Comments (movement)	
Woman asked to attend?	
Documentation of Induction Process	
MW Countersigning StM signature (section 2)	
Propess removed	
Propess removed date	
Propess removed time	
MW Countersigning StM signature (section 3)	
Create User/Date/Time	Olwen M Traquair - 14/09/2016 - 12:45
Last Update User/Date/Time	Olwen M Traquair - 14/09/2016 - 12:45
****** Archive Data ******	
Station (cm) (archive)	
Vaginal gel dose	
Vaginal gel given	

Induction Assessment

Acceptable (dpc)	
Difficult to interpret	
Induction method	
F1 - Fetal Heart monitoring	
F1 - Baseline	
F1 - Accelerations x3	
F1 - Reactive	
F1 - Variability	
F1 - Decelerations	
F1 - Acceptable	
F1 - Non reassuring	
F1 - Reassuring	
F2 - Fetal Heart Monitoring	
F2 - Baseline	
F2 - Accelerations x 3	
F2 - Reactive	
F2 - Variability	
F2 - Decelerations	
F2 - Acceptable	
F2 - Non-reassuring	
F2 - Reassuring	
FH before amniotomy	
Amniotomy date	

Induction Assessment

Amniotomy time	
Liquor volume	
Liquor colour	
Cord/limbs felt	
FH after amniotomy	
Outpatient information leaflet given	
Inpatient 12 hour review	
Suitable for Outpatient Propess	
Inpatient induction with Propess	
Inpatient induction with other method	
Outpatient 12 hour review	
Phone call & form completed	

Induction Assessment

Sections 1 & 2

Parity	41.2
Indication for Induction	
Decision for IOL made by	
Date of assessment	9/16/16
Time of assessment	16:00
Explanation Given	Yes
Gestation (in weeks)	41
Type of Assessment	Postdates review
Systolic blood pressure	122
Diastolic blood pressure	79
Fundal height	40
Fetal Heart rate	132
Fetal movements felt?	Yes
Lie	Longitudinal
Back	Right
Presentation	Cephalic
Presenting part /5ths palpable	4/5th palpable
Oedema	Yes
Oedema present	Ankles,Fingers/hands
Urinalysis	Abnormalities

Section 3 - Recurring Updates

Date
Time
Lie (section 3)
Presentation (section 3)
Presenting Part
Uterine Activity
Membranes Ruptured (section 3)
PV Loss (section 3)
Normal CTG - Fetus 1
Normal CTG - Fetus 2
Dilation (section 3)
Length of cervix (section 3)
Station (cm) (section 3)
Consistency (section 3)
Position (section 3)
Cervical Score (section 3)
Membrane Sweep
Induction Agent / Action

Induction Assessment

Urinalysis abnormalities	Leucocytes
PV Loss	Show
Membranes Ruptured	No
Verbal consent obtained	Yes
Woman asked if she wishes chaperone	
Membrane sweep offered & accepted	Y
Reason if not accepted	
Fetal heart following membrane sweep	130
Dilation	1-2 cm
Length of cervix	1-2 cm
Station (cm)	Spines -2
Consistency	Medium
Position	Posterior
Cervical Score	5
Is this woman's current care low risk?	
Is this woman para 3 or less?	
Is this woman 10-14 days postdates at date of IOL?	
Was the maternal age less than 40 at the time of booking?	
Is the head 4/5ths or less palpable?	
Has this woman had a previous C-section?	
Is there an Obs management plan in place?	
Discussed with Consultant?	
Medical staff asked to review?	

Induction Assessment

Name of person booking induction	
Grade	
Is this woman suitable for Outpatient induction	
Outpatient Induction arranged for - date	
Liquor Volume arranged for - date	
Inpatient Induction arranged for - date	
IOL leaflet given	
Details of discussion - risks & benefits	seen for sweep at maternal request has IOL ALREADY BOOKED FOR Monday Well today fhhr pre and post procedure aware to monitor fm and to call triage if concerned re this or labour starts or srm or bleeding
MW Countersigning StM signature	
Gestation (in weeks)(section 2)	
Type of Assessment (section 2)	
Explanation Given (section 2)	
History of contractions?	
Temperature	
Pulse	
Systolic blood pressure (section 2)	
Diastolic blood pressure (section 2)	
Resps	
Sats	
Mews Score	

Induction Assessment

Fundal height (section 2)	
Fetal Heart rate (section 2)	
Fetal movements felt? (section 2)	
Lie (section 2)	
Back (section 2)	
Presentation (section 2)	
Presenting part /5ths palpable (section 2)	
Oedema (section 2)	
Oedema present (section 2)	
Urinalysis (section 2)	
Urinalysis abnormalities (section 2)	
PV Loss (section 2)	
Membranes ruptured (section 2)	
Any uterine activity?	
Verbal consent obtained (section 2)	
Woman asked if she wishes chaperone (section 2)	
Membrane sweep offered & accepted (section 2)	
Reason if not accepted (section 2)	
Fetal heart following membrane sweep (section 2)	
Dilation (section 2)	
Length of cervix (section 2)	
Station (cm) (section 2)	
Consistency (section 2)	

Induction Assessment

Position (section 2)	
Cervical Score (section 2)	<BLANK>^Blank value for variable "Dilation"
Normal CTG less than 2 hours ago?	
CTG details	
Is this woman's current care low risk? (section 2)	
Is this woman para 3 or less? (section 2)	
Is this woman 10-14 days postdates at date of IOL? (section 2)	
Was the maternal age less than 40 at the time of booking? (section 2)	
Is the head 4/5ths or less palpable? (section 2)	
Has this woman had a previous C-section? (section 2)	
Discussed with Consultant? (section 2)	
Medical staff asked to review? (section 2)	
Suitable for OP Propess?	
Liquor volume within last 48 hours within normal parameters	
Inpatient Induction	
Details if 'No'	
Method of Induction	
If other please state method	
Date Induction agent given	
Time Induction agent given	
Prescribed by	
Administered by	
Details of discussion - risks & benefits (section 2)	

Induction Assessment

Date of OP 12hr review	
Time of OP 12hr review	
IP 12hr review	
Are you having any contractions?	
Comments (on contractions)	
Are you aware of any rupture of membranes?	
Comments (RoM)	
Do you have any bleeding?	
Comments (bleeding)	
Do you have any pain, which is different to any contractions?	
Comments (pain)	
Are you having normal fetal movement for your baby?	
Comments (movement)	
Woman asked to attend?	
Documentation of Induction Process	
MW Countersigning StM signature (section 2)	
Propess removed	
Propess removed date	
Propess removed time	
MW Countersigning StM signature (section 3)	
Create User/Date/Time	Catriona Lipsham - 16/09/2016 - 16:11
Last Update User/Date/Time	Catriona Lipsham - 16/09/2016 - 16:11
**** Archive Data ****	

Induction Assessment

Station (cm) (archive)	
Vaginal gel dose	
Vaginal gel given	
Acceptable (dpc)	
Difficult to interpret	
Induction method	
F1 - Fetal Heart monitoring	
F1 - Baseline	
F1 - Accelerations x3	
F1 - Reactive	
F1 - Variability	
F1 - Decelerations	
F1 - Acceptable	
F1 - Non reassuring	
F1 - Reassuring	
F2 - Fetal Heart Monitoring	
F2 - Baseline	
F2 - Accelerations x 3	
F2 - Reactive	
F2 - Variability	
F2 - Decelerations	
F2 - Acceptable	
F2 - Non-reassuring	
F2 - Reassuring	

Induction Assessment

F2 - Reassuring	
FH before amniotomy	
Amniotomy date	
Amniotomy time	
Liquor volume	
Liquor colour	
Cord/limbs felt	
FH after amniotomy	
Outpatient information leaflet given	
Inpatient 12 hour review	
Suitable for Outpatient Propess	
Inpatient induction with Propess	
Inpatient induction with other method	
Outpatient 12 hour review	
Phone call & form completed	

Mother

UHPI Number	CHI Number	First Forename	Surname	Date of Birth
700023046K	0706861108	Vikki	Scoular	6/7/86

Perineal Repair

Type of repair	2nd Degree tear
Any additional repairs required	
Start Time	21:45
Finish Time	22:15
Supervised by	M/W Fiona A Gavin
Repaired by	Laura E Newbury
Checked by	
Anaesthesia	Lidocaine 1%
Analgesia	Topical
Tampon used	N
Tampon removed	
Swabs correct	Y
Needles correct	Y
Instruments correct	Y
Haemostasis achieved	Y
Suture material	Vicryl
Skin Closure	Subcuticular
Rectal exam before suturing	Yes
Technique for Episiotomy or 2nd Degree Tear	2nd degree tear Legs into lithotomy prepped for tear repair - washed with tisept apex identified, tear edged infiltrated with 10ml of lidocaine 1% anchor stitch inserted vaginal wall sutured using continuous method continuous intermuscle layer subuticular to skin suture secured PR exam NAD Explanation given re procedure - advice given re perineal hygiene and toileting
Rectal exam after suturing	Y
Advised on perineal care - 2nd Degree Tear	Yes
Disruption of external anal sphincter	
Disruption of internal anal sphincter	
Method of repair of external anal sphincter	

Perineal Repair

Technique for 3rd/4th Degree Tear	
PV exam after repair	
PR exam after repair	
Advised on perineal care - 3rd/4th Degree Tear	
Management Plan	
Follow up appointment required	
MW Countersigning StM signature	
Create User/Date/Time	Laura E Newbury - 20/09/2016 - 23:41
Last Update User/Date/Time	Laura E Newbury - 20/09/2016 - 23:41
****** Archive Data ******	
Swabs, needles & instruments correct	
Swabs and needles correct	

Mother

UHPI Number	CHI Number	First Forename	Surname	Date of Birth
700023046K	0706861108	Vikki	Scoular	6/7/86

Daily P/N Maternal Checks

No. of days postnatal	1
Temperature check	36.8
Respirations	15
Pulse	90
Systolic BP	133
Diastolic BP	76
Lochia	Average
Fundus - involuting	2 cm below umbilicus
Fundus	Central
Fundus - other observations	Firm
Type of Feeding	Mixed Feeding
Breasts	Comfortable
Management	
Perineum	Clean and dry
Wound	
General wellbeing & pain assessment	Passed large clot this morning. Easily broken up on pad. No retained products seen and fundus firm and central. Comfortable..
Adequate analgesia	Yes
Sutures to be removed	No
Have sutures been removed	
Legs	Oedema none
Mobility exercises & prevention of clots explained	Yes
Revised Thrombosis Risk	Low Risk
LMWH Required	
Passed urine post delivery	Yes
PU problems	No
Bowels Moved	No
Haemorrhoids problem	No
Problem controlling bowels?	No
Pelvic floor exercises discussed?	No
Pelvic floor problems?	No
FBC test	
Postnatal HB last taken	
Summary of Assessment & Care	Well.
MW Countersigning StM signature	
Create User/Date/Time	Laura Watson - 21/09/2016 - 10:31

Daily P/N Maternal Checks

Last Update User/Date/Time	Laura Watson - 21/09/2016 - 10:31
****** Archive Data ******	
Retaining urine	
Catheter inserted	
Catheter in situ	
Catheter removed	
Treatment required - Bowels	
Treatment required - Haemorrhoids	
General wellbeing and pain assessment	

Daily P/N Maternal Checks

No. of days postnatal	2
Temperature check	36.8
Respirations	14
Pulse	70
Systolic BP	129
Diastolic BP	89
Lochia	Red/Pink minimal odourless
Fundus - involuting	2 cm below umbilicus
Fundus	Central
Fundus - other observations	Firm
Type of Feeding	Mixed Feeding
Breasts	Comfortable
Management	breasts filling
Perineum	Clean and dry
Wound	
General wellbeing & pain assessment	
Adequate analgesia	
Sutures to be removed	
Have sutures been removed	
Legs	Oedema mild
Mobility exercises & prevention of clots explained	Yes
Revised Thrombosis Risk	Low Risk
LMWH Required	
Passed urine post delivery	Yes
PU problems	
Bowels Moved	No
Haemorrhoids problem	
Problem controlling bowels?	
Pelvic floor exercises discussed?	
Pelvic floor problems?	
FBC test	
Postnatal HB last taken	
Summary of Assessment & Care	
MW Countersigning StM signature	
Create User/Date/Time	Morag Pretswell - 22/09/2016 - 10:19
Last Update User/Date/Time	Morag Pretswell - 22/09/2016 - 10:19
****** Archive Data ******	

Daily P/N Maternal Checks

Retaining urine	
Catheter inserted	
Catheter in situ	
Catheter removed	
Treatment required - Bowels	
Treatment required - Haemorrhoids	
General wellbeing and pain assessment	

Daily P/N Maternal Checks

No. of days postnatal	11
Temperature check	
Respirations	
Pulse	
Systolic BP	
Diastolic BP	
Lochia	
Fundus - involuting	Not palpable
Fundus	
Fundus - other observations	
Type of Feeding	Mixed Feeding
Breasts	
Management	
Perineum	Not visualised
Wound	
General wellbeing & pain assessment	
Adequate analgesia	
Sutures to be removed	
Have sutures been removed	
Legs	
Mobility exercises & prevention of clots explained	
Revised Thrombosis Risk	Low Risk
LMWH Required	
Passed urine post delivery	Yes
PU problems	No
Bowels Moved	Yes
Haemorrhoids problem	No
Problem controlling bowels?	No
Pelvic floor exercises discussed?	No
Pelvic floor problems?	No
FBC test	
Postnatal HB last taken	
Summary of Assessment & Care	vikki well care discharged to hv 1/10/16
MW Countersigning StM signature	
Create User/Date/Time	Catriona Lipsham - 06/10/2016 - 17:01
Last Update User/Date/Time	Catriona Lipsham - 06/10/2016 - 17:01
****** Archive Data ******	

Daily P/N Maternal Checks

Retaining urine	
Catheter inserted	
Catheter in situ	
Catheter removed	
Treatment required - Bowels	
Treatment required - Haemorrhoids	
General wellbeing and pain assessment	

Postnatal check lists

Handling my baby safely	Yes
Choosing nappies for my baby	Yes
Changing my baby's nappies	Yes
Caring for my baby's cord	Yes
A 'Top and Tail' wash/caring for my baby's skin	Yes
Bathing my baby	Yes
How to reduce the risk of cot death	Yes
Signs that my baby is well	Yes
Signs that my baby may be ill	Yes
Car safety and home safety	Yes
Registering the birth	Yes
Registering with a GP	Yes
Do you still have a copy of Ready Steady Baby	Yes
Positioning myself for breastfeeding	Yes
Positioning my baby for breastfeeding	Yes
Principles of good attachment	Yes
How to recognise my baby is feeding well	Yes
When my milk 'comes in'	Yes
Baby's needs - exclusive breastfeeding for around the 1st 6 months of life	Yes
Why dummies/teats should not be used	Yes
How to hand express my breast milk	Yes
Expressing breast milk - sterilising equipment	Yes
Expressing breast milk - safe storage	Yes
Signs that my baby is feeding well and thriving	Yes
Breastfeeding support in my community	Yes
Using bottled milk/disposable teats in the maternity unit	Yes
Importance of good hand hygiene	Yes
Sterilising equipment	Yes
Making a formula feed correctly and safely (following manufacturer's instruction)	Yes
Giving a formula feed correctly and safely	Yes
Choosing the right type of formula for my new baby (whey based)	Yes
Signs that my baby is feeding well and thriving (Bottle)	Yes
Baby's feeding and sleeping pattern for the first few days of life	Yes
Baby led feeding	Yes
Rooming in at the maternity unit	Yes

Postnatal check lists

Sharing a bed with my baby - risks discussed	Yes
Winding baby	Yes
Comments	
MW Countersigning StM signature	
Create User/Date/Time	Laura Watson - 21/09/2016
Last Update User/Date/Time	Laura Watson - 21/09/2016

Postnatal check lists

Handling my baby safely	Yes
Choosing nappies for my baby	Yes
Changing my baby's nappies	Yes
Caring for my baby's cord	Yes
A 'Top and Tail' wash/caring for my baby's skin	Yes
Bathing my baby	Yes
How to reduce the risk of cot death	Yes
Signs that my baby is well	Yes
Signs that my baby may be ill	Yes
Car safety and home safety	Yes
Registering the birth	Yes
Registering with a GP	Yes
Do you still have a copy of Ready Steady Baby	Yes
Positioning myself for breastfeeding	Yes
Positioning my baby for breastfeeding	Yes
Principles of good attachment	Yes
How to recognise my baby is feeding well	Yes
When my milk 'comes in'	Yes
Baby's needs - exclusive breastfeeding for around the 1st 6 months of life	Yes
Why dummies/teats should not be used	Yes
How to hand express my breast milk	Yes
Expressing breast milk - sterilising equipment	Yes
Expressing breast milk - safe storage	Yes
Signs that my baby is feeding well and thriving	Yes
Breastfeeding support in my community	Yes
Using bottled milk/disposable teats in the maternity unit	Yes
Importance of good hand hygiene	Yes
Sterilising equipment	Yes
Making a formula feed correctly and safely (following manufacturer's instruction)	Yes
Giving a formula feed correctly and safely	Yes
Choosing the right type of formula for my new baby (whey based)	Yes
Signs that my baby is feeding well and thriving (Bottle)	Yes
Baby's feeding and sleeping pattern for the first few days of life	Yes
Baby led feeding	Yes
Rooming in at the maternity unit	Yes
Sharing a bed with my baby - risks discussed	Yes
Winding baby	Yes

Postnatal check lists

Winding baby	Yes
Comments	Vikki happy with all of the above
MW Countersigning StM signature	
Create User/Date/Time	Gemma McGowan - 22/09/2
Last Update User/Date/Time	Gemma McGowan - 22/09/2

Postnatal Discharge checks

Thromboembolic prophylaxis	No
Irregular maternal antibodies	No
Details for irregular antibodies	
Anti D Needed	No
Anti D given	
Anti D batch number	
Rubella vaccine needed	No
Rubella vaccine given	
Is cervical smear due?	No
When is cervical smear due?	
Risk of passive smoking to baby explained	Yes
Current smoker (no. per day)	
Smoker during pregnancy	Yes
Date if stopped smoking	
Importance of healthy eating and maintaining a healthy weight discussed	Yes
Discussion details	Importance discussed
Is there an increased risk of P/N depression?	No
Contact made with Perimental Health Team?	No
6 week P/N check required?	Yes
Postnatal check arrangements	to be arranged by mum
Discharge medication	No
Discharge from community care	
Date of discharge from community care	
Handover to HV complete	
Handover to HV details	
GIRFEC Lead professional (if relevant)	
Did the woman attend Antenatal classes?	
Contraception/Sexual Health discussed?	Yes
Details	Doesn't wish to have any contraception at this time
Contraceptive method chosen	Undecided
Other method chosen	
Contraception method given	No contraception given
Other contraception given	
Reason not given	No contraception wanted
Follow-up appt details	GP
Follow-up appt - other details	

Postnatal Discharge checks

CE discussed	No
CE discussion	
CE given	No
Reversible contraception discussed	No
P/N Blood transfusion given?	
Repeat Hb required?	
Hb date due	
Last Hb date taken	9/20/16
Last Hb result	118
Renal tract dilatation	
Details for Renal tract dilatation	
Mother Infection	
Details for Mother infection	
Underwent routine AN screening	
Details for AN screening	
Pelvic Floor	
Pelvic Floor details	
Passing Urine	
Passing Urine details	
Bowel Function	
Bowel Function details	
Breasts	
Breasts details	
Perineum/Abdomen	
Perineum/Abdomen details	
Were any signs of a wound infection detected?	
Date infection identified	
Involves only skin and subcutaneous tissue of the incision	
Please select all of the symptoms applicable	
Lochia/Menstruation	
Lochia/Menstruation details	
Further contraception discussion required	
Contraceptive method given.	
Other contraception	
Reason not given.	
Follow-up appt details.	
Follow-up appt - other details.	
Sterilisation After Delivery	None

Postnatal Discharge checks

Diabetes- SMR02	No
Additional info for Mother & Baby	Well on discharge. Address confirmed. SVD. Ebl 200ml. Hb 118. Mixed feeding. Was for 72hour stay due to dihyrocodine for sciatica, mum wanted home at 48hours, consultant paed has seen baby and may go home, to observe. Health visitor to be made aware. See trak.
M/W countersigning STM	
Create User/Date/Time	Morag Pretswell - 22/09/2016 - 10:17
Last Update User/Date/Time	Gemma McGowan - 22/09/2016 - 16:40
****** Archive Data ******	
Postnatal infection	
Oral contraceptives discussed	
Barrier contraceptives discussed	
Feeding at discharge from Hospital	
Baby-1 Discharged To	
Health Visitor Base baby is transferred to	
Baby-2 Discharged To	
Baby-3 Discharged To	
BCG vaccination given	
Feeding at discharge from Community Care	
Baby discharge medication (please list medications)	
Baby first medical check	
Hepatitis B vaccination needed?	
Hepatitis B vaccination given	
Reason for Hep B vaccine	
Was HBIG given to baby?	
Date HBIG given	
Vitamin K 2nd oral dose arranged	
Vitamin K 2nd oral dose date	
Discharge medication details (please list medications)	

Postnatal Discharge checks

Thromboembolic prophylaxis	No
Irregular maternal antibodies	No
Details for irregular antibodies	
Anti D Needed	No
Anti D given	
Anti D batch number	
Rubella vaccine needed	No
Rubella vaccine given	
Is cervical smear due?	No
When is cervical smear due?	
Risk of passive smoking to baby explained	Yes
Current smoker (no. per day)	20
Smoker during pregnancy	Yes
Date if stopped smoking	
Importance of healthy eating and maintaining a healthy weight discussed	Yes
Discussion details	Importance discussed
Is there an increased risk of P/N depression?	No
Contact made with Perimental Health Team?	No
6 week P/N check required?	Yes
Postnatal check arrangements	Too arrange with GP
Discharge medication	No
Discharge from community care	Yes
Date of discharge from community care	10/1/16
Handover to HV complete	
Handover to HV details	
GIRFEC Lead professional (if relevant)	
Did the woman attend Antenatal classes?	
Contraception/Sexual Health discussed?	Yes
Details	Doesn't wish to have any contraception
Contraceptive method chosen	No contraception wanted
Other method chosen	
Contraception method given	No contraception given
Other contraception given	
Reason not given	No contraception wanted
Follow-up appt details	GP
Follow-up appt - other details	
CE discussed	No

Postnatal Discharge checks

CE discussion	
CE given	No
Reversible contraception discussed	No
P/N Blood transfusion given?	No
Repeat Hb required?	
Hb date due	
Last Hb date taken	9/20/16
Last Hb result	118
Renal tract dilatation	
Details for Renal tract dilatation	
Mother Infection	
Details for Mother infection	
Underwent routine AN screening	
Details for AN screening	
Pelvic Floor	No
Pelvic Floor details	
Passing Urine	No
Passing Urine details	
Bowel Function	No
Bowel Function details	
Breasts	No
Breasts details	
Perineum/Abdomen	No
Perineum/Abdomen details	
Were any signs of a wound infection detected?	N
Date infection identified	
Involves only skin and subcutaneous tissue of the incision	
Please select all of the symptoms applicable	
Lochia/Menstruation	No
Lochia/Menstruation details	
Further contraception discussion required	
Contraceptive method given.	
Other contraception	
Reason not given.	
Follow-up appt details.	
Follow-up appt - other details.	
Sterilisation After Delivery	None
Diabetes- SMR02	No
	Well on discharge - Address

Postnatal Discharge checks

Additional info for Mother & Baby	Well on discharge. Address confirmed. SVD. Ebl 200ml. Hb 118. Mixed feeding. mum and baby well on discharge care handed over to health visitor
M/W countersigning STM	
Create User/Date/Time	Gemma McGowan - 22/09/2016 - 16:30
Last Update User/Date/Time	Catriona Lipsham - 06/10/2016 - 16:55
****** Archive Data ******	
Postnatal infection	
Oral contraceptives discussed	
Barrier contraceptives discussed	
Feeding at discharge from Hospital	
Baby-1 Discharged To	
Health Visitor Base baby is transferred to	
Baby-2 Discharged To	
Baby-3 Discharged To	
BCG vaccination given	
Feeding at discharge from Community Care	
Baby discharge medication (please list medications)	
Baby first medical check	
Hepatitis B vaccination needed?	
Hepatitis B vaccination given	
Reason for Hep B vaccine	
Was HBIG given to baby?	
Date HBIG given	
Vitamin K 2nd oral dose arranged	
Vitamin K 2nd oral dose date	
Discharge medication details (please list medications)	

Lothian University Hospitals Division

NHS

PRESCRIPTION AND ADMINISTRATION RECORD
Chart with Sections for Midwife supply and PGD supply

Hospital/Ward: NRIE	Consultant: KPE	Name of Patient: 700023046K F SGOULAR Vikki 07-Jun-86 CHI: 070 686 1108 70215 GB Bickler FLAT 6 EH16 4GW
Weight: 97.8	Height: 1.66	CHI Number:
If re-written, date:	BMI 35.5	D.O.B.
DISCHARGE PRESCRIPTION		
Date completed:	Completed by:	(Attach printed label here)

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE DRUG REACTIONS This section must be completed before any medicine is given		Completed by (Sign and Print)	Date
Date	Type of Chart	None Known (tick box) ☑			
		Medicine / Agent	Description of Reaction	N. INGRAM (NW)	19/9/16

- Write clearly in block capitals, using a black ballpoint pen
- Use approved names for medicines
- Never alter a prescription
- Route of administration
  The only acceptable abbreviations are:
  IV - intravenous; SL - sublingual; NG - nasogastric
  IM - intramuscular; PR - per rectum; ID - intradermal
  SC - subcutaneous; PV - per vagina; TOP - topical
  INHAL - inhaled; NEB - nebulised
  Never abbreviate ORAL or INTRATHECAL
  Specify RIGHT or LEFT for eye and ear preparations

- Write the medicine dose clearly
  - The only acceptable abbreviations are:
    g - gram; mg - milligram; ml - millilitre
    all other doses must be written out in full eg. micrograms
  - Avoid decimal points eg. 100 micrograms (not 0.1mg). If unavoidable, write zero in front of the decimal point
  - Prescribe liquids by writing the dose in mg
  - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose

ONCE ONLY – Prescription, Midwife Exemption or PGD

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber or Midwife - Sign + Print	Time Given	Given By
19.9.16	21.10	Propess T	10mg	PV	B Baker.		[signature]
20/9/16	14 30/	Syntocinon	30 units	IV	[signature]	1500	[signature]
		↳ 500mls NaCl 0.9%					
20/9/16	1515	RANITIDINE (PGD)	150mg	ORAL	[signature] (NW) [illegible]	15.15	[signature]
20/9/16		MORPHINE	10mg	IM	[signature]	1825	[signature]
20/9/16		CYCLIZINE	50mg	IM	[signature]	1825.	[signature]

Name:.. D.O.B.:.............................. CHI Number:...............................

REGULAR THERAPY

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. **Inform the responsible doctor in the appropriate timescale.**

1. Patient refuses
2. Patient not present
3. Medicines not available - CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available - CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

	Start		Route		Prescriber Sign + Print	Administered by	Stop	
	Date	Time	Mask (%)	Prongs (l/min)			Date	Time
O								
X								
Y								
G								
E N								

PRESCRIPTION		Patient's Own Medicine	Date→ Time↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

Name:.. D.O.B.:............................ CHI Number:................................ **REGULAR THERAPY**

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

Name:.. D.O.B.:.................................. CHI Number:....................................

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY

Medicine (Approved Name)		For Use
SALBUTAMOL		
Dose + frequency + max: 100microg MDI	Route: inh	Quantity
Indication + notes: 1-2 puffs QDS	Start Date: 19.9.16	Date
Prescriber - sign + print: B Baker		Pharmacy

Date												
Time												
Dose												
Initials												
Date												
Time												
Dose												
Initials												

Medicine (Approved Name)		For Use
PARACETAMOL		
Dose + frequency + max: 1g QDS	Route: oral	Quantity
Indication + notes: pain	Start Date: 19.9.16	Date
Prescriber - sign + print: B Baker		Pharmacy

Date	20/9/16	20/9	20/9	20/9	21/9	21/09	22/9	22/9/16				
Time	0200	0710	1145	2240	0330	2210	0745	1335				
Dose	1g oral	1g	1g	1g/10	1g/9	1g	1g	1gm/0				
Initials	NI	NI	DS	FG	[illegible]	[illegible]	DS	MP				
Date												
Time												
Dose												
Initials												

Medicine (Approved Name)		For Use
DIHYDROCODEINE		
Dose + frequency + max: 30mg QDS	Route: oral	Quantity
Indication + notes: pain	Start Date: 20/9	Date
Prescriber - sign + print: B Baker		Pharmacy

Date	20/9/16	20/9	20/9	20/9	21/9	21/9	22/9	22/9	23/9/16			
Time	0200	0710	1145	2210	0330	1750	0155	0745	1335			
Dose	30mg oral	30mg	30mg	30/10	30/0	30mg	30mg	30mg	30/0			
Initials	NI	NI	DS	FG	[illegible]	[illegible]	[illegible]	[illegible]	MP			
Date												
Time												
Dose												
Initials												

Medicine (Approved Name)		For Use
Dose + frequency + max	Route	Quantity
Indication + notes	Start Date	Date
Prescriber - sign + print		Pharmacy

Date												
Time												
Dose												
Initials												
Date												
Time												
Dose												
Initials												

Medicine (Approved Name)		For Use
Dose + frequency + max	Route	Quantity
Indication + notes	Start Date	Date
Prescriber - sign + print		Pharmacy

Date												
Time												
Dose												
Initials												
Date												
Time												
Dose												
Initials												

Medicine (Approved Name)		For Use
Dose + frequency + max	Route	Quantity
Indication + notes	Start Date	Date
Prescriber - sign + print		Pharmacy

Date												
Time												
Dose												
Initials												
Date												
Time												
Dose												
Initials												

Name:.. D.O.B.:............................ CHI Number:............................

FOR SELF ADMINISTRATION
REGULAR THERAPY

Midwife or PGD Supply		Monitoring of Use	Date → / Time ↓															
Medicine (Approved Name)		Date & Time / Quantity	6															
			8															
Dose	Route	Date & Time / Quantity	12															
Notes	Start Date	Initial Supply	14															
Supplied by Midwife - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		Date & Time / Quantity	6															
			8															
Dose	Route	Date & Time / Quantity	12															
Notes	Start Date	Initial Supply	14															
Supplied by Midwife - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		Date & Time / Quantity	6															
			8															
Dose	Route	Date & Time / Quantity	12															
Notes	Start Date	Initial Supply	14															
Supplied by Midwife - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		Date & Time / Quantity	6															
			8															
Dose	Route	Date & Time / Quantity	12															
Notes	Start Date	Initial Supply	14															
Supplied by Midwife - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		Date & Time / Quantity	6															
			8															
Dose	Route	Date & Time / Quantity	12															
Notes	Start Date	Initial Supply	14															
Supplied by Midwife - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		Date & Time / Quantity	6															
			8															
Dose	Route	Date & Time / Quantity	12															
Notes	Start Date	Initial Supply	14															
Supplied by Midwife - sign + print		Pharmacy	18															
			22															

Name:.. D.O.B.:............................... CHI Number:................................

Midwife or PGD Supply		Monitoring of Use	FOR SELF ADMINISTRATION AS REQUIRED THERAPY												
Medicine (Approved Name)		Date & Time / Quantity	Date												
			Time												
Dose + frequency + max	Route	Date & Time / Quantity	Dose / Route												
			Initials												
Indication + notes	Start Date	Initial Supply	Date												
			Time												
Supplied by Midwife - sign + print		Pharmacy	Dose / Route												
			Initials												
Medicine (Approved Name)		Date & Time / Quantity	Date												
			Time												
Dose + frequency + max	Route	Date & Time / Quantity	Dose / Route												
			Initials												
Indication + notes	Start Date	Initial Supply	Date												
			Time												
Supplied by Midwife - sign + print		Pharmacy	Dose / Route												
			Initials												
Medicine (Approved Name)		Date & Time / Quantity	Date												
			Time												
Dose + frequency + max	Route	Date & Time / Quantity	Dose / Route												
			Initials												
Indication + notes	Start Date	Initial Supply	Date												
			Time												
Supplied by Midwife - sign + print		Pharmacy	Dose / Route												
			Initials												
Medicine (Approved Name)		Date & Time / Quantity	Date												
			Time												
Dose + frequency + max	Route	Date & Time / Quantity	Dose / Route												
			Initials												
Indication + notes	Start Date	Initial Supply	Date												
			Time												
Supplied by Midwife - sign + print		Pharmacy	Dose / Route												
			Initials												
Medicine (Approved Name)		Date & Time / Quantity	Date												
			Time												
Dose + frequency + max	Route	Date & Time / Quantity	Dose / Route												
			Initials												
Indication + notes	Start Date	Initial Supply	Date												
			Time												
Supplied by Midwife - sign + print		Pharmacy	Dose / Route												
			Initials												
Medicine (Approved Name)		Date & Time / Quantity	Date												
			Time												
Dose + frequency + max	Route	Date & Time / Quantity	Dose / Route												
			Initials												
Indication + notes	Start Date	Initial Supply	Date												
			Time												
Supplied by Midwife - sign + print		Pharmacy	Dose / Route												
			Initials												

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

NHS Lothian

Department of Obstetrics

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created	22/09/2016
Date Authorised	
Date/Time Printed	22/09/2016 17:30
Our Ref	700023046K
CHI	0706861108

Patient: Vikki L Scoular
FLAT 6
171 GREENDYKES ROAD
Edinburgh
EH16 4GW

UHPI: 700023046K
Date of Birth: 07/06/1986

Ward: Ward 211 RIE

Admission Date: 19/09/2016

Consultant: Dr Karen P Edgar

Discharge Date: 22/09/2016

Consultants:
Prof J E Norman
Dr R G Hughes
Dr E S Cooper
Dr K C Dundas
Dr C I Alexander
Dr C D B Love
Dr A J Campbell
Dr S Cowan
Dr F C Denison
Dr Y N Mary
Dr K P Edgar
Dr N Palaniappan
Dr E.J.L. Doubal
Dr H. Mustafa
Dr D.K. Gatongi
Dr E.F. Fankam
Dr N.R. Aedla
Dr L. Hermis
Dr S. Stock

Discharge Medication	Dose	Frequency	Duration	Additional Info
Dihydrocodeine Tablets	30 MG	As Required	7 Days	up to four times a day 15 tabs issued

Prescribed By ..... **Date** ..... **Print Name**.....
Dispensed By ..... **Date** ..... **Print Name**.....
Pharmacist Check ..... **Date** ..... **Print Name**.....
Final Check ..... **Date** ..... **Print Name**.....

METHOD OF DELIVERY: SVD
DATE: 20/9/16
GESTATION: 41.6
EBL: 200
POSTNATAL Hb: not checked

BABY: boy
WEIGHT: 3680
APGARS: 9,9
NNU admission: no

IOL: No
COMPLICATIONS: none
ANTENATAL COURSE: uncomplicated/
DRUGS COMMENCED (delete as appropriate): analgesia
Known adverse drug reactions:nil

CONTRACEPTION:Would prefer to discuss at post-natal GP appointment
Hospital follow-up required? No
GP follow-up required? routine 6 week check

Inpatient Discharge Summary

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

NHS
Lothian

This is an immediate discharge summary and a further letter may follow. Should you require any further information please contact Ward 119/211, Simpsons Centre for Reproductive Health, RIE.

Information in this letter has been discussed with the patient.

Yours Sincerely,

Staff name: A Brenkel
Grade:
GPST2

Inpatient Discharge Summary

MEWS Chart

NHS Lothian

Consultant: _____

Date chart commenced: _____

This is chart number _____ this admission

Booking weight _____ kg BMI _____

Booking BP: _____

Name: _____

DOB: _____

CHI: _____

700023046K F
SCOULAR Vikki
07-Jun-86 CHI: 070 686 1108
7021S CB Bickler
FLAT 6
EH16 4GW

How to calculate a Maternal Early Warning Score (MEWS) in NHS Lothian

The clinical observations used to calculate a MEWS score are:

- Respiratory rate
- Oxygen saturation
- Temperature
- Systolic and diastolic blood pressure
- Heart rate
- Sedation/Neurological score (AVPU)
- Urine output

The MEWS chart is colour coded to identify when a clinical observation is outside the normal range. A MEWS of 0-3 is allocated to each parameter using the MEWS key as shown.

MEWS KEY

0 1 2 3

All the observations have to be recorded and the total score added up. A **MEWS score of 3 or more** is an alert that a patient is acutely ill or deteriorating and an appropriate response using the escalation proccdurc is rcquired... MEWS should NOT replace sound clinical judgement. Immediate action and appropriate escalation should take place if there are any concerns regarding a patient's clinical condition. Staff are accountable for seeking further help if not reassured by the response and action taken.

Staff should use SBAR in all communications

Definition

- **S ituation**
- **B ackground**
- **A ssessment**
- **R ecommendations**

HOW TO ASSESS BP IN A PREGNANT PATIENT

Initial BP measurement must be manual
Appropriate sized cuff should be used
Diastolic BP reading is when the sound **disappears**
CMACE recommends treatment of hypertension if above 150/100

Systolic BP ≥160mmHg — Recheck manually
If BP still elevated – CONTACT SENIOR TRAINEE IMMEDIATELY

Diastolic BP ≥110mmHg — Recheck manually
If BP still elevated – CONTACT SENIOR TRAINEE IMMEDIATELY

When assessing the patient the following symptoms may indicate severe pre-eclampsia and require further action

Headache	Visual Disturbance	Facial Oedema	Breathlessness
Epigastric Pain	Right Upper Quadrant Pain	Vomiting	+++ Proteinuria

THIS SECTION SHOULD BE COMPLETED BY THE ANAESTHETIST IF THE PATIENT HAS HAD A SPINAL/EPIDURAL/CSE OR BY THE MIDWIFE WHO REMOVES A LABOUR EPIDURAL CATHETER.

1. Check motor block at .....(time and date) (4 hours after epidural catheter removed or spinal injection performed)
2. If motor block is Bromage 2-4, give dalteparin as per kardex
3. If Bromage is 1, withhold dalteparin and inform anaesthetist *
4. Recheck motor block 4 hours after dalteparin
5. If motor block has increased or fails to resolve or a new motor block develops, inform anaesthetist * immediately and CONSIDER EPIDURAL HAEMATOMA.

*CONTACT DETAILS OF ANAESTHETIST: .....

.....

Intrathecal or Epidural Opioid

Drug:	Dose	Route	Time

IMPORTANT
IF INTRATHECAL / EPIDURAL OR PCA OPIOIDS, PLEASE ENSURE THAT RESPIRATORY RATE, SEDATION AND PAIN SCORES ARE RECORDED HOURLY FOR THE FIRST 12 HOURS AFTER INITIAL DOSE

Bromage scale

1. **unable to move feet or knees**
2. **able to move feet only**
3. **just able to move knees**
4. **full flexion of knees and feet**

Pain Assessment & Management Guidelines

How to score pain:

Acute pain: Score current pain on movement e.g. deep breathing

Pain Score:		Action:
0	NONE	Continue to assess pain with every set of observations (must be at least daily)
1-3	MILD	Continue to assess pain with every set of observations (must be at least daily)
4-5	MODERATE	Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review.
6-10	SEVERE	Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review.

MEWS KEY 0 1 2 3														
	DATE:	19/9/16	20/9/16									21/9		22/9/16
	TIME:	2100	0105	12[illegible]	14[illegible]	1630	1800	2000		2230	[illegible]	0945	[illegible]	[illegible]
RESPIRATORY RATE	9-20	14	14	14	16	17	16	17		16	14	15	14	14
Oxygen Saturation (SpO2)	> (or equal to) 94	98	96		98	99	99	98		98	99	99	99	99
Inspired O2	l/min	A	AIR	Air		A	A	A		A		Air	A	A
TEMP		37	36.7	36.6	36.9	36.5	36.8	36.6				36.8	36.6	36.8
Systolic Blood Pressure		119	126	^	^	139	133	167		^	^	133	133	129
Diastolic Blood Pressure		77	73	✓	74	88	83	87		✓	✓	76	79	89
HEART RATE		74	80			67	70	67				90	81	70
SEDATION / NEURO SCORE		A	0	0	0	0	A	0		0	0	0	0	0
urine output (ml)		PU												
MEWS SCORE (with all obs)		0	0	0	2	0	0	0		0	0	0	0	0
Initials			[illegible]	[illegible]		[illegible]	[illegible]	[illegible]		[illegible]				

Printed chart rows: RESPIRATORY RATE (> (or equal to) 36, 31-35, 21-30, 9-20, < (or equal to) 8); Oxygen Saturation (SpO2) (> (or equal to) 94, 90-93, < (or equal to) 89); Inspired O2 (l/min, %); TEMP (>39°, 38°, 37°, 36°, 35°, 34°); Systolic Blood Pressure (210–70); Diastolic Blood Pressure (110–50); HEART RATE (>140–30); SEDATION / NEURO SCORE (S Sleep, 0 Alert, 1 Verbal, 2 Pain, 3 Unresp); urine output (ml); UO<100ml/4hrs; Proteinuria; MEWS SCORE (with all obs); PAIN (Severe 9-10, 6-8; Moderate 4-5; Mild 1-3; None 0); Lochia; Fundus; Wound; Anaesthetic block height; Motor block (Bromage) R/L; Initials.

MEWS ≥3 First Response 15 Minutes	▷	Inform Midwife In Charge and FY2/GP ST Doctor
MEWS ≥5 or deteriorating Second Response 15 Minutes	▷	Inform Midwife In Charge and ST (Middle Grade)
If No Response or not available in 10 Minutes	▷	Inform Consultant
Fourth Response	▷	Call 2222 Obstetric Emergency

Remember to initiate A, B, C, D, E Assessment

REMEMBER: Record all observations on MEWS Chart and document **ANY** deterioration in the notes. If at any point during your assessment you are concerned about your patient **CALL FOR HELP**

MEWS should guide the frequency of patients monitoring

MEWS SCORE OF 1-2 INITIAL 4 HOURLY OBSERVATIONS

MEWS SCORE OF ≥3 MINIMUM 1 HOURLY OBSERVATIONS

MEWS SCORE OF ≥5 CONSIDER HDU CARE AND MONITORING

IF THE PATIENT HAS HAD SPINAL/EPIDURAL OPIOID, CONTINUE HOURLY MEWS FOR 12 HOURS POSTOPERATIVELY

SEPSIS

MEWS of 3 or more THINK SEPSIS
Are any 2 or more of SIRS criteria present?
- Temperature: less than 36° or more than 38°
- Heart rate more than 100 bpm
- Respiratory Rate more than 20 bpm
- White Cell Count less than 4 or greater than 16

AND clinical suspicion of infection
Note, new confusion may be a sign of infection

Apply SEPSIS 6 within 1 Hour
1. High flow O2
2. Perform blood cultures
3. Measure lactate
4. IV fluids give IV saline/equivalent; start with 20ml/kg as a fluid bolus aim for BP target on reassessment.
5. Administer IV antibiotics (as directed by formulary against most likely pathogen)
6. Monitor urine output. (Consider urinary catheter)

NOTE: Intrapartum women may have an elevated WCC and temperature in labour without having SEPSIS

Registered Midwife to plan frequency of Care Rounding [CR]
Site: RIE

Addressograph, or
Name Vicki Scaler
DoB 7/6/86
Unit no. / CHI 0706861108
NHS Lothian

Ward: 211 date: 21/9/16

1hrly 2hrly (please circle)
3hrly 4hrly Signature & Print Watson

Codes (Y) Yes, (N) No, (N/A) not applicable, (AS) Asleep (I) Independent, (NW) not on ward, (TH) at theatre.

Admisson/ Weekly maternal weight =

Thromboprophylaxis score 22/9/16

Time of Care Rounding 08.00 am..... 24 hour period—— 07.00 am	0945	1200	1700	10									
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care — Waterlow score less than 10 low risk requires only a daily skin review,: Outcome of skin review use codes:...													
Waterlow 10+ - Visual skin check	ow wlu			10+									
Outcome of skin review: (R) Red, (B) Broken, NAD, If any changes in outcome of skin check, please review frequency of CR &/or re-assessment of Waterlow Score	NAD	NAD	NAD	NAD									
Vulnerable areas?	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other..... (Circle areas if red or broken skin) review Tissue Viability intranet site for guidance												
Positioning (R) right side, (L) left side,(B) Back (C) Chair	B	MB	MB	MB									
Mattress Type please circle Seat / Cushion	Pentaflex Reflextion			if other type if other type please state:									
Have you mobilised since last CR	Y	Y	Y	Y									
Continence — Any problems passing urine? (At time of Care Rounding)	N	N	N	N									
Sanitary products changed (if in situ)	1	1	1	self									
Catheter Care performed	NA	NA	NA	—									
Catheter Bundle updated daily — Position catheter below the bladder/ no more than 2/3 full/ connections													
Is patient continent of faeces (at time of Care Rounding)	Y	Y	Y	Y									
Bowel function monitored — Observe bowel function and Update daily													
Food Fluid & Nutrition — Would you like a drink? Ensure fluids are within easy reach	1	1	1	self									
Fluid Balance Chart(updated if in use?)	NA	NA	NA	—									
When did you last eat? B Breakfast, L Lunch, D Dinner, S Snack, NBM Nil by Mouth. (Food Chart to be updated if applicable)	B	L	D	B									
Diabetic Chart Updated	NA	NA	NA	—									
Oral Hygiene Performed	1	1	1	self									
Maternity — Do you have any concerns regarding your baby?	N	N	N	N									
Are you in any pain or discomfort?	N	N	N	N									
Baby feeding chart completed	Y	Y	Y	Y									
Bed rails in use? U up, D Down, N/A	D	D	D	D									
General — Are you comfortable ?	Y	Y	Y	Y									
PVC/ Cannula observed	NA	NA	NA	—									
Observe for signs of inflammation / swelling at every CR session. Bundle to be updated daily													
Anything else I can do for you?	N	N	N	N									
Buzzer within easy reach	Y	Y	Y	Y									
Will be back in *specify* hrs	4	4	4	4hrs									
Personal Care? *circle & specify time(s):* Bed Bath, Shower, Bath, Basin Wash, Shave, Hairwash, Declined													
Initials	[illegible]	[illegible]	[illegible]	[illegible]									

Registered Midwife to plan frequency of Care Rounding [CR]
Site:

Addressograph, or
Name
DoB
Unit no. / CHI

NHS Lothian

Ward: date:

1hrly 2hrly (*please circle*)
3hrly 4hrly Signature & Print

Codes (Y) Yes, (N) No, (N/A) not applicable, (AS) Asleep (I) Independent, (NW) not on ward, (TH) at theatre.

Admisson/ Weekly maternal weight =

Thromboprophylaxis score

Time of Care Rounding
08.00 am..... 24 hour period—— 07.00 am

08.00 am ← 24 hour period → 07.00 am

Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review,: Outcome of skin review use codes:	
	Waterlow 10+ - Visual skin check	
	Outcome of skin review: (R) Red, (B) Broken, NAO, If any changes in outcome of skin check, please review frequency of CR &/or re-assessment of Waterlow Score	
	Vulnerable areas?	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other..... (Circle areas if red or broken skin) review Tissue Viability intranet site for guidance
	Positioning (R) right side, (L) left side, (B) Back (C) Chair	
	Mattress Type *please circle* Seat / Cushion	Pentaflex Reflextion if other type if other type please state:
	Have you mobilised since last CR	
Continence	Any problems passing urine? (At time of Care Rounding)	
	Sanitary products changed (if in situ)	
	Catheter Care performed	
	Catheter Bundle updated daily	Position catheter below the bladder/ no more than 2/3 full/ connections
	Is patient continent of faeces (at time of Care Rounding)	
	Bowel function monitored	Observe bowel function and Update daily
Food Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	
	Fluid Balance Chart(updated if in use?)	
	When did you last eat? B Breakfast, L Lunch, D Dinner, S Snack, NBM Nil by Mouth. (Food Chart to be updated if applicable)	
	Diabetic Chart Updated	
	Oral Hygiene Performed	
Maternity	Do you have any concerns regarding your baby?	
	Are you in any pain or discomfort?	
	Baby feeding chart completed	
	Bed rails in use? U up, D Down, N/A	
General	Are you comfortable ?	
	PVC/ Cannula observed	
	Observe for signs of inflammation / swelling at every CR session. Bundle to be updated daily	
	Anything else I can do for you?	
	Buzzer within easy reach	
	Will be back in *specify* hrs	

Personal Care? *circle & specify time(s):* Bed Bath , Shower, Bath, Basin Wash , Shave, Hairwash, Declined

Initials

Neonatal Abstinence Syndrome Assessment Score Chart

Unit no: 701137302V

Name: VIKKI SCOULAR

Date of birth: 20/9/16

Birth weight: 3680g

Gestational age: 41+6

Please fill in score for each 4 hour period.
Write score for each symptom and add together for total score.
If no symptoms enter score = 0
Insert date at beginning of each day and enter time at the beginning of each 4 hour period e.g. 23/06 2pm

SCORING
Mild symptoms = 0-5
Moderate symptoms = 6-13
Severe symptoms = 14-21

Information for parents...
If baby has a seizure (fit), dial 999 for an ambulance.
If baby has moderate to severe symptoms, seek advice and help from your midwife, GP or hospital.

			Date:	21/9	21/9	21/9	21/9	22/9	23/9												
SYMPTOM:	SCORE:		Time:	0955	1400	1800	2210	0700	1100												
Feeding	Not able to feed at all	4		0	0	0	0	0	0												
	Demands hourly feeds	2																			
	Feeds very slowly (takes more than 30 minutes)	2																			
Weight... from Day 7 onwards	Loss	4		/	/	/	/	/	/												
	Same	2																			
	Gain	0																			
Condition of bottom	Raw/broken skin	3		0	0	0	0	0	0												
	Very red	2																			
	Mild red	1																			
Resting/sleeping after feeds	Less than 1 hour	5		1	1	1	1	1	1												
	1-2 hours	3																			
	2-3 hours	1																			
Crying/ irritability	All the time	5		0	0	0	0	0	1												
	Most of the time	4																			
	Only some of the time	1																			
TOTAL SCORE				1	1	1	1	1	2												
Drug treatment																					
Start time or change dose																					

Comments

Neonatal Abstinence Scoring Chart Information for Use

Use these guidelines when completeing the chart over a 4 hour period.

Feeding	Not able to feed at all	Demonstrates difficulty sucking and swallowing. Demonstrates excessive sucking prior to a feed
	Demands hourly feeds	May demonstrate excessive sucking appearing hungry
	Feeds very slowly	Takes more than 30 minutes Usually uncoordinated
Condition of Bottom	Raw/broken Skin	Any broken areas Areas that are bleeding
	Very Red	Hot inflamed area covering bottom
	Mild Red	Bottom area pinker and warm to touch
Sleeping	Score on the longest period of sleep within the 4 hour period	Example In 4 hours (1200 – 1600) after being fed the baby falls asleep at 1230 wakes up at 1315 and goes back to sleep at 1330. At 1430 the baby wakens again and remains awake until the baby is scored at 1600 In the example 4 hour period the baby slept for periods of 45 mins (1230-1315) and 60 minutes (1330 – 1430). Since 60 minutes was the longest sleep cycle the baby's score is sleeps 1-2 hours.
Crying	All the time	The infant cries for more than 5 minutes despite caregiver interventions
	Most of the time	The infant cries and is unable to calm him/herself. Settles with caregiver interventions
	Only some of the time	The infant is able some of the time to calm him/herself. Settles with caregiver interventions.

700023046K Scoular Vikki EDD 07/09/2016 30 Yrs Current Gestation Parity 1 + 0 Care Provider M/W Catriona A Lipsham CHI: 0706861108

POSTNATAL CHECK LISTS

Please tick when discussed/demonstrated

Feeling Confident with Baby

- Handling my baby safely ☑
- Choosing nappies for my baby ☑
- Changing my baby's nappies ☑
- Caring for my baby's cord ☑
- A 'Top and Tail' wash/caring for my baby's skin ☑
- Bathing my baby ☑
- How to reduce the risk of cot death ☑
- Signs that my baby is well ☑
- Signs that my baby may be ill ☑
- Car safety and home safety ☑
- Registering the birth ☑
- Registering with a GP ☑
- Do you still have a copy of Ready Steady Baby ☑

Breastfeeding Baby

- Positioning myself for breastfeeding ☑
- Positioning my baby for breastfeeding ☑
- Principles of good attachment ☑
- How to recognise my baby is feeding well ☑
- When my milk 'comes in' ☑
- Baby's needs - exclusive breastfeeding for around the 1st 6 months of life ☑
- Why dummies/teats should not be used ☑
- How to hand express my breast milk ☑
- Expressing breast milk - sterilising equipment ☑
- Expressing breast milk - safe storage ☑
- Signs that my baby is feeding well and thriving ☑
- Breastfeeding support in my community ☑

Bottle feeding Baby

- Using bottled milk/disposable teats in the maternity unit ☑
- Importance of good hand hygiene ☑
- Sterilising equipment ☑
- Making a formula feed correctly and safely (following manufacturer's instruction) ☑
- Giving a formula feed correctly and safely ☑
- Choosing the right type of formula for my new baby (whey based) ☑
- Signs that my baby is feeding well and thriving ☑

General feeding Checks

- Baby's feeding and sleeping pattern for the first few days of life ☑
- Baby led feeding ☑
- Rooming in at the maternity unit ☑
- Sharing a bed with my baby - risks discussed ☑
- Winding baby ☑

Comments

- Feeling confident with your baby
- Breastfeeding your baby
- Bottle feeding your baby

User LXE2

Password

Name: Baby Of Vikki Scoular CHI: 2009168372	**NHS Lothian - Maternity Handheld Record** Baby Summary Report	NHS Lothian
UHPI: 701137302V Age: 2 Days		

Postnatal discharge summary

Discharged from	Ward 211 RIE, Royal Infirmary of Edinburgh, (	Place of Birth	Consultant Unit
To (address)	FLAT 6 / 171 GREENDYKES ROAD / Edinburgh / / EH16 4GW		
Tel	(1) - 07703773325, (2) -		
GP	CB Bickler		
At	Craigmillar Medical Group, Craigmillar Medical Centre, 106 Niddrie Mains Road, Edinburgh		
Tel	0131 322 2111		
Care Provider	M/W Catriona A Lipsham		
Midwife Team	Craigmillar Team 0131 536 9630		
Paediatrician	Joan Baker		
GIRFEC Lead Professional if relevant, e.g. Social Worker			
Named Caseload holder as per KCND Pathways	M/W Catriona A Lipsham		

Labour, birth and postnatal period

Onset of labour		Spontaneous					
Induced indication							
Mode of delivery		Spontaneous Vertex Delivery					
Day	20/09/2016	At	21:05	Sex	Male	Outcome	Livebirth
Indication							
Presentation		Occipito - Anterior					
Location		Consultant Unit					
Gestation		41.6					
Birthweight		3680		Blood loss (mls)		200	
APGAR 1 minutes		9		APGAR 5 minutes		9	
APGAR 10 minutes							
Placenta/ Membranes		Complete Complete					

Maternal blood group	A Rh Positive	Anti-D needed	No	Anti-D given on	
Rubella status	Immune	Vaccination needed	No	Vaccinated on	

Further details, including problems identified during pregnancy, labour, birth and the postnatal period/referrals, investigations or results pending:

Well on discharge. Address confirmed. SVD. Ebl 200ml. Hb 118. Mixed feeding.

Postnatal Handover Summary

Situation

Name:
DOB:
Gestation: 41+6
Parity: 1+0
Blood Group: A Pos.
Allergies:
NKDA

700023046K F 07/06/1986
Scoular, Vikki L
Flat 6,
171 Greendykes Road,
Edinburgh,
EH16 4GW
CHI 0706861108
70215 CB Bickler

Background

Underlying medical conditions/pregnancy and labour complications:
Asthma. Sciatica.
Current medication:
Regular Dihydrocodiene in pregnancy.

Assessment

Type of delivery: SVD
Time: 2105
Blood loss: 200
Perineum: 2nd degree tear.
Analgesia / Anaesthetic:
Bladder care (when did patient last pass urine)
Pu ✓.

Recommendations

Postnatal Care – (Routine) / High Risk:

Special considerations:

Thrombophrophylaxis
- On Treatment ☐ Yes ☑ No
  Prescribed ☐ Yes ☑ No

Baby

Weight: 3680g
APGARS: 9, 9, 9
Method of feeding: AF
Last feed given at: 2245
Has the baby passed meconium or urine: No.
Temperature at transfer and time:
Special considerations: (eg. HepB ; Konakion)
Cord gases V- 7.32.
BM required: ☐ Yes ☑ No
Reason:

Person completing form: L NEWBURY.

Date: _____ Time: _____

Reported to: _____ Signature: _____

OBSTETRIC SBAR

NHS Lothian

S

Patient's Name:
Handover / Transfer:
From / To:
Patient admitted for:
Presenting with:
- PV Bleed
- Labour (Contraction pattern) _____

700023046K F
SCOULAR Vikki
07-Jun-86 CHI: 070 686 1108
70215 CB Bickler
FLAT 6
EH16 4GW

B

Background

Para 1 + _____ @ 41+6 weeks
Consultant / Midwife Lead Care
Past Obstetric History: SVD.
Past Medical History: ASTHMA. SCIATICA ON OPIATE
History of present pregnancy: — NN PLAN. ? NAS.
Blood group A POS. BMI 35.5.
Allergies: NKDA

A

Assessment

Maternal vital signs: T 36.6 P 82 BP 136/78 Urinalysis _____
Intermittent auscultation: Yes _____ No _____
CTG: Normal Suspicious Pathological
Bishop Score / VE 19/9/16
- Clinical Impression: 21:25 VE 1 x 1
21:40 SRM clear.
20/9/16
01:45 VE 2 x 1
0700 2-3 x 1

Significant laboratory values: 1305 2 x 1. post. defleved OP.

15.00 SYNTO
15.15 PARACETAMOL 18.25 MORPHINE + CYCLIZINE
18.00 VE CX 3cm // 1835 VE 3-4cm
1945 SPOTO

R

Recommendation

What I need from you: Augmentation.
Time frame (Immediate within ½ hr; within 1 hr; other):
Suggestions for tests / treatments:
IVI / Antibiotics
Analgesia:
Other
Clarify plan (read back):

Person completing form: J Shirney
Date: 20/9/16 Time: 1650
Reported to: _____

Date: 2.10.10
Sheet No: ①

Lothian University NHS Trust
24 Hour Fluid Prescription and Fluid Balance Chart

700023046K F
SCOULAR Vikki
07-Jun-86 CHI:070 686 1108
70215 CB Bickler
FLAT 6
EH16 4GW

Appropriate Rate for 500ml

hr - 120 Drops/min | 6hr - 20 Drops/min
hr - 30 Drops/min | 8hr - 15 Drops/min

Instruction
NASO-GASTRIC TUBE:
ORAL FLUIDS:
URINE OUTPUT:

FLUID / Added Drugs	Volume / Dose	Start	Finish	Doctor's Signature	Given By / Added By	TIME	Nature	Amount	Serial No.	Nature	Amount	Urine	Gastric	Other
HARTMANNS	500ml	1°		[signature]	[initials]	01:00								
HARTMANNS	500ml	2°		[signature]	[initials]	02:00								
						03:00								
						04:00								
						05:00								
						06:00								
						07:00								
						08:00								
						09:00								
						10:00								
						11:00								
						12:00								
						13:00								
						14:00								
						15:00						150		
						16:00								
						17:00								
						18:00						TOILET		
						19:00								
						20:00								
						21:00								
						22:00								
						23:00								
						00:00								
						Total								

Lothian University NHS Trust
24 Hour Fluid Prescription and Fluid Balance Chart

et No:

Number:

Appropriate Rate for 500ml

- 120 Drops/min 6hr - 20 Drops/min
- 30 Drops/min 8hr - 15 Drops/min

Instruction
NASO-GASTRIC TUBE:
ORAL FLUIDS:
URINE OUTPUT:

FLUID / Added Drugs	Volume / Dose	Start	Finish	Doctor's Signature	Given By / Added By	TIME	Nature	Amount	Serial No.	Nature	Amount	Urine	Gastric	Other
						01:00								
						02:00								
						03:00								
						04:00								
						05:00								
						06:00								
						07:00								
						08:00								
						09:00								
						10:00								
						11:00								
						12:00								
						13:00								
						14:00								
						15:00								
						16:00								
						17:00								
						18:00								
						19:00								
						20:00								
						21:00								
						22:00								
						23:00								
						00:00								
						Total								

NHS LOTHIAN — OBSTETRIC ANAESTHETIC RECORD

Proposed operation:

Date: 20/09/16

Time called:

Urgency: I - stat II - urgent III - scheduled IV - elective

700023046K F
SCOULAR Vikki
07-Jun-86 CHI:070 686 1108
70215 CB Bickler
FLAT 6
EH16 4GW

ANAESTHETIC ASSESSMENT

Assessor: Hannah. Cons ☐ SAS ☐ ST Year: 2 Other

Consent form signed & checked ☐
Verbal consent to epidural for labour ☑
Read epidural information leaflet ☐

Medical History (& see care pathway)

(30) Asthma
f Sciatica (daily) ® leg (anteriorly).
Nil weakness / paraesthesia pre-insertion of epidural.

Obstetric History

? Pre-eclampsia ☐

Examination

HR

BP

Booking Weight 97.8

Height

BMI 35.

Medications

Dihydrocodeine (Sciatica).

Herbal medicines

Allergies

NKDA.

ASA Grade

I II III IV V E

Airway Assessment

Neck mobility
TM distance
Mallampati
Mouth opening
Jaw protrusion
Teeth front veneer

Previous anaesthetics ☐

Nil.

Uneventful ☐

Family History

Nil.

Alcohol

Smoking 15/day.

Drugs

Reflux/GORD

Fasted

Investigations 20/09/16

FBC Hb 118 / WCC 16.2 / Plt 193

U+E's (Cr 24 Urate

Coagulation

G+S

Other

Information Given to Patient

PDPH	☑	Temporary Nerve damage	☑
Hypotension	☑	Permanent Nerve damage	☑
Nausea & Vomiting	☑	Pushing and pulling	☑
Failure/Partial failure	☑	Risk of inst. del.	☑
Pruritus	☑	PR drug administration	N/A

Top up prescription (Sign both boxes)

1) _____ mls 0.1% levo-bupivacaine + fentanyl 2 mcg/ml

for _____ doses, interval 30 min., posture: not supine

Signature Name

2) _____ mls 0.1% levo-bupivacaine + fentanyl 2 mcg/ml

for _____ doses, interval 30 min., posture: not supine

Signature Name

Post-operative Remarks

	Y	N
★ *Uneventful anaesthetic*	☐	☐
★ *Significant events*		
★ *Critical Incidents*		
★ *Warnings/Hazards*		

PCEA / epidural infusion prescription

0.1% levo-bupivacaine + fentanyl 2 mcg/ml

Bolus amount _____ ml

Time lockout _____ min

Infusion rate _____ ml / hour

Signature Name

LABOUR WARD

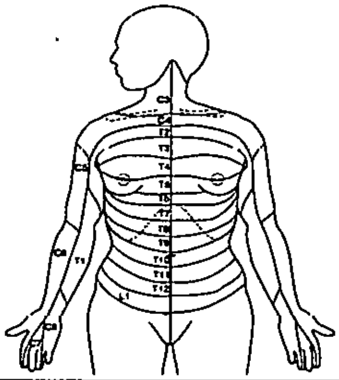
Hollmart CT2

Anaesthetist(s): A Milne Grade: Cons

Supervising Consultant:

Informed: Y☐ N☐

Technique			Patient Position	
Epidural	16g	☐	Sitting	☑
	18g	☑	Lateral	☐
Spinal	24g	☐		
	25g	☐		
Other		☐	**Loss of Resistance**	
CSE		☐	Air	☐
Interspace	L3/4		Saline	☑
Asepsis		☑	Depth of space 7 cm	
			Catheter mark @ skin N/A cm	



Test Doses

Pain/paraesthesia on insertion

transient pain/ paraesthesia (R) leg (resolved)

Complications/Comments

feeding catheter continued to get this.. Stopped, removed needle + catheter – pain/paraesthesia completely resolved.

– 2x attempts @ L2/3 by JT + AM → done at which point patient refusing to continue stopped procedure

Time							
LABOUR WARD ONLY — SBP [mmHg] - v; DBP [mmHg] - ^; Pulse [bpm] - • (200 / 150 / 100 / 50 / 0)							
Top Up PCEA							
Total boluses delivered							
Total volume infused							
Block Height (R/L)							
Pain Score ½ hrly							
Sedation Score ½ hrly							
Bromage (R/L)							

Top Up	Vol	Drug / Concentration	Time	Given by	Checked by	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						

Pain Score
0 no pain
1 mild pain
2 moderate pain
3 severe pain
S sleeping

Sedation Score
0 alert, orientated
1 drowsy, easily roused
2 rouses only to pain
3 unrousable
S sleeping

Bromage
1 unable to move feet or knees
2 able to move feet only
3 just able to move knees
4 full flexion of knees & feet

Call Anaesthetist:
if pain score ≥ 2 30 minutes after top-up
if BP less than 100 mmHg
if block ≥ T6

THEATRE

Anaesthetist(s): Grade:

Supervising Consultant: Informed: Y ☐ N ☐

Anaesthetic	Airway/Breathing	Monitoring	Regional Technique
Na^+ citrate ☐ Ranitidine ☐	Facemask ☐ Oral/Nasal Airway ☐ LMA Size _____	Machine check/Initial ☐ Minimal monitoring ☐	Sitting ☐ Midline ☐ Lateral ☐ Paramedian ☐ Asepsis ☐ Interspace ☐
Induction (I) Pre O_2 ☐ Cricoid Pressure ☐	ETT ☐ Size _____ Laryngoscopy Grade 1 2 3 4	ECG ☐ PAW ☐ SpO_2 ☐ Disconnect ☐ NIBP ☐ PNS ☐ FiO_2 ☐ Steth ☐ $ETCO_2$ ☐ Temp ☐ Agent ☐ Urine ☐	Spinal / Epidural 24G ☐ 16g ☐ 25G ☐ 18g ☐ Other ☐ CSE ☐
Maintenance Agents _____ Gas Flow _____	S.V ☐ I.P.P.V ☐ Circuit _____ Ventilator _____	CVP ☐ A-line ☐ Initial Initial Fluid warmer ☐ Eye care ☐ Warming blanket ☐ Pressure care ☐	Complications/comments
Reversal (R)		Patient/limb position	

Final Bromage R ☐ L ☐ Sacral block ☐ @ Time

Time						
Sensory block height R / L						**EVENTS**
Modality						A
150						B
SBP [mmHg] - v						C
DBP [mmHg] - ^						D
Pulse [bpm] - • 100						E
						F
50						G
						H
Temp 0						I
EVENTS						J
SpO_2						
$ETCO_2$						K
FiO_2						
t Volatile						L
Ventilation						
PAW						**TOTALS**
CVP						
Fluids 1						
Fluids 2						
Urine						
Blood Loss						

Drugs							
Phenylephrine							
Oxytocin							
Antibiotic							
Paracetamol							
Diclofenac							
Bupivacaine (spi/epi)							
Diamorphine (spi/epi)							

IV ACCESS:

RECOVERY ROOM

TIME IN:

TIME OUT:

Name:

Hospital Number:

Date of Birth:

Affix Label

EVENTS

A

B

C

D

E

F

Pain Score
0 No Pain
1 Mild Pain
2 Moderate Pain
3 Severe Pain
S Sleeping

Nausea Score
0 None
1 Mild
2 Moderate
3 Severe
T Requiring Treatment
S Sleeping

Sedation Score
0 Alert, orientated
1 Drowsy, easily roused
2 Rouses only to pain
3 Unrousable
S Sleeping

TIME						
Airway						
Oxygen Therapy						
Sats						
Respiration						
Pain Score						
Nausea Score						
Sedation Score						
Urine Volume						
Wound Check						
Drains						
Temperature						
Lochia						
200						
150						
SBP - v						
MAP - x						
DBP - ^						
100						
Pulse - •						
50						
0						
Events						
Fluids						
Drugs						

RECOVERY COMMENTS

Name Signature

ANAESTHETIC INSTRUCTIONS

Oxygen

Routine monitoring at 5 min intervals x ½ hr ☐

Fluids As charted ☐

Analgesia As charted ☐

Antiemetics As charted ☐

Special Instructions

Destination Day case ☐ Ward ☐ HDU ☐ ITU ☐

Name Signature

Contact No.

700023046K F
SCOULAR Vikki
07-Jun-86 CHI:070 686 1108
70215 CB Bickler
Pati FLAT 6
EH16 4GW
DO

NFUSION FOR AUGMENTATION OF LABOUR

Ward: Labour Ward

Consultant: KPE

Oxytocin Ph Eur 30 IU in 500ml of Sodium Chloride 0.9% (approx 60 milliunit/ml). Increase does at intervals of 30 minutes using the regimen below. All staff must refer to Induction of Labour Guidelines.

Oxytocin Regime as per labour ward protocol (Revised August 2010).

Must be prescribed on medicine kardex. **Type of infusion pump:** ALARIS

Infusion pump No:

Commenced by midwife, **Signature:** SDT

Print Name: S. RODRIGUEZ-MARTIN

Half hourly recordings.
Record initially after 10 minutes to ensure pump accuracy.

Dose > 20 milliunits/min must be discussed with a senior obstetric medical staff and plan clearly documented in the notes. Discard bag 24 hours after preparation.

Date	Time	Site Check	Infusion Rate	Estimated Vol. Infused (Cumulative running total)	Actual total infused (pump reading)	Signature (and print)
20/9/16	15.00	✓	2ml/hr	START	START	SDT RODRIGUEZ-MARTIN
20/9/16	15.10	✓	2ml/hr	0.5ml	0.5ml	SDT RODRIGUEZ-MARTIN
20/9/16	15.30	✓	4ml/hr	1.5	1.4	SDT RODRIGUEZ-MARTIN
20/9/16	16.00	✓	18ml/hr	3.5	3.1	SDT RODRIGUEZ-MARTIN
20/9/16	16.15	✓	4ml/hr	4.5		SDT RODRIGUEZ-MARTIN
20/9/16	16 30	✓	OFF	OFF	OFF	SDT RODRIGUEZ-MARTIN
20/9/16	19.25	✓	2ml/hr	6.5	6.5	SDT RODRIGUEZ-MARTIN
20/9/16	1955	✓	2ml/hr	7.5	7.6	SDT RODRIGUEZ-MARTIN
29/9/16.	2025.	✓	2ml/hr.	8.5	8.5	Newbury (NEWBURY) SM

TIME DISCONTINUED:

TOTAL VOL. GIVEN:

Date	Time	Site Check	Infusion Rate	Estimated Vol. Infused (Cumulative running total)	Actual total infused (pump reading)	Signature (and print)

4

Hospital:

Labour Ward

Observation Chart

Name/or Addressograph

Consultant KPE

700023046K — F — 07/06/1986

Scoular, Vikki L
Flat 6,
171 Greendykes Road,
Edinburgh,
EH16 4GW

CHI 0706861108

70215 CB Bickler

	Date	Time	T	P	BP	FHR	Reason for Admission and Gestation
Admission to Labour Ward	20/9/16	14.30					41+6 AUGMENTATION

Onset of Contractions			Parity 1+0	EDD
Rupture of Membranes	Spont / Artf.	19/9/16 21.40	Blood Grp. APOS	Hb 118

Cervical Score	0	1	2	3	Score
Dilatation	< 1	1-2cm	2-4cm	> 4	
Length of Cx	> 4cm	2-4	1-2cm	< 1	
Stetion	−3	−2	−1/0	+	
Consistency	firm	average	soft		
Position	post	mid/ant			

Urinalysis O/A

Induction Yes/No Total

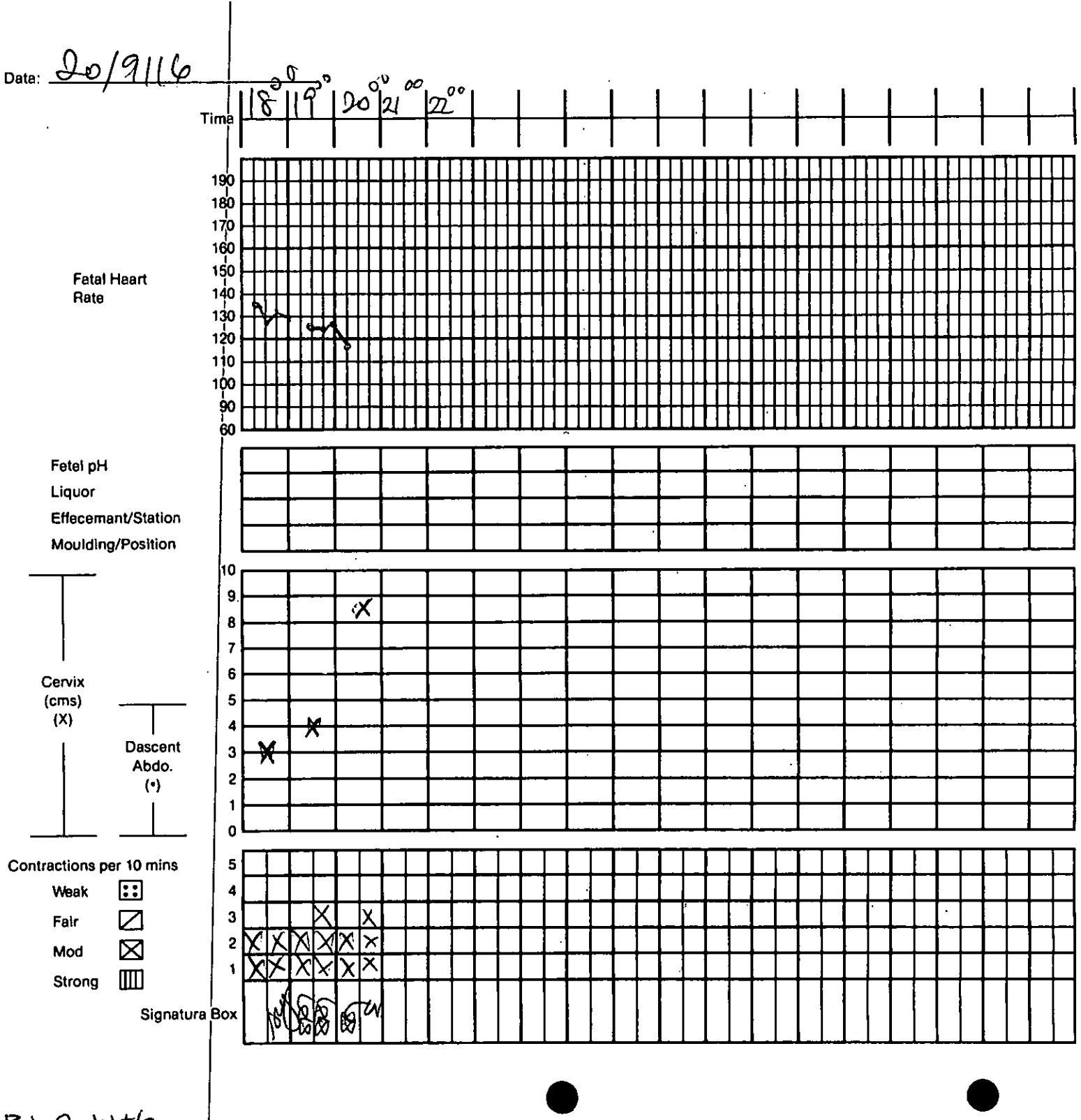
Special Instructions

Specify Induction Method:

Birth Plan Discussed: ACTIVE 3rd STAGE/MIX FEEDING/WTK

Date end Time	COMMENTS	Signature and Designation
19/9/16 21.40	SRM	
20/9/16 3.05	VE CX 2cm x 1cm, ? DEFLEXED OP	
15.00	SYNTO	
16.35	SYNTO OFF	
18.05	MEDICAL — VE 3cm	

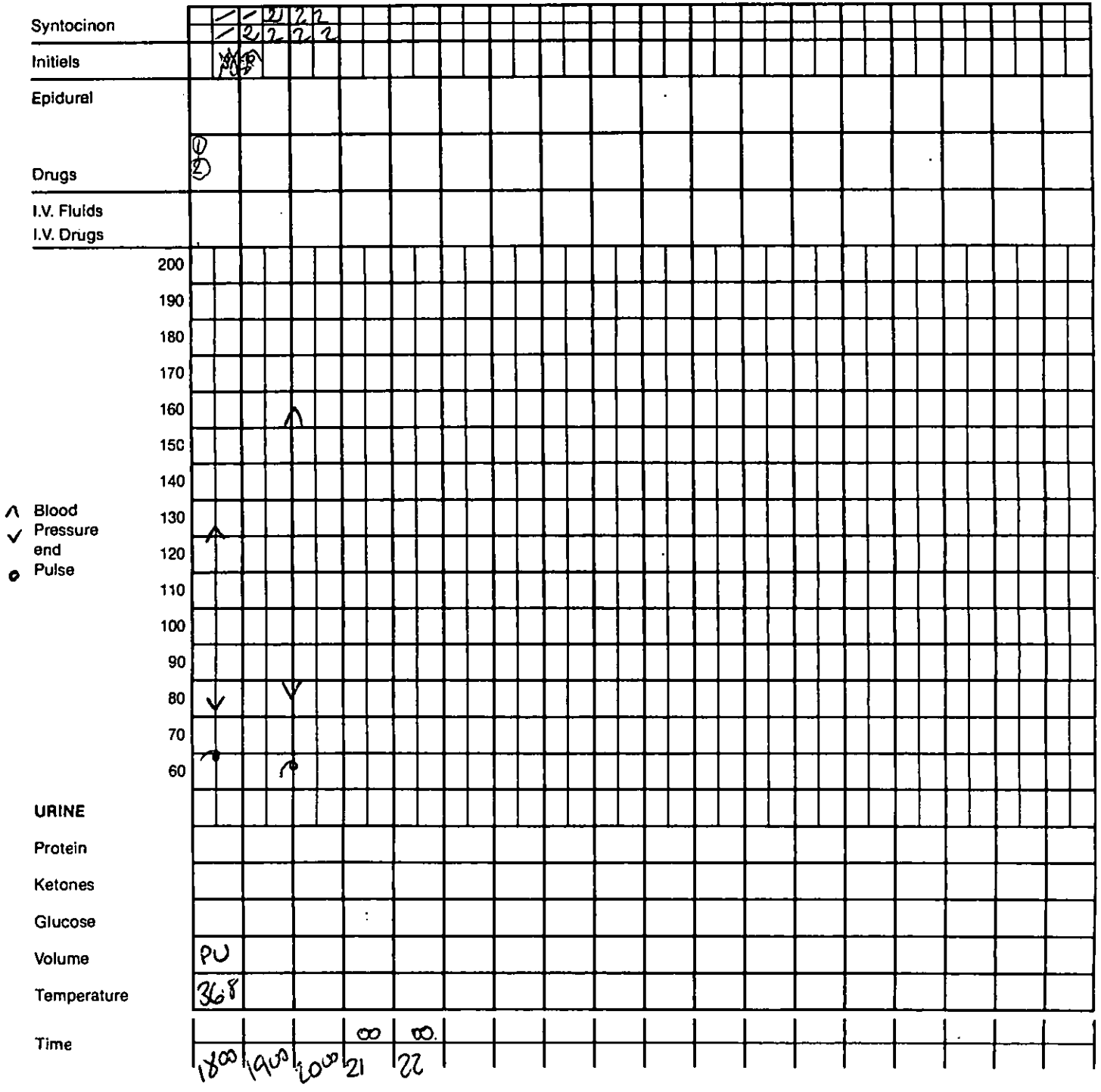
WLT 454


Data: 20/9/16
Time
18 19 20 21 22
190 180 170 160 150 140 130 120 110 100 90 60
Fatal Heart Rate
Fetel pH
Liquor
Effecemant/Station
Moulding/Position
10 9 8 7 6 5 4 3 2 1 0
Cervix (cms) (X)
Dascent Abdo. (•)
Contractions per 10 mins
5 4 3 2 1
Weak
Fair
Mod
Strong
Signatura Box

P1 @ 41+6

Rh POS
NKDA

① MORPHINE 10 mg
② [illegible] 50 mg



700023046K F 07/06/1986
Scoular, Vikki L
N: Flat 6,
171 Greendykes Road,
D: Edinburgh,
EH16 4GW
CI CHI 0706861108
70215 CB Bickler

NHS Lothian

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

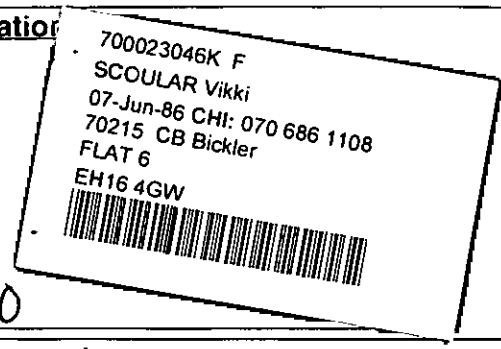
Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
20/9/16 21⁰⁴	Into assist at delivery, Vx advancing	F. G.
21⁰⁵	Head delivered → SVD live boy. Cried spontaneously at birth. Dried, hat on and skin to skin initiated. Syntocinon 10iu IM for active 3rd stage.	GAVIN (RM)
		F. G.
21⁰⁷	Cord clamped and cut by dad	F. G.
21¹²	Placenta and membranes by CCT Checked and complete. Vessels x3, lateral insertion.	F. G.
		F. G.
21¹⁵	Perineum and vagina inspected. 2° tear noted requiring suturing.	F. G.
21³⁵	Baby offered 1st feed taken at mums request.	F. G.
21⁴⁵	Repair of perineum commenced.	F. G.

OBSTETRIC SBAR

NHS Lothian

S — Situation

Patient's Name:



Handover / Transfer:

From / To: 119 →

Patient admitted for: PD IOL

Presenting with:

- PV Bleed
- Labour (Contraction pattern) 3:10

B — Background

Para 1 + 0 @ 41+ weeks

Consultant / Midwife Lead Care

Past Obstetric History: SVD

Past Medical History: hx asthma

History of present pregnancy:

Blood group A Pos BMI 35.5

Allergies:

A — Assessment

Maternal vital signs: T 36.7 P 80 BP 126/73 Urinalysis _____

Intermittent auscultation: Yes ✓ No _____

CTG: Normal Suspicious Pathological

Bishop Score / VE

- Clinical Impression:

19/9/16 2125hrs
VE 1cm long x 1cm (warned progress)
2140 hrs + Sweep
SRM Clear Liquor
20/9/16 0145hrs
VE <1cm x 2cm
0700 VE <1cm x 2-3cm

Significant laboratory values:

R — Recommendation

What I need from you:

Time frame (Immediate within ½ hr; within 1 hr; other):

Suggestions for tests / treatments:

IVI / Antibiotics

Analgesia:

Other

Clarify plan (read back):

Person completing form: C Pearson

Date: 20/9/16 Time: 1105

Reported to: _____

Postnatal Handover Summary

Situation	Name: DOB: Gestation: Parity: Blood Group: Allergies:
Background	Underlying medical conditions/pregnancy and labour complications: Current medication:
Assessment	Type of delivery: Time: Blood loss: Perineum: Analgesia / Anaesthetic: Bladder care (when did patient last pass urine)
Recommendations	Postnatal Care – Routine / High Risk: Special considerations: Thrombophrophylaxis • On Treatment ☐ Yes ☐ No Prescribed ☐ Yes ☐ No
Baby	Weight: APGARS: Method of feeding: Last feed given at: Has the baby passed meconium or urine: Temperature at transfer and time: Special considerations: (eg. HepB ; Konakion) Cord gases BM required: ☐ Yes ☐ No Reason:

Person completing form: _____

Date: _____ Time: _____

Reported to: _____ Signature: _____

Welcome to the South East Team Community Midwives.

Your midwife is **CATRIONA LIPSHAM** based at Craigmillar Medical Centre

Contact no. **0131 536 9630**

A pattern of care throughout your pregnancy may be as follows:

- First point of contact before 11 weeks for history taking and routine blood tests
- 11-14 weeks Nuchal Translucency scan and blood test
- 15-18 weeks Antenatal check
- 20 weeks Fetal Anomaly scan
- 22-25 weeks Antenatal check and Mat B1
- 28 weeks Antenatal check, routine blood tests and Anti D if Rhesus Negative
- 28-32 Whooping cough vaccination to be arranged by you with the nurse at the GP practice
- 31-32 weeks Antenatal check (first pregnancy only)
- 34-36 weeks Antenatal check
- 37-38 weeks Antenatal check
- 40 weeks Antenatal check and membrane sweep (first pregnancy only)
- 41 weeks Antenatal check, membrane sweep and discuss Induction of labour

This gives you an indication of the appointments you will have and the time you will need off from work. However, your care will be based on your individual needs. Appointments can be changed by calling the above telephone number.

You should get a leaflet at 16 weeks with Parenthood class information. If you or your partner have any questions regarding your pregnancy please do not hesitate to call me.

FOR EMERGENCIES; URGENT ADVICE OR WHEN YOU ARE IN LABOUR PLEASE PHONE TRIAGE ON 0131 242 2657

Other relevant numbers:

Physiotherapy	0131 242 1945
St Johns	01506 523 000
Scan Dept.	0131 242 2801

29/3/16 9.00 .
7/9/16 10.30 .
14/9/16 - 12-30
- midwife

		aware of some braxton hick like pain and ongoing siatic pain advised Taking DF118 for this aware of side effects ?? breech plan for presentation scan tomorrow at 10.30	

Future Appointments

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

NHS Lothian - Antenatal Appointment Record

Name: Vikki Scoular
CHI: 0706861108
UHPI: 700023046K Age: 30 Parity: 1 + 0 EDD: 07/09/2016 Blood Gp: A Rh Positive

Appt Date/Time	04/02/2016 15:44	29/03/2016 09:31	10/05/2016 16:00	22/06/2016 11:41	27/07/2016 10:58	16/08/2016 15:15		
Venue	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check		
Weeks Pregnant	9.1	16.6	22.6	29.0	34.0	36.6		
Blood Pressure	130/80	135/82	120/70	120/78	120/70	118/74		
Urinalysis				Trace Protein, Leucocytes	Leucocytes	Protein+		
Oedema (swelling)		fingers/hands ankles	fingers/hands		fingers/hands	fingers/hands ankles		
Height of uterus	np	17	22.6	31.5	34.5	37		
Fetal lie/position					Longitudinal	Longitudinal		
Presenting part					Cephalic	Breech		
Fifths Palpable					Free			
Baby's heartbeat		145	136	138	138	128		
Baby's movements felt	No	Yes	Yes	Yes	Too early	Yes		
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By								
Reason For Referral								

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NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Vikki Scoular
CHt: 0706861108
UHPI: 700023046K **Age:** 30 **Parity:** 1 + 0 **EDD:** 07/09/2016 **Blood Gp:** A Rh Positive

Comments

Appointment Date / Time	Appointment Type	Comments	Plan of Care
04/02/2016 15:44	Antenatal Check	booking appt nausia and vomiting aware to see gp if persists routine bloods taken with consent last ate >2hrs cub screen declined consents to detailed scan has plan with gp to reduce and stop DF118 Also plans to make early referal to physio	next appt 7 weeks
29/03/2016 09:31	Antenatal Check	c/o siatica ++ finding this increasingly difficultt to manage ias reducing cocodamol 15/500 2tabs 3-4 times a day waiting on physio appt. fhhr fmf discussed lasrc	next appt 6 weeks
10/05/2016 16:00	Antenatal Check	generally well fhhr fmf aware to call triage if concerned Larc discussed advised re pertusis	next appt 6 weeks
22/06/2016 11:41	Antenatal Check	Carple tunnel symptoms described- had this in previous pregnancy. advice given. No headaches/visual disturbances/oedema 28 week bloods taken with consent - G&S FBC and Random Glucose.ate >2hrs ago MSU sent had growth scan last wk, has forgot notes to plot told normal but on larger side. has cut down smoking Affirm discussed- Vikki happy with these. will book pertusis	5w
27/07/2016 10:58	Antenatal Check	leucocytes in urine but asymptomatic FMF, affirm discussed, fhhr 138bpm no decel noted over a minute becoming anxious ?due to partners visa tribunal etc - has seen GP - advised to maintain contact with GP re this non pitting oedema to feet and hands reports carpal tunnel flaring up, has physio number - advised to contact FBC with consent, currently on iron	
16/08/2016 15:15	Antenatal Check	genrally well	next appt

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Future Appointments

27/07/2016
10:30
ANC Craigmillar Medical Centre

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NHS Lothian - Antenatal Appointment Record

NHS Lothian

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Venue	Antenatal Check	Antenatal Check	Antenatal Check	Antenatal Check				
Weeks Pregnant	9.1	16.6	22.6	29.0				
Blood Pressure	130/80	135/82	120/70	120/78				
Urinalysis				Trace Protein, Leucocytes				
Oedema (swelling)		fingers/hands ankles	fingers/hands					
Height of uterus	np	17	22.6	31.5				
Fetal lie/position								
Presenting part								
Fifths Palpable								
Baby's heartbeat		145	136	138				
Baby's movements felt	No	Yes	Yes	Yes				
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By								
Reason For Referral								

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NHS Lothian

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Blood Pressure	130/80	135/82	120/70					
Urinalysis								
Oedema (swelling)		fingers/hands ankles	fingers/hands					
Height of uterus	np	17	22.6					
Fetal lie/position								
Presenting part								
Fifths Palpable								
Baby's heartbeat		145	136					
Baby's movements felt	No	Yes	Yes					
Visual Disturbanee								
Headaches								
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CTG								
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Reason For Referral								

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NHS Lothi● - Antenatal Appointment Rec●d

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UHPI: 700023046K Age: 29 Parity: 1 + 0 EDD: 07/09/2016 Blood Gp: A Rh Positive

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10/05/2016 16:00	Antenatal Check	generally well fhhr fmf aware to eall triage if eoncerned Larc discussed advised re pertusis	next appt 6 weeks

Future Appointments

14/06/2016
15:00
ANC Craigmillar Medical Centre

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Appointment Date / Time	Appointment Type	Comments	Plan of Care
04/02/2016 15:44	Antenatal Check	booking appt nausia and vomiting aware to see gp if persists routine bloods taken with consent last ate >2hrs eub screen declined consents to detailed scan has plan with gp to reduce and stop DF118 Also plans to make early referal to physio	next appt 7 weeks
29/03/2016 09:31	Antenatal Check	c/o siatica ++ finding this increasingly difficultt to manage ias reducing cocodamol 15/500 2tabs 3-4 times a day waiting on physio appt. fhhr fmf discussed lasrc	next appt 6 weeks

Future Appointments

18/04/2016
13:15
ANC Craigmillar Medical Centre

10/05/2016
15:20
ANC Craigmillar Medical Centre

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Vikki Scoular
CHI: 0706861108
UHPI: 700023046K **Age:** 29 **Parity:** 1 + 0 **EDD:** 07/09/2016 **Blood Gp:** A Rh Positive

Appt Date/Time	04/02/2016 15:44	29/03/2016 09:31						
Venue	Antenatal Check	Antenatal Check						
Weeks Pregnant	9.1	16.6						
Blood Pressure	130/80	135/82						
Urinalysis								
Oedema (swelling)		fingers/hands ankles						
Height of uterus	np	17						
Fetal lie/position								
Presenting part								
Fifths Palpable								
Baby's heartbeat		145						
Baby's movements felt	No	Yes						
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By								
Reason For Referral								

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

Getting it right for every child (GIRFEC)

Giving you, your baby and your family the best possible start in life is a priority for all the services who are working closely together using the Getting It Right for Every Child (GIRFEC) programme. GIRFEC is used to assess and understand how best to meet your needs and your baby's needs. The practice model at http://www.scotland.gov.uk/Resource/Doc/1141/0118076.pdf shows some of the things that are important to help you and your baby grow and develop. Your Midwife, Health Visitor/ Public Health Nurse will explain how this works and how they will work with you to make sure that both you and your baby receive the help and support you require.

The principles of GIRFEC include
- The use of the wellbeing indicators - Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included - to determine appropriate assessment using the My World Triangle.
- The My World Triangle assessment considers the strengths and pressures for the woman and family around the three domains - How I grow and develop, What I need from people who look after me and My wider world
- The use of the 5 GIRFEC questions
- Early assessment, early support, early intervention, multiagency approach are key to implementing GIRFEC.
- Consider the woman's and family's strengths and pressures.

Maternity team staff should ask themselves
- What is getting in the way of this woman or baby's wellbeing?
- Do I have all the information I need to help this woman or baby?
- What can I do now to help this woman or baby?
- What can my service do to help this woman or baby?
- What help if any may be needed from others?

After considering all of the principles described above, it is important that any assessment includes the impact that factors may have on the child and family, and what the desired outcomes are. Therefore the plan for the child and family must include action to be taken and when a review is required. The GIRFEC approach is summarised in the National Practice Model link given above.

Consider referral to Health Visitor/Public health nurse for allocation of Health Plan Indicator.

Outcome of referral: Health Plan Indicator allocated:

Gestation at allocation: weeks

Health Visitor/Public Health Nurse details -

Name:

This is your pregnancy record. It contains important information that will be used to help you and your maternity care team plan care for you and your baby. You will usually be asked to carry your record during your pregnancy, as this will help communication between you and your maternity care team. Some women may prefer not to carry their pregnancy record. If you do not want to carry your record, please tell your midwife. Your midwife will arrange to hold your record for you, or for it to be kept at the maternity unit or your GP practice. Please keep your record safe, confidential and protect it from damage. If you lose your record, please contact your midwife or maternity unit as soon as possible. Please remember to take this record with you to all health appointments during your pregnancy. For example, whenever you see your midwife, GP, obstetrician, physiotherapist or when you go for an ultrasound scan. Nearer the time when your baby is due, you may want to carry your record with you when you go out and about.
Please feel free to write in your record where indicated.
Your Record remains the property of your NHS Board. At the end of your maternity care it will be returned to the NHS Board where it will be stored safely. If you would like a copy of your completed record, please speak to your midwife or contact the data controller of the NHS Board responsible for your care. (There may be a small charge for this.)
Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Confidentiality - it's your right'. This is available from your midwife, GP practice or on-line at <http://www.hris.org.uk>. Follow the links on confidentiality, consent and having your say.

Help and advice: Please use the following services: Craigmillar Team 0131 536 9630

Contact Details

Maternity Unit: Telephone no for Triage Dept	Royal Infirmary of Edinburgh 0131 242 2657	**Named Midwife:** **Midwifery Team:**	Catriona lipsham Craigmillar Team 0131 536 9630
Antenatal Clinic: Tel:	Royal Infirmary of Edinburgh 0131 242 2546	**Base:**	
Delivery suite/ Birth Centre Tel:	Royal Infirmary of Edinburgh 0131 242 2544/2675	**General Practitioner:** **Address:**	CB Bickler Craigmillar Medical Group, Craigmillar Medical Centre, 106 Niddrie Mains Road, Edinburgh,Edinburgh,EH16 4DT
Ultrasound Dept: Tel:	Royal Infirmary of Edinburgh 0131 242 2801		
Health Visitor: **Base:** Tel:		Tel: Practice Code GP Informed of Pregnancy:	0131 536 9500 70215/2 Yes Date
		Care Provider: **Base:** Tel:	M/W Catriona A Lipsham Royal Infirmary of Edinburgh 0131 242 2657
Social Worker Contact Details			

Domestic Abuse Helpline: 0800 027 1234 (24 hours) **Rape Crisis Scotland Helpline: 08088 01 03 02 (free number)**
Scottish Women's Aid: www.scottishwomensaid.co.uk **6pm to midnight**
NHS 24: 08454 24 24 24 **Email: info@rapecrisisscotland.org.uk**

Local Information
Your Midwife or doctor will write details of local services below, e.g. antenatal clinic times, breastfeeding support groups and antenatal education sessions. Supervisors of midwives are experienced practising midwives who have undertaken additional education and training to support, guide and supervise midwives. Supervisors of midwives develop and maintain safe practice to ensure protection of you, your baby and family. For more information on the role of the supervisor see www.nmc-org.uk . To contact a supervisor of midwives at your hospital speak to any midwife

Please note that supervised students may be learning alongside the maternity staff who care for you. If you have any concerns or preferences about this, please speak to your midwife.

Record of Maternity Care Pathway and Caseload Midwife or Obstetrician as per National Pathways for Maternity Care

Pathways available: Green - Midwife Led Care or Red - Maternity Team Care.

Booking Status: Green

Date/Location of Booking	Gestation	Agreed Pathway	Reason e.g. Previous LUSCS	Booked with Midwife/Obstetrician
04/02/2016	9.5	Midwife		M/W Catriona A Lipsham

Subsequent

Date/Location	Gestation	Pathway Change	Reason for transfer	Care transferred to

Thrombosis Risk - Moderate

P.E. No (See Maternity summary record) **Date**

IMPORTANT PLEASE NOTE - All pregnant women should receive the seasonal flu vaccine which helps protect against the H1N1 virus. Seasonal flu vaccines are available from your GP between October and March.

Date flu vaccine administered -

iation

ily name:	Scoular
ame:	Vikki SCHOLAR
be called:	
f Birth:	07 Jun 1986
address:	Flat 6, 171 Greendykes Road, Edinburgh, EH16 4GW
me tel:	
ther tel:	0770 377 3325
Occupation:	college / support worker
Planned place of birth:	Consultant Unit
Lead Professional:	Midwife

our Partner/Supporter for this pregnancy

Name:	Maruff Banjoko
Occupation:	
Relationship to you:	Partner
Partners date of birth:	08 March 1977
Address:	Flat 6, 171 Greendykes Road, Edinburgh, EH16 4GW
Home tel:	
Other tel:	07404743133

Emergency contact person/next of Kin (if not your partner/supporter).
Who would you like contacted in an emergency

Name:	
Relationship to you:	
Address:	
Home tel:	
Other tel:	

Important Information

Surname / family name:	Scoular
First name:	Vikki
Previous Name:	SCHOLAR
Likes to be called:	
Date of Birth:	07 Jun 1986
Your address:	Flat 6, 171 Greendykes Road, Edinburgh, EH16 4GW
Home tel:	
Other tel:	0770 377 3325
Occupation:	college / support worker
Planned place of birth:	Consultant Unit
Lead Professional:	Midwife

Your Partner/Supporter for this pregnancy

Name:	Maruff Banjoko
Occupation:	
Relationship to you:	Partner
Partners date of birth:	08 March 1977
Address:	Flat 6, 171 Greendykes Road, Edinburgh, EH16 4GW
Home tel:	
Other tel:	07404743133

Emergency contact person/next of Kin (if not your partner/supporter).
Who would you like contacted in an emergency

Name:	
Relationship to you:	
Address:	
Home tel:	
Other tel:	

When is your baby due? - Your "Estimated Date of Delivery" or EDD

This information is used to work out when your baby is due. This is called your estimated date of delivery (EDD). It is helpful to think of your EDD as a "rough guide". Most babies are born during the fortnight before, or the fortnight after your EDD.

Agreed EDD:	03 Sep 2016	**Use this EDD in all communication**
Date of the first day of bleeding of your last menstrual period (LMP):	22 Nov 2015	
How sure are you of this date:	Sure	
Average number of days between the first day of each period (monthly cycle):		
Comments		
Have you had any vaginal bleeding since your last menstrual period:	No	
Had you been using any contraception:	No	
Type:		
Date Stopped:		
Provisional EDD based on LMP and monthly cycle:	28 Aug 2016	
EDD using dating scan:		
Your body mass index (BMI)	35.5	**BMI = weight[kg]/height[m]2**
Weight at booking (kg) / Height(m)	97.8 / 1.66	
History taken by / Agreed	Catriona Lipsham	
Date of Booking Appointment	04/02/2016	

Your previous pregnancies
Is Current Pregnancy with a New Partner? Yes

Parity: 1+0

Pregnancy 1

Full Name	Banjoko Tahlia	Date of birth	05 Oct 2014
Sex	Female		
Birth Weight	3380	Gestation	41.4
Type of Birth	Spontaneous Vertex Delivery	Place of Birth	Consultant Unit
		Outcome of Pregnancy	Livebirth
Labour Onset	Spontaneous	Anaesthetic	Equinox, Opiates
Any Complications	Normal	Perineum	Episiotomy
Breast	No	Bottle	Yes

Comments (inc AN, PN or Psychological problems):

See Any Complications above which will include AN, PN & Psychological problems

Your health - any current or previous health problems

[Please see "Your Guide to Screening tests during pregnancy" if you have had assisted conception]

Allergies:

	Description	Inactive
Diseases/Operations	Predominantly allergic asthma .	N
Details	Mild- well controlled	
Condition	Polycystic ovary syndrome- diagnosed 2009	N
Diseases/Operations	Varicella without complication	Y
Details		

Date of your last cervical smear	2015
Details	
Next smear due	2018

Family Health (inc. Mental health)

Disease/ Details	Asthma (Mother)/
	Non-insulin-dependent diabetes mellitus without complications (Mother)/
	Bipolar affective disorder (Mother)/
Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness	Yes
Are you and your baby's father blood relatives?	No

Ethnic origin

The term ethnic origin is to describe where your family originates from, as distinct from where you were born. This information will help us to decide which blood screening tests you should be offered and whether your baby may need a BCG (TB) vaccination.

How do you describe your ethnic origin	White Scottish
How do you describe baby's father's ethnic origin	African, African Scottish or African British
What language do you usually use at home	English
Do you need help with interpreting, communicating	No
What is your current religion or faith, if any	No Religious Affiliation
Is blood transfusion acceptable to you	Yes
Comments	
Female genital cutting or piercing	No
Comments	
Is there any other information that you feel is important for your maternity care? For example your beliefs, social conventions and customs, family structure, ceremonies, dress or diet	
Are you a refugee or asylum seeker	
Have you had a full medical examination since arriving in the UK?	

For health information for refugees or asylum seekers visit www.scottishrefugeecouncil.org.uk

TB Risk

TB Risk	Yes
Has either of your grandparents been born in a high prevalence area (40 per 100,000)	No
Is family likely to live for more than 3 months in a high prevalence area	No
Baby requires BCG	No
Comments	

If yes to any of these questions please document need for neonatal BCG on the Neonatal Management Plan and on the baby record.

For list of countries and areas with TB rates of >40 per 100,000 see www.hpa.org.uk and www.hps.scot.nhs.uk/tb-countries

CJD or vCJD

Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes?	No

Other Health Related Questions

Have you been taking folic acid	No
Started	< 12weeks 400mcg
Vitamin D (10mcg/day)	Yes
Helthy Start vitamins	Yes
Other vitamins/Supplements	
What do you know about healthy eating during pregnancy	"aware "
Do you have any special dietary needs?	
Dietetic referral made	
Dietetic referral details	

See Ready Steady Baby for foods you can eat and foods to avoid: www.readysteadybaby.org.uk.
Vitamin D is needed to keep bones and teeth healthy. You should take supplements containing 10mcg of vitamin D every day throughout pregnancy and whilst breastfeeding. This is particularly important if you have dark skin or cover your skin.

What do you know about the benefits of physical activity in pregnancy?	"advised "
Advice given	
Do you go to the dentist regularly	yes

NHS Dental care is free throughout pregnancy and for 1 year following birth. It is recommended you attend the dentist regularly as gum disease is more common in pregnancy and may require treatment.
If you have troublesome vomiting in early pregnancy please wait 30 minutes after vomiting before brushing your teeth, this will cut down on tooth erosion.

Are there any health and safety issues related to your work?	
What do you know about drinking alcohol in pregnancy?	nil
How many units of alcohol did you drink each day before you were pregnant?	0
How many units of alcohol a day are you drinking now	0
How many units of alcohol do you drink in an average week	0
If drinking, are you drinking at home, in clubs/pubs	0

The Chief Medical Officer for Scotland's current guidance is to avoid alcohol completely if pregnant or trying to conceive.

Referral for advice on reduced drinking					
What do you know about smoking in pregnancy?					
Have you smoked cigarettes in the 12 months prior to pregnancy	Yes	CO level	13	Date	04/02/2016
Current smokers: cigarettes smoked per day	20				
Former smoker: date stopped					
Do you or anyone in your household currently smoke?	No	**We encourage you to keep your baby smoke free before and after birth.**			
Are you interested in getting help to stop?	Yes				
Referral made to smoking cessation service					
Have you used any street drugs, gases or glue in the last year?	No				

If yes - are you currently using any street drugs, gas or glue?	No None
Have you ever injected drugs	No
Does your current partner use any street drugs, gas or glue, or inject drugs	Oral - IV -
Referral for advice on substance abuse	
Referral to Substance Misuse Midwife	
Do you currently or have you ever attended an addiction service (inc smoking and alcohol)	
Does your partner currently or has s/he attended an addiction service	
Self harm	No
Overdose	No

Medication

Are you taking any medication prescribed to you by a doctor, or have you stopped any medication recently	"dihydrocodine 4x 30mg daily ""stopped ibuprofen and chlorphenamine "
Over the counter medications	

Your Mental Health

During the past month, have you often been bothered by feeling down, depressed or hopeless?	No
During the past month, have you often been bothered by having little interest or pleasure in doing things?	No
If yes to either question - is this something you feel you need or want help with?	
(If yes refer to GP for ongoing support)	
Are any of the problems on-going at the moment?	
Are you getting any help with the problems at the moment?	
Details of any agency providing mental health support	
Are they aware of current pregnancy?	
Referral needed	
Detail	

Home circumstances and support needs

Support Needs	Yes
Are you still in school	No
Are you living in or leaving looked after care services	Yes
Do you feel that you have someone to support you through your pregnancy	Yes
Are you in temporary housing	Yes
Do you need further advice on finances, benefits or housing issues	No
Qualifies for Healthy Start Vouchers	Yes
Referral to income maximisation services	
Money and debt advice services	
Financial capability support	
If you have other children do they live with you	Yes
If no, who looks after them	
Does your current partner have any other children?	No
If yes, who looks after them	
ave you ever needed social work assistance	No
Have you ever been involved in the Criminal Justice System?	No
Has your partner ever been involved in the Criminal Justice System?	No
Do you need support with reading or filling in forms	No
Do you consider yourself to have a physical disability?	No
Do you consider yourself to have a mental disability learning difficulties?	No
Do you get support or have you ever had support with independent living?	No
Referral needed/Details	/
Other Support & Professionals	

Tests during pregnancy

During your pregnancy you will be offered several tests to check on your health and your baby's health. Your midwife will give you information leaflets on many of these tests. Maternity care staff will discuss all the tests with you. When you are sure that you understand about the tests, you will be asked if you want to have them done or not, and your wishes will be followed. For some of the blood tests you will be asked to sign a consent form.

Maternity care staff will tell you how to find out the results of any tests that you have. They will also organise any follow up care that may be needed.

Results should be filed in accordance with your NHS board's policy.

Test	Gestation when test(s) taken	Accepted / Reason if declined	Date taken
Blood group at bookng Antibody screen 28 weeks	9.5	Yes No	04/02/2016
Full blood count	9.5	Yes	04/02/2016
Rubella status	9.5	Yes	04/02/2016
Syphillis	9.5	Yes	04/02/2016
Hepatitis B	9.5	Yes	04/02/2016
HIV	9.5	Yes	04/02/2016
Haemoglobinopathy - sickle cell	9.5	Yes	04/02/2016
Haemoglobinopathy - Thalassaemia	9.5	Yes	04/02/2016
Please document outcome in the Neonatal Management Plan			
Screening for Fetal anomalies ultrasound		Yes	Please see Radiology results in ePR
Screening for Downs Syndrome -1st trimester	9.5	No	04/02/2016
Screening for Downs Syndrom - 2nd trimester			
Random blood glucose Chlamydia (opportunistic if under 20 yrs old)	9.5	Yes	04/02/2016
Mid stream urine specimen for bacteriology	9.5	Yes	04/02/2016
CVS - Indication:		Results normal (Y/N)	
Amniocentesis:		Results normal (Y/N)	
CO level	9.5	13	04/02/2016
Additional information on tests declined			
Test Results - action			

If you have RhD Negative blood - you will be offered 'Anti-D' to prevent any problems developing. If you are RhD Negative and have any vaginal bleeding you must go to the hospital as soon as possible as you may need to have Anti D

Has this been discussed / plans made Prophylactic 'Anti-D' given Gestation and Dose	weeks & Dose
Signed (for above)/Date	Catriona Lipsham 04/02/2016

COMMENTS	

Infant feeding - Antenatal checklist All of the following should be discussed with each pregnant woman by 34 weeks of pregnancy.	**Discussed**
Getting your baby off to a good start	
Importance of skin-to-skin contact (keeps baby warm and calm, promotes bonding, helps breastfeeding)	No
Baby led feeding and feeding cues (to ensure adequate milk intake and supply)	No
Rooming in / keeping baby near (for baby-led feeding and reduction of risk of SIDS)	No
Why breastfeeding is important **Benefits for the baby** Reduced risk of gastro-enteritis, diarrhoea, urinary tract,chest and ear infections, obesity and diabetes.Latest evidence suggests reduced risk of Sudden Infant Death Syndrome and childhood leukaemia.	Yes
Benefits for the mother Reduced risk of breast cancer, ovarian cancer and osteoporosis	Yes
Making breastfeeding work **Effective positioning and attachment** (to ensure adequate milk intake and pain-free feeding)	No
Effects of teats, dummies, nipple shields (may interfere with breastfeeding)	No
No other food or drink needed (for up to 6 months)	No
'From bump to breastfeeding' DVD given (for later discussion, see below)	No
'From bump to breastfeeding' DVD discussed (suggest between 28 and 34 weeks)	Date
Notes if mother declined discussion on any of the above	

Information for you
Your midwife or doctor will give you the following leaflets, booklets and information

		Given
Leaflets given and discussed		Yes
Forms	FW8 Maternity Exemption form (your entitlement to free prescriptions during pregnancy and for one year after your baby is born) Mat B1 form (for an employer or the Benefits Agency confirming your estimated date of delivery. You can ask for this form from your 20th week of pregnancy)	No
Benefits and Entitlements	Parent's guide to Money 'A Guide to Maternity Benefits' N1 17A www.dwp.gov.uk 'Pregnancy and work: what you need to know as an employee' www.dti.gov.uk	
Screening tests in pregnancy	'Your guide to screening tests during pregnancy'	Yes
Pregnancy, babycare and breastfeeding	'Ready, Steady, Baby!' www.readysteadybaby.org.uk There are Easy Read versions of 'Ready, Steady, Baby', available free from Health Scotland Telephone 0131 536 5500 and ask for 'My Pregnancy, My Choice' and 'You and your Baby' Information on wearing a car seat belt safely during pregnancy. See 'Ready, Steady, Baby' 'Reduce the Risk of Cot Death' www.sidscotdeathtrust.org 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' www.heathscotland.org 'Breastfeeding and Returning to Work' www.healthscotland.com " Your Guide to Newborn screening tests' 'Your Baby's Hearing screen' 'BCG and your baby' www.healthscotland.com 'Talking about postnatal depression' www.healthscotland.com 'How to Stop Smoking and Stay Stopped www.healthscotland.com +/- Fresh Start' Smokeline NHS Stop smoking 0800 84 84 84 and www.canstopsmoking.com Support for alcohol issues is available from Drinkline Scotland on 0800 7 314 314 or at www.alcohol-focus-scotland.org.uk	Yes
A/N education sessions discussed Booked to attend Comments	Date	

Consent for blood and other tests offered in pregnancy (Blood Group, Full Blood Count & Infectious Diseases)

I have received the information leaflet 'A Guide to Routine Blood Tests Offered During Pregnancy' and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

700023046K F 07/06/1986
Scoular, Vikki L
Flat 6,
171 Greendykes Road,
Edinburgh,
EH16 4GW
CHI 0706861108
70215 CB Bickler

☑ I wish ☐ I do not wish to be tested for Blood Group antibody screen
☑ I wish ☐ I do not wish to be tested for Full Blood Count
☑ I wish ☐ I do not wish to be tested for Rubella status
☑ I wish ☐ I do not wish to be tested for Syphilis
☑ I wish ☐ I do not wish to be tested for Hepatitis B
☑ I wish ☐ I do not wish to be tested for HIV
☑ I wish ☐ I do not wish to be tested for Haemoglobinopathies Partner requires testing yes ○ no ☐
☑ I wish ☐ I do not wish to be tested for Blood Glucose Levels
☐ I wish ○ I do not wish to be tested for ----------
○ I wish ☐ I do not wish to be tested for ----------

Signature X. V. Scoular Date --/--/--

Witness [signature] (Health professional)

Designation ---------- Date 4/2/16

Screening tests in pregnancy

During your pregnancy you will be offered several tests to check on your baby's health. These include ultrasound scans and may include blood tests to screen for risk of fetal abnormalities including Down's syndrome and Spina Bifida.

Your local maternity team will explain what ultrasound scans will be offered to you and you will be asked to complete the appropriate consent for these tests.

The ultrasound scans you are likely to be offered by your local maternity services are (tick as appropriate)

☑ Dating scan
☒ Nuchal translucency scan 11-13 weeks
☑ Fetal anomaly scan
☑ Detailed scan at 20 weeks
☐ Growth scan as required
○ Placental site scan as required ? as required
☐ Other

Consent for screening tests offered in pregnancy (Down's syndrome)

☐ I wish ☒ I do not wish to be screened for the risk of Down's syndrome

Signature X. V. Scoular Date ----------

Witness [signature] (Health professional)
(Please sign and print name)

Designation ---------- Date 4/2/16

Your preferences for labour and the birth of your baby

Please use the section below to write down your preferences for labour and birth. Alternatively you may wish to attach your own birth plan here. Plans for labour and birth will be individual. They depend on your wishes, your health, your circumstances and what is available at your maternity unit or in your home. You will probably find it helpful to discuss these issues with your birth partner, your midwife, and/or members of your maternity care team during your pregnancy.

During labour, members of your maternity care team will read this section and discuss it with you so they understand your preferences. However you may need to keep an open mind if complications arise for you or your baby. If this happens, your midwife or doctor will discuss events with you and your birth partner. They will be able to inform you of your options in your particular circumstances.

How do I feel about labour and birth?
What are my expectations?

Who do I want with me during labour and birth?

My environment for labour and birth
Things I might want to consider: privacy, quiet, my own music, food and drink, lighting, comfort aids such as pillows, bean bags, chairs or a mattress.

If everything is straightforward, how do I want my baby's heartbeat to be monitored during labour?
e.g. at intervals with a hand-held 'doppler' or ear-trumpet (Pinard stethoscope).
Do I understand when continuous electronic monitoring of my baby's heartbeat may be advised?

How will I cope with pain?
Things I might want to try: relaxation and breathing, changing my position, massage, water (shower, bath or water pool), complementary therapies, a T.E.N.S. machine, 'gas and air', injection of a morphine-related drug or an epidural? (Note: an epidural service is not available in all maternity units and at all times).

Vaginal examinations to assess my progress during labour
My feelings about these are:

How would I like to give birth?
My position for birth - kneeling, standing, squatting or sitting upright ?
Discovering the sex of my baby - do I want to find this out for myself?
Would I like my placenta to be delivered with or without an injection? (An injection often helps to reduce bleeding).

After my baby's birth
(Note: skin-to-skin contact with your baby is usually encouraged straight after birth)
Would I like my baby to have Vitamin K?

Other questions or special requirements that I have

If you have given birth before, you may want to think about your experiences. Please write down anything you would like your midwife or other maternity staff to know.

Discussion of preferences for labour and birth/issues arising
(Maternity care staff - please sign and date all entries)

Signature: ..... Date ../../..

Preparing for birth - what to pack in your bag

Here are some suggestions for what to take to the maternity unit. Please remember to take your Pregnancy Record, as it is very important. If you are having a home birth, your midwife will discuss other things that you will need to prepare.

For the birth	After the birth	
• comfortable clothes • music • snacks and drinks • toiletries • phone numbers • phone cards or change • camera •	• clothes/nightwear for you • underwear • maternity bra • sanitary towels • breast pads •	• clothes for going home • baby clothes – sleep suits, vests, scratch mits, hats and shawl • nappies •
		Please note If you are travelling by car your baby will need a properly fitted car seat for all journeys.

Other questions or special requirements that I have

If you have given birth before, you may want to think about your experiences. Please write down anything you would like your midwife or other maternity staff to know.

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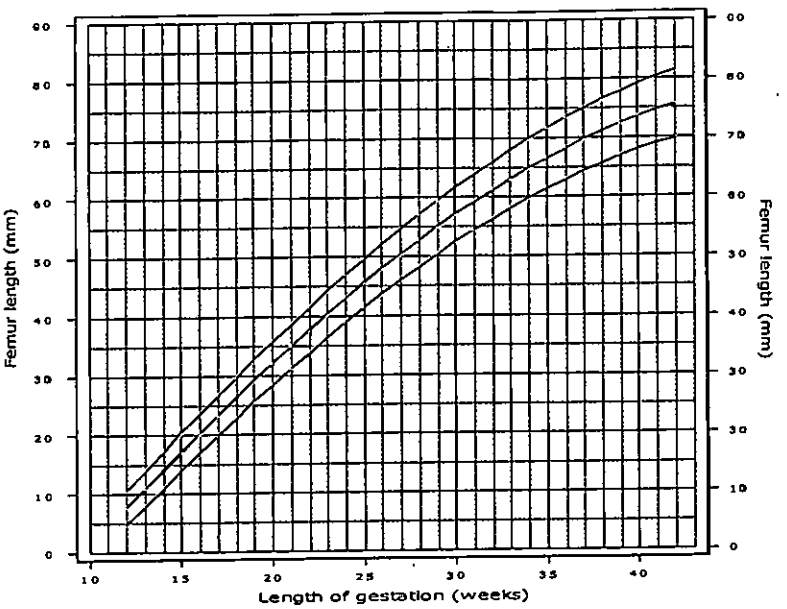
Here are some suggestions for what to take to the maternity unit. Please remember to take your Pregnancy Record, as it is very important. If you are having a home birth, your midwife will discuss other things that you will need to prepare.

For the birth	After the birth	
• comfortable clothes • music • snacks and drinks • toiletries • phone numbers • phone cards or change • camera •	• clothes/nightwear for you • underwear • maternity bra • sanitary towels • breast pads •	• clothes for going home • baby clothes – sleep suits, vests, scratch mits, hats and shawl • nappies •
		Please note If you are travelling by car your baby will need a properly fitted car seat for all journeys.

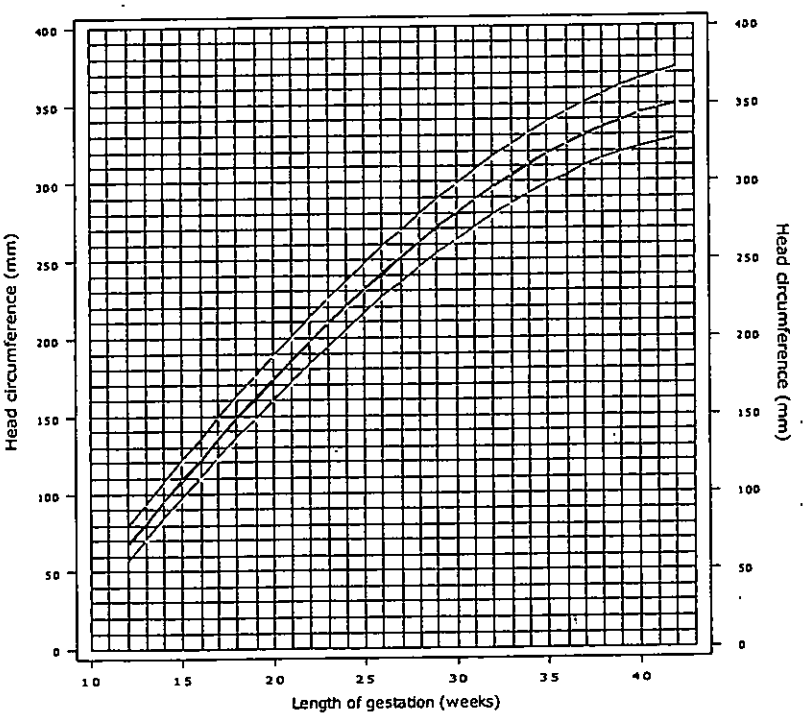
Your ultrasound scans (continued)

Details of any ultrasound scans that you may choose to have will be entered below.

Femur length



Head circumference growth



Any further notes on ultrasound scans

(Please date and sign entry and complete 'Whose Signature' page at back of record).

Your preferences for labour and the birth of your baby

Please use the section below to write down your preferences for labour and birth. Alternatively you may wish to attach your own birth plan here. Plans for labour and birth will be individual. They depend on your wishes, your health, your circumstances and what is available at your maternity unit or in your home. You will probably find it helpful to discuss these issues with your birth partner, your midwife, and/or members of your maternity care team during your pregnancy.

During labour, members of your maternity care team will read this section and discuss it with you so they understand your preferences. However you may need to keep an open mind if complications arise for you or your baby. If this happens, your midwife or doctor will discuss events with you and your birth partner. They will be able to inform you of your options in your particular circumstances.

How do I feel about labour and birth?
What are my expectations?

Who do I want with me during labour and birth?

My environment for labour and birth
Things I might want to consider: privacy, quiet, my own music, food and drink, lighting, comfort aids such as pillows, bean bags, chairs or a mattress.

If everything is straightforward, how do I want my baby's heartbeat to be monitored during labour?
e.g. at intervals with a hand-held 'doppler' or ear-trumpet (Pinard stethoscope).
Do I understand when continuous electronic monitoring of my baby's heartbeat may be advised?

How will I cope with pain?
Things I might want to try: relaxation and breathing, changing my position, massage, water (shower, bath or water pool), complementary therapies, a T.E.N.S. machine, 'gas and air', injection of a morphine-related drug or an epidural? (Note: an epidural service is not available in all maternity units and at all times).

Vaginal examinations to assess my progress during labour
My feelings about these are:

How would I like to give birth?
My position for birth - kneeling, standing, squatting or sitting upright ?
Discovering the sex of my baby - do I want to find this out for myself?
Would I like my placenta to be delivered with or without an injection? (An injection often helps to reduce bleeding).

After my baby's birth
(Note: skin-to-skin contact with your baby is usually encouraged straight after birth)
Would I like my baby to have Vitamin K?

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

www.edinburghlabmed.co.uk

Specialist Virology Centre
Royal Infirmary of Edinburgh, 51 Little France Crescent
EDINBURGH EH16 4SA

PIN/CHI: 0706861108 / 0706861108 **D.O.B:** 07/06/1986	**Tel:** 0131 242 6048 Internal 26048
Patient: SCOULAR, VIKKI **Sex:** Female	
Report to: Community Midwives	**Date Taken:** 04/02/2016
	Time Taken: u/k
Address: Craigmillar Community Midwives	**Date Received:** 05/02/2016
	Time Received: 12:28
Sending Laboratory Reference Number:	**Date Reported:** 06/02/2016

Laboratory Number: MS460257J Specimen: Clotted Blood

Hep B surface Ag qualitative 0.21 S/CO
Hepatitis B surface Antigen : NEGATIVE

HIV Ag/Ab COMBO: 0.11
HIV Antigen/Antibody COMBO assay:NEGATIVE (Index <0.85)

CMIA for Rubella IgG Antibody:42.0 IU/mL
Rubella IgG Antibody : POSITIVE (>9.9 IU/mL)

Rubella antibodies present

Anti-Treponemal IgG Antibody: 0.06
Anti-Treponemal IgG antibody: NEGATIVE (Index <0.9)
(Negative <0.9, Equivocal 0.9-1.1, Positive >1.1)

Authorised by: Background Authorisation for Dr A P Gibb

'For ADULT SEROLOGY, RIE Virology is replacing analysis of white-capped clotted (serum) blood tubes with 7.5 ml S-Monovette Serum-Gel (Sarstedt) clotted (brown-capped) ones - product code 01.1602.001; ADULT MOLECULAR ANALYSIS should continue to be performed on 7.5 ml S-Monovette Potassium EDTA (Sarstedt) (red-capped) tubes - product code 01.1605.001. Thank you'

LOTHIAN UNIVERSITY HOSPITALS DIVISION

www.edinburghlabmed.co.uk

Department of Laboratory Medicine — **Biochemistry, RIE**

PATIENT: SCOULAR, VIKKI **UPI:** 0706861108 **CHI:** 0706861108

DOB: 07/06/1986 **SEX:** F **CONSULTANT/GP:** Community Midwives

SOURCE: Craigmillar Community Midwives **SENDER:**

CLINICAL DETAILS: LAST EATEN >2HRS
Pregnant

Date Collected		04/09/2014	24/09/2014	09/10/2014	23/07/2015	04/02/2016
Time Collected		11:30	12:30	19:30	10:37	15:45
Date Received		05/09/2014	24/09/2014	09/10/2014	23/07/2015	05/02/2016
Time Received		05:31	16:34	19:42	11:54	12:12
Specimen Number		QB778666W	HB520476Z	HB035539R	HB970389C	HB699232Q
Urea	2.5-6.6 mmol/L		2.4 L			
Creatinine	60-120 umol/L		47 L			
eGFR (/1.73m2)	ml/min		>60			
Sodium	135-145 mmol/L		134 L			
Potassium	3.6-5 mmol/L		4.1			
Glucose	mmol/L					4.5
Glucose spec.	type					RANDOM
Bilirubin	3-21 umol/L	6	6			
ALT	10-50 U/L	22	16			
Alk.Phos	40-125 U/L	211 H	243 H			
GGT	5-35 U/L	29	23			
Urate	0.12-0.36 mmol/L		0.32			
C-Reactive Prot	0-5 mg/L			34 H		
TSH	0.2-4.5 mU/L				0.94	
Free T4	9-21 pmol/L				12	

COMMENTS: Only comments on the most recent result are printed

04/02/2016 HB699232Q
Glucose spec. Random sample (<11 mmol/L)

DATE PRINTED: 05/02/2016
TIME PRINTED: 15:35

Specimen type is serum, plasma or blood unless otherwise stated

Department of Transfusion Medicine — IMMUNOHAEMATOLOGY

Royal Infirmary Edinburgh EH16 4SA

Tel :- 0131 242 7501

CMC

Name (Surname & Forename) & Address:

SCOULAR VIKKI
FLAT 6
171 GREENDYKES ROAD

EDINBURGH
EH16 4GW

Sex: Female
D.O.B.: 07/06/1986

CHI / Unit No.: 0706861108

EDD / Gestn: 03/09/2016 - 11weeks

Date Specimen Received:

Report Date: 08/02/2016 12:43

09/02/2016 11:13

SNBTS No.: 1001468355

Results for Sample Number: 10320047241618

Date Drawn: 04/02/2016 15:45 Date Received: 08/02/2016 12:43

ABO : A
Rh D : Positive

Antibody Status : NAD (No Antibodies Detected)

Other Results

Comments

Signed: D. X...

Report Destination:
MIDWIFE IN CHARGE
Reception
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road

Edinburgh
EH16 4DT

Copies of Report to:

Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road

Edinburgh
EH16 4DT

Department of Transfusion Medicine

Royal Infirmary Edinburgh EH16 4SA

Tel : 0131 242 7501

Request for Further Serological Investigation

Specimen Number:
Bar Code

Name (Surname & Forename) & Address:

SCOULAR, VIKKI
FLAT 6
171 GREENDYKES ROAD

EDINBURGH
Mains Road
EH16 4GW

Sex: Female
D.O.B.: 07/06/1986

SNBTS No.: 1001468355

Unit No.: 0706861108

Time & Date Specimen Received:

Report Destination:
MIDWIFE IN CHARGE
Craigmillar Medical Group
Craigmillar Medical Centre 106 Niddrie
Edinburgh EH16 4DT

Copies of Report to:

Please detail any additional information or changes since last sample:

Anti-D Prophylaxis YES/NO:
(If Yes, Please Give Date & Reason)

EDD / Gestn: 03.09.16 Date Sample Taken: ..... Requested By: .....

PATIENT: SCOULAR, VIKKI UPI: 0706861108 CHI: 0706861108
DOB: 07/06/1986 SEX: F CONSULTANT/GP: Midwife
SOURCE: Craigmillar Community Midwives SENDER:

CLINICAL DETAILS:

Date: 05/02/2016
Time: 11:58
Specimen No.: HR983465J

ANTENATAL HAEMOGLOBINOPATHY SCREEN

Haemoglobin	131	g/l	(115 - 160)
Red cell count	4.54	x10^12/l	(3.8 - 5.8)
Mean cell volume	82	fl	(78 - 98)
Mean cell Hb.	28.9	pg	(27.0 - 32.0)
HbA2	2.8	%	(2.3 - 3.3)
HbF	<1.0	%	(0 - 1.0)
Comment:	No abnormality detected.		
Family Origin Questionnaire	Yes		
FOQ Risk Identification	Father only (FOQ pink box)		

Comments:

No evidence of abnormal haemoglobin or thalassaemia.

Testing of baby's father NOT required.

NOTE: Specimen type is BLOOD unless otherwise stated.

DATE PRINTED: 08/02/2016
TIME PRINTED: 13:02

LOTHIAN UNIVERSITY HOSPITALS DIVISION

www.edinburghlabmed.co.uk

Department of Laboratory Medicine — **Haematology, RIE**

PATIENT: SCOULAR, VIKKI **UPI:** 0706861108 **CHI:** 0706861108

DOB: 07/06/1986 **SEX:** F **CONSULTANT/GP:** Midwife

SOURCE: Craigmillar Community Midwives **SENDER:**

CLINICAL DETAILS:

Date Collected		Unknown	24/09/14	05/10/14	09/10/14	04/02/16
Time Collected		u/k	12:30	21:20	19:30	15:45
Date Received		20/08/14	24/09/14	05/10/14	09/10/14	05/02/16
Time Received		14:03	16:34	21:34	19:42	11:58
Specimen Number		QB519650	HR540437	HR113537	HR008436	HR983465
Haemoglobin	115-160 g/l	110	126	135	128	131
Red cell count	3.8-5.8 x10^12/	4.36	4.60	4.76	4.49	4.54
Haematocrit	0.37-0.47 ratio	0.337	0.376	0.396	0.379	0.373
Mean cell volume	78-98 fl	77	82	83	84	82
Mean cell Hb.	27.0-32.0 pg	25.2	27.4	28.4	28.5	28.9
Reticulocyte Count	25-85 x10^9/l	129				41
White cell count	4.0-11.0 x10^9/	10.6	11.0	18.7	11.9	10.3
Neutrophil Count	2.0-7.5 x10^9/l	7.77	7.82	16.62	8.29	7.25
Lymphocyte Count	1.5-4.0 x10^9/l	1.94	2.17	1.51	2.56	2.12
Monocyte Count	0.2-0.8 x10^9/l	0.65	0.81	0.49	0.66	0.57
Eosinophil Count	0.04-0.4 x10^9/	0.15	0.16		0.36	0.33
Basophil Count	0.01-0.1 x10^9/	0.04	0.04	0.03	0.03	0.06
Platelet count	150-400 x10^9/l	240	206	223	217	200

COMMENTS:

DATE PRINTED: 05/02/2016
TIME PRINTED: 15:45

Results outwith the reference range are highlighted in BOLD

NOTE: Specimen type is BLOOD unless otherwise stated.

LOTHIAN UNIVERSITY HOSPITALS DIVISION

www.edinburghlabmed.co.uk

Department of Laboratory Medicine — **Haematology, RIE**

PATIENT: SCOULAR, VIKKI **UPI:** 0706861108 **CHI:** 0706861108

DOB: 07/06/1986 **SEX:** F **CONSULTANT/GP:** Midwife

SOURCE: Craigmillar Community Midwives **SENDER:**

CLINICAL DETAILS:

Date Collected		Unknown	24/09/14	05/10/14	09/10/14	04/02/16
Time Collected		u/k	12:30	21:20	19:30	15:45
Date Received		20/08/14	24/09/14	05/10/14	09/10/14	05/02/16
Time Received		14:03	16:34	21:34	19:42	11:58
Specimen Number		QB519650	HR540437	HR113537	HR008436	HR983465
Haemoglobin	115-160 g/l	110	126	135	128	131
Red cell count	3.8-5.8 x10^12/	4.36	4.60	4.76	4.49	4.54
Haematocrit	0.37-0.47 ratio	0.337	0.376	0.396	0.379	0.373
Mean cell volume	78-98 fl	77	82	83	84	82
Mean cell Hb.	27.0-32.0 pg	25.2	27.4	28.4	28.5	28.9
Reticulocyte Count	25-85 x10^9/l	129				41
White cell count	4.0-11.0 x10^9/	10.6	11.0	18.7	11.9	10.3
Neutrophil Count	2.0-7.5 x10^9/l	7.77	7.82	16.62	8.29	7.25
Lymphocyte Count	1.5-4.0 x10^9/l	1.94	2.17	1.51	2.56	2.12
Monocyte Count	0.2-0.8 x10^9/l	0.65	0.81	0.49	0.66	0.57
Eosinophil Count	0.04-0.4 x10^9/	0.15	0.16		0.36	0.33
Basophil Count	0.01-0.1 x10^9/	0.04	0.04	0.03	0.03	0.06
Platelet count	150-400 x10^9/l	240	206	223	217	200

COMMENTS:

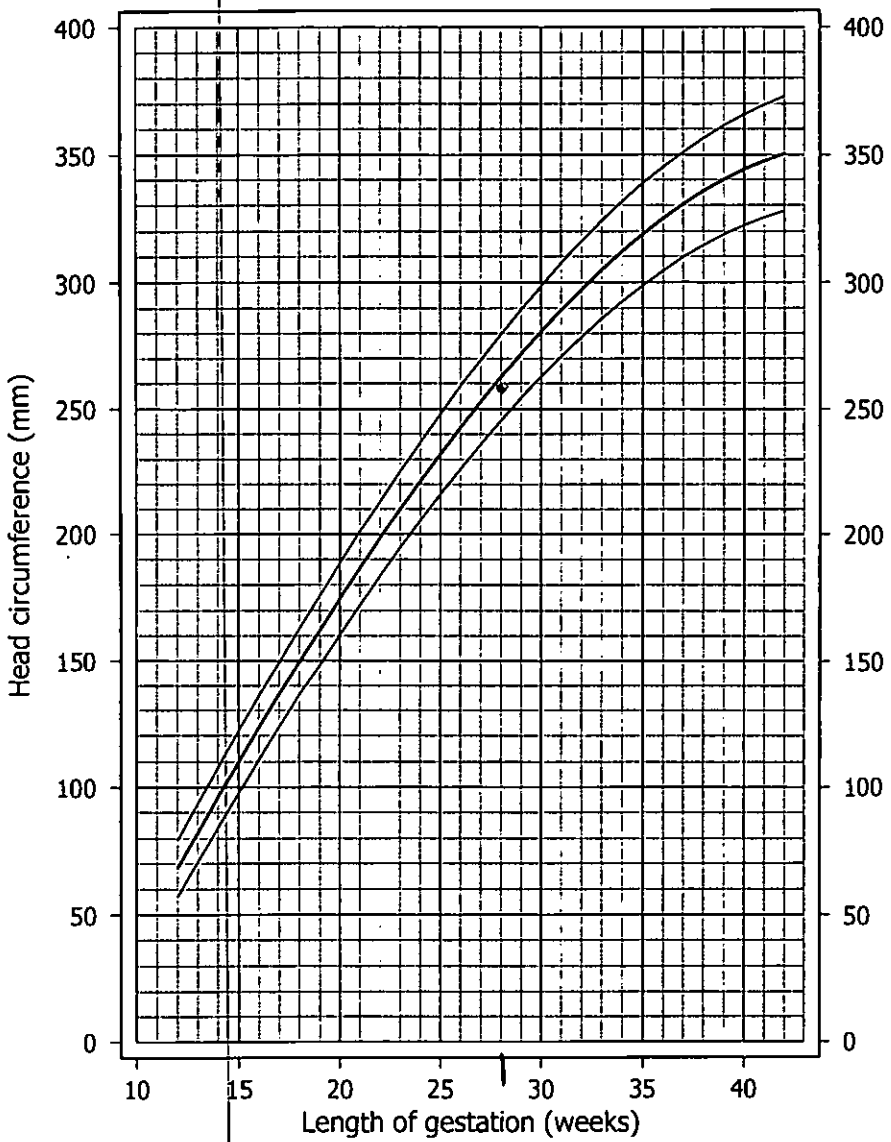
DATE PRINTED: 07/02/2016
TIME PRINTED: 15:45

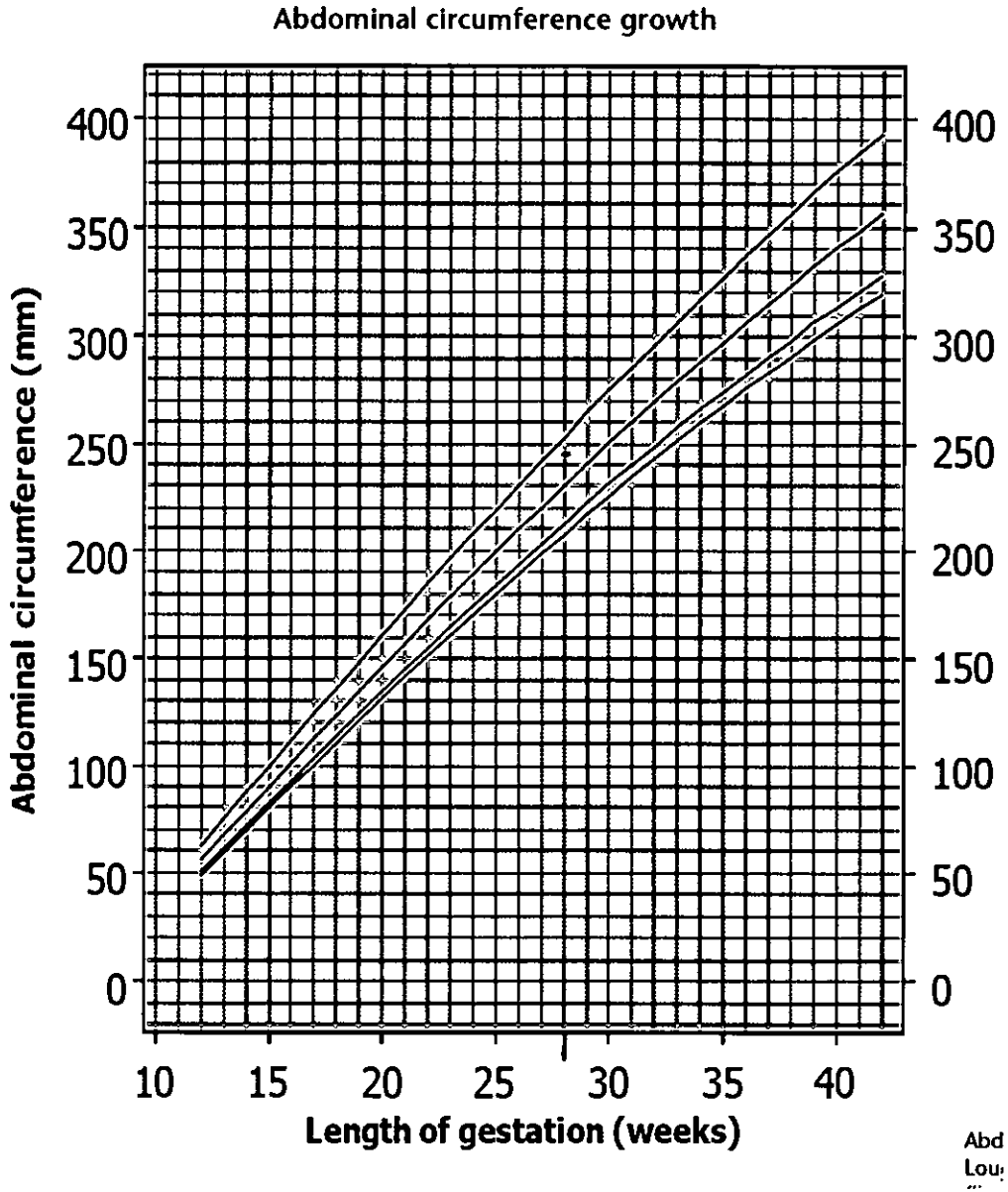
Results outwith the reference range are highlighted In BOLD

NOTE: Specimen type is BLOOD unless otherwise stated.

[redacted]023046K F 07/06/1986
Scoular, Vikki L
Flat 6,
71 Greendykes Road,
Edinburgh,
EH16 4GW
CHI 0706861108
70215 CB Bickler

CHART (after Chitty & Altman[4])





Abd
Lou

08/05/07

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Scoular	Vikki	UHPI:	700023046K

CHI: 0706861108
Order Items:
US Obstetric Fetal Growth

US Obstetric Fetal Growth
28 growth scan please para 1+0 smokes .>20 a day. EDD : 7/9/16 now:28 weeks 1 days.

Report
FETUS NUMBER:One FETAL HEART PULSATIONS SEEN:Yes

H/C: 259 mm
A/C: 247 mm EFW = 1242g
FL: 53 mm

PRESENTATION:Cephalic
PLACENTA:Fundal - not low
LIQUOR VOLUME:Normal

ADDRESS:	FLAT 6		DOB:	07/06/1986
	171 GREENDYKES ROAD		SEX:	Female
	Edinburgh			
	EH16 4GW			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Craigmillar Booking Clinic
Order Patient Location:	ANC Craigmillar Medical Centre
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Fetal Growth	23977069	16/06/2016	M/W Catriona A Lipsham

D.O.R:		Reporting Radiologist:	Alison Logan
D.O.T:	16/06/2016	Overseen by Radiologist:	
D.O.V:	16/06/2016	Verifying Radiologist:	Alison Logan
		Typist/Secretary:	Alison Logan
		Radiologist Signature:	

Printed 16/06/2016 10:23:23

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Scoular	Vikki	UHPI:	700023046K

CHI: 0706861108

Order Items:
US Obstetric Fetal Anomaly Scan

Clinical details

US Obstetric Fetal Anomaly Scan
anomoly scan please para 1+ 0 bmi 35 othewise low risk at booking

Report

EDD BY ULTRASOUND: 7/9/16
GESTATION (by ultrasound): 20weeks 0days.
FETUS NUMBER:One
FETAL HEART PULSATIONS SEEN: Yes
H/C:167mm
A/C:142mm
FL: 33mm
PLACENTA:Posterior not low
LIQUOR VOLUME:Normal
COMMENTS:No fetal abnormality seen. It was explained that this does not exclude all problems.

ADDRESS:	Flat 6		DOB:	07/06/1986
	171 Greendykes Road		SEX:	Female
	Edinburgh			
	EH16 4GW			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Craigmillar Booking Clinic
Order Patient Location:	ANC Craigmillar Medical Centre
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Fetal Anomaly Scan	23096909	20/04/2016	M/W Catriona A Lipsham

D.O.R:		Reporting Radiologist:	Gillian Wood
D.O.T:	20/04/2016	Overseen by Radiologist:	
D.O.V:	20/04/2016	Verifying Radiologist:	Gillian Wood
		Typist/Secretary:	Gillian Wood
		Radiologist Signature:	

Printed 20/04/2016 09:22:18

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Scoular	Vikki	UHPI:	700023046K

CHI: 0706861108
Order Items:
US Obstetric Booking

Clinical details

US Obstetric Booking

Report

EDD BY ULTRASOUND: 07/09/2016
GESTATION (by ultrasound): 11weeks 6 days.
FETUS NUMBER:1
FETAL HEART PULSATIONS SEEN:YES
CRL: 51.7 mm
LIQUOR VOLUME: Normal
COMMENTS: Declined NT

FA CARD RECEIVED - YES

ADDRESS:	Flat 6		DOB:	07/06/1986
	171 Greendykes Road		SEX:	Female
	Edinburgh			
	EH16 4GW			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Craigmillar Booking Clinic
Order Patient Location:	ANC Craigmillar Medical Centre
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Booking	22947083	26/02/2016	M/W Craigmillar Booking Clinic

D.O.R:		**Reporting Radiologist:**	Jacqueline Harkins
D.O.T:	26/02/2016	**Overseen by Radiologist:**	
D.O.V:	26/02/2016	**Verifying Radiologist:**	Jacqueline Harkins
		Typist/Secretary:	Jacqueline Harkins
		Radiologist Signature:	

Printed 26/02/2016 11:22:33

University Hospitals Division
Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

NHS Lothian

Department of Clinical Radiology

Miss Vikki L Scoular
Flat 6
171 Greendykes Road
Edinburgh
EH16 4GW

Date 19/01/2016
Our Ref 700023046K
CHI 0706861108
Visit Number

Booking Ultrasound Appointment Letter - Simpson's Centre for Reproductive Health, RIE

Please note: If you need to change this appointment, please ensure that your ante-natal appointment is before the ultrasound scan.

Below are details of your appointment: date, time and location (which hospital/community site), please read carefully.
This letter will tell you about the examination and how to get the best from your appointment.
LOCATION: Simpson's Centre for Reproductive Health, in the Royal Infirmary of Edinburgh.

Appointment Type: **US Obstetric Booking**

Date and Time: **Friday 26 February, 2016 at 11:15 am**

Please note: If you are more than 10 minutes late for this appointment you may not be taken.
Please telephone 0131 536 2009 if this appointment is not suitable.

PREPARING FOR YOUR EXAMINATION - FILLING YOUR BLADDER

In order for this examination to be performed successfully it is essential that you have a full bladder. Please drink 1 litre (4 to 6 glasses) of non gassy fluid 1 hour before your examination. Do not go to the toilet before your examination.

If for any reason you find this difficult to carry out e.g. you have a long distance to travel or any medical problems, we would suggest that you arrive 1 hour before your appointment time so that preparation can be carried out in the department.

THE ULTRASOUND EXAMINATION

Ultrasound is an imaging technique in which sound waves are used to obtain pictures of your baby. The Sonographer (person trained in ultrasound) will put some cold gel on your skin and will move a probe over your lower abdomen; you will see your baby on the screen. Measurements will be taken during the scan and your due date will be worked out at the end.

To obtain a good picture you must have a full bladder.

Please note: Good pictures are not always possible due to: Baby's position, the amount of fluid in your bladder or if you are above average weight.

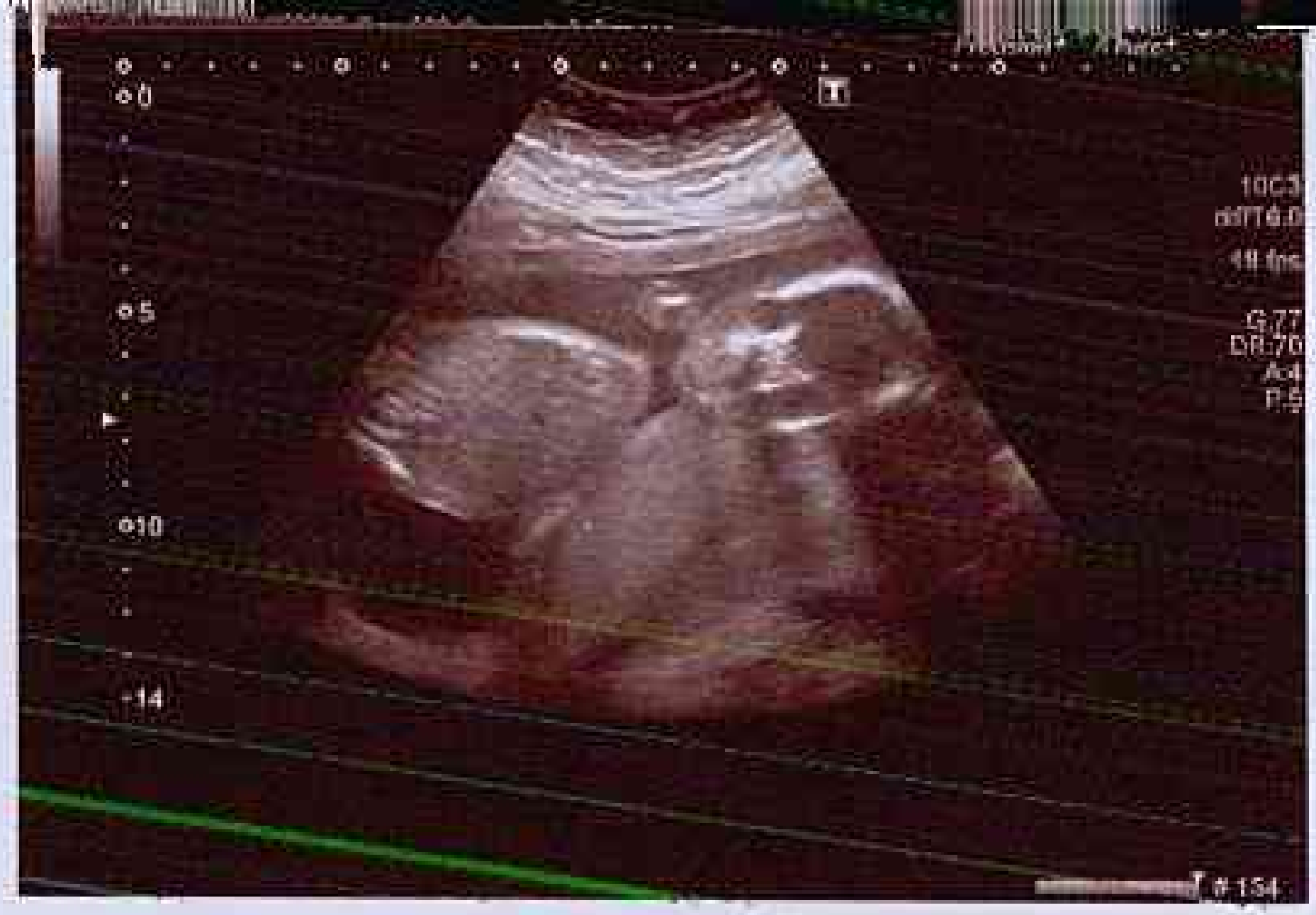
You are welcome to bring your partner or a friend with you for this examination – but only one person will be allowed in. If possible please leave your children at home or bring someone to look after them in the waiting area so both you and the Sonographer will not be distracted during the scan.

ON ARRIVAL

Please report to the ultrasound reception desk at the location stated above at your appointment time. When you arrive one of our staff will greet you and check your details.
If your bladder is full it will shorten the time you have to wait in the ultrasound department.

Please allow plenty time for travelling to this appointment, particularly if you are unfamiliar with the location/hospital layout.

The hospital car parks can be very busy and you may have to wait in a queue to gain entry and there is limited parking in other areas.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5
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14

Services

GP practices provide the majority of contraception in Lothian. It's worth asking at your practice to find out what is available.

Chalmers Centre offers a full sexual health service including:

- Contraception information and provision
- IUC and IUS insertion and removal
- Implant insertion and removal.

For appointments, information and advice call 0131 536 1070. Lines are open Monday to Thursday 9am – 5pm and Friday 9am – 4pm or visit

www.lothiansexualhealth.scot.nhs.uk

Lothian
Sexual & Reproductive Health Services

Starting Contraception After Having A Baby

to help you choose the method of contraception that's best for you

NHS Lothian

Progestogen only pill

These pills contain only one hormone, progestogen. This method suits women who want to take pills but who cannot have estrogen. There are two kinds of progestogen only pill: the traditional ones that thicken cervical mucus and stop sperm reaching the egg and the newer ones that keep the ovaries from releasing an egg. Your doctor or nurse will help you decide which one would suit you best.

Advantages

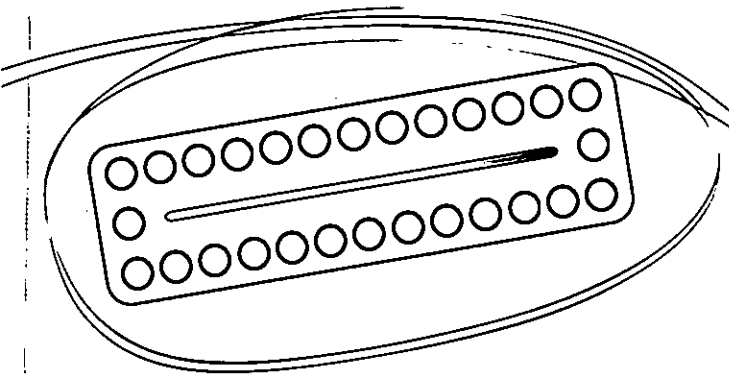
- 91% effective
- Reversible after stopping
- Suits breastfeeding women
- Safe for women who cannot have estrogen
- May have no bleeding.

Disadvantages

- May have irregular bleeding
- Must remember to take at the same time each day.

When can I start using this after I have my baby?

Immediately if you want to. You should definitely start using an effective method three weeks after the baby is born.



Combined hormonal contraception

These methods contain two hormones, estrogen and progestogen, that prevent your ovaries from releasing an egg. Usually this is a pill that you take at the same time every day. There are lots of different kinds of pills on the market. You will need a prescription from your healthcare provider.

Sometimes women will use patches or vaginal rings which work just like the pill.

Advantages for these methods

- 91% effective
- Shorter, lighter and less painful periods
- Reversible after stopping
- May help with acne.

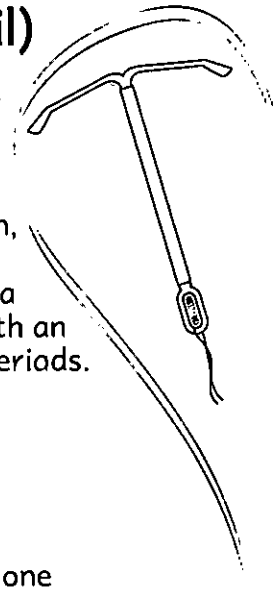
Disadvantages

- May have irregular bleeding, usually improves over time
- Must use the method correctly
- Some women cannot take estrogen for health reasons
- Not suitable for breastfeeding women.

When can I start using these after I have my baby?

Three weeks after you have your baby unless you are breastfeeding. You should use a different method until the baby is weaned.

Hormonal IUCD (Coil)



The harmanal IUCD is a little, t-shaped device that is placed in yaur uterus (wamb). It releases a small amaunt af harmone, called pragestagen, which prevents sperm fram getting thraugh the cervix inta the uterus and meeting up with an egg. It may give yau lighter periads.

Advantages

- Lasts far up ta five years
- >99% effective
- It can be remaved easily
- Very law dase af safe hormone
- Quick return ta fertility
- May have lighter periads
- Suitable far breastfeeding wamen
- 'Fit it and farget it.'

Disadvantages

- Passible irregular periods which take a few manths ta settle
- Must be inserted by a clinician.

When can I start using this after I have my baby?

The harmanal IUCD can be fitted either in the first 48 hours after delivery or faur weeks later. This will be discussed by your midwife or dactar ta plan the best time. If yau have a planned caesarean section it may be passible ta fit it ot the same time.

Hormone Free IUCD

The capper IUCD is a little, t-shaped device that is placed in yaur uterus (wamb) and alters the way sperm mave. This prevents them fram fertilising an egg. This type af IUCD has a small amaunt af natural, safe capper. It's 100% harmane-free and daesn't alter yaur periads.

Advantages

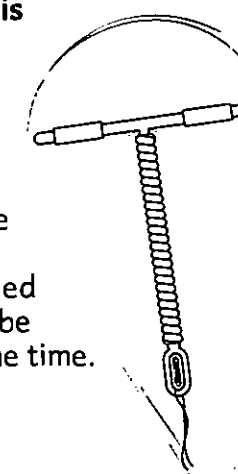
- Lasts far up ta 10 years
- >99% effective
- It can be remaved easily
- Na harmones
- 'Fit it and farget it.'
- Cantinued regular periads
- Quick return ta fertility
- Suitable far breastfeeding wamen.

Disadvantages

- Passible heavier, crampier periads
- Must be inserted by a clinician.

When can I start using this after I have my baby?

The capper IUCD can be fitted either in the first 48 haurs after delivery ar faur weeks later. This will be discussed by yaur midwife ar dactar ta plan the best time. If you have a planned caesarean section it may be passible to fit it at the same time.



Contraception options

There are some very effective and safe methods of contraception that are ideal for women who have just had a baby and want to space their pregnancies or who want long term contraception. We will discuss these methods first.

- Hormonal IUCD (Coil)
- Hormone Free IUCD (COIL)
- Implant
- Injection (Jag)

We know that women who use IUCDs and Implants are four times less likely to have an unplanned pregnancy than women who use other methods.

If you are certain that you never want another pregnancy then you may want to consider sterilisation. Usually the best option is male sterilisation (vasectomy).

There are a whole range of other contraceptive methods that women often choose.

These are effective too but the difference is: you need to be good at using them.

- Progestogen Only (1 Hormone) Pill
- Combined methods
  - > (2 Hormones) Pill
  - > Patch
  - > Vaginal Ring
- Condoms – these can also prevent the spread of sexually transmitted infection.

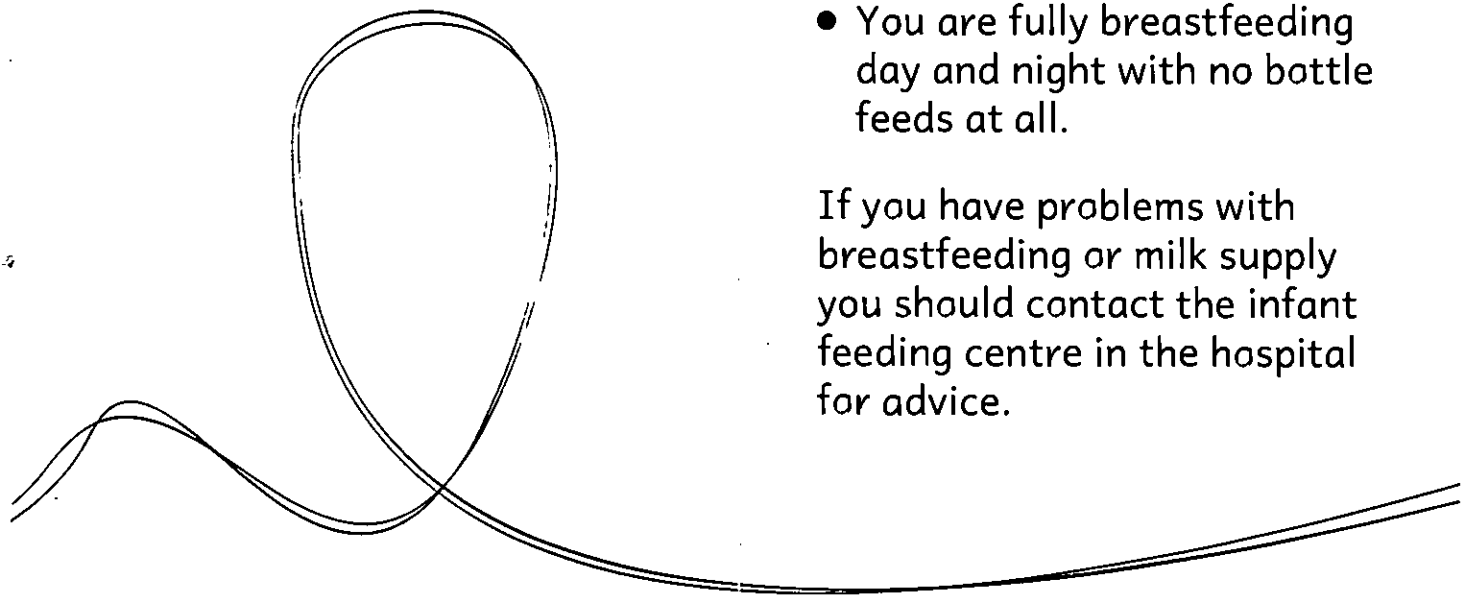
Read this leaflet to get more detailed information about each method and a better idea of what might suit you.

You can also watch a short film about longer lasting methods of contraception at www.lothiansexualhealth.scot.nhs.uk or by scanning the QR code on the back of this lealfet.

Your midwife will discuss contraception with you during one of your antenatal visits so that you can have your contraception ready to start as soon as you have your baby.

Staff in the hospital, or community, will make sure you can get your chosen method easily and quickly.

You should definitely have started using some form of contraception by three weeks after the baby is born.



Contraception and Breastfeeding

When you are breastfeeding there are a number of contraceptive options for you that should not affect your baby or your supply of milk.

Breastfeeding is not a reliable method of contraception.

However, you are less likely to get pregnant if:

- Your baby is less than six months old and
- Your periods have not come back and
- You are fully breastfeeding day and night with no bottle feeds at all.

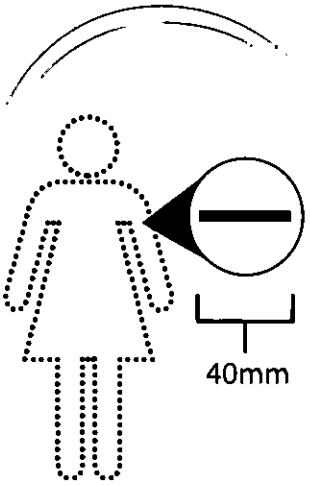
If you have problems with breastfeeding or milk supply you should contact the infant feeding centre in the hospital for advice.

Implant

The implant is a tiny rod, about the size of a bendy matchstick that's inserted under the skin of your upper arm. The implant releases a hormone called progestogen that prevents your ovaries from releasing eggs and thickens your cervical mucus, which helps to block sperm from getting to the egg in the first place.

Advantages

- Lasts for three years
- >99% effective
- Quick return to fertility
- May have lighter periods
- Suitable for breast feeding women
- 'Fit it and forget it'
- Quick return to fertility.



Disadvantages

- Possible irregular periods (or no periods).

When can I start using this after I have my baby?

Immediately if you want to. We may be able to insert this at the time of caesarean section or on the postnatal ward before you go home. You definitely need contraception from three weeks after the baby is born.

Injection (Jag)

The jag is just what it sounds like, an injection that keeps you from getting pregnant. The jag contoins progestogen, a hormone that prevents your ovaries from releasing eggs. It also thickens your cervical mucus, which helps ta black sperm from getting to the egg in the first place.

Advantages

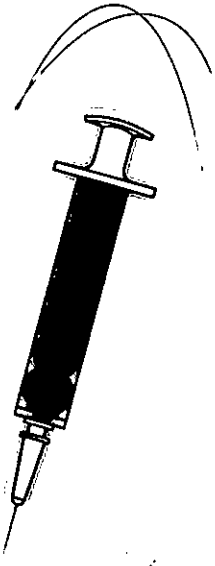
- Lasts for 3 months
- 94% effective
- May have lighter or no periods.

Disadvantages

- Must see a health professional every three months for the injection
- Possible delay in return to fertility
- Possible irregular periods.

When can I start using this after I have my baby?

If you are healthy and there are no complications during the pregnancy or birth that affect your health, then you can have this immediately. Otherwise you can get the jag at 21 days. Your doctor will advise you what's best.



Female sterilisation

This involves blocking the fallopian tubes so that sperm cannot get through to meet an egg. There are different ways of doing this. You will need to have it done in hospital.

If you are thinking about having female sterilisation you should speak to your doctor as soon as possible so they can advise you about what your options are.

Remember that the IUCDs and implant mentioned in this leaflet are at least as effective as female sterilisation.

Advantages

- Permanent
- >99% effective
- No change in periods.

Disadvantages

- Higher failure rate if done during caesarean section
- Irreversible
- Must be certain you never want another pregnancy
- Surgical procedure
- Might require general anaesthetic
- Risk of complications.

When can I start using this after I have my baby?

You will normally be advised to wait until your youngest child is a year old before you have the operation. If you have a planned caesarean section it may be possible to have this done at the same time.

Male sterilisation – Vasectomy

This involves blocking the tubes (vas deferens) that take sperm from the testicles to the penis. It is a quick procedure done under local anaesthetic. It can be done in a community clinic. To arrange this you should ask your GP for a referral to Chalmers Sexual Health Service. Male sterilisation is more effective than female sterilisation and a much simpler procedure.

Remember that the IUCDs and implant mentioned in this leaflet are at least as effective as male sterilisation.

Advantages

- Permanent
- >99% effective
- Local anaesthetic.

Disadvantages

- Irreversible
- Surgical procedure
- Risk of complications.

When can I start using this after I have my baby?

You will normally be advised to wait until your youngest child is a year old before you have a vasectomy. Ask your GP for referral when your baby is 6-9 months.

Emergency Contraception

If you have unprotected sex in the first three weeks after having the baby you will not need emergency contraception. If you have any sex after the first 21 days without using contraception properly you could get pregnant.

There are two main types of emergency contraception - the copper IUCD (COIL) and hormone pills.

Copper IUCD (COIL)

See overleaf for more information about the IUCD.

This is the most effective method of emergency contraception (99% effective).

You can have an emergency IUCD fitted up to five days after unprotected sex. It is usually easy to insert and is suitable for women of any age. For emergency contraception it needs to stay in your womb at least until your next period but you might decide to keep it as your main method of contraception.

It is suitable for breastfeeding women.

Progestogen pill – (Levonelle®)

This is also known as the 'morning after' pill because it is most effective if it is taken within 24hours of unprotected sex. It works by delaying the release of the egg (if this has not happened already) and will prevent about two out of three pregnancies. It can be taken up to five days after unprotected sex and will get less effective the longer you wait to take it.

It is suitable for breastfeeding women and will not affect the baby or breast milk supply.

You can get Levonelle® free of charge from pharmacies in Scotland if you are registered with a GP.

Ulipristal Acetate (ella-One®)

This pill can be taken up to five days after unprotected sex. It works by delaying the release of the egg. It is slightly more effective than Levonelle®. You need to get this prescribed by a doctor.

It can affect some hormonal methods of contraception so you need to use condoms for 14 days after taking it.

Breastfeeding women are advised to express and discard breast milk for 36 hours after taking it.

NHS SCOTLAND

Whooping cough

help protect your baby

2015

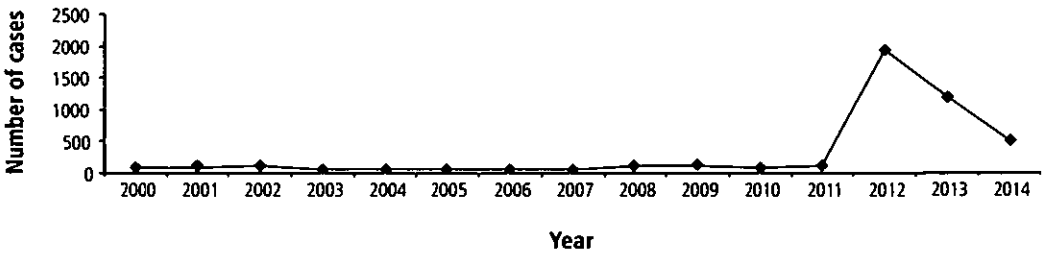
Don't take the risk
act now to protect your baby from whooping cough from birth

healthier scotland
SCOTTISH GOVERNMENT

There is a lot of whooping cough around at the moment and babies who are too young to start their routine childhood immunisations are at greatest risk.

In 2012, there was an outbreak of whooping cough in Scotland (as well as the rest of the UK). There were 1,926 cases of whooping cough in Scotland in 2012. The number of cases decreased to 1,188 in 2013 and 504 in 2014. Despite this decrease, the number of confirmed cases is still many times higher than it was before the outbreak and whooping cough is still a risk for young infants.

Laboratory confirmed cases of whooping cough in Scotland (2000 to 2014)



- Young babies are particularly at risk because they are vulnerable until they can be immunised against whooping cough from 2 months of age.
- Whooping cough is a serious disease that can lead to pneumonia and permanent brain damage, as well as cause death – a number of babies have died in the UK because of the current outbreak.
- You can help protect your unborn baby from getting whooping cough in his or her first weeks of life by having the whooping cough vaccine while you are pregnant – even if you've been immunised before or have had whooping cough yourself.
- The best time to get immunised to protect your baby is between weeks 28 and 38 of pregnancy, with the ideal time being between weeks 28 and 32. Make an appointment to get immunised every time you are pregnant so that each baby gets the same protection from you against whooping cough.
- If you are in week 28 of your pregnancy or beyond, talk to your midwife, practice nurse or GP and make an appointment to get immunised as soon as possible.
- Your baby will still need to be immunised as normal when he or she reaches 2 months of age. The complete Routine Childhood Immunisation Programme is given on the back cover of this booklet.

For more information, talk to your midwife, practice nurse or GP, or call the NHS inform helpline on **0800 22 44 88** (textphone 18001 0800 22 44 88). The helpline is open every day 8 am to 10 pm and also provides an interpreting service. This information is also available at **www.immunisationscotland.org.uk**

What is whooping cough?

Whooping cough (also known as pertussis) causes long bouts of coughing and choking, making it hard to breathe. The 'whoop' noise is caused by gasping for breath after each bout of coughing. But not all cases will make the 'whooping' sound, which can make it difficult to recognise the disease. Whooping cough commonly lasts for 2 to 3 months. Whooping cough is easily spread by breathing in tiny droplets that are released into the air by other people's coughs and sneezes. Babies under 1 year of age are most at risk from whooping cough. For these babies, the disease is very serious and can lead to pneumonia and permanent brain damage. In the worst cases, it can cause death.

Why are we seeing more outbreaks?

The graph on page 2 shows just how sharply cases of whooping cough have risen over the past few years. The cause of this increase is being investigated by government scientists and other experts. In the meantime, the important thing is to protect young babies, who are the most likely to suffer badly if they catch the disease.

We can do this by immunising women beginning when they are 28 weeks pregnant, with the ideal time being between weeks 28 and 32. This will help protect their baby from whooping cough during the first weeks of life.

Are we the only country to have this problem?

A number of other countries, including the US, have seen rising numbers of cases and deaths in young children. The US has also recommended that all women are immunised while they are pregnant.

Are there any risks to me or my baby if I'm immunised while I'm pregnant?

The whooping cough vaccine is not a live vaccine so it can't cause whooping cough in women who have the immunisation, or their babies. There is no evidence of harm from immunising pregnant women with this type of vaccine. It's much safer for you to have the vaccine than to risk your newborn baby catching whooping cough. Remember, whooping cough is a serious disease that can lead to pneumonia and permanent brain damage, as well as death – babies have already died in the UK because of this current outbreak.

What is in the vaccine?

You will be given a combined vaccine that protects against four different diseases – whooping cough (pertussis), diphtheria, tetanus and polio – as there is currently no single, pertussis-only vaccine available. Although the vaccine isn't currently licensed for use in pregnant women, there's no evidence that there's a risk of harm to you or your baby. A recent study in the UK (of nearly 18,000 pregnant women) found no safety concerns related to getting immunised against whooping cough when pregnant. Studies from the US of immunising pregnant women against whooping cough (with a similar type of vaccine to the one used in Scotland) have also found no evidence of risk to pregnant women.

Are there any side effects from being immunised while pregnant?

You may have some mild side effects from the immunisation, such as redness or tenderness where the vaccine was given (this will be an injection in the upper arm). Serious side effects are extremely rare, especially in adults.

How does getting immunised during pregnancy protect my baby?

The immunity you get from the vaccine will be passed to your baby across the placenta. The placenta is on the inside of the mother's womb and links the mother's blood supply with her unborn baby. The baby gets nourishment from the placenta. Getting immunised during pregnancy will help protect your baby in the first few vulnerable weeks of life, until he or she is old enough to have the routine immunisation at 2 months of age. Babies are offered whooping cough vaccinations at 2, 3 and 4 months of age as part of their routine immunisations (see the Routine Childhood Immunisation Programme on the back cover of this booklet).

Why should I have the immunisation from week 28 of my pregnancy?

Immunisation is recommended from weeks 28 to 38, with the ideal time being between weeks 28 and 32. This provides time for the mother's body to make antibodies and for these to pass across the placenta to the unborn baby.

Will the immunisation definitely mean my baby doesn't get whooping cough?

Because whooping cough is continuing to circulate, your baby will be at greater risk of catching it. Although no vaccine guarantees 100% protection, this is likely to be the most effective way to protect your baby from whooping cough in his or her first weeks of life. Early signs show that immunising pregnant women in Scotland is very effective at reducing the number of young babies getting whooping cough. But remember that the immunity they receive from you will wear off, so make sure you bring your baby for their routine immunisations at 2 months of age when they will receive their first dose of the whooping cough vaccine.

I'm still concerned about having an immunisation while I'm pregnant. Is there an alternative way to protect my baby from whooping cough?

More young babies have died recently before they are old enough to have their first whooping cough immunisation. Their mother's protection (from either having whooping cough themselves or being immunised when they were young) has now worn off and there's no protection left to pass to their baby. Having the immunisation during pregnancy provides antibodies that will be passed to the baby so he or she has some protection in the first few weeks of life when whooping cough is most serious.

How late in pregnancy can I have the vaccine?

The immunisation can be given any time after week 28, right up to when your baby is due, but the ideal time is between weeks 28 and 32. If immunisation is given after 38 weeks there may not be enough time for the antibodies to be produced and passed to the unborn baby, which means the baby won't have protection in the first weeks of life.

For how long will my immunisation protect my baby from whooping cough?

The immunity your newborn baby gets from your immunisation will help protect them through the very early weeks of life. Your baby will still need the full course of three whooping cough immunisations to protect them as they grow up (see the Routine Childhood Immunisation Programme on the back cover of this booklet).

Why can't my baby be immunised as soon as they are born?

A newborn baby is not ready to deal with this vaccine until 2 months of age, when they will receive the first of their immunisations to get full protection.

I'm expecting twins – what should I do?

One immunisation will help protect all your babies, no matter how many you are expecting.

What if I get pregnant again soon after the birth of my baby?

You will be offered the immunisation when you reach week 28 of any pregnancy. Make an appointment to get immunised every time you are pregnant.

For more information, talk to your midwife, practice nurse or GP, or call the NHS inform helpline on **0800 22 44 88** (textphone 18001 0800 22 44 88). The helpline is open every day 8 am to 10 pm and also provides an interpreting service.This information is also available at **www.immunisationscotland.org.uk**

I have a newborn baby but was not immunised when pregnant – can I have the vaccine now?

Women who miss out on the immunisation during pregnancy may be offered the vaccine if they have never previously been immunised against whooping cough, up to when their child receives their first immunisation. You will only need one dose.

I am going to breastfeed. Won't that protect my baby?

Unfortunately, not enough protection against whooping cough is passed in the breast milk to protect your baby. Having the vaccine does increase your antibodies that are passed to your baby.

When will I get the immunisation?

All pregnant women in Scotland will be offered the immunisation from week 28 of their pregnancy and this will usually be done at their GP practice by a nurse.

I have other young children – do they need to be immunised too?

If you have other young children it is important to make sure that they are up to date with their immunisations. This will help these children avoid becoming infected with whooping cough and passing this on to your new baby.

What should I do now?

If you are in week 28 of your pregnancy or beyond, please speak to your midwife to find out more or make an appointment for your whooping cough immunisation with your GP practice.

I have heard that I should have the flu vaccine when I am pregnant. Can I have both vaccines? Should I have them together?

If you are pregnant during the flu season, then you should have the flu vaccine as early as you can during pregnancy. If you are over 28 weeks and you still haven't had the flu vaccine, then you can and should have both vaccines. You can have them at the same time or separately; the vaccines don't interfere with each other if given together.

Where can I get more information?

For more information, talk to your midwife, practice nurse or GP, or call the NHS inform helpline on **0800 22 44 88** (textphone 18001 0800 22 44 88). The helpline is open every day 8 am to 10 pm and also provides an interpreting service.

You can report suspected side effects of vaccines and medicines through the Yellow Card Scheme. This can be done online by visiting **www.yellowcard.gov.uk** or by calling the Yellow Card hotline on **0808 100 3352** (available Monday to Friday – 10 am to 2 pm).

This publication is available online at
www.healthscotland.com

Traditional Chinese

您也可以登入 **www.healthscotland.com**
瀏覽本刊物，或撥打 **0131 314 5300** 查詢。

Polish

Ta publikacja jest dostępna online na stronie **www.healthscotland.com** lub pod numerem telefonu **0131 314 5300**, pod którym można także zgłaszać wszelkie zapytania.

Urdu

یہ اشاعت آن لائن **www.healthscotland.com** پر دستیاب ہے
یا کسی سوالات کے لیے **0131 314 5300** پر ٹیلی فون کریں۔

This resource is available in Urdu, Traditional Chinese and Polish, and in an Easy Read format. NHS Health Scotland is happy to consider requests for other languages and formats. Please contact **0131 314 5300** or email nhs.healthscotland-alternativeformats@nhs.net

Routine Childhood Immunisation Programme

All immunisations are given as a single injection into the muscle of the thigh or upper arm, except rotavirus, which is given by mouth (orally) and flu, which is given as a nasal spray.

When to immunise	Diseases protected against	Vaccine given
2 months old	• Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)	• DTaP/IPV/Hib
	• Pneumococcal disease	• PCV
	• Rotavirus	• Rotavirus vaccine
3 months old	• Diphtheria, tetanus, pertussis, polio and Hib	• DTaP/IPV/Hib
	• Meningococcal group C disease (MenC)	• MenC
	• Rotavirus	• Rotavirus vaccine
4 months old	• Diphtheria, tetanus, pertussis, polio and Hib	• DTaP/IPV/Hib
	• Pneumococcal disease	• PCV
Between 12 and 13 months old – within a month of the first birthday	• Hib/MenC	• Hib/MenC
	• Pneumococcal disease	• PCV
	• Measles, mumps and rubella (German measles)	• MMR
2 to 11 years – annually	• Influenza (flu)	• Flu vaccine
3 years 4 months old or soon after	• Diphtheria, tetanus, pertussis and polio	• dTaP/IPV or DTaP/IPV
	• Measles, mumps and rubella	• MMR (check first dose has been given)
Girls aged 11 to 13 years old	• Cervical cancer caused by human papillomavirus (HPV) types 16 and 18	• HPV vaccine
Around 14 years old	• Tetanus, diphtheria and polio	• Td/IPV, and check MMR status
	• MenC	• MenC

www.immunisationscotland.org.uk

Building a happy baby

A guide for parents

Baby Friendly Initiative
For all babies

unicef
UNITED KINGDOM

A little bit of science

New babies have a strong need to be close to their parents, as this helps them to feel secure and loved. When babies feel secure they release a hormone called oxytocin, which helps their brains to grow and helps them to be happy babies and more confident children and adults. Holding, smiling and talking to your baby also releases oxytocin in you, which helps you to feel calm and happy.

MYTH

Babies become spoilt and demanding if they are given too much attention.

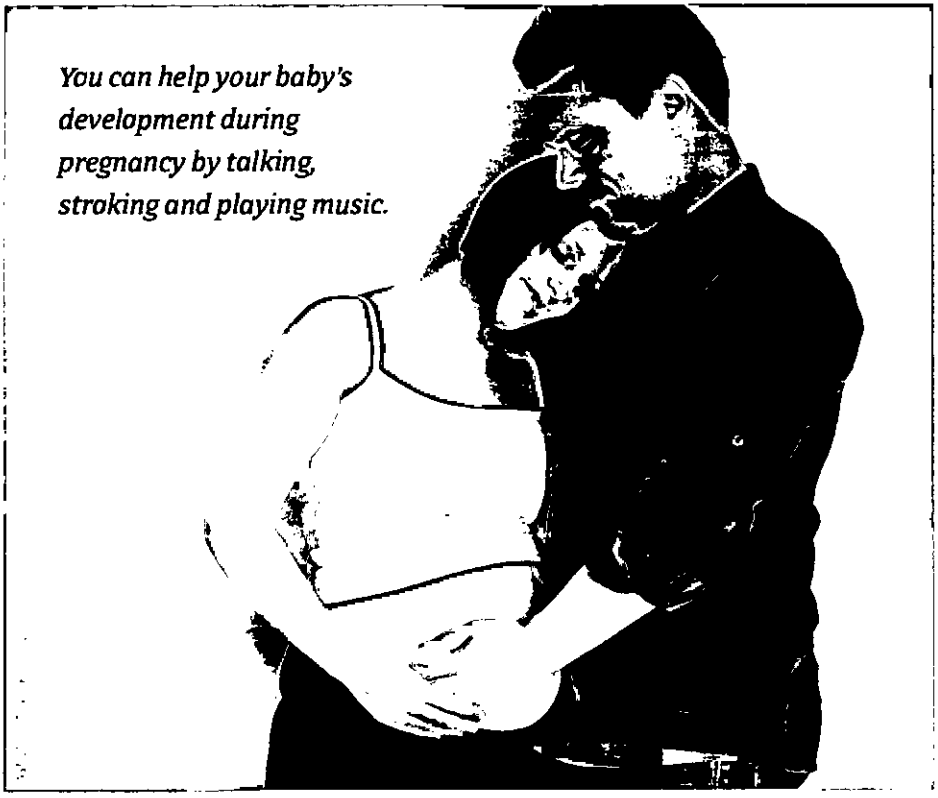
REALITY

When babies' needs for love and comfort are met, they will be calmer and grow up to be more confident.

New babies have a strong need to be close to their parents, as this helps them to feel secure and loved.

Getting started

During pregnancy, your baby's brain is growing very quickly and you can help this growth by taking some time out to relax and talk to him, to stroke your bump and maybe play some music to him. Encourage other close family members to do the same.



You can help your baby's development during pregnancy by talking, stroking and playing music.

Meeting your baby for the first time

After your baby is born, hold him against your skin as soon as possible, and for as long as you want. This will calm him and give you both the chance to rest, keep warm and get to know each other.

If you want to breastfeed, this is a great time to start as your baby might move towards the breast and work out the best way to suckle for himself. Breastfeeding also releases lots of oxytocin in baby and mother, which will help you to feel close and connected.

If you choose to bottle feed, giving the first feed in skin contact while holding your baby close and looking into his eyes will also help you bond.

Early days

Keep your baby close to you so that you start to recognise the signals he makes to tell you he is hungry or wants a cuddle. Responding to these signals will make your baby feel safe. Cuddling your baby next to your skin allows him to smell you and hear your heartbeat, which will comfort and calm him. This will also help you to feel calm and relaxed and will help with breastfeeding.

Breastfed babies cannot be overfed so you can use breastfeeding to soothe your baby and as a way of spending time together, or having a rest whenever you both want.

If you are bottle feeding, hold your baby close during feeds and look into his eyes. Learn to notice his cues that he wants to be fed and when he has had enough. If you and your partner try and give most of the feeds yourselves, this will help build up a close and loving bond with your baby. Continuing skin-to-skin contact can calm and comfort you both at any time.

MYTH

It's important to get babies into a routine as this makes your life easier.

REALITY

Young babies are not capable of learning a routine. Responding to their cues for feeding and comfort makes babies feel secure, so they cry less, which makes your life easier too.

Finding your rhythm

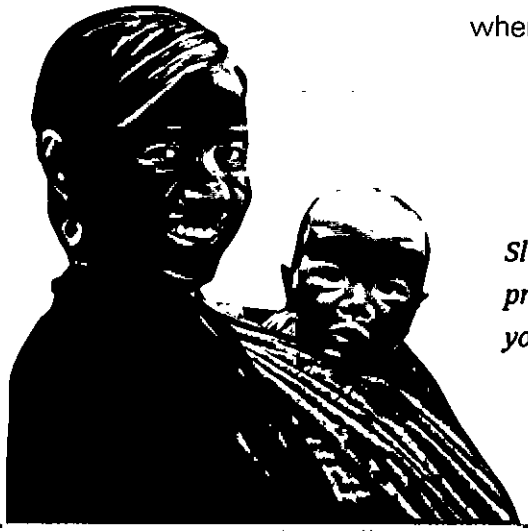
Having a new baby can be challenging. However, as time goes by you will start to understand what your baby needs. This will help you settle into a rhythm that is right for you both. Responding to your baby's needs for food and comfort will help him feel secure, so he will cry less, which helps make your life easier too. Holding your baby when he is crying helps him to feel loved and secure, even if he doesn't stop crying straight away. Research shows that babies who are responded to in this way grow into more confident toddlers who are better able to deal with being away from their parents temporarily, rather than becoming clingy and spoilt. This again can help make life less stressful for you.

MYTH

You should leave babies to settle alone so that they learn to be independent.

REALITY

When babies are left alone they think they have been abandoned, and so become more clingy and insecure when their parents return.



Slings and parent-facing prams can help make your baby feel secure.

Finally, it can be reassuring to know that, despite all the pressure to buy expensive equipment and toys for your new baby, you don't really need to spend lots of money. What matters to your baby and his future development is having parents who love and care for him.

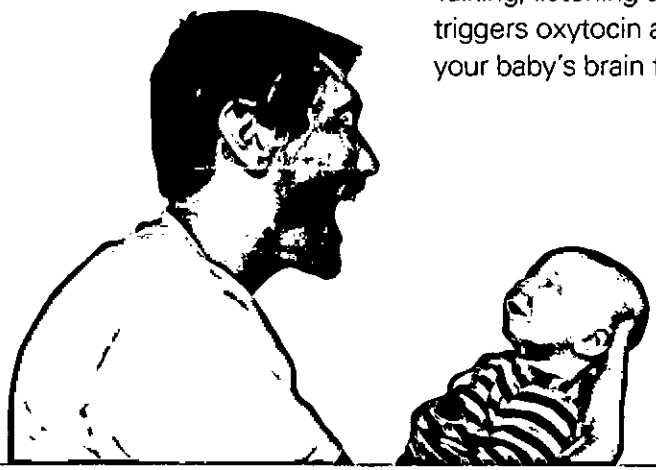
Becoming a new parent can be wonderful, but it can also be difficult. Persistent crying might indicate that your baby is unwell. Speak to your midwife or health visitor if you have any worries about being a new parent.

MYTH

Babies benefit from lots of toys to help them learn.

REALITY

Looking at your face is the best way for babies to learn. Talking, listening and smiling triggers oxytocin and helps your baby's brain to grow.



UNICEF and the Baby Friendly Initiative

UNICEF is the world's leading organisation for children, working in over 190 countries. We do whatever it takes to make a lasting difference to children's lives. In everything we do, the most disadvantaged children are our priority.

The Baby Friendly Initiative is a worldwide programme of the World Health Organization (WHO) and UNICEF, which aims to improve standards of care for breastfeeding within health care settings.

In the UK we work with hospitals and health care providers to support breastfeeding and help to build strong parent and child relationships.

Contact us

bfi@unicef.org.uk

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Find out more about UNICEF UK and how the Baby Friendly Initiative supports new parents at **unicef.org.uk/babyfriendly**

The **Baby Friendly Initiative**
For all babies

unicef
UNITED KINGDOM

Registered Charity Nos 1072612 (England & Wales) and SC043677 (Scotland)

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RADIOMETER ABL800 FLEX

ABL835 Labour Ward		21:30	20/09/2016
PATIENT REPORT	Syringe - S 195uL	Sample #	44192

Identifications

Operator	Fiona Gavin
Patient ID	0706861108
Patient Last Name	scoular
Patient First Name	vikki
Date of birth	07/06/1986
Sample type	Venous
T	37.0 °C

Blood Gas Values			
cH^+_c	47.1	nmol/L	
pH	7.327		
pCO_2	5.42	kPa	
pO_2	3.90	kPa	
Acid Base Status			
sO_2	56.8	%	
$cBase(Ecf,ox)_c$	-4.7	mmol/L	
$cHCO_3^-(P,st)_c$	19.7	mmol/L	
Metabolite Values			
cGlu	4.8 *	mmol/L	
cLac	3.9	mmol/L	
Oximetry Values			
ctBil	11	µmol/L	
ctHb	16.6	g/dL	[12.0 - 20.0]
FO_2Hb	55.3	%	
FMetHb	0.7	%	
FHHb	42.1	%	
FHbF	75	%	
Calculated Values			
pH(*T*)	7.327		
$pCO_2(T)$	5.42	kPa	
$pO_2(T)$	3.90	kPa	

Notes

c Calculated value(s)

* User correction applied to value(s)

Printed 21:32:06 20/09/2016

RADIOMETER ABL800 FLEX

ABL835 Labour Ward		21:28	20/09/2016
PATIENT REPORT	Syringe - S 195uL	Sample #	44191

Identifications

Operator	Fiona Gavin
Patient ID	0706861108
Patient Last Name	scoular
Patient First Name	vikki
Date of birth	07/06/1986
Sample type	Arterial
T	37.0 °C

Blood Gas Values

? pH		
? pCO_2	kPa	
? pO_2	kPa	

Acid Base Status

? sO_2	%	

Metabolite Values

? cGlu	mmol/L	
? cLac	mmol/L	

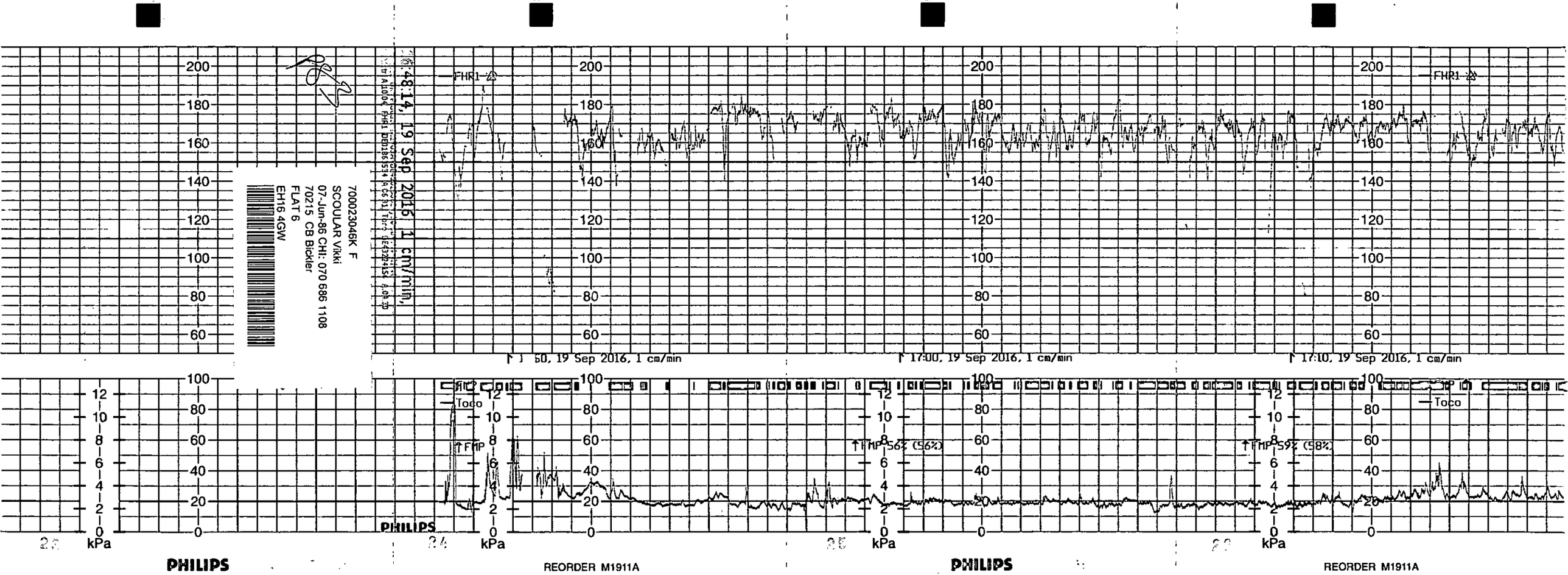
Oximetry Values

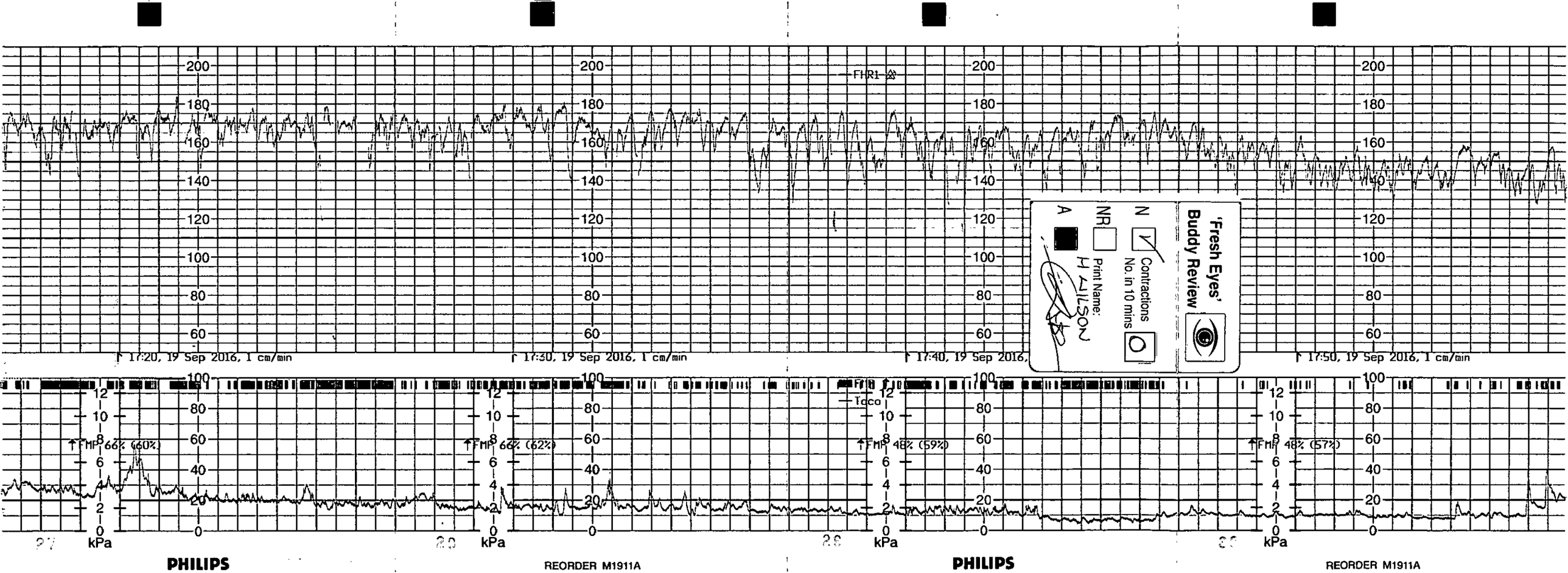
? ctBil	µmol/L	
? ctHb	g/dL	[-]
? FO_2Hb	%	
? FMetHb	%	
? FHHb	%	
? FHbF	%	

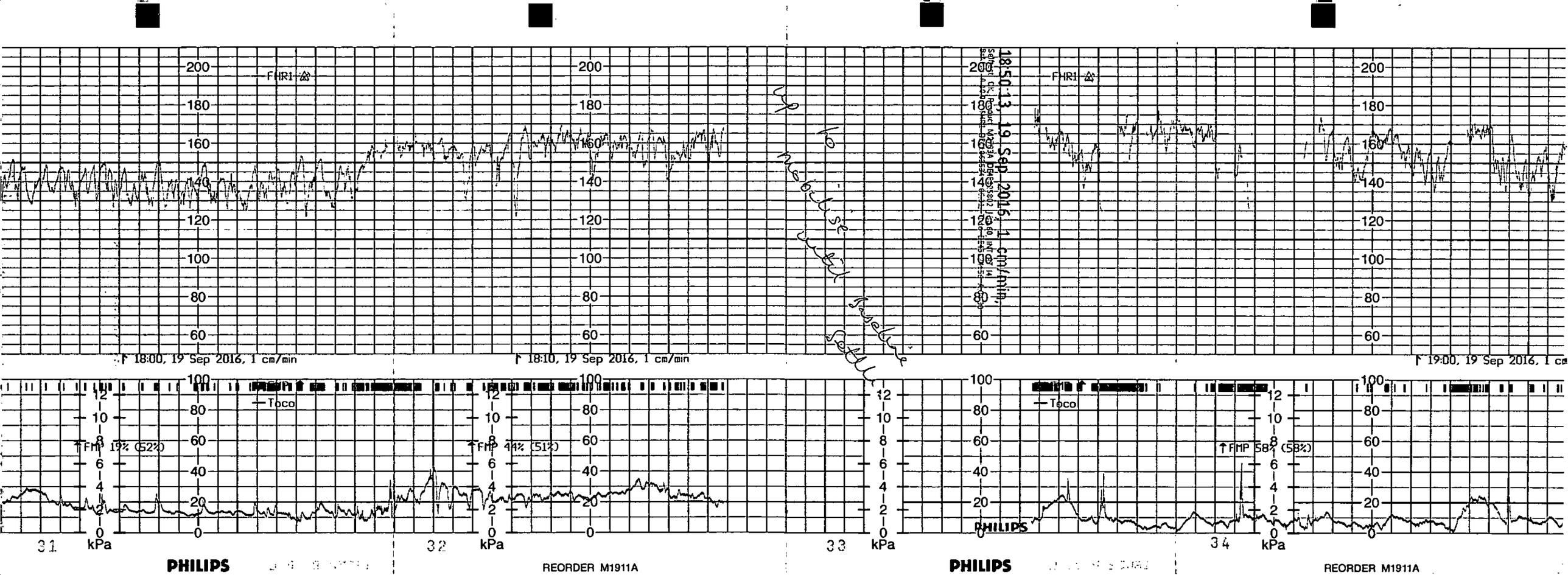
Notes

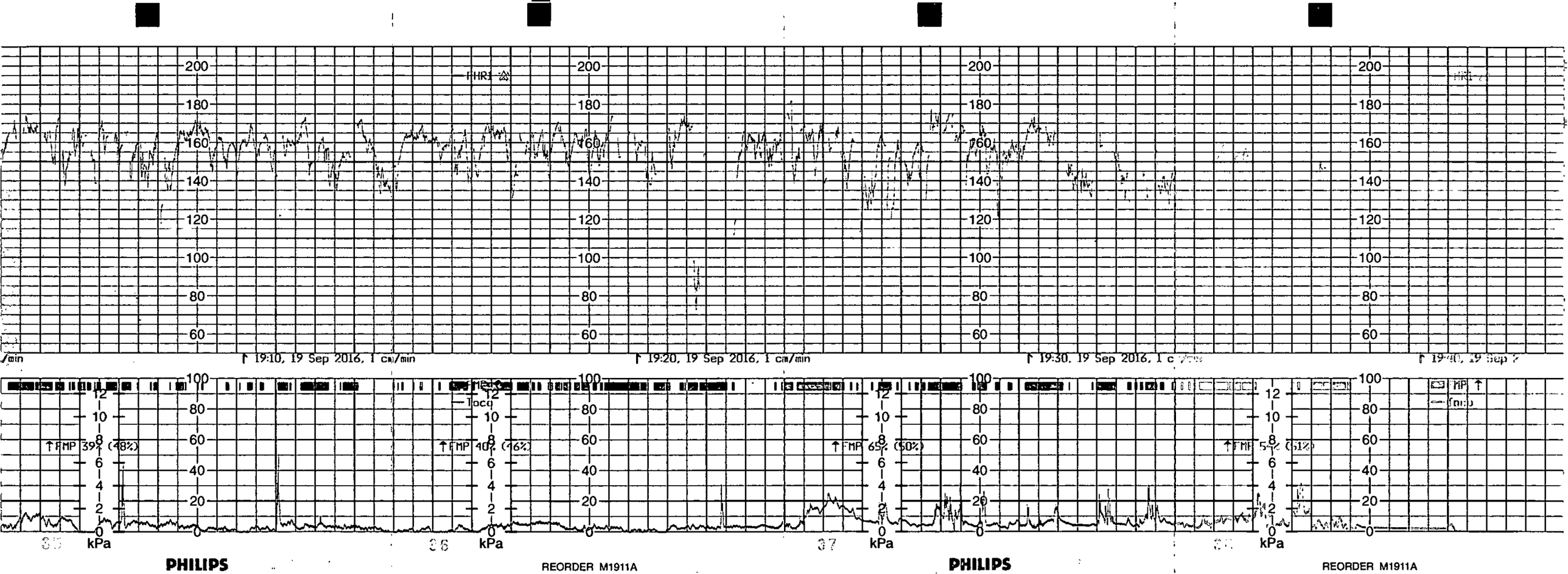
*	User correction applied to value(s)
	0374: Inhomogeneous sample
	0467: Inhomogeneous sample
pH	0722: Sample error
cGlu	0722: Sample error
cLac	0722: Sample error
ctBil	0722: Sample error
ctHb	0722: Sample error
FHHb	0722: Sample error
FHbF	0722: Sample error
FMetHb	0722: Sample error
FO_2Hb	0722: Sample error
sO_2	0722: Sample error
pCO_2	0722: Sample error
pO_2	0722: Sample error

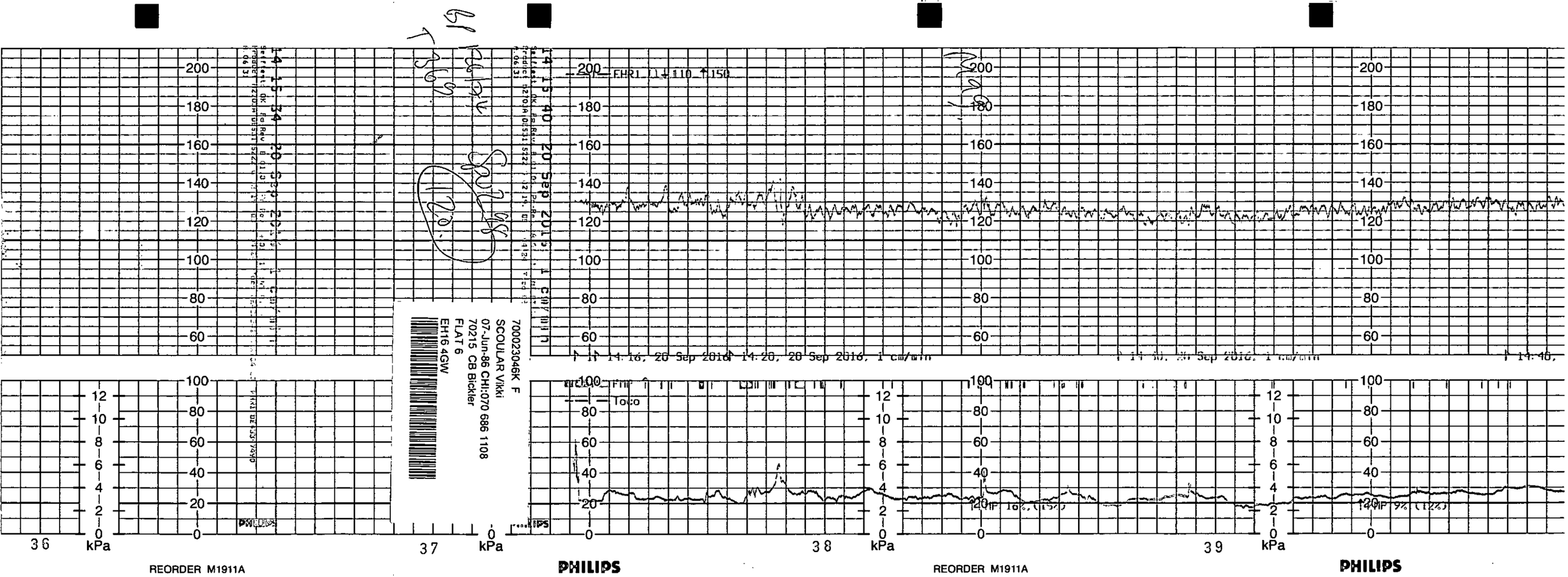
Printed 21:30:25 20/09/2016

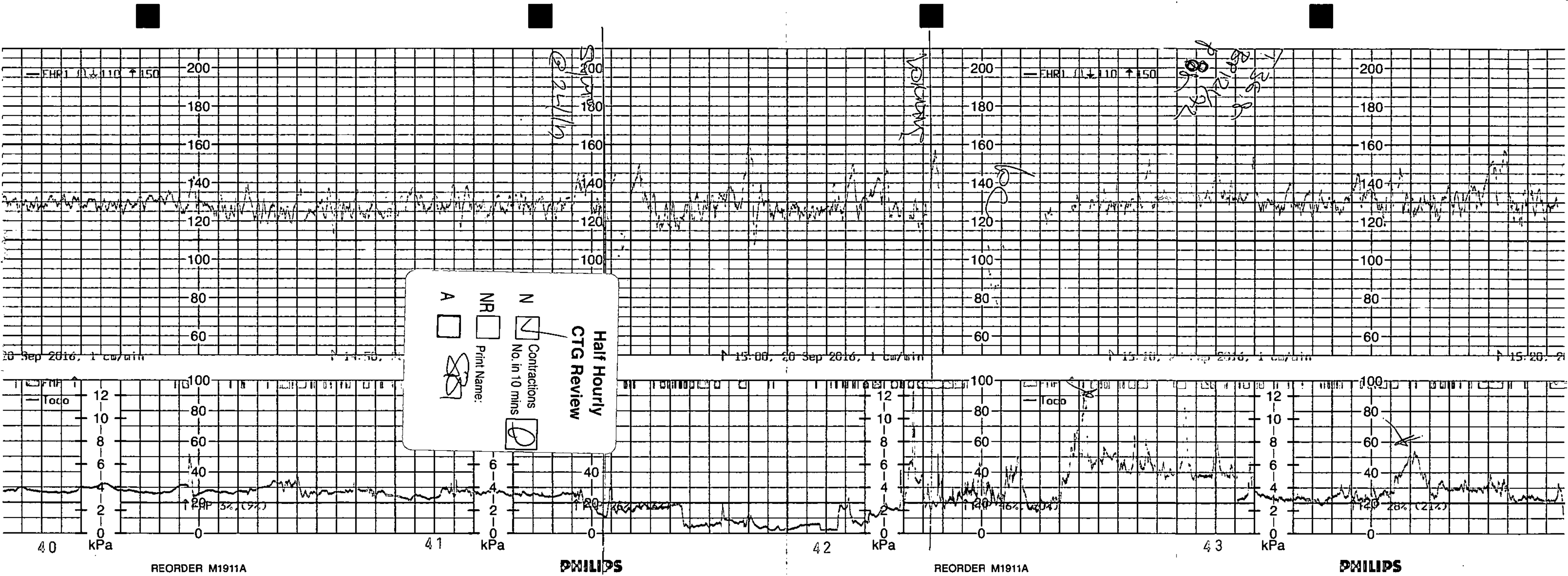

FHR1
Toco
FMP
FMP 56% (56%)
FMP 59% (58%)
16:50, 19 Sep 2016, 1 cm/min
17:00, 19 Sep 2016, 1 cm/min
17:10, 19 Sep 2016, 1 cm/min
kPa
PHILIPS
REORDER M1911A
700023046K F
SCOULAR Vikki
07-Jun-86 CHI: 070 686 1108
70215 CB Bickler
FLAT 6
EH16 4GW
16:48:14, 19 Sep 2016, 1 cm/min

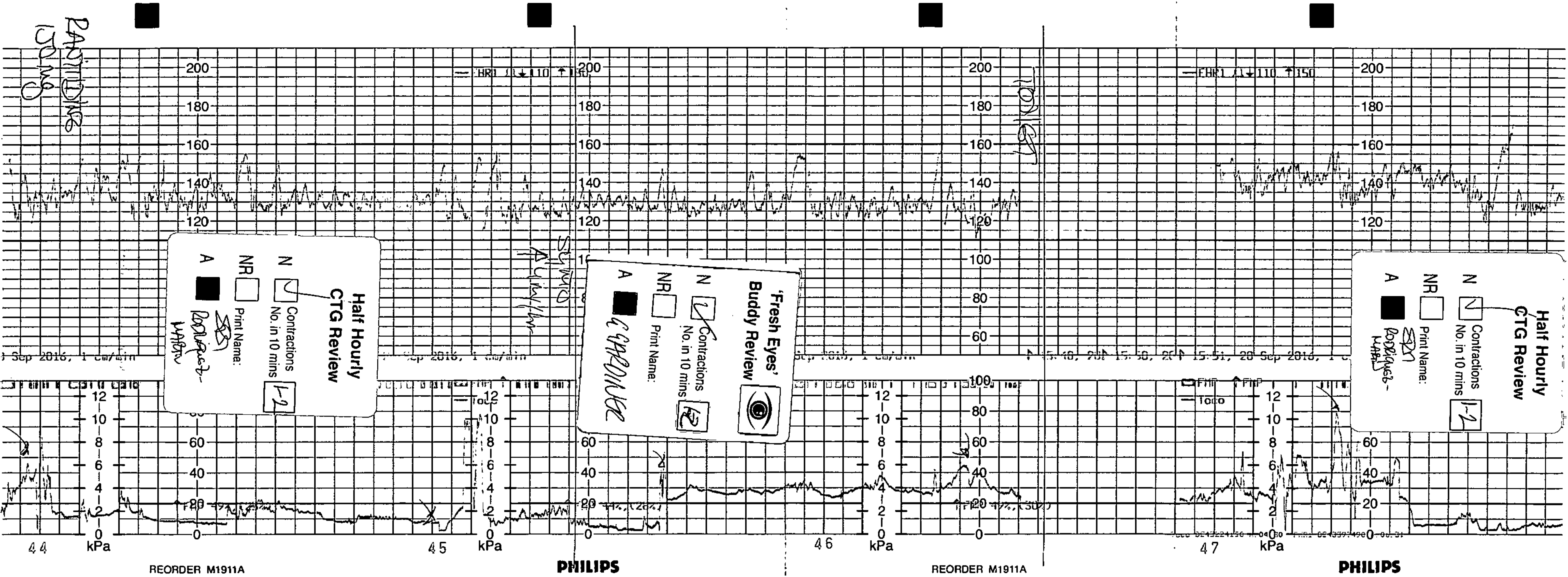

FHR1
17:20, 19 Sep 2016, 1 cm/min
17:30, 19 Sep 2016, 1 cm/min
17:40, 19 Sep 2016,
17:50, 19 Sep 2016, 1 cm/min
Toco
FMP 66% (60%)
FMP 66% (62%)
FMP 48% (59%)
FMP 48% (57%)
kPa
A
NR
N
Print Name:
H WILSON
Contractions
No. in 10 mins
'Fresh Eyes'
Buddy Review
PHILIPS
REORDER M1911A
PHILIPS
REORDER M1911A

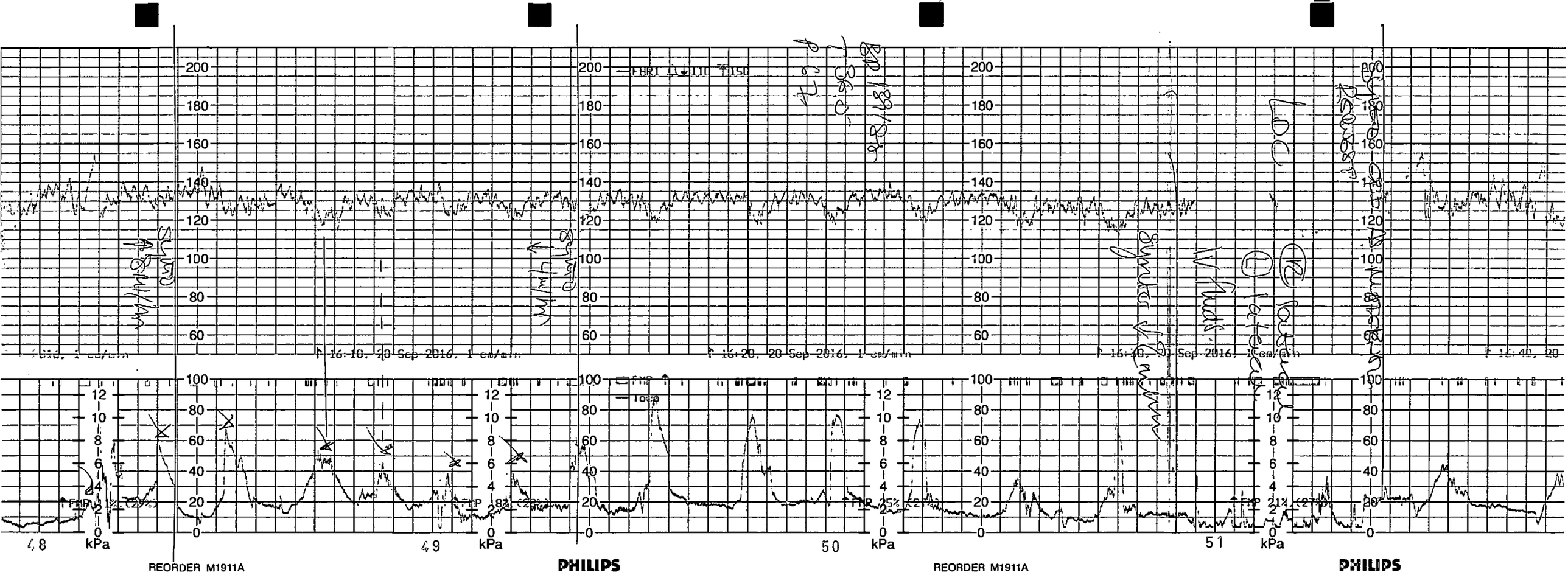

FHR1
18:00, 19 Sep 2016, 1 cm/min
18:10, 19 Sep 2016, 1 cm/min
18:50:13, 19 Sep 2016, 1 cm/min
19:00, 19 Sep 2016, 1 cm/min
up to about baseline
Toco
FMP 19% (52%)
FMP 44% (51%)
FMP 58% (58%)
kPa
31
32
33
34
PHILIPS
REORDER M1911A

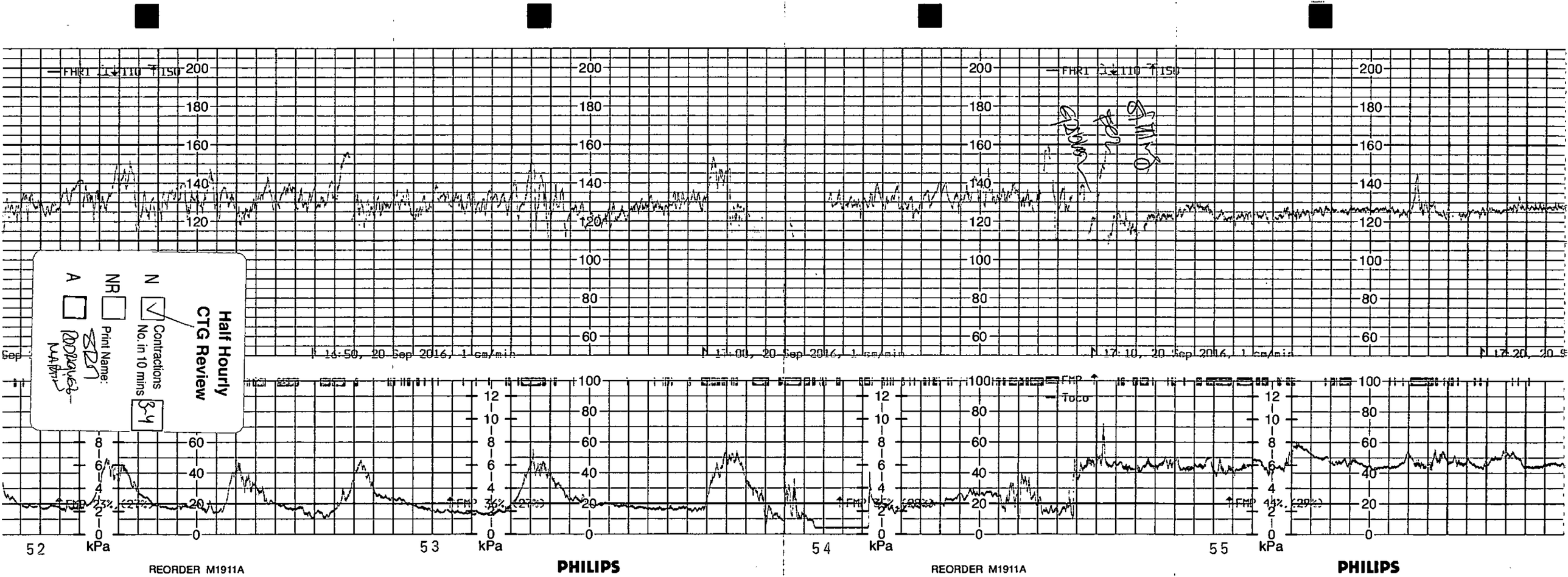

FHR1
/min
19:10, 19 Sep 2016, 1 cm/min
19:20, 19 Sep 2016, 1 cm/min
19:30, 19 Sep 2016, 1 c
19:40, 19 Sep
Toco
FMP 39% (48%)
FMP 40% (46%)
FMP 65% (50%)
FMP 54% (51%)
kPa
PHILIPS
REORDER M1911A
PHILIPS
REORDER M1911A

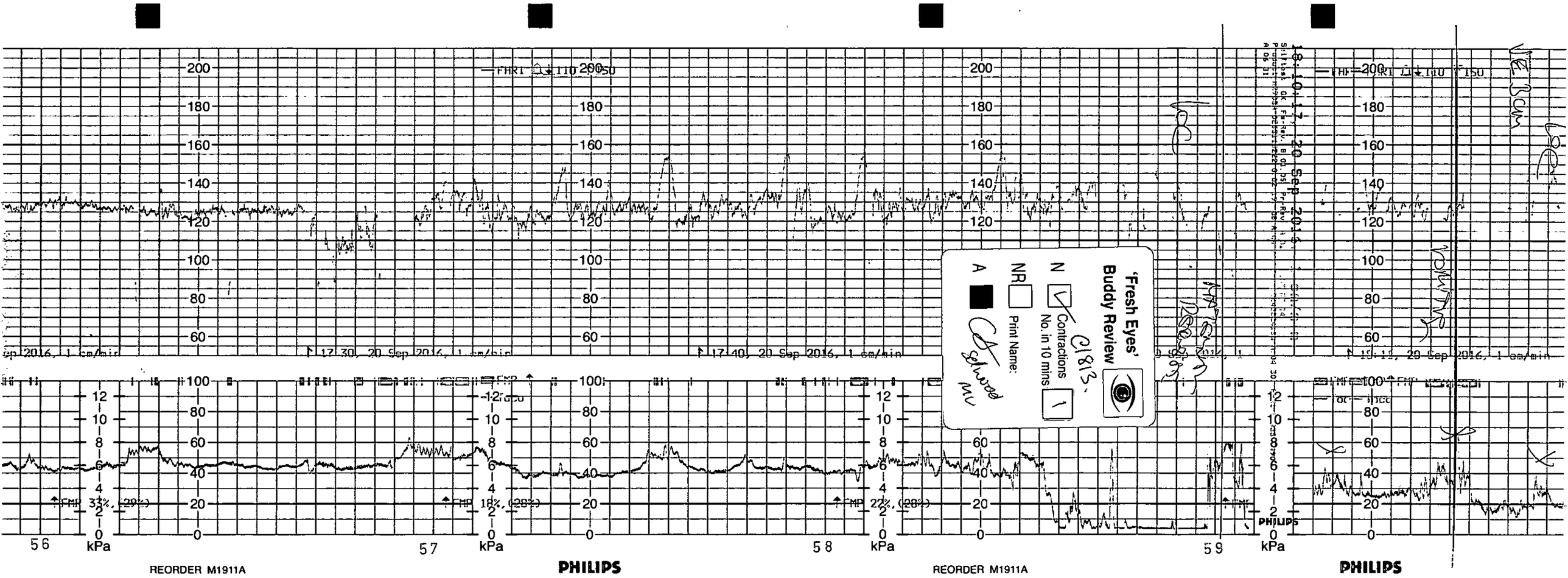

14 15 34 20 Sep 2016 1 cm/min
14 15 40 20 Sep 2016 1 cm/min
EHR1 110 150
14:16, 20 Sep 2016, 1 cm/min
14:20, 20 Sep 2016, 1 cm/min
14:40,
Toco
700023046K F
SCOULAR Vikki
07-Jun-86 CHI:070 686 1108
70215 CB Bickler
FLAT 6
EH16 4GW
36
37
38
39
kPa
REORDER M1911A
PHILIPS

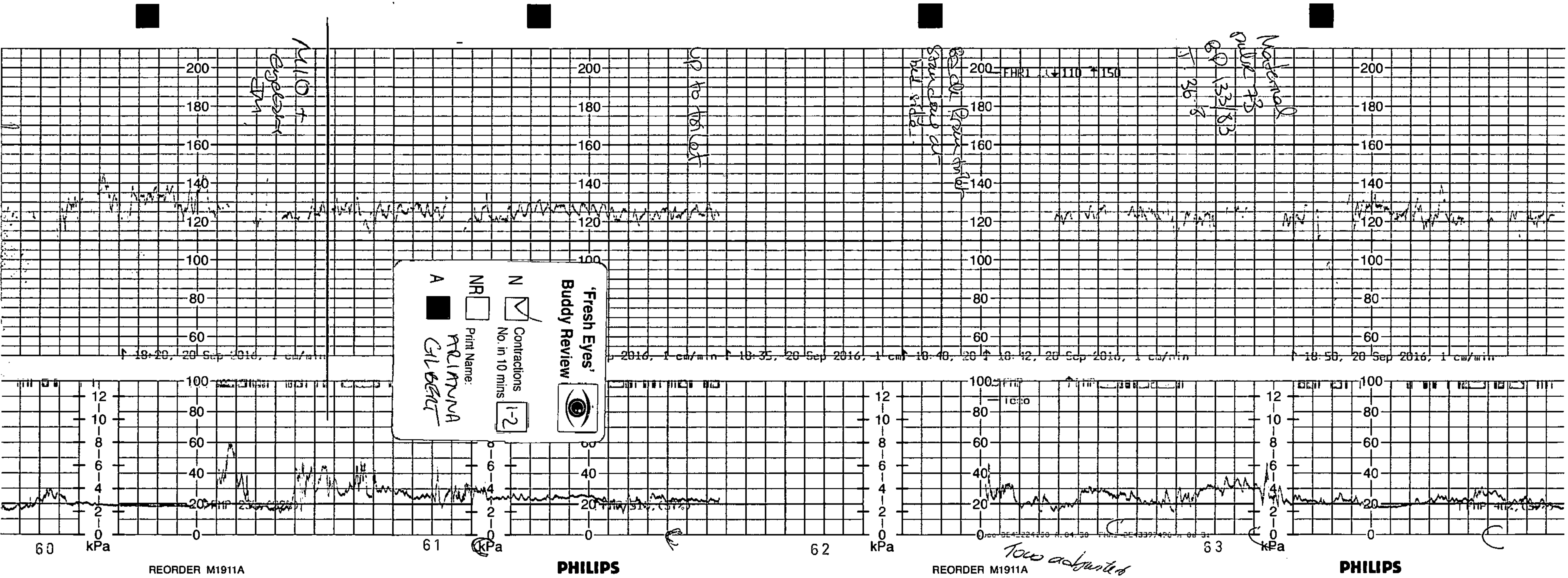

FHR1 ↓110 ↑150
20 Sep 2016, 1 cm/min
15:00, 20 Sep 2016, 1 cm/min
Toco
kPa
Half Hourly
CTG Review
N
NR
A
Contractions
No.in 10 mins
Print Name:
40
41
42
43
REORDER M1911A
PHILIPS

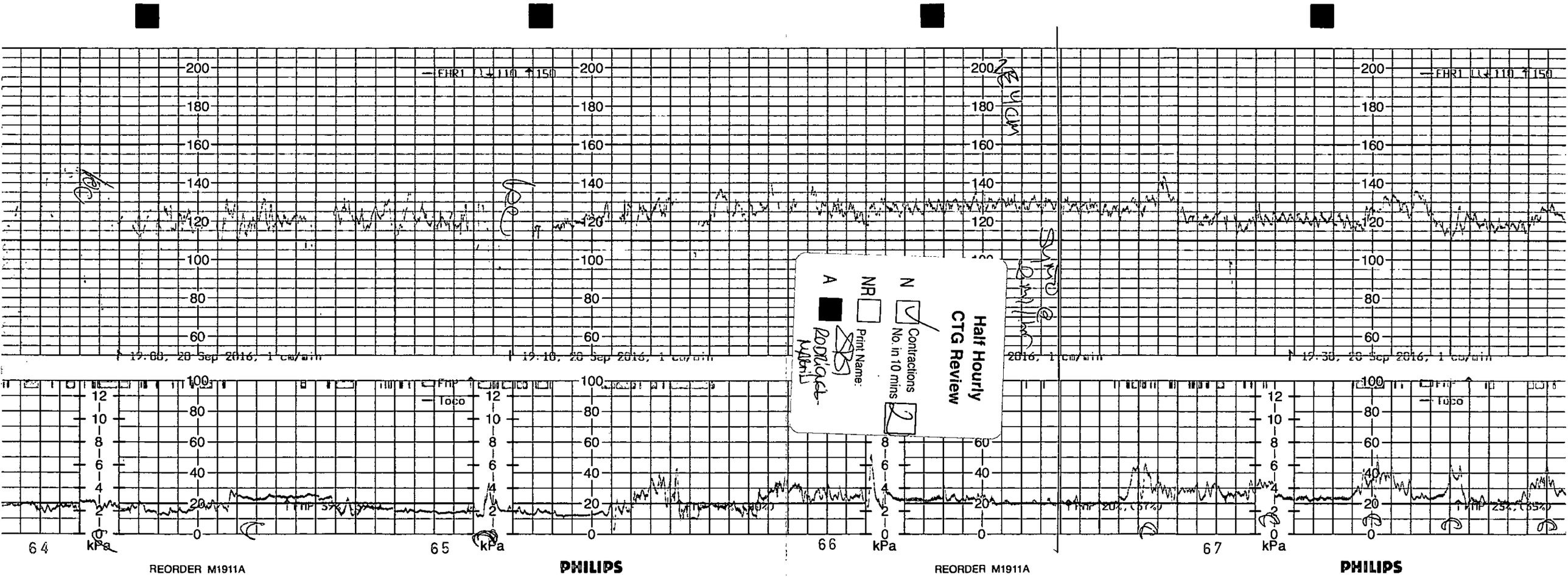

Half Hourly CTG Review
N
NR
A
Contractions No. in 10 mins
Print Name:
'Fresh Eyes' Buddy Review
kPa
44
45
46
47
REORDER M1911A
PHILIPS

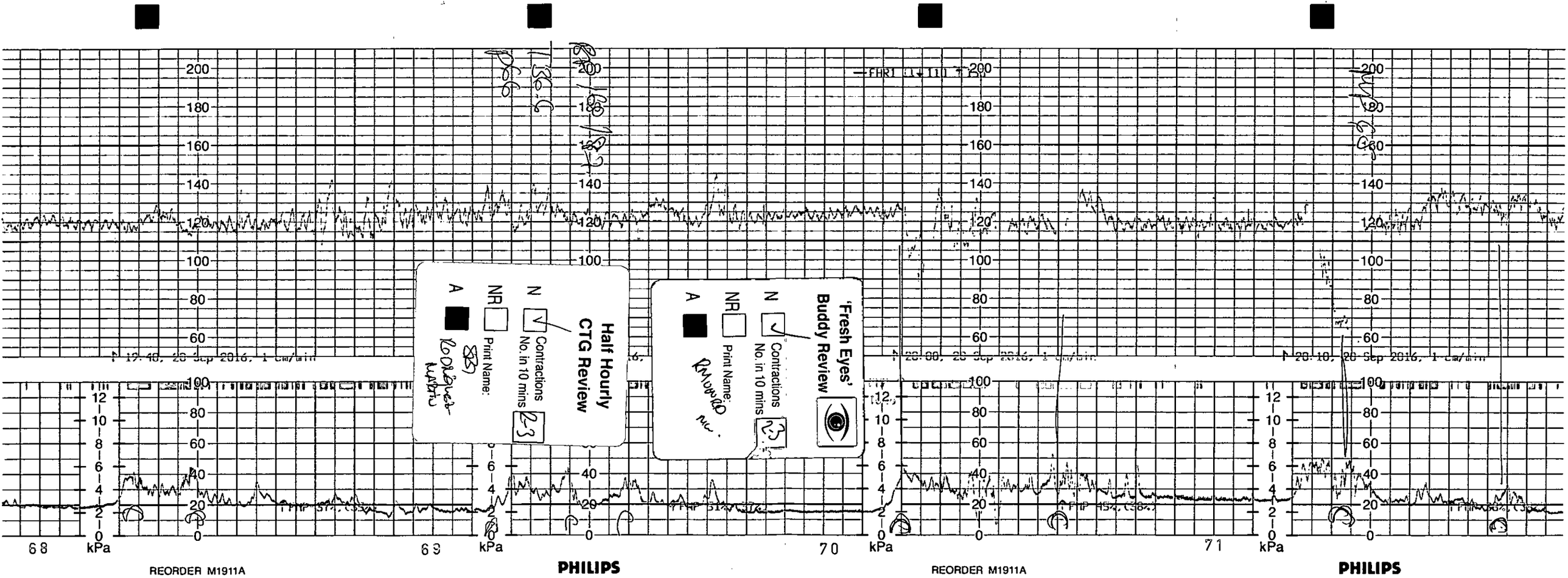

FHRT
110
150
16:10, 20 Sep 2016, 1 cm/min
16:20, 20 Sep 2016, 1 cm/min
16:40, 20 Sep 2016, 1 cm/min
48
49
50
51
kPa
REORDER M1911A
PHILIPS

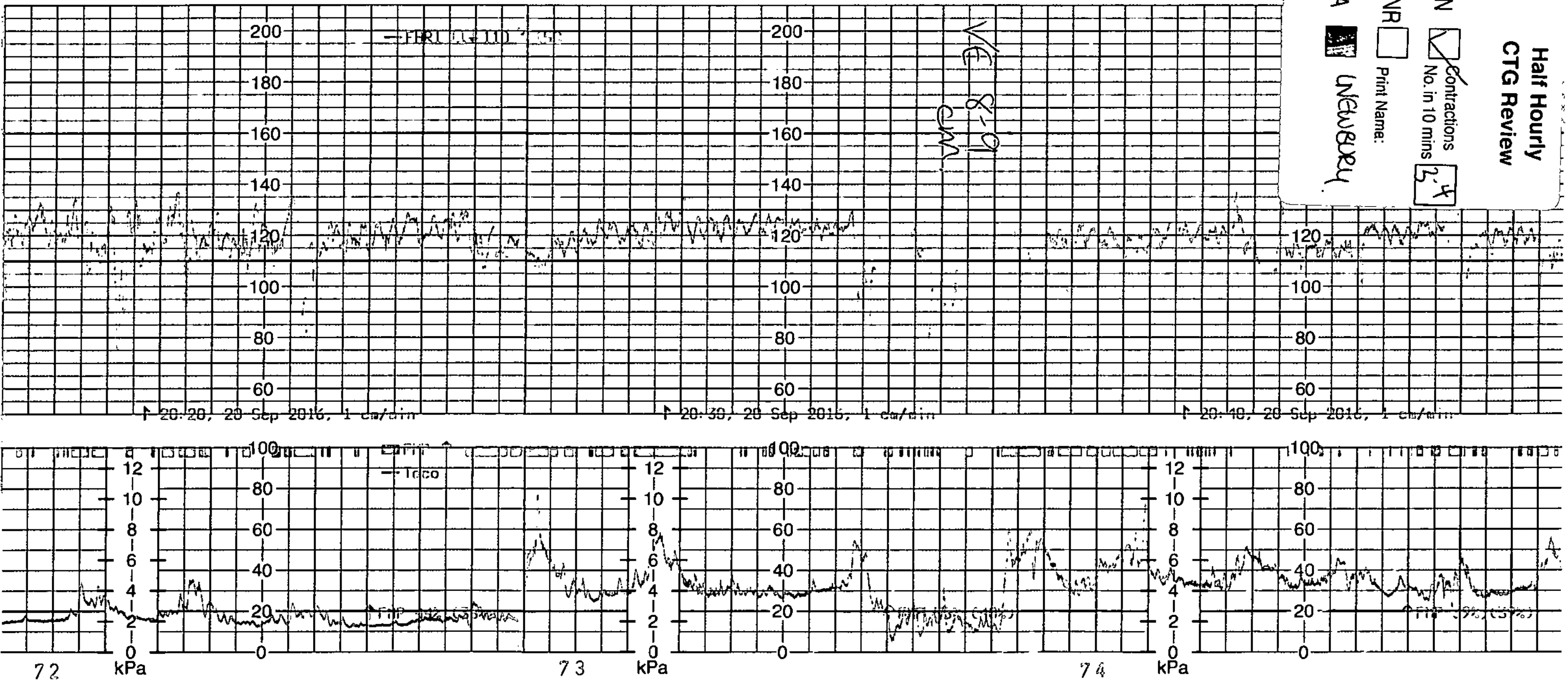

FHR1
110
150
200
180
160
140
120
100
80
60
16:50, 20 Sep 2016, 1 cm/min
17:00, 20 Sep 2016, 1 cm/min
17:10, 20 Sep 2016, 1 cm/min
17:20, 20 Sep
Half Hourly
CTG Review
N
NR
A
Contractions
No. in 10 mins
Print Name:
Toco
FMP
12
10
8
6
4
2
0
kPa
52
53
54
55
REORDER M1911A
PHILIPS
REORDER M1911A
PHILIPS


'Fresh Eyes' Buddy Review
N
Contractions
No. in 10 mins
1
NR
Print Name:
A
17:30, 20 Sep 2016, 1 cm/min
17:40, 20 Sep 2016, 1 cm/min
19:11, 20 Sep 2016, 1 cm/min
56
57
58
59
kPa
PHILIPS
REORDER M1911A

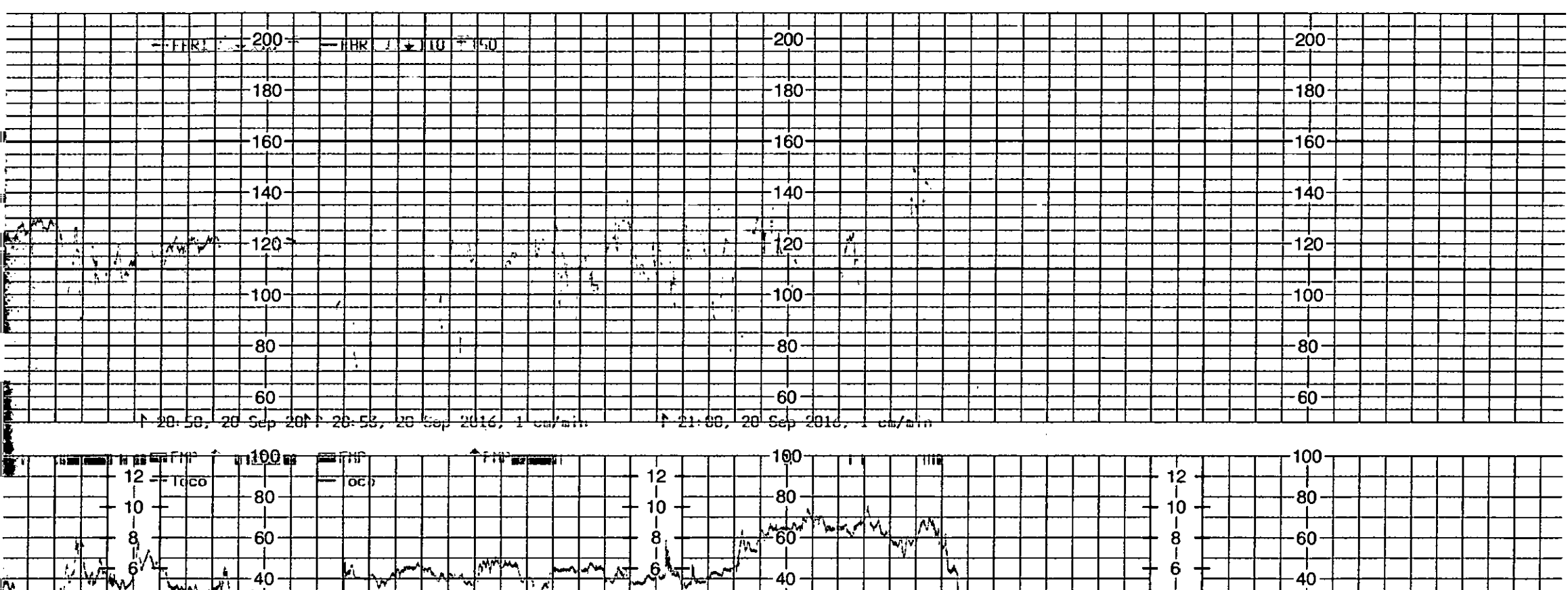

18:28, 20 Sep 2016, 1 cm/min
18:35, 20 Sep 2016, 1 cm
18:42, 20 Sep 2016, 1 cm/min
18:58, 20 Sep 2016, 1 cm/min
FHR1 ↓110 ↑150
'Fresh Eyes' Buddy Review
N
NR
A
Contractions No. in 10 mins
1-2
Print Name:
Up to toilet
Toco adjusted
kPa
60
61
62
63
REORDER M1911A
PHILIPS
REORDER M1911A
PHILIPS


FHR1 LR 110 ↑150
19:08, 28 Sep 2016, 1 cm/min
19:18, 28 Sep 2016, 1 cm/min
19:38, 28 Sep 2016, 1 cm/min
FHP
Toco
FHP 57%
FHP 20%, (67%)
FHP 25%, (65%)
kPa
64
65
66
67
Half Hourly
CTG Review
A
NR
N
Print Name:
Contractions
No. in 10 mins
2
REORDER M1911A
PHILIPS


Half Hourly CTG Review
N
NR
A
Contractions No. in 10 mins
Print Name:
'Fresh Eyes' Buddy Review
N
NR
A
Contractions No. in 10 mins
Print Name:
FHR1
4 19:40, 28 Sep 2016, 1 cm/min
4 20:00, 28 Sep 2016, 1 cm/min
4 20:10, 28 Sep 2016, 1 cm/min
68
69
70
71
kPa
REORDER M1911A
PHILIPS
REORDER M1911A
PHILIPS



REORDER M1911A PHILIPS REORDER M1911A



PHILIPS

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