Mother

UHPI Number	CHI Number	First Forename	Surname	Date of Birth
600101156L	0611751143	Shona	Halliday	11/6/75

Children

UHPI Number	CHI Number	First Forename	Surname	Date of Birth
700542863K	2808110758	Frazer	King	8/28/11

Special Features Plan

Special Features Plan	1. Has Perineal Wart, nil Rx in Pregnancy
Create User/Date/Time	M/W June T Millar - 15/03/2011 - 11:43
Last Update User/Date/Time	M/W June T Millar - 15/03/2011 - 11:43

AN Booking Part 1

Height (in metres)	1.65
Weight (in Kgs)	70.5
BMI	25.9
Blood Group	O
Rhesus status	Rh Negative
Occupation	Cook
Have you been taking Folic acid?	No
Folic acid dose	
Have you been taking vitamin D	
Have you been taking Healthy Start vitamins	
Have you been taken any other pregnancy vitamins/supplements	
What do you know about healthy eating during pregnancy?	
Do you have any special dietary needs?	None
Dietetic referral made	
Dietetic details	
What do you know about the benefits of physical activity in pregnancy?	
Advice given	
Do you go to the Dentist regularly	y
Are there any health and safety issues related to your work?	Yes but has had work place assessment.

AN Booking Part 1

Previous history	
Age >35	
BMI >30	
Parity >4	
Medical history	
Other	
Thrombosis Risk	Low
Have you ever had a general anaesthetic	Yes
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	Can't remember
Comments (inc colposcopy referral/treatment)	Colposcopy Nov 97
Next smear due?	Post natally
What do you know about drinking alcohol in pregnancy?	
How many units of alcohol did you drink each day before you were pregnant?	
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

AN Booking Part 1

average week	
If drinking, are you drinking at home, in clubs/ pubs	
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	
CO Date	
Do you or anyone in the household currently smoke?	
Are you interested in getting help to stop?	Yes
Referral made to smoking cessation service	Yes
Smoking Brief Intervention offered	
Risks on exposure to cigarette smoke whilst pregnant explained	Yes
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	
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	
Self Harm Details	
Overdose	
Overdose Details	
Are you taking any prescribed medication - currently or recently stopped?	Venlafaxine 75 mgs stopped end Dec 10 when pregnancy confirmed.
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?	
During the past month, have you often been bothered by having little interest or pleasure in doing things?	
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 G Miller - 01/02/2011 - 09:17
Last Update User/Date/Time	Catriona G Miller - 09/02/2011 - 11:58
****** 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	4
Referred to CDPS	
Risks explained	Yes
Are you exposed to cigarette smoke at home?	Yes
How many units of alcohol did you drink each week before you became pregnant	10
What was the maximum units of alcohol you would drink per day before you became pregnant	10
Have the risks of drinking alcohol in pregnancy been explained to you	Yes

AN Booking Part 2

Do you have Support Needs	No
Are you still in school	No
Are you living in or leaving looked after care services	No
Do you feel you have someone to support you through the pregnancy	Yes
Are you in temporary housing	No
Do you need further advice on finances benefits or housing issues	No
Qualifies for Healthy Start Vouchers	
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	Yes
Have you ever been involved in the Criminal Justice System?	
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?	
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	
TB Comments	
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes	
Parent Education class - Interested?	Yes
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	
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	
Benefits of B/F to mother	
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	Delighted to be adding to family will be well supported throughout by p Wishes to be referred for smoking cessation and will ask if partner wis Was in care for very short period as a child due to behavioural proble
MW Countersigning StM signature	
Create User/Date/Time	Catriona G Miller - 01/02/2011 - 09:17
Last Update User/Date/Time	Catriona G Miller - 09/02/2011 - 11:58
**** Archive Data ****	
Attended Infertility clinic	
RS	
Breasts	

AN Booking Part 2

CNS	
CVS	
Are you affected by Domestic abuse	
Breast feeding discussed/charter	
Other screening	Yes
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	Update at another A/N visit
Your baby your choice	
Routine Blood tests inc. HIV	Yes
Hospital information	Yes
Vitamin K information	
Health in Pregnancy Grant	

Antenatal check

Gestation (in weeks)	10.1
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	not palpated
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	
Fetal movement felt (Archived)	Too early
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	No
Alcohol units per week - Currently	0
Maximum units per day - Currently	0
Systolic Blood Pressure	116
Diastolic blood pressure	63
Oedema	No
Oedema present	
Urinalysis	NAD
Urinalysis abnormalities	
Comments	Written in retrospect. Health education and screening discussed counselled for Anomaly scan. Card given to pt. Happy to deliver in SCRH declines home birth. Booking bloods taken with consent (last ate within 2/24) Stopped Anti depressants when pregnancy confirmed mood varialbe advised to contact G.P to discuss alternative medication / referral to Psychiatrist. Is happy to be referred to Perinatal Mental health team. Referral sent 09.02.2011. Previous episodes of Alcohol misuse during periods of depression but this no longer a problem. Plans to consider referral for Smoking cessation support but wishes to discuss with partner and if he wishes also then refer at next visit. Contacted by phone to collect notes at G.P surgery prior to attending for dating scan.
Plans for care	

Antenatal check

Plans for care	
MW Countersigning StM signature	
Create User/Date/Time	Catriona G Miller - 03/02/2011 - 10:43
Last Update User/Date/Time	Catriona G Miller - 09/02/2011 - 12:00

Antenatal check

Gestation (in weeks)	17.6
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	= gest
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	140
Fetal movement felt (Archived)	Too early
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	122
Diastolic blood pressure	64
Oedema	No
Oedema present	
Urinalysis	No Sample
Urinalysis abnormalities	
Comments	Well, NAD
Plans for care	6w
MW Countersigning StM signature	
Create User/Date/Time	M/W June T Millar - 15/03/2011 - 11:26
Last Update User/Date/Time	M/W June T Millar - 15/03/2011 - 11:26

Antenatal check

Gestation (in weeks)	23.6
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	=dates
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	135
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	104
Diastolic blood pressure	70
Oedema	No
Oedema present	
Urinalysis	NAD
Urinalysis abnormalities	
Comments	Feeling well. FH over 1 minute with sonic aid 130-145bpm. MATb1 given
Plans for care	see in 4-5 WEEKS FOR ANTI D
MW Countersigning StM signature	
Create User/Date/Time	Jennifer M Bonnar - 26/04/2011 - 11:55
Last Update User/Date/Time	Jennifer M Bonnar - 26/04/2011 - 12:05

Antenatal check

Gestation (in weeks)	27.6
Weight in late pregnancy (Kg)	72
Has thrombosis risk changed?	
Fundal height (Archived)	27
Lie	Longitudinal
Back on	
Presentation	Cephalic
Presentation /5ths palpable	Free
Position	
Fetal heart rate	150
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
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	
Oedema present	
Urinalysis	abnormalities
Urinalysis abnormalities	Protein+
Comments	keeping well, fmf. Was seen by gp 1 week ago as was having some abdo pain. GP thought it was due to constipation and on lactulose now which has help and pain has settled. + protein and + keatones in urine today. msu sent was worried about weight thought she had been loosing weight as does not have much of an appitite since being pregnant. booking weight was 70kg and today weights 72kg. will see gp in worried. 28 wk bloods taken with consent and last ate less than 2 hrs ago. Antid 1500 iu given as per protocol
Plans for care	4 wks
MW Countersigning StM signature	
Create User/Date/Time	M/W Alleson E McNeill - 24/05/2011 - 10:03
Last Update User/Date/Time	M/W Alleson E McNeill - 24/05/2011 - 10:06

Antenatal check

Gestation (in weeks)	31.6
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	No Change
Fundal height (Archived)	31
Lie	Longitudinal
Back on	
Presentation	Breech
Presentation /5ths palpable	Free
Position	
Fetal heart rate	135
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	No
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	120
Diastolic blood pressure	68
Oedema	No
Oedema present	
Urinalysis	NAD
Urinalysis abnormalities	
Comments	On iron for low hb, 103. Taking lactulose for constipation. Not eating well, but trying to eat well balanced diet. FH over 1 minute with sonicaid 130-145bpm. Fetal movement felt. Blood taken for FBC, VitaminB12, Transferrin Satuaration and Ferritin Level. Discussed vitamin K for Baby.
Plans for care	See in 4 weeks
MW Countersigning StM signature	
Create User/Date/Time	Jennifer M Bonnar - 21/06/2011 - 10:06
Last Update User/Date/Time	Jennifer M Bonnar - 21/06/2011 - 10:06

Antenatal check

Gestation (in weeks)	35.6
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	No Change
Fundal height (Archived)	31
Lie	Longitudinal
Back on	
Presentation	
Presentation /5ths palpable	Free
Position	
Fetal heart rate	135
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	No
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	114
Diastolic blood pressure	70
Oedema	No
Oedema present	
Urinalysis	NAD
Urinalysis abnormalities	
Comments	Feeling well. Unable to test urine at present as no dip sticks. Awaiting some from surgery, will test and document on TRAK following clinic. O/P Long lie, ?? breech presentation difficult to determine. Presenting part is free. Measuring small for dates. For growth scan. Orgainised for 21/07/11 at 1120. Will fax card through. FH over 1 minute 130-145 with sonic aid. Leaflet given re fetal movements and screening newborn babies.
Plans for care	See in 1 week
MW Countersigning StM signature	
Create User/Date/Time	Jennifer M Bonnar - 19/07/2011 - 12:03
Last Update User/Date/Time	Jennifer M Bonnar - 19/07/2011 - 12:35

Antenatal check

Gestation (in weeks)	36.6
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	No Change
Fundal height (Archived)	34
Lie	Longitudinal
Back on	left
Presentation	Cephalic
Presentation /5ths palpable	Free
Position	
Fetal heart rate	135
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	No
Alcohol units per week - Currently	.
Maximum units per day - Currently	
Systolic Blood Pressure	110
Diastolic blood pressure	70
Oedema	No
Oedema present	
Urinalysis	NAD
Urinalysis abnormalities	
Comments	Growth scan last week, measurements just over 50th centile. Measuring 34cm today. Has been breech presentation, today feels cephalic and free. HB check
Plans for care	See in 1 week to check growth
MW Countersigning StM signature	
Create User/Date/Time	Jennifer M Bonnar - 26/07/2011 - 13:38
Last Update User/Date/Time	Jennifer M Bonnar - 26/07/2011 - 13:38

Antenatal check

Gestation (in weeks)	37.6
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	No Change
Fundal height (Archived)	37
Lie	Longitudinal
Back on	left
Presentation	Cephalic
Presentation /5ths palpable	Free
Position	
Fetal heart rate	130
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	No
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	120
Diastolic blood pressure	68
Oedema	No
Oedema present	
Urinalysis	NAD
Urinalysis abnormalities	
Comments	Feeling well. Had some mild contractions on friday night, but all settled. Continues on iron, hb 110 1 week ago. FH over 1 minute with sonic 125-135 with big acceleration when moving
Plans for care	See in 2 weeks at term
MW Countersigning StM signature	
Create User/Date/Time	Jennifer M Bonnar - 02/08/2011 - 13:19
Last Update User/Date/Time	Jennifer M Bonnar - 02/08/2011 - 13:19

Antenatal check

Gestation (in weeks)	39.6
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	38
Lie	
Back on	
Presentation	Cephalic
Presentation /5ths palpable	Free
Position	ROL
Fetal heart rate	140
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	120
Diastolic blood pressure	69
Oedema	No
Oedema present	
Urinalysis	NAD
Urinalysis abnormalities	
Comments	Appears and feels well. Presenting part remains free, therefor membrane sweep not attempted.
Plans for care	1/52
MW Countersigning StM signature	
Create User/Date/Time	M/W June T Millar - 16/08/2011 - 14:46
Last Update User/Date/Time	M/W June T Millar - 16/08/2011 - 14:46

Antenatal check

Gestation (in weeks)	40.6
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	No Change
Fundal height (Archived)	39
Lie	Longitudinal
Back on	left
Presentation	Cephalic
Presentation /5ths palpable	Free
Position	
Fetal heart rate	145
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	No
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	130
Diastolic blood pressure	60
Oedema	No
Oedema present	
Urinalysis	NAD
Urinalysis abnormalities	
Comments	Has had some clear show this morning. Has had runs of contractions but they all settle. Feeling well, but fed up. Unable to carry out membrane sweep as head free. FH over 1 minute with sonic aid 145-155bpm. Reactive. Requires date for induction.
Plans for care	IOL booked for Monday 29/08/11 at 0845 LV at DAU 0830
MW Countersigning StM signature	
Create User/Date/Time	Jennifer M Bonnar - 23/08/2011 - 09:35
Last Update User/Date/Time	Jennifer M Bonnar - 23/08/2011 - 09:35

Antenatal tests - planning

Booking bloods & MSU - Offered	
Booking bloods & MSU - Accepted	
Booking bloods & MSU - Date taken	2/1/11
Repeat BI Group & Antibody check - Offered	
Repeat BI Group & Antibody check - Accepted	
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	Virology bloods taken today as unable to do at booking 15/03/11
HIV - Discussed & offered	
HIV - Date discussed & offered	

Antenatal tests - planning

HIV - Accepted	
HIV recounselled	
HIV - Date taken	
HIV - Comments	
HIV - Result returned	
HIV - Actioned if abnormal	
Hepatitis B - Discussed & offered	
Hepatitis B - Date discussed & offered	
Hepatitis B - Accepted	
Hepatitis B recounselled	
Hepatitis B - Date taken	
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	
Syphilis - Date discussed & offered	
Syphilis - Accepted	
Syphilis recounselled	
Syphilis - Date taken	
Syphilis - Comments	
Syphilis - Result returned	
Syphilis - Actioned if abnormal	
Rubella - Discussed & offered	
Rubella - Date discussed & offered	
Rubella - Accepted	
Rubella - Date taken	
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	
Thalassaemia - Date discussed & offered	
Thalassaemia - Accepted	
Thalassaemia - Date taken	
Thalassaemia - Comments	
Thalassaemia - Result returned	
Thalassaemia - Actioned if abnormal	
Sickle Cell - Discussed & offered	
Sickle Cell - Date discussed & offered	
Sickle Cell - Accepted	
Sickle Cell - Date taken	
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)	
Accepted and consented to (FTS)	
Comments (FTS)	
Result returned (FTS)	
Actioned if abnormal (FTS)	
Date consented (FTS)	
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	
Dating scan - Accepted	
Nuchal Translucency scan 11-13 wks - Discussed & offered	
Nuchal Translucency scan 11-13 wks - Accepted	
Fetal Anomaly scan - Discussed & offered	
Fetal Anomaly scan - Accepted	
Detailed scan - Discussed & offered	
Detailed scan - Accepted	
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 G Miller - 03/02/2011 - 10:21
Last Update User/Date/Time	M/W June T Millar - 15/03/2011 - 11:31
**** 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	
Down's Syndrome offered date	
Down's -2- offered	
Down's -2- offered date	

Telephone Triage and Assessment

Return phone number	01316632086
Time of Call	02:14
Has this woman called before?	
Caller	shona
Relationship to Woman	
Current location	
Travel time to hospital	
Type of Call	Intrapartum
Gestation (in weeks)	
Past Obstetric History	Do not use
Additional Info	
Call Reason	In labour
Call Reason other	
Contractions	
Frequency - 1 in	
Strength	
Duration (seconds)	
Show	
Comments	
SROM	
Liquor - colour	
Are you having normal fetal movements?	
Bleeding	
PV Discharge	
Are you Rhesus Negative?	
Headache	
Visual disturbance	
Oedema	
Abdominal pain	
Urinary symptoms	
Anxiety or distress	
Additional Information	
Delivery Date	

Telephone Triage and Assessment

Type of delivery	
PN Problem	
Days postnatal	
Clinical Summary	1:3-4 lasting approx 50 seconds. No SRM. Has had show. Fetal movements felt today
Advice given	to come in
Assessment as per Triage Pathway	
Request to attend unit	
Transport	
Hospital on divert?	
Diverted to	
Follow up	To come in
MW Countersigning StM signature	
Create User/Date/Time	Beth R Turner - 28/08/2011 - 02:16
Last Update User/Date/Time	Beth R Turner - 28/08/2011 - 02:16
****** Archive Data ******	
Plan	
Request to attend Unit (old)	
Call outcome	Follow up - None
Call taken by Birth Centre?	
Has this woman called before? (old)	
SROM (old)	
Final outcome if Woman attends	

Triage and Assessment (AN & PN)

Time triaged by a Midwife	02:50
Referred by	Self
Booked (within Lothian)	Yes
Location seen	
Hospital on Divert?	
Diverted to	
Gestation (in weeks)	41.4
Reason for referral	In labour
Other Reason for ref	
Maternal Temperature	36.4
Maternal Pulse	75
Systolic Blood pressure	120
Diastolic blood pressure	76
Resps	
Sats	
Mews score	
Oedema	None
Oedema - present	
Urinalysis	
Urinalysis abnormalities	
Membranes	Intact
Membranes rupture Date	
Membranes ruptured time	
Liquor	
Any other PV loss	
History of contractions	
Frequency	
Strength	
Duration (secs)	
Fundal Height	dates
Lie	Longitudinal
Back on	Right
Presentation	Cephalic
Presenting part /5ths palp	2/5th Palpable
Fetal position	
Fetal movements felt (by mother)	Yes
Type of Fetal monitoring req'd	Intermittent
Indication for continuous fetal monitoring	

Triage and Assessment (AN & PN)

Other indication for continuous fetal monitoring	
F1 - FH baseline	
F1 - Are accelerations present?	
F1 - Variability	
F1 - Decelerations?	
F1 - Overall CTG	
F2 - FH baseline	
F2 - Are accelerations present?	
F2 - Variablity	
F2 - Decelerations?	
F2 - Overall CTG	
VE indication	Assess if in Labour
Time of VE	
Verbal consent obtained	Yes
Chaperone present?	
Chaperone name	
Cervical position	Anterior
Cervical consistency	Soft
Cervical effacement/Length	Fully effaced
Cervical Dilation - cm	7
Presenting Part	Vertex
Other presenting part	
Relation to Ischial spines	Spines -2
Position	
caput	
Moulding	
Fetal Heart after exam	
Labour and delivery discussed?	
Labour & Delivery preferences discussed	
Comments	self ref in labour para 1 prev svd O RH NEG now 41+4/40 obs nad fh via sonicaid 121-143bpm accel heard no decel heard ve at 0300 7cm fully effaced bulging membranes plan ldrp
Transfer/Followup details	
What type of care is this woman suitable for?	
PN Reason for referral	
Other Reason	
No. of days Postnatal	
PN Consent for VE	
PN Chaperone present?	
PN Chaperone name	

Triage and Assessment (AN & PN)

VE / speculum indications	
VE findings	
Speculum findings	
PN Temperature	
PN Pulse	
PN Systolic BP	
PN Diastolic BP	
PN Resps	
PN Sats	
PN Mews score	
PN Breasts	
PN Fundus involuting	
PN Fundal position	
PN Fundus - other	
PN Lochia	
PN Perineum	
PN Wound	
PN Any signs of DVT?	
PN Symptoms	
PN Outcome of visit	
Review details and management plan	
Is DATIX required and completed?	
MW Countersigning StM signature	
Create User/Date/Time	Janet S MacDonald - 28/08/2011 - 04:16
Last Update User/Date/Time	Janet S MacDonald - 28/08/2011 - 04:16
**** Archive Data ****	
Cervical Dilation - cm (AD)	
Difficult to interpret	
Difficult to interpret - FH2	
Number of Contractions in 10 minute	3
CTG Required	No
F1 - 3 accelerations?	
Unreactive	0
F1 - Acceptable	
F1 - Decelerations	
F1 - Reassuring trace	
F1 - Non reassuring trace	
F2 - 3 accelerations?	
Unreactive Trace - FH2	0
F2 - Acceptable	
F2 - Decelerations	

Triage and Assessment (AN & PN)

F2 - Reassuring trace	
F2 - Non reassuring trace	
Fetal heart rate	134
Procedure explained	

Mother

UHPI Number	CHI Number	First Forename	Surname	Date of Birth
600101156L	0611751143	Shona	Halliday	11/6/75

Operation note

Category of C/S	Category 1 - Stat
Date of Decision	8/28/11
Time of Decision	04:50
Decision made by	Dr Sapna Maheshwari
Date of start of procedure/ incision	
Time of start of procedure/ incision	05:05
Procedure concluded date	
Procedure concluded time	
Delay Reason	
Surgical Pause completed?	
Gestation (in weeks)	41.4
Presentation	Cephalic
Position	
Liquor colour	Meconium - Light
Procedure	
Findings	code 1 GA c/s for profound fetal bradycardia live male infant in poor condition cord gases: 6.79 and 7.00 normal tubes and ovaries x2 pinky urine in catheter EBL 900ml
Delivery Indication	
Obstetrician	Dr Sapna Maheshwari
Grade	
Consultant present	
Assistant	Dr Jessica Penneycard
Anaesthetist	Dr David Fallaha
Type of Anaesthetic	Spinal
Operation Note	catheterised by m/w prep and drape during intubation c/s commenced by SR Sapna transverse suprapubic incision cohen's entry into abdominal cavity UV fold peritoneum opened, bladder and peritoneum reflected down off lower segment. uterine incision made adn extended digitally

Operation note

	delivery live male infant, very floppy, no respiratory effort on delivery. c/s taken over by Dr Penneycard placenta and membranes by CCT, cavity confirmed empty uterus closed in 2 layers, 1 haemostatic suture required in midline. haemostasis achieved. normal tubes and ovaries x2 sheath closed 1-0 vicryl subcut monocryl to skin slightly pinky urine in catheter - clearing EBL 900ml
Additional Procedures	
Antacids prior to surgery	
Other antacid	
Prophylactic antibiotics given at inc	
Time antibiotics given (hh:mm)	
Type of Antibiotic	
Sutures used	Vicryl
Swabs, Instruments and needles co	Yes
Packs used?	No
Tubes normal?	Yes
Tubes abnormal	
Ovaries normal?	Yes
Ovaries abnormal	
Uterus normal?	Yes
Uterus abnormal	
Blood Loss	900ml
Colour of urine draining via cathete	Urine Blood stained -slight
Vaginal toilet performed?	Yes
Lochia	Red/pink minimal offensive
Is an Oxytocic infusion required	Yes
Foley Catheter	Yes
Duration of Catheter	24hours
Are phrophylactic antibiotics requir	No
Prophylactic Antibiotic Details	
Thromboprophylaxis prescribed	Yes
Observations	
Analgesics	Voltarol
Routine FBC	
Routine FBC Details	

Operation note

Is DATIX required & completed?	
Create User/Date/Time	Jessica Penneycard - 28/08/2011 - 05:53
Last Update User/Date/Time	Jessica Penneycard - 28/08/2011 - 05:53
****** Archive Data ******	
Operation Performed	
Obstetrician Grade	ST
Operative Delivery Indication	

Mother

UHPI Number	CHI Number	First Forename	Surname	Date of Birth
600101156L	0611751143	Shona	Halliday	11/6/75

Daily P/N Maternal Checks

No. of days postnatal	
Temperature check	36.4
Respirations	
Pulse	92
Systolic BP	110
Diastolic BP	54
Lochia	Red/Pink minimal odourless
Fundus - involuting	At umbilicus
Fundus	Central
Fundus - other observations	Firm
Type of Feeding	Not Known
Breasts	Comfortable
Management	
Perineum	
Wound	
General wellbeing & pain assessment	
Adequate analgesia	Yes
Sutures to be removed	
Have sutures been removed	
Legs	Oedema mild
Mobility exercises & prevention of clots explained	Yes
Revised Thrombosis Risk	Moderate Risk
LMWH Required	
Passed urine post delivery	
PU problems	
Bowels Moved	
Haemorrhoids problem	
Problem controlling bowels?	
Pelvic floor exercises discussed?	
Pelvic floor problems?	
FBC test	
Postnatal HB last taken	8/28/11
Summary of Assessment & Care	Pressure dressing no soakage. PCA insitu. Catheter insitu draining clear urine.
MW Countersigning StM signature	
Create User/Date/Time	Pamela J Lamont - 28/08/2011 - 15:54

Daily P/N Maternal Checks

Last Update User/Date/Time	Pamela J Lamont - 28/08/2011 - 15:54
****** 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	
Temperature check	36.7
Respirations	
Pulse	97
Systolic BP	103
Diastolic BP	65
Lochia	Average
Fundus - involuting	1 cm below umbilicus
Fundus	Central
Fundus - other observations	Firm
Type of Feeding	Breast Feeding - Exclusive
Breasts	Comfortable
Management	beginning to express for baby "Fraser" in NNU.
Perineum	
Wound	Clean and dry
General wellbeing & pain assessment	Looks & feels well.
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	Moderate 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	Looks & feels well. Mobilising more today. Encouraged to keep on top of analgesia & to ask for more if beginning to feel sore. Beginning to express for baby Fraser who remains in intensive care in NNU, continues being cooled at present, & on medication to help his low BP. He was still ventilated at time of enquiry on minimal oxygen.
MW Countersigning StM signature	

Daily P/N Maternal Checks

MW Countersigning Staff Signature	
Create User/Date/Time	Susanne R Campbell - 29/08/2011 - 15:03
Last Update User/Date/Time	Susanne R Campbell - 29/08/2011 - 15:03
**** 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	
Temperature check	37
Respirations	
Pulse	80
Systolic BP	110
Diastolic BP	64
Lochia	Red/Pink minimal odourless
Fundus - involuting	2 cm below umbilicus
Fundus	
Fundus - other observations	
Type of Feeding	Breast Feeding - Exclusive
Breasts	Comfortable
Management	
Perineum	
Wound	Clean and dry
General wellbeing & pain assessment	
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	High Risk
LMWH Required	
Passed urine post delivery	Yes
PU problems	No
Bowels Moved	No
Haemorrhoids problem	
Problem controlling bowels?	
Pelvic floor exercises discussed?	
Pelvic floor problems?	
FBC test	
Postnatal HB last taken	8/30/11
Summary of Assessment & Care	wound dressing off- wound looks clean and dry unsure if wishes to continue expressing- had always planned to bottle feed. Is happy for baby to have colostrum- but will let staff know if she wishes to continue expressing or not. on dalteparin once daily in view of mode of delivery wishing laxative to help move bowels
MW Countersigning S+M signature	

Daily P/N Maternal Checks

MW Countersigning Staff Signature	
Create User/Date/Time	Jacqueline L Arnott - 30/08/2011 - 12:17
Last Update User/Date/Time	Jacqueline L Arnott - 30/08/2011 - 12:17
**** 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	
Temperature check	36.7
Respirations	
Pulse	60
Systolic BP	105
Diastolic BP	62
Lochia	Pink minimal odourless
Fundus - involuting	1 cm below umbilicus
Fundus	Central
Fundus - other observations	
Type of Feeding	Artificial Feeding - Exclusive
Breasts	Comfortable
Management	
Perineum	
Wound	Clean and dry
General wellbeing & pain assessment	
Adequate analgesia	Yes
Sutures to be removed	
Have sutures been removed	
Legs	Oedema none
Mobility exercises & prevention of clots explained	Yes
Revised Thrombosis Risk	High Risk
LMWH Required	
Passed urine post delivery	
PU problems	No
Bowels Moved	Yes
Haemorrhoids problem	
Problem controlling bowels?	
Pelvic floor exercises discussed?	
Pelvic floor problems?	
FBC test	
Postnatal HB last taken	8/31/11
Summary of Assessment & Care	keen for home today - awaiting medical review and discharge script. changed to formula feeding- therefore no longer expressing- advised to wear supportive bra and not to stimulate breasts. hb101- on iron wound clean and dry - but bruised
MW Countersigning S*M signature	

Daily P/N Maternal Checks

MW Countersigning Staff Signature	
Create User/Date/Time	Jacqueline L Arnott - 31/08/2011 - 09:48
Last Update User/Date/Time	Jacqueline L Arnott - 31/08/2011 - 10:11
**** 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	
Temperature check	
Respirations	
Pulse	
Systolic BP	
Diastolic BP	
Lochia	Red/Pink minimal odourless
Fundus - involuting	5 cm below umbilicus
Fundus	Central
Fundus - other observations	Firm
Type of Feeding	Artificial Feeding - Exclusive
Breasts	Comfortable
Management	
Perineum	
Wound	Clean and dry
General wellbeing & pain assessment	Feeling well. Taking occasional pain relief only
Adequate analgesia	Yes
Sutures to be removed	
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	
PU problems	No
Bowels Moved	No
Haemorrhoids problem	Yes
Problem controlling bowels?	No
Pelvic floor exercises discussed?	Yes
Pelvic floor problems?	No
FBC test	
Postnatal HB last taken	
Summary of Assessment & Care	Discharged from community midwife care. Hand over to health visitor
MW Countersigning StM signature	
Create User/Date/Time	Jennifer M Bonnar - 12/09/2011 - 16:34
Last Update User/Date/Time	Jennifer M Bonnar - 12/09/2011 - 16:34

Daily P/N Maternal Checks

**** Archive Data ****	
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	
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	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	
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	Yes
Expressing breast milk - sterilising equipment	Yes
Expressing breast milk - safe storage	Yes
Signs that my baby is feeding well and thriving	
Breastfeeding support in my community	Yes
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 (Bottle)	
Baby's feeding and sleeping pattern for the first few days of life	
Baby led feeding	
Rooming in at the maternity unit	

Postnatal check lists

Sharing a bed with my baby - risks discussed	
Winding baby	
Comments	
MW Countersigning StM signature	
Create User/Date/Time	Jacqueline L Arnott - 31/08/
Last Update User/Date/Time	Jacqueline L Arnott - 31/08/

Postnatal Discharge checks

Thromboembolic prophylaxis	Yes
Irregular maternal antibodies	
Details for irregular antibodies	
Anti D Needed	Yes
Anti D given	8/28/11
Anti D batch number	sdcn8970
Rubella vaccine needed	No
Rubella vaccine given	
Is cervical smear due?	Yes
When is cervical smear due?	postnatally
Risk of passive smoking to baby explained	Yes
Current smoker (no. per day)	15
Smoker during pregnancy	Yes
Date if stopped smoking	
Importance of healthy eating and maintaining a healthy weight discussed	
Discussion details	
Is there an increased risk of P/N depression?	
Contact made with Perimental Health Team?	
6 week P/N check required?	Yes
Postnatal check arrangements	to see GP at 6 weeks postnatal
Discharge medication	Yes
Discharge from community care	Yes
Date of discharge from community care	9/12/11
Handover to HV complete	Yes
Handover to HV details	Telephone handove giver particularly concerning baby being in NNU and being cooled following traumatic delivery. Baby head scan showed infarcted area which may lead to motor / movement problems. Feeding well.
GIRFEC Lead professional (if relevant)	
Did the woman attend Antenatal classes?	
Contraception/Sexual Health discussed?	Yes
Details	will discuss options with GP
Contraceptive method chosen	
Other method chosen	
Contraception method given	

Postnatal Discharge checks

Other contraception given	
Reason not given	
Follow-up appt details	
Follow-up appt - other details	
CE discussed	
CE discussion	
CE given	
Reversible contraception discussed	
P/N Blood transfusion given?	
Repeat Hb required?	
Hb date due	
Last Hb date taken	8/30/11
Last Hb result	101
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?	
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.	

Postnatal Discharge checks

Follow-up appt details.	
Follow-up appt - other details.	
Sterilisation After Delivery	None
Diabetes- SMR02	No
Additional info for Mother & Baby	initially expressing for baby in NNU- now planning to bottle feed. Baby remains in NNU at time of discharge Mum very happy and reliefed to have baby home. Both doing well. Has follow up appointment at child welfare clinic at 4-6 weeks post delivery to monitor baby
M/W countersigning STM	
Create User/Date/Time	Jacqueline L Arnott - 31/08/2011 - 09:43
Last Update User/Date/Time	Jennifer M Bonnar - 12/09/2011 - 16:24
**** Archive Data ****	
Postnatal infection	
Oral contraceptives discussed	
Barrier contraceptives discussed	
Feeding at discharge from Hospital	
Baby-1 Discharged To	Remaining in Neonatal care
Health Visitor Base baby is transferred to	
Baby-2 Discharged To	
Baby-3 Discharged To	
BCG vaccination given	
Feeding at discharge from Community Care	2
Baby discharge medication (please list medications)	
Baby first medical check	
Hepatitis B vaccination needed?	Not indicated
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)	paracetamol, tramadol,ferrous sulphate

Obstetric Notes - 600101156L

As at 27/05/2026 09:26

Halliday, Shona CHI - 0611751143

Date	Time	User	Occupation	Notes
8/28/11	3:30 AM	Maria L Wood	Midwife	care taken over by myself mw maria wood introduction made and history noted Para 1 admitted from triage as cervix 7cm dilated, mi Contracting since 21:00 on 27/8 no problems in pregnancy long lie back to maternal right, head 2/5 palpable FHR 120-138bpm over a minute post contraction Would like skin to skin dad to cut cord and active third stage contracting 4:10 lasting 40 secs and strong on palption Using entonox with good effect
8/28/11	3:49 AM	Maria L Wood	Midwife	shona on all fours on matteress FHR 133-147bpm over a minute post contraction contracting 4:10 lasting 50secs Shona asking about pain relief options and dissussed. would like to have the diamorphine prescribed ready for use coping well with entonox
8/28/11	4:07 AM	Maria L Wood	Midwife	diamorphine 5mg and cyclizine 50mg im given as charted

Halliday, Shona CHI - 0611751143

Date	Time	User	Occupation	Notes
8/28/11	4:14 AM	Maria L Wood	Midwife	contracting 4:10 lasting 50 secs shona feeling rectal pressure coping well FHR 119- 133bpm over three minutes during, before and after contraction No decel, accel heard, V>5
8/28/11	4:23 AM	Maria L Wood	Midwife	shona up to tiolet and voided a good volume
8/28/11	6:46 AM	Sapna Maheshwari	Doctor	written in retrospect answer Jr reg bleep asked to see pt in LDRP in labour suddenly lost fetal heartat 4.40am P1 post date spontaneous labour 6-7 cm , midwife unable to locate FH "O/E TERM CEPHALIC " FH10-20/MIN VE 7-8 CM HEAD AT -1 "MEC " EMERGENCY BLEEP AT 4.45 "SHIFT TO THEATRE " USG IN THEATRE FSH 50-60/MIN GA LSCS DECISION "CATHER " KNIFE TO SKIN 4.57 BABY DEL AT 4.58 (SEE OPERATION NOTES)
8/28/11	7:34 AM	Fiona J Thomson	Midwife	Written in retrospect. Asked by SM M. Wood to assist in room as unable to locate fetal heart at approx 4.40am. Shona was on the birthing mat and I tried several different locations to obtain fetal heart and located it centrally on abdomen at that point the FH was 30bpm. Reg attendance requested and ctg asked for. SM Wood performed VE with consent and Cx was unchanged from previous examination. Reg in to room at 04.45. Shona moved on to bed and decision for transfer to theatre made. Explanation of events in brief offered to couple. Emergency call made at 04.50 for paediatric and obstetric team.Arrived in theatre at 04.54 and scan performed showing FH bradycardic at 60bpm. Crash GA performed and male infant delivered at 0458 pale floppy no apex or respiratory effort. Paediatric team in attendance commenced neonatal resuscitation.

Halliday, Shona CHI - 0611751143

Date	Time	User	Occupation	Notes
8/28/11	8:02 AM	Maria L Wood	Midwife	Written in retrospect Shona on the tiolet at 04:30 and asked if i could listen to the fetal heart consent obtained. Tryed varies location but unable to locate fetal heart but sonic aid seemed to have a lot of noise. left the room to change sonic aid. 04:35 On return shona still on tiolet and i asked her to move to the mattress. still unable to locate fetal heart and informed shona i was going to ask for assisstance from another member of staff. 04:40 M/W Fiona thomson in room to help locate fetal heart, A number of locations tryed before fetal heart locate 20bpm at 04:45, reg bleeped I performed a VE with consent to assess cervix, no change is last VE 7cm dilated, fully effaced, -2 to spines, Membranes intact, Reg present in the room at 04:48. cash call at 04:50, transferred to theatre 04:54 in theatre and GA underway. Registrar scanned shona and fetal heart present at 60bpm. Knife to skin 04:57, baby born at 04:48 baby white and floppy. taken to the resustaire for paed team. Baby taken to the neonatal unit 05:14 Shona extubated at 05:45 and taken to recovery. SEWS chart commenced and EBL 900mls. IV fliuds prescibed and insitu. Shona and partner updated about baby's condition and neonatl team will update when appropriate. Catheter patent and draining urine, lochia min and pca commenced for pain relief. Shona transferred to ward 211 for postnatal care. Datix completed by labour ward Charge Midwife
8/28/11	8:28 AM	Katy Russell	Midwife	"arrived in ward 211 at 0705. " Sympathies expressed. "O2 commenced as has PCA. " Lochia minimal on arrival although r sided wound soakage. Pressure dressing applied at 0815. Sews 1 - tachycardic ~103 Dr Boardman in to see couple to discuss Fraser's condition from around 0715. I have assured the couple that as soon as we are able we will take them both down to the NNU.

Halliday, Shona CHI - 0611751143

Date	Time	User	Occupation	Notes
8/28/11	10:14 AM	Pamela J Lamont	Midwife	Pressure dressing applied at 0835 hrs as wound dressing soaked through with blood. No new soakage on dressing. Continues on O2 at 6 litres and maintaining saturations well.P-100 otherwise observations satisfactory. Taken to NNU on bed to see baby and progress discussed with paed senior registrar.
8/28/11	2:29 PM	Lee Egan	Midwife	Phone call from BTS: Shona Halliday O Neg "Baby Halliday O Pos " "Direct Coombs Neg, " "Shona requires Anti-D. Will be issued. "
8/28/11	6:48 PM	Pamela J Lamont	Midwife	"Anti D given. " Discussed PCA with anaesthetist earlier today. He suggests we leave PCA in until 0600 hrs tomorrow morning. Give dose of tramadol then and remove PCA.Shona maintaining 02 sats at 98-99% today. Taken to visit babyx2 on bed. Dad(Jason) wishes to stay tonight.
8/29/11	5:44 AM	Elaine J Forrest	Midwife	Written in retrospect. Care taken overby myself at 20.30 yesterday. Shona decided that she wished to discontinue her PCA and wanted to go on a chair with her husband for a cigarette (in wheelchair) and to see baby again in NNU. D/W SHO on 4000 bleep and tramadol given as charted once PCA discontinued. Shona and her husband left ward and returned approx 45 mins later.
8/30/11	12:34 PM	Jacqueline L Arnott		FBC taken and sent
8/30/11	7:21 PM	Jacqueline L Arnott		hb101- to continue on ferrous sulphate BD Shona has spent much of her time today down in NNU visiting baby- she is keen for home tomorrow
8/30/11	8:51 PM	Claire Phee	Midwife	care taken over and intro made bp 112/64, p88 pn well and lochia satisfactory and fundus firm and central and wound slight bruising, also shona explained her BO i explained that if she requires any assistance re expressing as she feels she may just leave this that i can assist her and to let me know.
8/31/11	7:54 AM	Claire Phee	Midwife	Shona was in nnu until late last night then slept well, medication given as per cardex and keen to go back down to nnu today.

Halliday, Shona CHI - 0611751143

Date	Time	User	Occupation	Notes
8/31/11	12:14 PM	Rachel E Quicke	Doctor	R/V GPST Quicke Day 3 post emerg C/S for fetal bradycardia Patient feeling well in herself but emotionally quite exhausted. Baby Fraser in unit and being warmed up today. No urinary symptoms. BO yesterday. minimal lochia advised regarding driving and lifting heavy objects O/E Obs stable Abdo - soft, non tender. uterus contracting down. wound healing well Plan: aim home
8/31/11	4:11 PM	Jacqueline L Arnott		discharge talk and paperwork given " discharge script given and aware how to take meds" contact numbers given for community team- will liase with community team to arrange postnatal visits around her visits up to NNU to see baby. aware how to register birth and with GP- will get further paperwork when baby is discharged from NNU. very keen for home now