Confidential Data

FGM	
Date Recorded:	01 Jun 23
Do you, your partner, your parents or your family come from a community where cutting or circumcision is practised?:	No
Have you been cut:	No
Female Genital Mutilation:	None
Has the woman had any of the following performed on the genital area:	None
Confirmation Method:	Self report

Medical Issues	
Previous Vaginal and STI's:	None

Current Pregnancy Details

Dates	
Pregnant Before:	Yes
Cycle Length:	24 Minimum 25 Maximum
Bleeding since LMP:	Lighter than usual
Date and Time Pregnancy Opened:	15 May 23 at 09:20
Sure of LMP :	Yes
LMP:	05 Apr 23
EDD by Dates:	09 Jan 24
EDD by Scan Available:	Yes
EDD by Scan:	08 Jan 24
EDD Determinable:	Yes
Certainty of Gestation based on Scan:	No Scan given
Agreed EDD:	08 Jan 24
Date Booked:	01 Jun 23 at 13:21
Location of Booking (SMR02):	Arbroath Infirmary
Is the midwife the first point of contact?:	Yes
Booked elsewhere in UK:	No
Information Supplied By:	Mother
Does the Woman Live Within the Trust/Board Catchment Area:	Yes
Mother carrying her own notes:	Yes

Menstruation, Conception and Contraception	
New Partner:	No
Planned Pregnancy:	No
Previous Contraception:	Condom

Episiotomy, Tears and Perineal Trauma

Episiotomy, Tears and Perineal Trauma	
Intact Perineum:	No
Episiotomy:	No
Tear:	1st Degree Tear - Injury to perineal skin only
Other Trauma to Vaginal Tract:	Labial Graze
PR Examination Performed:	No
Repair Required:	No

Medical History

General

Allergies or Adverse Reactions:	Yes
Blood Group and Rhesus Factor:	O+
Blood Transfusions:	Never
Blood Transfusion Acceptable:	Yes
Blood Products Acceptable:	Yes
Ever Admitted to ICU:	No
Difficulty Accessing Veins:	No
Genetic Counselling:	No
Previous Infections:	Group B Streptococcus, Chickenpox

Covid-19 status at booking

Received Covid-19 vaccination:	Yes
Latest Covid-19 vaccination:	1st
Date of latest Covid-19 vaccination:	01 Jun 21
Additional Covid-19 vaccination details:	Aware government advice is to have vaccines in pregnancy, chooses not to for now and has information to read if wishes

Have you been to a Zika infected country during your pregnancy or within 8 weeks before conception:	No
Admission to A&E in the last 12 months:	No
Attended healthcare institution abroad in the last 12 months:	No
Any exposure to toxic substances:	No

Medical

Any MedicalProblems: Yes

All medical problems:
- Fibroids
- LLETZ/LEEP Biopsy

Cardiac

Cardiac:	No
Hypertension:	No

Respiratory

Asthma:	No
Lung Disorders:	No
Other Respiratory Disease:	No

Digestive

Gastrointestinal:	No
Liver:	No

Renal

Renal:	No
Liver:	No

CNS/Neurological

Epilepsy:	No
Neurological:	No

Endocrine

Endocrine:	No
Diabetes:	No

Immune

Rheumatological: No

Musculoskeletal

Muscular Disorders:	No
Bone Disorders:	No
Joint Disorders:	No
Back Disorders:	No
Broken or Fractured Bones:	No

Haematological

Haematological:	No
Thrombosis:	No

Other

Infectious disease:	No
Skin:	No
Congenital Abnormality(ies):	No
Gynaecological:	Fibroids, LLETZ/LEEP Biopsy
Cancer (current/previous):	No
Other Medical Problems:	No

Surgical

Any previous surgery/procedure:	Yes
Previous Anaesthetic(s):	GA
Non-obstetric Operations:	Other: Drainage of left thigh abccess, eye surgery to tighten muscle in eye in childhood, LLetzs treatment 2017, teeth removal 2020
Previous Anaesthetic Problems:	None
Anaesthetic Problems in Blood Relative:	None
Anaesthetic Problems in Partner:	None

Cervical Smears

Last Smear:	Within the last 3 years
Result:	Normal
Cervical smear required postnatally:	No
Colposcopy Referral:	Yes
Ever Had A LLETZ/LEEP Biopsy:	Yes
Number of LLETZ Procedures:	1
Ever had a Cold Knife Cone Biopsy:	No
Ever had a Punch Biopsy:	No
Date of latest Biopsy:	01 Jan 17

Dental

Registered with Dentist:	Yes
Do you go to the dentist regularly?:	Yes
Bleeding After Dental Treatment:	No
Routine Antibiotics:	No
Additional Notes:	has had all teeth removed, moth care discussed, reports teeth fitting well with no concerns

Diet Type

Diet Type: Conventional

Vitamins and Supplements During Pregnancy	
Folic Acid:	Yes
Folic Acid Start Time:	Before 12 weeks
Dose:	5 mg
Vitamin D:	No
Other vitamins/supplements:	No
Healthy Start Vitamins Offered:	Yes
Healthy Start Vitamins Given:	No
Why Were They Not Given?:	Other: phonecall
Importance of Supplements Discussed?:	Yes

Prescription Medication	
During the Previous 12 Months:	Antidepressants, Other: lamotrigine 150mg OD and fluoxetine 40mg OD

Non Prescription Medication (Self Medication)	
During the Previous 12 Months:	None

Down, Depressed or Hopeless:	No
Little Interest Or Pleasure:	No
Outcome of Whooley depression-screening:	Negative
Help Required:	Not Applicable
Nervous, anxious or on edge:	Several days
Unable to stop/control worrying:	Not at all
GAD2 Score:	1
Emotional Wellbeing:	Emotionally well/no concerns
Emotional Wellbeing Details:	Overall feeling ok, recent medication increase effective. Seeing CPN regularly, know Stacey is pregnant. She feels this is enough at present.

Mental Health Problems:	Anxiety, Borderline Personality disorder, Depression - in past
Previous Mental Health Referrals:	Out-patient GP
Are any of the problems on-going at the moment?:	Yes
Details of any agency providing mental health support:	Brechin HC and CPN visits
Are they aware of current pregnancy?:	Yes
Have you seen a Psychiatrist before?:	Yes
Treatment:	Medication, 'Talking therapy', CBT (cognitive behavioural therapy)
Were you admitted to hospital?:	No
Did your mental health problems occur during pregnancy or within six months of having a baby?:	Yes
Current risk:	None
Current symptoms/New Diagnosis:	None
Any current treatment?:	Yes
Details:	on fluoxetine and lamotrigine
Do you have a close family member (Parent or sibling) with a history of bi-polar disorder (manic depression) or any other serious mental illness?:	Yes
Relationship:	Aunt
Was the serious mental health illness Bi-Polar, Schizophrenia or Psychosis?:	Yes
Have you been referred to perinatal mental health?:	No
Mental Health Problems Ever (Current Partner):	No
Ever Overdosed:	Yes
	Accidental
	paracetamol during pregnancy with Riley during a kidney infection
Overdose Drug Known:	No
Ever Self Harmed:	No
Any Recent Stressful/Adverse Life Events:	No
Did you have any Adverse Childhood Experiences (ACEs) occurring in childhood?:	Being the victim of abuse (physical, sexual and/or emotional)
Details:	Abused by step-grandad from birth till 4 years old. Physical, sexual and emotional abuse. Aged 4 was removed from parents and placed into care. Feels has had a huge imp[act on her now. Perpetrator was not prosecuted and hung himself.
Additional Notes:	Declan attending family therapy with Stacey, early days but seems to be going well, attending school and is on medication
Are there any Perinatal Mental Health Concerns:	Yes

Recreational Drugs or Substances

Ever Used Drugs: No

Current Partner Using Drugs:	No

Does your partner currently or has s/he attended an addiction service:	No

Alcohol	
Average Before Conception:	0
Average Units Per Day Before Conception:	0
Average Since Conception:	0
Average Units Per Day Since Conception:	0
Average Units Per Week (Current Partner):	0
TWEAK / Brief Intervention needed:	No

Smoking	
Ever Smoked:	Gave up more than 6 weeks ago
Date Quit:	04 Oct 20
During the 12 Months before Conception:	No
Smoker At Booking:	No
Risk Perception Sent:	N/A
Smokers In Household:	0

Family Health	
Consanguineous Relationship:	No
Any Family Health Issues:	Yes
Genetic Counselling:	No
Genetic Disorders:	No
Genetic Disorders:	No
Congenital Abnormalities:	No
Congenital Abnormalities:	No
Does your partner/baby's biological father have/has had any STIs?:	None
Congenital Deafness:	No
Deafness Acquired:	No
Diabetes:	No
Blood Disorders:	No
Is any member of your household Hepatitis B Positive?:	No
Sickle Cell Anaemia:	No
MCADD:	No
Asthma:	Mother's blood family
Asthma:	Mother's blood family
Thrombosis or PE:	No
Hypertension:	No
Pre-Eclampsia:	No
Anaesthetic Problems:	No
Developmental Dysplasia of the Hip:	No
Severe Jaundice at Birth:	No
Learning Difficulties:	Mother's blood family
Postnatal Depression:	Yes
Mental Health Problems:	Mother's blood family: sister ASD
Multiple Pregnancies:	No
Stillbirths or Multiple Miscarriages:	No
Sudden Infant Deaths (SIDS):	No
Other family health issues:	No

TB Risk Assessment (for the Baby)	
Born In High Prevalence Area:	No
TB within Last 5 Years:	No
Move to High Prevalence Area:	No
Not Immunised:	No

Labour and Birth

Onset of Labour	
Start labour timeline view:	Yes
Date/time to start labour timeline view:	22 Dec 23 at 15:25
Onset of Labour:	Induced - Successful

Expected Neonatal Admissions	
Number of Fetuses:	1
Baby 1 Expected Neonatal Admission:	No

First Stage	
Date and Time Labour Established:	22 Dec 23 at 15:30
Labour Augmented (Stage 1):	Yes
Labour Augmentation Method:	ARM

1st Stage Outcome	
First Stage Outcome:	Progressed to 2nd Stage

Second Stage	
Date and Time Cervix Fully Dilated:	Unknown
Date and Time Active Pushing Commenced:	22 Dec 23 at 17:30
Labour Augmented (Stage 2):	No
Hands On Offered?:	Yes
Hands On Accepted?:	Accepted
Hands On?:	Yes
Warm Compress Offered:	Yes
Warm Compress Accepted:	Yes
Warm Compress Applied:	No
Reason:	Precipitate birth
Maternal Problems:	None

Instrumental Birth	
Instrumental birth to be attempted:	No

2nd Stage Outcome	
Second Stage Outcome:	Vaginal Birth
Date and Time Presenting Part Visible Baby 1:	22 Dec 23 at 17:41
Head Birthed Baby 1:	22 Dec 23 at 17:41

Birth	
Number of Babies Born this Pregnancy:	1
Final Place Of Birth:	NHS hospital - Shared (Consultant/GP/Midwife)
Final Type of Birth:	Vaginal Birth
Vaginal Birth after Caesarean Section:	Not applicable
Fast track baby registration for transfer to NNU:	No

Baby 1	
Entity ID:	7fa479fcf4ab4095998ecee621d30953
Registration Status:	Registerable
Birth Outcome:	Livebirth
Date and Time of Birth:	22 Dec 23 at 17:41
Gestation:	37 weeks 4 days
Type of Birth:	Spontaneous Cephalic
Place of Birth:	NHS hospital - Shared (Consultant/GP/Midwife)
Location of birth/Unit responsible for birth:	Ninewells Hospital Maternity
Resuscitation:	Not Required
Shoulder Dystocia:	No

3rd Stage	
Methods Discussed and Consent Gained:	Yes
Oxytocic Drug:	Syntometrine 1ml IM
Time Oxytocic drug given:	22 Dec 23 at 17:45
Repeat Oxytocic Drug:	Oxytocin Infusion
Time repeat Oxytocic drug given:	22 Dec 23 at 17:48
Maternal Problems:	None

Date and Time Placenta Birthed:	22 Dec 23 at 17:54
Main Placental Birth Method:	Controlled Cord Traction

Labour Care	
One to One Care During Labour:	Yes
Same Midwife During Labour:	Yes

Skin to Skin Discussions	
Topics Discussed:	Yes
Date and Time Discussed:	18 Oct 23 at 10:02
Unhurried skin contact:	Yes
Recognising early feeding cues:	Yes
Offering the first feed in skin contact:	Yes

Summary of analgesia and anaesthesia given during labour and birth:	Entonox

Woman’s Demographic Details

Woman's Demographic Details

National ID:	2804880060
CHI Number:	2804880060
Hospital Number:	2804880060
Pregnancy Management Type:	NHS
DoB:	28 Apr 88
Forename:	STACEY
Middle Name:	LOUISE
Surname:	LEONARD
Address:	2 WARDS ROAD BRECHIN
Postcode:	DD9 7AS
Mobile:	07731805886
Home:	01356 622497
1st Preferred Contact Number:	Mobile
Email Address:	stacdecril1610@gmail.com

Communication and Mobility

Speech Or Hearing Problems:	None
Primary Language:	English
Interpreter/Communication Professional Required:	No
Read/Write English:	Yes
Sight Problems:	None
Mobility Problems:	None
Learning Disability:	No
Learning Difficulties:	None
Special Needs:	None
Specific contact method required:	Telephone
Specific information format required:	No
Self Identified Disability:	No

Woman's Details

Woman's Country of Birth:	United Kingdom of Great Britain and Northern Ireland
Nationality:	Scottish
Woman's Ethnic Group:	1A. Scottish
Family Origin:	United Kingdom
Other Family Origins:	United Kingdom
Woman's Citizenship:	British Citizen
Woman served in the armed forces:	No
No recourse to public funds:	No
Overseas visitor:	No
Where have you lived for the last 12 months:	UK
Woman's Employment Status:	Unemployed - with benefits
Partnership Status:	Other (inc Cohabiting and Stable Relationship)
Support Status:	Lives with husband/partner/family
Accommodation:	Housing association rental
Religion:	00R121 - None
Do you have any cultural needs:	No
Do you have any adopted or step children:	No

Gender and Sexuality

Sexuality:	Heterosexual
Is your gender the same as you were assigned at birth:	Yes
Gender:	Female
What are your preferred pronouns:	She/Her

Biological Father's Details

Biological Father is Current Partner:	Yes
Biological Father's Details:	Known
Biological Father's Forename:	Steven
Biological Father's Surname:	Grant
Biological Father's Date of Birth:	15 Jun 85
Address:	2 WARDS ROAD
Address:	BRECHIN
Postcode:	DD9 7AS
Contact Number:	07706187077
Biological Father's GP Details Known:	Yes

Biological Father's GP

Name:	MORLEY, TARA
Practice Name:	Brechin Medical Practice
Address:	Brechin Health Centre
	Infirmary Street
	Brechin
Postcode:	DD9 7AN

How long have you been in a relationship:	>5 years
Biological Father Aware of Pregnancy:	Yes
Biological Father is Next of Kin:	Yes
Biological Father's Country of Birth:	United Kingdom of Great Britain and Northern Ireland
Biological Father's Ethnic Group:	1A. Scottish
Biological Father's Family Origin:	United Kingdom
Biological Father's Other Family Origins:	United Kingdom
Biological Father's Citizenship:	British Citizen
Biological Father served in the armed forces:	No
Biological Father No recourse to public funds:	No
Biological Father Overseas Visitor:	No
Biological Father Difficulty Understanding English:	No
Biological Father's Employment Status:	Self Employed
Biological Father's Occupation:	retail

Gender and Sexuality

Gender:	Male
Preferred pronouns:	He/Him

Next of Kin/First Emergency Contact	
Forename:	Steven
Surname:	Grant
Address:	2 WARDS ROAD BRECHIN
Postcode:	DD9 7AS
Mobile:	07706187077
Relationship:	PARTNER
Is this your partner or supporter?:	Yes
Partner's date of birth:	15 Jun 85
Is this contact the woman's emergency contact?:	Yes

Caesarean Section Operation Note

Caesarean Section Operation Note	
Baby 1 Date and Time of Birth:	22 Dec 23 at 17:41
Date and Time Placenta Birthed:	22 Dec 23 at 17:54
Main Placental Birth Method:	Controlled Cord Traction

Closure	
Summary of analgesia and anaesthesia given during labour and birth:	Entonox

Portal Pre-booking

General	
Mobile:	07731805886
Home Telephone Number (landline):	01356 622497
What is your preferred contact number?:	Mobile
Email Address:	stacdecril1610@gmail.com

Communications/ Mobility	
Do you have any speech or hearing problems?:	None
What is the main language that you speak?:	English
Do you have any problems with sight?:	None
Do you have any problems with mobility?:	None
Learning Disability:	No
Do you have any learning difficulties?:	None
Do you have any special needs?:	None
Self Identified Disability:	No
Specific information format required:	No

Woman's Details

Were you born in the United Kingdom (England, Scotland, Wales, Northern Ireland)?:	Yes
What is your ethnicity?:	1A. Scottish
Think of your family through the generations. What is the main country that they are from?:	United Kingdom
What is your citizenship?:	British Citizen
What is your employment status?:	Unemployed - with benefits
Which partnership status do you have?:	Other (inc Cohabiting and Stable Relationship)
Who do you live with?:	Lives with husband/partner/family
What is your accommodation?:	Housing association rental
What is your religion?:	00R121 - None
Do you have any cultural needs?:	No

Gender and Sexuality

Are you:	Heterosexual
Is your gender the same as you were assigned at birth?:	Yes
Gender:	Female
What are your preferred pronouns:	She/Her

Biological Father's Details

Is the father of the baby your current partner?:	Yes
First name:	Steven
Last name:	Grant
Date of Birth:	15 Jun 85
Type of Contact Number:	Mobile
Telephone number:	07706187077
What is their ethnicity?:	1A. Scottish
Think of their family through the generations. What is the main country that they are from?:	United Kingdom
What is their citizenship?:	British Citizen
What is their employment status?:	Self Employed
What is their occupation?:	retail

Biological Father's GP

Biological Father's GP Name:	MORLEY, TARA
Practice Name:	Brechin Medical Practice
Address:	Brechin Health Centre Infirmary Street Brechin
Postcode:	DD9 7AN

Gender and Sexuality

Gender:	Male
Preferred pronouns:	He/Him

Next of Kin

Is the Biological Father your next of kin?:	Yes
Is your Current Partner your next of kin?:	Yes

Do you have any allergies or adverse reactions?:	Yes
Type:	Adverse reaction
Substance Type:	Non-medication
Substance:	Latex
Type of Reaction:	Rash
Severity:	Moderate
Do you have any more allergies / adverse reactions?:	No

Medical

Have you ever had a blood transfusion?:	No
Do people have difficulty taking a blood sample from you?:	No
Have you had any of these infections before? Pick any that you have had.:	Group B Streptococcus
Have you visited A&E in last 12 months?:	No
Attended a healthcare institution abroad in the last 12 months:	No
Are you ever exposed to dangerous substances?:	No
When was your last cervical smear?:	More than 3 years ago
Was the result 'normal'?:	Yes
Are you registered with a dentist?:	Yes
Do you have excesssive bleeding following dental treatment?:	No
Do you take routine antibiotics before or after dental treatment?:	No
What is your diet type?:	Conventional
Have you been taking folic acid supplements?:	No
Have you been taking Vitamin D supplements?:	No

Covid-19 status at booking

Have you had a Covid-19 Vaccination?:	No

Does anyone have / has anyone had:	
Does your partner/baby's biological father have/has had any STIs?:	None
Deafness from birth:	No
Deafness not from birth:	No
Diabetes:	No
Blood Disorders:	No
Long term Hepatitis B (someone who lives with you):	No
Sickle Cell Anaemia:	No
MCADD:	No
Asthma:	Mother's blood family
Allergies:	Mother's blood family
Thrombosis (Blood Clots) or Pulmonary Embolism:	No
High Blood Pressure:	No
Pre-Eclampsia:	No
Anaesthetic Problems - Blood Relatives Only:	No
Hip problems from birth:	No
Severe Jaundice at Birth:	No
Learning Difficulties or Special Needs:	Mother's blood family
Postnatal Depression - Blood Relatives Only:	Yes
Mental Health Problems:	Mother's blood family
Multiple pregnancies - twins, triplets etc:	No
Stilllbirths or 3 or more miscarriages:	No
Any history of Sudden Infant Deaths (cot death):	No
Other family health issues:	No

TB Risk	
Was either parent or grand parent of the baby born in a high prevalence area for TB?:	No
Has a Family Member had TB within the last 5 years:	No
Is your family likely to live for more than one month in a high prevalence area?:	No
Has either parent moved from a high prevalence area and not been immunised? :	No

Postpartum Haemorrhage (PPH)

Treat	
Date and Time Placenta Birthed:	22 Dec 23 at 17:54

GP Details (Woman)

Registered GP	
National Code:	7042388
Name:	MORLEY, TARA
Practice Name:	Brechin Medical Practice
Address:	Brechin Health Centre Infirmary Street Brechin
Postcode:	DD9 7AN
Telephone Number:	01356 624411
Practice Code:	10498

Lead Professionals (Administration Only)	
Lead Professional Type:	Midwife - Trust
Lead Professional:	Stuart, Alison
Named Consultant Obstetrician:	Greg Caldwell
Named Midwife:	Alison Stuart

Rupture of Membranes

Baby 1	
Baby 1 Date/Time Membranes Ruptured:	22 Dec 23 at 15:35
Baby 1 Method of Membrane Rupture:	ARM
Baby 1 Reason for ARM:	To induce labour
Baby 1 Liquor State at RoM:	Clear, Blood stained

Social Plan

Social Plan	
Summary of Concerns:	Have you ever needed social work assistance - Yes Previous Child Protection Plan - Yes Cause for concern - Yes Significant issues in either parents childhood - Yes Have you been looked after or accommodated in childhood? - Yes

Previous Pregnancy

Last saved on 15 Dec 23 17:08 by Alison Stuart

Previous Pregnancy Details	
Date of Previous Birth Estimated:	No
Date of Previous Birth:	05 Jun 08
Gestation:	39 Weeks 4 Day(s)
Was this pregnancy with the same biological father:	No
Number of Babies:	Singleton
Outcome (Baby 1):	Livebirth

Woman's Details	
Pregnancy Outcome:	Registerable Birth
Place:	UK Hospital
Hospital of Birth:	Ninewells Hospital Maternity
Maternal Problems (Pregnancy):	None
Any Interventions for Preterm Labour:	Other: steroids
Onset of Labour:	Spontaneous
Anaesthetic:	Combined Spinal/Epidural
Anaesthetic Problems:	None
Maternal Problems (Labour):	None
Genital tract trauma:	2nd Degree Tear - Perineal muscles but not involving the anal sphincter.
Maternal Problems (Post Birth):	Postnatal Depression
Additional Notes:	?PTL at 28 weeks, given steroids Doesn't think had medication for PND perineal infection PN EBL 200MLS

Baby 1	
DoB:	05 Jun 08
Baby's Name:	DECLAN ELLIS
Sex:	Boy
Birthweight:	2800 grams 6 lbs 2 oz
Birthweight Centile (INTERGROWTH):	9.10
Birthweight Centile (WHO):	between 2.00 and 9.00
Gestation:	39 Weeks 4 Day(s)
Baby Problems (Pregnancy):	FGR / SGA
Baby Problems (Labour):	Fetal distress
Presentation:	Cephalic
Type of Birth:	Ventouse
Reason for Ventouse Birth:	Fetal distress
Shoulder Dystocia:	No
Any Neonatal Concerns:	No
Neonatal Admission:	No
Abnormalities:	None
Feeding Method:	Breastmilk Only
Breastmilk For:	Less than 1 Month
Current Status:	Alive
Any Problems:	Other: autism
Where is the Child Now:	Foster Care
Additional Notes:	Declan accommodated into foster care 15/12/23 whilst investigation takes place

Previous Pregnancy

Last saved on 01 Jun 23 13:24 by Lorna Ford

Previous Pregnancy Details	
Date of Previous Birth Estimated:	No
Date of Previous Birth:	31 Dec 09
Gestation:	8 Weeks 5 Day(s)
Number of Babies:	Singleton
Outcome (Baby 1):	ToP

Woman's Details	
Pregnancy Outcome:	ToP
Place:	UK Hospital
Hospital of Birth:	Ninewells Hospital Maternity
Maternal Problems (Pregnancy):	None
Reason:	Social
Method:	Medical
Maternal Problems (Post Birth):	None

Previous Pregnancy

Last saved on 01 Jun 23 13:25 by Lorna Ford

Previous Pregnancy Details	
Date of Previous Birth Estimated:	No
Date of Previous Birth:	28 May 11
Gestation:	39 Weeks 5 Day(s)
Was this pregnancy with the same biological father:	No
Number of Babies:	Singleton
Outcome (Baby 1):	Livebirth

Woman's Details	
Pregnancy Outcome:	Registerable Birth
Place:	UK Hospital
Hospital of Birth:	Montrose Royal Infirmary
Maternal Problems (Pregnancy):	None
Any Interventions for Preterm Labour:	None
Onset of Labour:	Spontaneous
Anaesthetic:	None
Maternal Problems (Labour):	None
Genital tract trauma:	1st Degree Tear - Injury to perineal skin only
Maternal Problems (Post Birth):	None
Additional Notes:	EBL <500MLS

Baby 1	
DoB:	28 May 11
Baby's Name:	RILEY ELLIS
Sex:	Boy
Birthweight:	3160 grams 6 lbs 15 oz
Birthweight Centile (INTERGROWTH):	32.00
Birthweight Centile (WHO):	between 9.00 and 25.00
Gestation:	39 Weeks 5 Day(s)
Baby Problems (Pregnancy):	None
Baby Problems (Labour):	None
Presentation:	Cephalic
Type of Birth:	Normal
Water Birth:	No
Shoulder Dystocia:	No
Any Neonatal Concerns:	No
Neonatal Admission:	No
Abnormalities:	None
Feeding Method:	Breastmilk Only
Breastmilk For:	Less than 1 Month
Current Status:	Alive
Any Problems:	None
Where is the Child Now:	Living with Parents

Previous Pregnancy

Last saved on 01 Jun 23 13:26 by Lorna Ford

	Previous Pregnancy Details
Date of Previous Birth Estimated:	No
Date of Previous Birth:	11 Jul 13
Gestation:	37 Weeks 3 Day(s)
Was this pregnancy with the same biological father:	No
Number of Babies:	Singleton
Outcome (Baby 1):	Livebirth

Ninewells Hospital Maternity

, DD2 1UB

Woman's Details	
Pregnancy Outcome:	Registerable Birth
Place:	UK Hospital
Hospital of Birth:	Ninewells Hospital Maternity
Maternal Problems (Pregnancy):	APH
Bleeding > 24 hours:	No
Any Interventions for Preterm Labour:	None
Onset of Labour:	Spontaneous
Anaesthetic:	None
Maternal Problems (Labour):	Prolonged ROM
Genital tract trauma:	Intact
Maternal Problems (Post Birth):	None
Additional Notes:	GBS on swab no neonatal complications, cannot find evidence from notes, report from mum multiple APHs, ?cause EBL 200MLS

Baby 1	
DoB:	11 Jul 13
Baby's Name:	BENTLEY GRANT
Sex:	Boy
Birthweight:	2610 grams 5 lbs 12 oz
Birthweight Centile (INTERGROWTH):	17.80
Birthweight Centile (WHO):	between 9.00 and 25.00
Gestation:	37 Weeks 3 Day(s)
Baby Problems (Pregnancy):	FGR / SGA
Baby Problems (Labour):	None
Presentation:	Cephalic
Type of Birth:	Normal
Water Birth:	No
Shoulder Dystocia:	No
Any Neonatal Concerns:	No
Neonatal Admission:	No
Abnormalities:	None
Feeding Method:	Standard Formula Milk Only
Current Status:	Alive
Any Problems:	Other: currently being assessed for ADHD
Where is the Child Now:	Living with Parents

Previous Pregnancy

Last saved on 01 Jun 23 13:26 by Lorna Ford

	Previous Pregnancy Details
Date of Previous Birth Estimated:	No
Date of Previous Birth:	15 Mar 15
Gestation:	37 Weeks 4 Day(s)
Was this pregnancy with the same biological father:	Yes
Number of Babies:	Singleton
Outcome (Baby 1):	Livebirth

Ninewells Hospital Maternity

, DD2 1UB

Woman's Details	
Pregnancy Outcome:	Registerable Birth
Place:	UK Hospital
Hospital of Birth:	Montrose Royal Infirmary
Maternal Problems (Pregnancy):	None
Any Interventions for Preterm Labour:	None
Onset of Labour:	Spontaneous
Anaesthetic:	None
Maternal Problems (Labour):	None
Genital tract trauma:	Intact
Maternal Problems (Post Birth):	Postnatal Depression
Additional Notes:	was on meds for PND EBL 200MLS

Baby 1	
DoB:	15 Mar 15
Baby's Name:	AILSA GRANT
Sex:	Girl
Birthweight:	2660 grams 5 lbs 13 oz
Birthweight Centile (INTERGROWTH):	25.57
Birthweight Centile (WHO):	between 25.00 and 50.00
Gestation:	37 Weeks 4 Day(s)
Baby Problems (Pregnancy):	None
Baby Problems (Labour):	None
Presentation:	Cephalic
Type of Birth:	Normal
Water Birth:	No
Shoulder Dystocia:	No
Any Neonatal Concerns:	No
Neonatal Admission:	No
Abnormalities:	None
Feeding Method:	Standard Formula Milk Only
Current Status:	Alive
Any Problems:	None
Where is the Child Now:	Living with Parents

Previous Pregnancy

Last saved on 01 Jun 23 13:27 by Lorna Ford

Previous Pregnancy Details	
Date of Previous Birth Estimated:	No
Date of Previous Birth:	16 May 20
Gestation:	37 Weeks 2 Day(s)
Was this pregnancy with the same biological father:	Yes
Number of Babies:	Singleton
Outcome (Baby 1):	Livebirth

Woman's Details	
Pregnancy Outcome:	Registerable Birth
Place:	UK Hospital
Hospital of Birth:	Ninewells Hospital Maternity
Maternal Problems (Pregnancy):	None
Any Interventions for Preterm Labour:	None
Onset of Labour:	Induced
Induction Reason:	IUGR
Anaesthetic:	None
Maternal Problems (Labour):	None
Genital tract trauma:	Intact
Maternal Problems (Post Birth):	Postnatal Depression
Additional Notes:	Feels PND was much much worse this time. Admission to mother and baby unit was considered but stayed at home with psychiatry input and medication. Still feels is trying to cope with everything. Sees CPN and psychologist regularly. They are aware she is pregnant. EBL 200MLS

Baby 1	
DoB:	16 May 20
Baby's Name:	ARIA GRANT
Sex:	Girl
Birthweight:	2340 grams 5 lbs 2 oz
Birthweight Centile (INTERGROWTH):	8.02
Birthweight Centile (WHO):	between 9.00 and 25.00
Gestation:	37 Weeks 2 Day(s)
Baby Problems (Pregnancy):	FGR / SGA
Baby Problems (Labour):	None
Presentation:	Cephalic
Type of Birth:	Normal
Water Birth:	No
Shoulder Dystocia:	No
Any Neonatal Concerns:	No
Neonatal Admission:	No
Abnormalities:	None
Feeding Method:	Standard Formula Milk Only
Current Status:	Alive
Any Problems:	None
Where is the Child Now:	Living with Parents

Previous Pregnancy

Last saved on 01 Jun 23 13:35 by Lorna Ford

Previous Pregnancy Details	
Date of Previous Birth Estimated:	No
Date of Previous Birth:	24 Dec 21
Gestation:	39 Weeks 2 Day(s)
Was this pregnancy with the same biological father:	Yes
Number of Babies:	Singleton
Outcome (Baby 1):	Livebirth

Ninewells Hospital Maternity

, DD2 1UB

Woman's Details	
Pregnancy Outcome:	Registerable Birth
Place:	UK Hospital
Hospital of Birth:	Ninewells Hospital Maternity
Maternal Problems (Pregnancy):	None
Any Interventions for Preterm Labour:	None
Onset of Labour:	Spontaneous
Anaesthetic:	None
Maternal Problems (Labour):	None
Genital tract trauma:	Intact
Maternal Problems (Post Birth):	Postnatal Depression
Additional Notes:	Felt PND was not as bad this time EBL 200mls

Baby 1	
DoB:	24 Dec 21
Baby's Name:	ODIN GRANT
Sex:	Boy
Birthweight:	3420 grams 7 lbs 8 oz
Birthweight Centile (INTERGROWTH):	63.17
Gestation:	39 Weeks 2 Day(s)
Baby Problems (Pregnancy):	None
Baby Problems (Labour):	None
Presentation:	Cephalic
Type of Birth:	Normal
Water Birth:	No
Shoulder Dystocia:	No
Any Neonatal Concerns:	No
Neonatal Admission:	No
Abnormalities:	Other: axenfeld-Rieger syndrome
Feeding Method:	Standard Formula Milk Only
Current Status:	Alive
Any Problems:	None
Where is the Child Now:	Living with Parents
Additional Notes:	Axenfeld-rieger syndrome, waiting for a genetic appointment which has been requested by the GP

Local Identifier

Last saved on 15 May 23 09:20 by Beverley Watt

Date and Time:	15 May 23 at 09:20
Location Name:	Arbroath Infirmary
Local/Hospital ID:	2804880060

Open Pregnancy

Last saved on 17 Feb 24 08:31 by (unknown user)

Open Pregnancy	
Date Pregnancy Opened:	15 May 23 at 09:20
Reason For Opening:	Episode Created
Booking Type:	Full Booking

Care Plan

Last saved on 15 May 23 09:22 by Beverley Watt

Care Plan

Date and Time Started:	15 May 23 at 09:21
Update Type:	At Booking
Hospital Community Midwife is Attached To:	Arbroath Infirmary
Intended location of birth:	Arbroath Infirmary

Delivery Plan (SMR02):	Midwife Unit
Delivery Management (SMR02):	Inpatient
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford
Additional Midwives/Health Care Professionals associate with care:	Michelle Carter, Jeanette Elliott, Susan Robertson, Lisa Hutchison, Lisa McGregor, Louise Cromar, Wendy Stewart
Team:	Purple Team

Scanned Document

Last saved on 15 May 23 09:22 by Beverley Watt

Scanned Document

Note Time:	15 May 23 at 09:22
Document Type:	- Referrals
Document:	Images available

Portal Access

Last saved on 16 May 23 08:28 by Lorna Ford

Time of Note:	15 May 23 at 17:52
Woman informed about Badger Notes:	Yes
Woman provided information about Badger Notes:	Yes
Woman is aware she will receive email and texts from Badger Notes:	Yes
Woman aware that problems with Badger Notes need to be reported to the midwife who can log a call with System C if needed. If a call is logged with System C does she consent for them to call her directly to troubleshoot?:	Yes
Woman consents to receive push notifications:	Yes
Woman consents to use Badger Notes:	Yes

Woman's Details

Email address:	stacdecril1610@gmail.com
Mobile country code +:	44
Mobile number:	07731805886
Account activation phrase:	Blue

Is Validated

Is Validated: Yes

Badger Notes Activity Log

Last saved on 16 May 23 08:54 by (no user)

Activity Log

Time of Note:	16 May 23 at 08:54
Activity occurred on:	16 May 23 at 08:54
Activity type:	Patient Registration

Clinical Note (Woman)

Last saved on 17 May 23 16:52 by Lorna Ford

Clinical Note	
Date and Time:	17 May 23 at 16:51
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Phonecall to Stacey to check how she is feeling, ask how her mental health is at the moment and check she has folic acid. No answer, msg left.

Badger Notes Leaflet Accessed
Last saved on 01 Jun 23 09:18 by (no user)

Details	
Date and Time First Accessed:	01 Jun 23 at 09:18
Date and Time Last Accessed:	01 Jun 23 at 09:17
Leaflet Title:	Best Start Grant

Badger Notes Leaflet Accessed
Last saved on 01 Jul 23 06:52 by (no user)

Details	
Date and Time First Accessed:	01 Jun 23 at 09:18
Date and Time Last Accessed:	01 Jul 23 at 06:50
Leaflet Title:	Angus Blue Team Midwives leaflet

Appointment
Last saved on 15 May 23 18:15 by Lorna Ford

Appointment Details	
Date and Time:	01 Jun 23 at 13:15
PAS Visit Account:	5922||66705-66626-1315-729-1
Location on PAS:	Obstetrics Midwife Clinic
Location:	Community Midwife
Address:	phone
Who with:	Lorna Ford
Team:	Blue Team
Reason:	Antenatal Booking
Type of Appointment:	Phone Call
Should the woman be prompted on Badger Notes to record her blood pressure and urinalysis:	No
Status:	Booked
Additional Notes/Reminders for Woman:	phone appointment, see email, please complete pre-booking information x

Smart Booking Antenatal Assessment with Personal Timeline
Last saved on 01 Jun 23 14:27 by Lorna Ford

On Arrival	
Date and Time Started:	01 Jun 23 at 13:16
Reason for Assessment:	Antenatal Booking
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	Blue Team
Type of assessment:	Phone call
Location:	Antenatal Clinic
Clinic:	Arbroath Midwifery Unit
Others present at assessment:	No one (woman on her own)
Consent for Procedures:	Yes
Information Sharing:	Record Keeping, Data Collection, Health Visitors/GP/Support Agencies
Can the Trust/Board contact you for audit purposes:	Yes
Can Maternity Voice Partnership contact you for feedback:	Yes
Background and History accessed and reviewed:	Yes
Where was the information retrieved:	Electronic Patient Record
Additional Notes on Arrival:	Routine phone booking appointment

Dates	
Pregnant Before:	Yes
Cycle Length:	24 Minimum 25 Maximum
Bleeding since LMP:	Lighter than usual
Date and Time Pregnancy Opened:	15 May 23 at 09:20
Sure of LMP :	Yes
LMP:	05 Apr 23
EDD by Dates:	09 Jan 24
EDD by Scan Available:	Yes
EDD by Scan:	08 Jan 24
EDD Determinable:	Yes
Certainty of Gestation based on Scan:	No Scan given
Agreed EDD:	08 Jan 24
Date Booked:	01 Jun 23 at 13:21
Location of Booking (SMR02):	Arbroath Infirmary
Is the midwife the first point of contact?:	Yes
Booked elsewhere in UK:	No
Information Supplied By:	Mother
Does the Woman Live Within the Trust/Board Catchment Area:	Yes
Mother carrying her own notes:	Yes

Menstruation, Conception and Contraception	
New Partner:	No
Planned Pregnancy:	No
Previous Contraception:	Condom

Assessment

Additional Observations Notes:	Phone booking appointment as planned Unplanned pregnancy, happy to be pregnant Diet, lifestyle place of birth discussed. Unsure re place of birth and declines screening. Scan booked 4/7/23. Well on red pathway -High parity -prev SGA -prev Lletz 2017, smears since NAD -mental health/PND-on meds at present, feels fairly stable, ?lamotrigine levels to be monitored? -Son has Axenfeld-Rieger syndrome-awaiting genetics -Fibroid ?size -PRAM with consent 2nd booking appointment made for tomorrow. Declines WR well on red pathway

Routine Enquiry

Seen alone: Yes

Essential Questions

Do you feel safe at home:	Yes
Have you ever been fearful for your safety or the safety of your child(ren):	No
Are you currently frightened of your partner or someone close to you:	No

Current Domestic Abuse

Current domestic abuse: No

Previous Domestic Abuse

Previous domestic abuse: No

FGM

Date Recorded:	01 Jun 23
Do you, your partner, your parents or your family come from a community where cutting or circumcision is practised?:	No
Have you been cut:	No
Female Genital Mutilation:	None
Has the woman had any of the following performed on the genital area:	None
Confirmation Method:	Self report

Medical Issues

Previous Vaginal and STI's: None

Admin

Completed By:	Lorna Ford
Is there anyone else that lives in the household:	No
Have you or any household member had social services/social care support in the past:	Yes
Any household member has current social services/social care support:	Yes
Have you ever needed social work assistance:	Yes
Details:	All children were placed on CP register, emotional neglect, Declan's behavior and lack of attendance at school. All taken off in Jan. Declan just about to be discharged from SW care.
Have you or your partner ever been involved in Criminal Justice System?:	No

Previous Child or Children

Do you have any previous children?:	Yes
Previous Child(ren) Subject to Child Protection Plan:	Yes
Child protection plan start date (previous child):	01 Jul 22
Child protection plan end date (previous child):	01 Jan 24
Previous Child(ren) in Need:	No
Previous Child(ren) in Foster Care:	No
Previous Child(ren) Adopted:	No
Previous Child(ren) Living Elsewhere:	No

Unborn Child or Children

Pregnancy to be Terminated:	No
Unborn Child(ren) Subject to Child Protection Plan:	No
Unborn Child(ren) In Need:	No
Unborn Child(ren) for Foster Care:	No
Unborn Child for Adoption:	No

Other Issues

Cause for concern:	Yes
Details:	PRAM due to previous history, Stacey understands and agrees to this
Relationship Issues:	No
Does your current partner have any other children?:	No
Do you get support or have you ever had support with independent living?:	No
Any household/family members registered sex offenders:	No
Any household members pose a risk to unborn:	No
Are there any known risks to staff safety?:	No
Housing Problems:	No
Significant issues in either parents childhood:	Yes
Have you been looked after or accommodated in childhood?:	Yes
Financial difficulties:	No

Actions

Plan:	universal services at present unless anything changes
Health Plan Indicator Allocated:	Core
Has the GP and H/V been notified?:	Yes

Sexual Exploitation and Grooming Risk Identifier

Are there any vulnerability factors for sexual exploitation and grooming?:	No

Safeguarding Referrals

Forms Completed: Unborn Baby Referral

Vaccinations

Vaccinations offered and explained:	Seasonal Flu, Whooping cough (Diphtheria, Tetanus, Pertussis and Poliomyelitis)

Offered

Offered and Explained:	Viability scans, Dating, Nuchal Translucency, Invasive, Anomaly/Detailed, Fetal Growth/Doppler, Cervical Length, Placental site scan, Other
Risk for Anomaly Scan:	Low

Accepted

Accepted and Requested:	Viability scans, Dating, Nuchal Translucency, Invasive, Anomaly/Detailed, Fetal Growth/Doppler, Cervical Length, Placental site scan, Other

VTE/Thromboprophylaxis

Date and Time Recorded:	01 Jun 23 at 13:16
Type:	Antenatal

Risk Factors

Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities

Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results

Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration
Verified By:	Ford, Lorna on 01 Jun 23 at 14:09

Pelvic Health Assessment

Date and time: 01 Jun 23 at 13:16

Recommendations

All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Intermediate risk of preterm birth - Latex allergy (Anaesthetic) - Large Fibroids - Current/Previous Social Services Involvement
Risk:	High
Confirm review of risks:	Ford, Lorna on 01 Jun 23 at 14:10
Recommended Management Plan:	Previous Group B Strep Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Fibroids ANC 20-24 weeks
Actual Management Plan:	Previous Group B Strep Infection-no NN admission Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Fibroid ?size ANC 20-24 weeks Son has Axenfeld-rieger syndrome - awaiting genetics, has been referred by GP Mental health, on medication Lamotrigine 150mg OD and fluoxetine 40mg OD, feels mental health stable at present, recent increase in meds, sees CPN regularly PRAM with consent

Fetal Growth and Pre-eclampsia (Aspirin) Risk Assessment

Any Known Risks: No

Risk Factors

Hypertensive disease during a previous pregnancy:	No
Chronic kidney disease:	No
Autoimmune disease i.e. systemic lupus erythematosus/antiphospholipid syndrome:	No
Type 1 or type 2 diabetes:	No
Chronic Hypertension:	No
Age 40 years or older:	No
Pregnancy interval of more than 10 years:	No
Body mass index (BMI) of 35kg/m2 or more at first visit:	No
Family history of pre-eclampsia:	No
Multiple pregnancy:	No
Nulliparous or first ongoing pregnancy:	No
Placental histology confirming placental dysfunction in a previous pregnancy:	No
Significant Fibroids:	Yes
Previous SGA:	Yes
Previous Stillbirth, appropriate gestational age birthweight:	No
Drug misuse:	No
Previous FGR:	Yes
Previous SGA stillbirth:	No
PAPPA	No
Echogenic bowel:	No
Significant bleeding:	No
Estimated fetal weight	No
Current smoker at booking:	No
Cyanotic congenital heart disease:	No

Results

Pre-eclampsia Risk Level:	Low
FGR Risk Level:	High, Unsuitable

Care Plan

Hospital Community Midwife is Attached To:	Arbroath Infirmary
KCND Pathway:	Red
Intended location of birth:	Arbroath Infirmary
Delivery Plan (SMR02):	Midwife Unit
Delivery Management (SMR02):	Inpatient
Continuity of Care discussed:	Yes
Lead Professional Type:	Midwife - Trust
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford
Additional Midwives/Health Care Professionals associate with care:	
Team:	Blue Team

Personal Timeline

Pathway Type: Multiparous antenatal pathway

Week 6

Additional Reading: - My Birthplace App

Week 8

Pathway events: Antenatal assessment (health centre, surgery, or clinic), Blood tests

Week 11

Pathway events: Blood tests, Ultrasound

Week 16
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 20
Pathway events: Ultrasound

Week 24
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 28
Pathway events: Antenatal assessment (health centre, surgery, or clinic), Blood tests

Week 34
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 38
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 41
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 42
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Topics Discussed

Date and Time Recorded:	01 Jun 23 at 13:16
Work and Benefits:	Parent's guide to money pack, Employment Rights, Maternity Benefits
Eating and Drinking:	Healthy Eating, Caffeine, Alcohol, Drugs
Smoking:	Effect on Baby, Effect on Mother, Smoking Cessation
Health and Wellbeing:	Feelings about Pregnancy, Stresses in Pregnancy, Support at Home, Sex in Pregnancy, Exercise (including pelvic floor), Aquanatal, Parent Education, Hospital Visit, Hearing and Bloodspot tests explained, Folic Acid, Carbon Monoxide Testing, Use of Home Doppler, COVID-19, Art Psychotherapy
Important Symptoms Discussed:	Abdominal pains, Vaginal bleeding, Membranes breaking early, Severe headaches, Blurred vision, Persistent itching, Changed or reduced fetal movement
Place of Birth:	Midwifery led Unit, Consultant led unit, Home
Research Trials:	Yes
Cord Blood Donation:	Yes
	Accepted
Need further advice on:	None
Qualifies for Best Start Grant/Best Start Foods:	No
Qualifies for Healthy Start Vouchers:	No
Referral to income maximisation services:	No
Money and debt advice services:	No
Financial capability support:	No
Prevention of neonatal herpes discussed:	No

Antenatal Conversations Checklist
Completed: 01 Jun 23 at 13:16

On Leaving

Time Ended:	01 Jun 23 at 14:17
On iron therapy:	No
Agrees to access leaflets in Badger Notes:	Yes
At this assessment was a member of the community midwifery team present:	Yes
Best Start Foods offered:	Yes
Is a referral needed?:	Yes

Allergies/Adverse Reactions
Last saved on 01 Jun 23 13:19 by Lorna Ford

Allergies / Adverse Reactions

Date and Time:	01 Jun 23 at 13:19
Type:	Adverse reaction
Substance Type:	Non-medication
Substance:	Latex
Type of Reaction:	Rash
Substance:	Moderate

Allergies/Adverse Reactions
Last saved on 01 Jun 23 13:35 by Lorna Ford

Allergies / Adverse Reactions

Date and Time:	01 Jun 23 at 13:35
Type:	Adverse reaction
Substance Type:	Non-medication
Substance:	Latex
Type of Reaction:	Rash, Hives
Substance:	Moderate
Source:	Woman/family/caregiver
Evidence:	Self reported

Blood Tests, Results and Actions (Woman)
Last saved on 08 Jun 23 16:42 by Lorna Ford

Offered

Date:	01 Jun 23 at 14:06
Offered and Explained:	Antibodies, Blood Group and Rhesus Factor, FBC, Ferritin, Folate, Haemoglobinopathy - Mother, Hepatitis B, HIV, Lamotrigine Levels, Syphilis, Vit B12
Bloods Offered Date/Time:	01 Jun 23 at 14:06

Accepted

Accepted and Requested:	Antibodies, Blood Group and Rhesus Factor, FBC, Ferritin, Folate, Haemoglobinopathy - Mother, Hepatitis B, HIV, Lamotrigine Levels, Syphilis, Vit B12
Acceptance Gained by:	Lorna Ford
Acceptance Gained By - Team:	Blue Team
Date/Time Screening Accepted:	01 Jun 23 at 14:07

Bloods Taken

Bloods Taken:	Yes
Bloods Taken Date/Time:	02 Jun 23 at 10:22
Hospital of Sampling:	Arbroath Infirmary
Taken by:	Lorna Ford
Taken By - Team:	Blue Team
Any Rejected Samples Require Repeating:	No

Type of Test:	Routine
Family Origin for Haemoglobinopathy - Mother:	England, Scotland, Northern Ireland, Wales
Known Carrier Sickle Cell - Mother:	No
Known Carrier Thalassaemia - Mother:	No
Hb Variant Screening Requested - Mother:	No
Family Origin for Haemoglobinopathy - Father:	England, Scotland, Northern Ireland, Wales
Known Carrier Sickle Cell - Father:	No
Known Carrier Thalassaemia - Father:	No
Hb Variant Screening Requested:	No

Results

Mark results as completed and reviewed:	Yes
Date Results Reviewed:	08 Jun 23 at 16:42
Authorised By:	Ford, Lorna on 08 Jun 23 at 16:42
Antibody Result:	No antibodies present

Blood Group and Rhesus Factor:	O+
Blood Group:	O
Rhesus Factor:	+
Ferritin:	7 g/L
Folate:	2.6
Mother's Haemoglobinopathy Result:	Normal
Hep B Result:	Negative
Lamotrigine Levels:	1.30 mg/l
HIV Result:	Negative
Syphilis Result:	Negative
FBC - Hb:	12.1 g/dL 121 g/L
FBC - WCC:	7.00 10^9 /L
Platelets:	271.00 10^9 /L 271,000.00 10^6 /L
Vit B12:	292 ng/L
Publish Results to Badger Notes:	Yes
Message to Badger Notes:	folate low, I will organise folic acid tablets for you x
Document/Image:	Images available

Microbiological Tests and Results (Woman)

Last saved on 04 Jun 23 08:09 by Lorna Ford

Taken

Date:	01 Jun 23 at 14:08
Offered and explained:	MSU
Test(s) Performed:	MSU

Results

Mark results as completed and reviewed:	Yes
Date Results Reviewed:	04 Jun 23 at 08:08
Authorised By:	Ford, Lorna on 04 Jun 23 at 08:08
MSU Result:	Negative
Document/Image:	Images available
Publish Results to Badger Notes:	Yes
Message to Badger Notes:	urine clear x

Blood Tests, Results and Actions (Woman)

Last saved on 01 Jun 23 14:08 by Lorna Ford

Offered	
Date:	01 Jun 23 at 14:08
Offered and Explained:	Down's Syndrome (T21), Edwards (T18) and Patau's (T13) Syndromes

Declined	
Declined (Status already known):	Down's Syndrome (T21), Edwards (T18) and Patau's (T13) Syndromes
Date/Time Declined:	01 Jun 23 at 14:08

Publish Results to Badger Notes:	Yes
Document/Image:	Images available

Referral (Woman)

Last saved on 01 Jun 23 14:29 by Lorna Ford

Referral Details	
Date/Time Referred:	01 Jun 23 at 14:27
Referral To:	Obstetric
Referral To:	- Obstetric Referral
Items Discussed With Woman:	Reason for referral, Responsibility of care
Referrer:	Lorna Ford
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes

Obstetric	
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes
Advocate needed:	No
Has patient previously visited this hospital:	Yes
Preferred or previous Consultant:	Pauline Lynch
Appointments Required:	Consultant review
Date Appointment Required:	01 Jun 23 at 14:28
Current Risk:	High
Date of Risk Assessment:	01 Jun 23 at 13:16
Lead Professional:	Ford, Lorna
Additional Notes:	Review of notes please. BMI will likely also be low. Do I need to do lamotrigine levels at booking? thanks
Referral Sent:	Yes

Saving patient report

Last saved on 01 Jun 23 14:29 by Lorna Ford

Time:	01 Jun 23 at 14:29
Report:	Obstetric Referral - 01 Jun 23 at 14:27
Comments:	FAO Dr Lynch
By:	Ford, Lorna on 01 Jun 23 at 14:29
	SENT: 01 Jun 23 14:29 To: TAY.obstetricreferrals@nhs.scot

Infection Control Risk Assessment

Last saved on 01 Jun 23 14:29 by Lorna Ford

Infection Control Risk Assessment

Date and Time: 01 Jun 23 at 14:29

CPE Risk Assessment

Has the woman ever had any previous history of CPE colonisation or infection?:	No
Has the woman been an inpatient in a hospital outside Scotland in the last 12 months?:	No
Has the woman had renal dialysis outside Scotland in the last 12 months?:	No
In the last 12 months has the woman ever been in close contact with a person colonised or infected with CPE?:	No

Saving patient report

Last saved on 01 Jun 23 14:50 by Lorna Ford

Time:	01 Jun 23 at 14:50
Report:	Antenatal Booking Summary - CLINICAL COPY
By:	Ford, Lorna on 01 Jun 23 at 14:50
	SENT: 01 Jun 23 14:50
	To:
	TAY.chinfo@nhs.scot

Scanned Document

Last saved on 01 Jun 23 14:51 by Lorna Ford

Scanned Document

Note Time:	01 Jun 23 at 14:51
Document Type:	- Child Services Referral
Document:	Images available

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details

Date and Time:	02 Jun 23 at 09:50
PAS Visit Account:	5916||143236-66627-0950-385-1
Location on PAS:	Obstetrics Community Midwives Ante Natal Clinic Friday All Day Arbroath CMU

Smart Antenatal Assessment

Last saved on 02 Jun 23 10:22 by Lorna Ford

On Arrival

Date and Time Antenatal Assessment Started:	02 Jun 23 at 10:17
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	Blue Team
Type of assessment:	Face to face
Location:	Antenatal Clinic
Others present at assessment:	Other: daughter
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	Yes
Can Maternity Voice Partnership contact you for feedback:	Yes
Has the Grow chart been reviewed:	Yes
Additional Notes on Arrival:	routine 2nd booking

Assessment

General Condition:	Looks Well
Emotional wellbeing:	Well
Emotional wellbeing details:	feeling well at present
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	NAD
Height:	1.57 Metres 5 Foot 1 Inch(es)
Weight:	55.30 Kg 8 Stones 9 lb(s)
Current BMI:	22.43
Blood Pressure: Systolic:	100 mmHg
Blood Pressure: Diastolic:	60 mmHg
Additional BP information:	BP taken on Left arm, Manual reading
MAP:	73 mmHg
Signs of PET:	None

Fetal Movements

Fetal Movements Felt:	No
Fetal Movements Discussed:	No
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	No

Sepsis Pathway

Sepsis Triggers: None

Additional Observations Notes:	Generally well Bloods and MSSU with consent Consents obtained Notes sent for review no concerns noted Unable to give HS vits as none available in unit well on red pathway

Current Domestic Abuse

Current domestic abuse:	No

Previous Domestic Abuse

Previous domestic abuse: No

Recommendations

Period Completed:	1st Trimester
Completed By:	Lorna Ford
All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Large Fibroids - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Intermediate risk of preterm birth - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)

Recommendations (Continued)

Risk:	High
Recommended Management Plan:	Previous Group B Strep Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Fibroids ANC 20-24 weeks
Actual Management Plan:	Previous Group B Strep Infection-no NN admission Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Fibroid ?size ANC 20-24 weeks Son has Axenfeld-rieger syndrome - awaiting genetics, has been referred by GP Mental health, on medication Lamotrigine 150mg OD and fluoxetine 40mg OD, feels mental health stable at present, recent increase in meds, sees CPN regularly PRAM with consent
Do you want to change actual management plan?:	No

Recommendations (Continued)

Plan made in discussion with the woman:	Yes
Having care outside recommended guidelines:	No
Intended location of birth:	Arbroath Infirmary
Delivery Plan (SMR02):	Midwife Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes
Suitable for a co-located birth centre:	Yes
Suitable to Birth at Home :	Yes
Advised to birth in consultant (shared) led unit:	Yes
Needs referral for location of birth review:	No
Plan for birth in Obstetric Unit:	No
Wishes to birth outside of Obstetric Unit:	No
Referral for review sent:	No

On Leaving

Time Ended: 02 Jun 23 at 10:21

Reviews

28/40 Blood Test Reviewed:	No
Is aspirin being taken:	Not advised
Management Plan Reviewed:	No
Anomaly scan booked:	No
Anomaly scan completed and reviewed:	No - too early

On iron therapy:	Yes
Are you managing to take your iron:	N/A
Agrees to access leaflets in Badger Notes:	Yes
Next Contact:	12 weeks
Covid -19 Vaccination discussed:	Yes
At this assessment was a member of the community midwifery team present:	Yes
Baby Box form completed and sent:	No
Best Start Grant offered:	Yes
Best Start Foods offered:	Yes
Is a referral needed?:	No
Publish observations and management plan to Badger Notes:	Yes
Authorised By:	Ford, Lorna on 02 Jun 23 at 10:22

Lifestyle

Last saved on 02 Jun 23 10:19 by Lorna Ford

Lifestyle Update	
Date and Time Recorded:	02 Jun 23 at 10:18
Updated by:	Ford, Lorna
Team:	Blue Team
Update Type:	Antenatal Update

Smoking	
Current Smoking Status:	Gave up more than 6 weeks ago
Date Quit:	04 Oct 20
Number of quit attempts:	1
Smokers In Household:	0

Social	
Partnership Status:	Other (inc Cohabiting and Stable Relationship)
Support Status:	Lives with husband/partner/family
Accommodation:	Housing association rental

General	
Additional Notes:	Declan attending family therapy with Stacey, early days but seems to be going well, attending school and is on medication

VTE/Thromboprophylaxis

Last saved on 02 Jun 23 10:22 by Lorna Ford

VTE/Thromboprophylaxis	
Date and Time Recorded:	02 Jun 23 at 10:22
Type:	Antenatal
Location:	Antenatal Clinic

Risk Factors	
Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)

VTE Medical Co Morbidities	
Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results

Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration
Verified By:	Ford, Lorna on 02 Jun 23 at 10:22

Medication
Last saved on 02 Jun 23 10:24 by Lorna Ford

Medication

Date/Time Given:	02 Jun 23 at 10:23
Medication Type:	Prescribed
Prescription Required:	Yes
Period:	Booking
Medication Reason:	Other: mental health
Drugs:	- Lamotrigine
Is this a change to an existing medication?:	No

Status: Current/Ongoing

Clinical Notes: 150mg OD

Medication
Last saved on 02 Jun 23 10:24 by Lorna Ford

Medication

Date/Time Given:	02 Jun 23 at 10:23
Medication Type:	Prescribed
Prescription Required:	Yes
Period:	Booking
Medication Reason:	Other: mental health
Drugs:	- Fluoxetine (Prozac)
Is this a change to an existing medication?:	No

Status: Current/Ongoing

Clinical Notes: 40mg OD

Scanned Document
Last saved on 02 Jun 23 10:33 by Lorna Ford

Scanned Document

Note Time:	02 Jun 23 at 10:33
Document Type:	- Consents
Document:	Images available

Saving patient report
Last saved on 02 Jun 23 10:36 by Lorna Ford

Time:	02 Jun 23 at 10:35
Report:	Antenatal Booking Summary - CLINICAL COPY
By:	Ford, Lorna on 02 Jun 23 at 10:35
	SENT: 02 Jun 23 10:36
	To:
	TAY.chinfo@nhs.scot

Appointment
Last saved on 15 May 23 18:15 by Interface Account

Appointment Details

Date and Time:	02 Jun 23 at 14:00
PAS Visit Account:	5916||143261-66627-1400-385-1
Location on PAS:	Obstetrics Community Midwives Ante Natal Clinic Friday All Day Arbroath CMU
Location:	Community Midwife
Address:	Arbroath maternity unit
Who with:	Lorna Ford
Team:	Blue Team
Reason:	Antenatal Follow-up
Type of Appointment:	Face to Face
Status:	Cancelled
Additional Notes/Reminders for Woman:	face to face appointment

Antenatal Management Plan
Last saved on 02 Jun 23 15:23 by Pauline Lynch

Antenatal Management Plan

Completed:	02 Jun 23 at 15:18
Review Completed by:	Pauline Lynch
Lock from changes:	Yes

Recommended Management Plan:	Previous Group B Strep Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Fibroids ANC 20-24 weeks
Actual Management Plan:	Previous Group B Strep Infection-no NN admission Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Fibroid ?size ANC 20-24 weeks Son has Axenfeld-rieger syndrome - awaiting genetics, has been referred by GP Mental health, on medication Lamotrigine 150mg OD and fluoxetine 40mg OD, feels mental health stable at present, recent increase in meds, sees CPN regularly PRAM with consent

Do you want to change actual management plan?:	Yes
Revised Management Plan:	Previous Group B Strep Infection-no NN admission Previous FGR Growth 32 & 36 wks & ANC Son has Axenfeld-rieger syndrome - awaiting genetics, has been referred by GP Mental health, on medication Lamotrigine 150mg OD and fluoxetine 40mg OD, feels mental health stable at present, recent increase in meds, sees CPN regularly Continue these meds if helpful PRAM with consent
Publish to Badger Notes:	Yes
Authorised By:	Lynch, Pauline on 02 Jun 23 at 15:23

PPH Prevention Assessment

Last saved on 04 Jun 23 08:09 by Lorna Ford

PPH Prevention Assessment

Date and Time:	04 Jun 23 at 08:09
Type:	Antenatal - Booking
Complete:	Yes

Antenatal Risk Factors	
Abnormal Placental Implantation:	No
Hb:	121 g/L 12.1 g/dL
Parity:	6
Platelets:	271.00 10^9 /L
Body Mass Index (BMI):	22.43
Booking Weight:	55.00 kg
Previous uterine surgery:	No
Uterine Fibroids > 4cm:	Yes
>12 hours of Syntocinon:	No

Antenatal Score:	0
Postnatal Score:	0
Total Score:	0
Authorised By:	Ford, Lorna on 04 Jun 23 at 08:09

Clinical Note (Woman)
Last saved on 06 Jun 23 05:47 by Lorna Ford

Clinical Note	
Date and Time:	06 Jun 23 at 05:46
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	referral form sent to genetics for review through internal mail

Clinical Note (Woman)
Last saved on 12 Jun 23 10:01 by Lorna Ford

Clinical Note	
Date and Time:	12 Jun 23 at 09:59
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	phonecall to Stacey to check folic acid dose, she is already taking 5mg folic acid, advised to continue. Aware lamotrigine levels within normal parameters and advised to have this monitored by the GP surgery.

Social Chronology
Last saved on 12 Jun 23 13:10 by Lorna Ford

Social Chronology	
Date and Time of Note:	12 Jun 23 at 13:05
Date and Time of Event:	12 Jun 23 at 13:05
Source:	Other: PRAM GROUP
Situation/ Event:	PRAM discussion
Recommendation/ Action:	straight to SW
Authorised by:	Ford, Lorna on 12 Jun 23 at 13:10

Badger Notes Leaflet Accessed
Last saved on 22 Jun 23 16:28 by (no user)

Details	
Date and Time First Accessed:	22 Jun 23 at 16:28
Date and Time Last Accessed:	22 Jun 23 at 16:27
Leaflet Title:	Pregnancy Mood disorders during pregnancy and after the birth of your baby (Healthcare Improvement Scotland, SIGN 127, 2017)

Communication

Last saved on 26 Jun 23 13:38 by Lorna Ford

Communication	
Date and Time:	26 Jun 23 at 13:36
Communication Type:	Email
Communication Direction:	Incoming
Call between:	Social Services
and:	Midwife
Caller 1 name:	Caroline Urquhart
Caller 2 Name:	Ford, Lorna
Pregnancy Period:	Antenatal

Background

Reason for Call:	Social Issues
Comments:	email from SW Hi Lorna How are you? When is best for me to call you to discuss the PRAM referral for Stacey E? I have visited the family and they do not wish to participate in an assessment The other children are now closed to me too, so I am receommending Universal services Give me a call to discuss though Thanks Caroline Caroline Urquhart, Resource Worker, Angus Council People Directorate, Brechin/Montrose Locality Team, The Townhouse, High Street Montrose, Angus DD10 8QR Tel; 01674 907611 Extension 7452 UrquhartC1@angus.gov.uk Mobile 07825378999

Social Chronology

Last saved on 26 Jun 23 13:42 by Lorna Ford

Social Chronology

Date and Time of Note:	26 Jun 23 at 13:38
Date and Time of Event:	26 Jun 23 at 13:38
Source:	Social Worker

Social Chronology (Continued)

Situation/ Event:

Hi Lorna

How are you?

When is best for me to call you to discuss the PRAM referral for Stacey E?

I have visited the family and they do not wish to participate in an assessment

The other children are now closed to me too, so I am receommending Universal services

Give me a call to discuss though

Thanks

Caroline

Caroline Urquhart, Resource Worker, Angus Council People Directorate, Brechin/Montrose Locality Team, The Townhouse, High Street Montrose, Angus DD10 8QR

Tel; 01674 907611 Extension 7452 UrquhartC1@angus.gov.uk

Mobile 07825378999

Recommendation/ Action: I have spoken to Caroline, if I feel referral would be required at any stage, she is happy for me to do

Authorised by: Ford, Lorna on 26 Jun 23 at 13:42

Scanned Document

Last saved on 30 Jun 23 10:58 by Catriona MacAulay

Scanned Document

Note Time:	30 Jun 23 at 10:57
Document Type:	- Fetal Medicine Report
Document:	Images available

Appointment

Last saved on 15 May 23 18:19 by Lorna Ford

Appointment Details	
Date and Time:	04 Jul 23 at 12:00
PAS Visit Account:	5964||18728-66659-1200-10536-1
Location on PAS:	Obstetrics 1st AN Scan Fiona McInnes Tuesday All Day Arbroath CMU
Location:	Ultrasound
Address:	arbroath maternity unit
Who with:	Fiona McInnes
Reason:	USS
Type of Appointment:	Face to Face
Status:	Booked
Additional Notes/Reminders for Woman:	please drink a pint of water an hour or so before scan, thanks

Ultrasound Scan

Last saved on 04 Jul 23 12:33 by Fiona McInnes

Scan Details	
Scan Number:	1
Consent Obtained:	Yes
Details Recorded:	04 Jul 23 at 12:13
Scan Performed:	04 Jul 23 at 12:13
Location:	Other: arb
Scan Performed By:	Fiona McInnes
Team:	No team assigned
Chaperone Present:	No
Requested By:	Named Midwife
Type of AN Scan Intended for this Visit:	Dating / Nuchal Translucency
Dating /Nuchal Translucency Indication:	Routine Care Pathway
Bladder:	Full
Route:	Abdominal
AN Scan Completed:	Yes
Machine Used:	voluson e6
Image Quality:	Good
Number of Babies on Scan:	Singleton
Additional Comments:	Declined screening. Aware of 20 week scan and happy to have.

Fetus 1	
Fetal Heartbeat Present at Start of Procedure:	Yes
Fetal Movement Seen:	Yes
Diagnosis:	Ongoing Viable Pregnancy

Fetus 1 - Viability and Dating	
Gestation Sac:	Yes
Gestation Sac Details:	Regular
Crown Rump Length:	69.3 mm
Abnormalities Detected:	No

Fetus 1 - Nuchal Translucency	
Consent for Nuchal Translucency:	No

Fetus 1 - Additional Comments	
Verified By:	McInnes, Fiona on 04 Jul 23 at 12:32

Maternal Findings	
Scan Findings Explained:	Yes
EDD by Scan:	08 Jan 24
Number of Placentas:	1
Right Adnexal Mass:	No
Left Adnexal Mass:	No
Haematoma:	No
Fibroids Present:	No
Cysts Present:	No
Fetal Anomaly Scan Booked:	Yes
Publish Scan Findings to Badger Notes:	Yes
Authorised By:	McInnes, Fiona on 04 Jul 23 at 12:33

Referral (Woman)

Last saved on 04 Jul 23 12:36 by Fiona McInnes

Referral Details	
Date/Time Referred:	04 Jul 23 at 12:35
Referral To:	USS
Referral To:	- USS Referral
Items Discussed With Woman:	Reason for referral
Referrer:	Fiona McInnes
Role of Referrer:	Midwife
Referral Accepted by Woman:	Yes

USS	
Role of Referrer:	Midwife
Referral Accepted by Woman:	Yes
Reason for Referral:	Other: 20 week anomaly scan
Review Required:	Standard pathway
Requested USS Date:	22 Aug 23
Type of scan requested:	Anomaly (Low Risk)
Is the woman a current inpatient:	No
Additional Notes:	approx 7 weeks
Referral Sent:	Yes

Saving patient report

Last saved on 04 Jul 23 12:36 by Fiona McInnes

Time:	04 Jul 23 at 12:36
Report:	USS Referral - 04 Jul 23 at 12:35
By:	McInnes, Fiona on 04 Jul 23 at 12:36
	SENT: 04 Jul 23 12:36
	To:
	TAY.MaternityUltrasound@nhs.scot

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	30 Jul 23 at 09:30
PAS Visit Account:	5916||146096-66685-0930-385-1
Location on PAS:	Obstetrics Community Midwives Ante Natal Clinic Sunday All Day Arbroath CMU
Status:	Cancelled

Appointment
Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	02 Aug 23 at 10:00
PAS Visit Account:	5922||61337-66688-1000-385-1
Location on PAS:	Obstetrics Midwife Clinic
Status:	Cancelled

Appointment
Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	02 Aug 23 at 10:30
PAS Visit Account:	5916||146248-66688-1030-385-2
Location on PAS:	Obstetrics Community Midwives Ante Natal Clinic Wednesday All Day Arbroath CMU

Smart Antenatal Assessment
Last saved on 02 Aug 23 10:53 by Lorna Ford

On Arrival	
Date and Time Antenatal Assessment Started:	02 Aug 23 at 10:33
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	Blue Team
Type of assessment:	Face to face
Location:	Midwifery Led Unit
Others present at assessment:	No one (woman on her own)
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	Yes
Can Maternity Voice Partnership contact you for feedback:	Yes
Has the Grow chart been reviewed:	Yes
Additional Notes on Arrival:	Routine AN care

Assessment	
Emotional wellbeing:	Other: agitated, tired
Emotional wellbeing details:	see notes
Height:	1.57 Metres 5 Foot 1 Inch(es)
Blood Pressure: Systolic:	86 mmHg
Blood Pressure: Diastolic:	52 mmHg
Additional BP information:	BP taken on Left arm, Manual reading
MAP:	63 mmHg
Signs of PET:	None

Fetal Movements	
Fetal Movements Felt:	No
Fetal Movements Discussed:	Yes
Teach Back Performed:	N/A
Fetal Movement Concerns:	No

Abdominal Palpation	
Abdominal Palpation Performed:	No
Number of Fetuses:	1

Sepsis Pathway

Sepsis Triggers: None

Additional Observations	Generally well
Notes:	Mental health at present feeling challenging, agitated, tired. Not feeling low or depressed. Seeing CPN and psychiatrist on Mon and Fri. Currently on latromigine and fluoxetine Asked if GP doing lamotrigine levels, has not had contact with GP, advised I will do levels today and to get in touch with GP to organise further checks. Doesn't feel there is anything imparticular impacting mental health and has felt this way for a while. Continues on iron. Blood results and plan of care discussed Has 20 week scan. Reports eating and drinking well. No concerns about anything. Discussed outcome of PRAM-universal services ICON, place of birth, feeding, vaccines, safe sleeping discussed. Declines further covid vaccines, keen for WC vaccine, given today. Has had appointment with genetics, baby's eyes to be checked by specialist after birth Knows to contact unit if any concerns

Current Domestic Abuse

Current domestic abuse: No

Previous Domestic Abuse

Previous domestic abuse: No

Recommendations

Period Completed:	2nd Trimester
Completed By:	Lorna Ford
All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Large Fibroids - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Intermediate risk of preterm birth - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)
Risk:	High

Recommended Management Plan:	Recommendations (Continued) Previous Group B Strep Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Fibroids ANC 20-24 weeks
Actual Management Plan:	Previous Group B Strep Infection-no NN admission Previous FGR Growth 32 & 36 wks & ANC Son has Axenfeld-rieger syndrome - awaiting genetics, has been referred by GP Mental health, on medication Lamotrigine 150mg OD and fluoxetine 40mg OD, feels mental health stable at present, recent increase in meds, sees CPN regularly Continue these meds if helpful PRAM with consent
Do you want to change actual management plan?:	Yes
Revised Management Plan:	Previous Group B Strep Infection-no NN admission MSU 35-38 weeks Previous FGR Growth 32 & 36 wks & ANC Son has Axenfeld-rieger syndrome - SB genetics, baby to be reviewed after birth ?neonates or opthalmology Mental health, on medication Lamotrigine 150mg OD and fluoxetine 40mg OD, feels mental health stable at present, recent increase in meds, sees CPN regularly Continue these meds if helpful PRAM with consent

	Recommendations (Continued)
Plan made in discussion with the woman:	Yes
Having care outside recommended guidelines:	No
Intended location of birth:	Arbroath Infirmary
Delivery Plan (SMR02):	Midwife Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour	
Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes
Suitable for a co-located birth centre:	Yes
Suitable to Birth at Home :	Yes
Advised to birth in consultant (shared) led unit:	No
Needs referral for location of birth review:	No
Plan for birth in Obstetric Unit:	No
Wishes to birth outside of Obstetric Unit:	No
Referral for review sent:	No

On Leaving	
Time Ended:	02 Aug 23 at 10:50

Reviews	
Booking Bloods Results Reviewed:	Yes
28/40 Blood Test Reviewed:	No
Is aspirin being taken:	Not advised
Management Plan Reviewed:	Yes
Anomaly scan booked:	Yes
Anomaly scan completed and reviewed:	No - too early

On iron therapy:	Yes
Are you managing to take your iron:	Yes
Agrees to access leaflets in Badger Notes:	Yes
Next Contact:	24 weeks
Covid -19 Vaccination discussed:	Yes
At this assessment was a member of the community midwifery team present:	Yes
Baby Box form completed and sent:	No
Best Start Grant offered:	No
Best Start Foods offered:	No
Is a referral needed?:	No
Publish observations and management plan to Badger Notes:	Yes
Authorised By:	Ford, Lorna on 02 Aug 23 at 10:52

VTE/Thromboprophylaxis

Last saved on 02 Aug 23 10:36 by Lorna Ford

VTE/Thromboprophylaxis	
Date and Time Recorded:	02 Aug 23 at 10:34
Type:	Antenatal
Location:	Midwifery Led Unit

Risk Factors	
Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities	
Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results	
Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration

Lifestyle

Last saved on 02 Aug 23 10:42 by Lorna Ford

Lifestyle Update	
Date and Time Recorded:	02 Aug 23 at 10:42
Updated by:	Ford, Lorna
Team:	Blue Team
Update Type:	Antenatal Update

Smoking	
Current Smoking Status:	Gave up more than 6 weeks ago
Date Quit:	04 Oct 20
Number of quit attempts:	1
Smokers In Household:	0

Social	
Partnership Status:	Other (inc Cohabiting and Stable Relationship)
Support Status:	Lives with husband/partner/family
Accommodation:	Housing association rental

General

Additional Notes: Declan attending family therapy with Stacey, early days but seems to be going well, attending school and is on medication

Personal Timeline (Woman)

Last saved on 02 Aug 23 10:51 by Lorna Ford

General

Date and time: 02 Aug 23 at 10:51

Pathway Type: Multiparous antenatal pathway

Week 6

Additional Reading: - My Birthplace App

Week 8

Pathway events: Antenatal assessment (health centre, surgery, or clinic), Blood tests

Week 11

Pathway events: Blood tests, Ultrasound

Week 16

Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 17

Additional Reading: - ICON Video - The ICON message
- ICON - Infant crying and how to cope
- Safer Sleep for Babies a guide for parents and careers (Public Health, 2022)
- Safer Sleep for Babies quick reference card (Public health, 2022)
- Reduce Your Risk of Stillbirth- Sleeping on your side (NHS Scotland, 2021)

Week 20

Pathway events: Ultrasound

Week 24

Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 28

Pathway events: Antenatal assessment (health centre, surgery, or clinic), Blood tests

Week 34

Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 38

Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 41

Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 42

Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Blood Tests, Results and Actions (Woman)

Last saved on 10 Aug 23 09:50 by Lorna Ford

Offered

Date:	02 Aug 23 at 10:52
Offered and Explained:	Lamotrigine Levels
Bloods Offered Date/Time:	02 Aug 23 at 10:52
Screening Offered By:	Lorna Ford
Screening Offered By - Team:	Blue Team

Accepted	
Accepted and Requested:	Lamotrigine Levels
Acceptance Gained by:	Lorna Ford
Acceptance Gained By - Team:	Blue Team
Date/Time Screening Accepted:	02 Aug 23 at 10:52

Bloods Taken	
Bloods Taken:	Yes
Bloods Taken Date/Time:	02 Aug 23 at 10:52
Location of Sampling (Admin Only):	Midwifery Led Unit
Location of Sampling:	Midwifery Led Unit
Taken by:	Lorna Ford
Taken By - Team:	Blue Team

Results	
Mark results as completed and reviewed:	Yes
Date Results Reviewed:	02 Aug 23 at 10:54
Authorised By:	Ford, Lorna on 02 Aug 23 at 10:54

Lamotrigine Levels:	1.10 mg/l
Publish Results to Badger Notes:	Yes
Document/Image:	Images available

Vaccinations (Woman)

Last saved on 02 Aug 23 11:00 by Lorna Ford

Vaccinations	
Note Date and Time:	02 Aug 23 at 10:59
Vaccinations offered and explained:	Whooping cough (Diphtheria, Tetanus, Pertussis and Poliomyelitis)
Leaflets provided:	Whooping cough (Diphtheria, Tetanus, Pertussis and Poliomyelitis)
Location:	Midwifery Led Unit
Accepted:	Whooping cough (Diphtheria, Tetanus, Pertussis and Poliomyelitis)
Date/Time Accepted:	02 Aug 23 at 10:59
Allergic reaction to egg:	No
Allergic reaction to vaccine:	No
Performed:	Whooping cough (Diphtheria, Tetanus, Pertussis and Poliomyelitis)

Whooping cough (Diphtheria, Tetanus, Pertussis and Poliomyelitis)	
Whooping Cough Date/Time Administered:	02 Aug 23 at 10:59
Whooping Cough Given By:	Lorna Ford
Location Given:	Arbroath Midwifery Led Unit
Whooping Cough Site of Vaccination:	Left Arm
Whooping Cough Batch Number:	ac39b163aa
Whooping Cough Expiry Date:	01 Jun 24
Whooping Cough Vaccine Trade Name:	boostrix
GP Informed of Vaccination:	Yes
Data provided by practitioner who administered the vaccine:	Yes

Conversations in Pregnancy

Last saved on 02 Aug 23 11:01 by Lorna Ford

Antenatal Conversations Checklist

Completed:	02 Aug 23 at 11:00
Type:	2nd trimester
Completed By:	Lorna Ford

Encouraging parents to connect with their baby

Taking time out to connect:	Yes
Talking to baby, noticing and responding to movements:	Yes

Skin contact

The value of skin contact:	Yes
What this means for mother and baby:	Yes
Unhurried skin contact:	Yes
Recognising early feeding cues:	Yes
Offering the first feed in skin contact:	Yes

Responding to baby's needs

How closeness, comfort and love can help a baby's brain develop:	Yes
Responsive feeding:	Yes

Feeding

Value of breastfeeding as protection, comfort and food:	Yes
How to get off to a good start:	Yes

Safe Sleeping

Safe sleeping discussed: Yes

Antenatal Colostrum

Antenatal collection and storage of colostrum discussed:	No
Antenatal hand expressed colostrum:	No

ICON

Signposted leaflet in Badger Notes:	Discussed
Infant crying is normal and will stop:	Discussed
Comfort methods can sometimes soothe a baby and the crying will stop:	Discussed
It's OK to walk away if you have checked the baby is safe and the crying is getting to you:	Discussed
Never ever shake or hurt a baby:	Discussed

Badger Notes Leaflet Accessed

Last saved on 09 Aug 23 18:26 by (no user)

Details

Date and Time First Accessed:	09 Aug 23 at 18:26
Date and Time Last Accessed:	09 Aug 23 at 18:24
Leaflet Title:	Glen Clova Project

Badger Notes Leaflet Accessed

Last saved on 09 Aug 23 18:28 by (no user)

Details	
Date and Time First Accessed:	09 Aug 23 at 18:28
Date and Time Last Accessed:	09 Aug 23 at 18:26
Leaflet Title:	Your New Arrival with Scotland's Baby Box (Scottish Gov. 2021)

Badger Notes Leaflet Accessed

Last saved on 09 Aug 23 18:28 by (no user)

Details	
Date and Time First Accessed:	09 Aug 23 at 18:28
Date and Time Last Accessed:	09 Aug 23 at 18:26
Leaflet Title:	Virtual Induction School

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	22 Aug 23 at 10:00
PAS Visit Account:	9106||87632-66708-1000-11139-1
Location on PAS:	Obstetric Ultrasound Scan F Agnew Ninewells

Ultrasound Scan

Last saved on 22 Aug 23 10:31 by Fiona Agnew

Scan Details	
Scan Number:	2
Consent Obtained:	Yes
Details Recorded:	22 Aug 23 at 10:11
Scan Performed:	22 Aug 23 at 10:11
Location:	Ultrasound Dept
Scan Performed By:	Fiona Agnew
Team:	No team assigned
Requested By:	Sonographer
Type of AN Scan Intended for this Visit:	Anomaly / Detailed, Growth/ Liquor Volume +- Doppler
Anomaly/detailed Indication:	Routine Care Pathway
Route:	Abdominal
AN Scan Completed:	Yes
Image Quality:	Good
Limitations:	Other: very active baby
Number of Babies on Scan:	Singleton

Fetus 1	
Fetal Heartbeat Present at Start of Procedure:	Yes
Fetal Movement Seen:	Yes
Presentation:	Cephalic
Liquor Amount:	Appears normal

Fetus 1 - Growth	
Head Circumference:	166.21 mm
Abdominal Circumference:	145.04 mm
Cerebellum Measurement:	19.5 mm
Ventricular Measurement:	5.6 mm
Femur Length:	30.62 mm

Fetus 1 - Anomaly	
Head and Neck:	Normal
Brain and Ventricles:	Normal
Trans-cerebellar/ventricle measurements taken:	Yes
Face:	Normal
Spine:	Normal
Heart - 4 Chamber:	Normal
Aortic Outflow/LVOT:	Normal
Pulmonary Outflow/RVOT:	Normal
Aortic Arch:	Normal
3 Vessel View (3VV):	Normal
3 Vessel trachea (3VT):	Normal
Lung / Thorax:	Normal
Diaphragm Anomaly:	Normal
Stomach / Bowel:	Normal
Abdomen / Pelvis:	Normal
Kidneys:	Normal
Bladder:	Normal
Limbs:	Normal

Sex: Male

Fetus 1 - Doppler	
Additional Dopplers:	Uterine Artery Doppler
Uterine Artery Doppler - Right Side:	Notching absent
Uterine Artery Doppler - Left Side:	Notching absent
Uterine Artery PI:	0.5500 Normal
Uterine Artery EDF:	Present

Fetus 1 - Additional Comments

Additional Comments: Anomaly scan complete and no obvious FA seen.

Maternal Findings	
Scan Findings Explained:	Yes
EDD by Scan:	08 Jan 24
Number of Placentas:	1
Placental Position (1):	Not Low
Placental Site (1):	Anterior
Fibroids Present:	Not visible
Additional Comments:	Stacey has been told previously that she has a fibroid. Unable to locate today.
Publish Scan Findings to Badger Notes:	Yes
Authorised By:	Agnew, Fiona on 22 Aug 23 at 10:31

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	23 Aug 23 at 17:15
PAS Visit Account:	5961||69022-66709-1715-11139-1
Location on PAS:	Ultrasonics Obstetric R Craig Wednesday PM NW
Status:	Cancelled

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	19 Sep 23 at 11:00
PAS Visit Account:	5922||62163-66736-1100-385-1
Location on PAS:	Obstetrics Midwife Clinic
Status:	Cancelled

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	20 Sep 23 at 11:30
PAS Visit Account:	5922||62182-66737-1130-385-1
Location on PAS:	Obstetrics Midwife Clinic

Smart Antenatal Assessment

Last saved on 20 Sep 23 13:00 by Lorna Ford

On Arrival	
Date and Time Antenatal Assessment Started:	20 Sep 23 at 12:30
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	Blue Team
Type of assessment:	Face to face
Location:	Antenatal Clinic
Others present at assessment:	Partner/Spouse
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	Yes
Can Maternity Voice Partnership contact you for feedback:	Yes
Has the Grow chart been reviewed:	Yes
Additional Notes on Arrival:	Routine AN care

Assessment	
General Condition:	Looks Well
Emotional wellbeing:	Depressed, Low Mood
Emotional wellbeing details:	feels flat, mood low, continues on fluoxetine and lamotrigine. Seeing CPN Karen, plan is for her to DW psychiatrist and discuss whether altering medication would help at this stage. Discussed what Stacey can do to help, feels sleeping helps, but this is only so she doesn't have to deal with things when awake. Is only able to sleep for a few hours at a time at night. I will phone Karen and discuss Stacey's mood and ask if she has spoken to psychiatrist.
Urinalysis Carried Out:	Yes
Height:	1.57 Metres 5 Foot 1 Inch(es)
Blood Pressure: Systolic:	110 mmHg
Blood Pressure: Diastolic:	60 mmHg
Additional BP information:	BP taken on Left arm, Manual reading
MAP:	76 mmHg
Signs of PET:	None

Fetal Movements	
Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes
Repeated Back Successfully:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
SFH (Symphysis Fundal height):	24.0 cm
Liquor Amount on Palpation:	NAD
Vaginal Loss:	No
Additional Concerns:	None

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Position:	ROT
Engagement:	Not Engaged
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 147

Sepsis Pathway

Sepsis Triggers: None

Additional Observations Notes:	Mood as above, I will contact CPN to discuss. Place of birth, ICON, safe sleeping and feeding discussed. Keen to birth in Arbroath and AF. Movements matters discussed, normal pattern, link to SB and calling unit timely discussed. Feeling movements but not in a regular pattern as yet. Continues on medication for mental health. Not managing to take iron, discussed importance of and prev history. Diet discussed. Stopped due to side effects, offered to change to liquid iron or get lactulose prescribed, declined. Matb1 and babybox form given. Plan of care discussed, no scans booked, I will request today. Vaccines discussed, keen for flu but chooses not to have covid well on red pathway

Recommendations

Period Completed:	2nd Trimester
Completed By:	Lorna Ford
All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Large Fibroids - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Intermediate risk of preterm birth - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)

Recommendations (Continued)

Risk:	High
Recommended Management Plan:	Previous Group B Strep Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Fibroids ANC 20-24 weeks
Actual Management Plan:	Previous Group B Strep Infection-no NN admission MSU 35-38 weeks Previous FGR Growth 32 & 36 wks & ANC Son has Axenfeld-rieger syndrome - SB genetics, baby to be reviewed after birth ?neonates or opthalmology Mental health, on medication Lamotrigine 150mg OD and fluoxetine 40mg OD, feels mental health stable at present, recent increase in meds, sees CPN regularly Continue these meds if helpful PRAM with consent
Do you want to change actual management plan?:	No

Recommendations (Continued)

Plan made in discussion with the woman:	Yes
Having care outside recommended guidelines:	No
Intended location of birth:	Arbroath Infirmary
Delivery Plan (SMR02):	Midwife Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes
Suitable for a co-located birth centre:	Yes
Suitable to Birth at Home :	Yes
Advised to birth in consultant (shared) led unit:	Unsure (for review)
Needs referral for location of birth review:	Yes
Plan for birth in Obstetric Unit:	No
Wishes to birth outside of Obstetric Unit:	Yes
Referral for review sent:	No

On Leaving

Time Ended: 20 Sep 23 at 12:57

Reviews	
Booking Bloods Results Reviewed:	Yes
28/40 Blood Test Reviewed:	No
Is aspirin being taken:	Not advised
Management Plan Reviewed:	No
Anomaly scan booked:	Yes
Anomaly scan completed and reviewed:	Yes

On iron therapy:	Yes
Are you managing to take your iron:	No
Actions Discussed:	Discussed importance if taking oral iron including further dietary advice, Nausea and epigastric discomfort, offered preparations with a lower iron content, Suggested oral iron to be taken with food to reduce abdominal side effects, Offered laxatives if women suffer from constipation
Next Contact:	4 weeks
Covid -19 Vaccination discussed:	Yes
At this assessment was a member of the community midwifery team present:	Yes
Baby Box form completed and sent:	Yes
Best Start Grant offered:	Yes
Best Start Foods offered:	Yes
Is a referral needed?:	Yes
Publish observations and management plan to Badger Notes:	Yes
Authorised By:	Ford, Lorna on 20 Sep 23 at 12:59

VTE/Thromboprophylaxis

Last saved on 20 Sep 23 13:00 by Lorna Ford

VTE/Thromboprophylaxis	
Date and Time Recorded:	20 Sep 23 at 12:59
Type:	Antenatal
Location:	Antenatal Clinic

Risk Factors	
Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities	
Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results

Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration

Conversations in Pregnancy

Last saved on 20 Sep 23 13:00 by Lorna Ford

Antenatal Conversations Checklist

Completed:	20 Sep 23 at 13:00
Type:	2nd trimester
Completed By:	Lorna Ford

Encouraging parents to connect with their baby

Taking time out to connect:	Yes
Talking to baby, noticing and responding to movements:	Yes

Skin contact

The value of skin contact:	Yes
What this means for mother and baby:	Yes
Unhurried skin contact:	Yes
Recognising early feeding cues:	Yes
Offering the first feed in skin contact:	Yes

Responding to baby's needs

How closeness, comfort and love can help a baby's brain develop:	Yes
Responsive feeding:	Yes

Feeding

Value of breastfeeding as protection, comfort and food:	Yes
How to get off to a good start:	Yes

Safe Sleeping

Safe sleeping discussed: Yes

Antenatal Colostrum	
Antenatal collection and storage of colostrum discussed:	No
Antenatal hand expressed colostrum:	No

ICON	
Signposted leaflet in Badger Notes:	Discussed
Infant crying is normal and will stop:	Discussed
Comfort methods can sometimes soothe a baby and the crying will stop:	Discussed
It's OK to walk away if you have checked the baby is safe and the crying is getting to you:	Discussed
Never ever shake or hurt a baby:	Discussed

Birth Plan

Last saved on 20 Sep 23 13:00 by Lorna Ford

Birth Plan	
Date and Time:	20 Sep 23 at 13:00

Labour and Birth	
I would prefer to give birth:	In a birth center

Reviewed By:	Lorna Ford
Date and time of review and discussion:	20 Sep 23 at 13:00

Referral (Woman)

Last saved on 20 Sep 23 16:30 by Lorna Ford

Referral Details	
Date/Time Referred:	20 Sep 23 at 16:29
Referral To:	USS
Referral To:	- USS Referral
Items Discussed With Woman:	Reason for referral, Responsibility of care
Referrer:	Lorna Ford
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes

USS	
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes
Reason for Referral:	Other
Review Required:	Standard pathway
Type of scan requested:	Growth
Symphysis Fundal Height Static:	No
Symphysis Fundal Height below 10th centile:	No
Symphysis Fundal Height Accelerated:	No
Is the woman a current inpatient:	No
Clinical Summary:	32 and 36 week growth scans please as requested by Cons. ANC review after 36 weeks please. If possible, could the 32 week scan be done in Arbroath? thanks
Referral Sent:	Yes

Saving patient report
Last saved on 20 Sep 23 16:31 by Lorna Ford

Time: 20 Sep 23 at 16:30
Report: USS Referral - 20 Sep 23 at 16:29
By: Ford, Lorna on 20 Sep 23 at 16:31
SENT: 20 Sep 23 16:31
To:
TAY.MaternityUltrasound@nhs.scot

Personal Timeline (Woman)
Last saved on 20 Sep 23 16:31 by Lorna Ford

General
Date and time: 20 Sep 23 at 16:31
Pathway Type: Multiparous antenatal pathway

Week 6
Additional Reading: - My Birthplace App

Week 8
Pathway events: Antenatal assessment (health centre, surgery, or clinic), Blood tests

Week 11
Pathway events: Blood tests, Ultrasound

Week 16
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 17
Additional Reading: - ICON Video - The ICON message
- ICON - Infant crying and how to cope
- Safer Sleep for Babies a guide for parents and careers (Public Health, 2022)
- Safer Sleep for Babies quick reference card (Public health, 2022)
- Reduce Your Risk of Stillbirth- Sleeping on your side (NHS Scotland, 2021)

Week 20
Pathway events: Ultrasound

Week 24
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 28
Pathway events: Antenatal assessment (health centre, surgery, or clinic), Blood tests

Week 34
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 38
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 41
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 42
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Clinical Note (Woman)
Last saved on 20 Sep 23 16:32 by Lorna Ford

Clinical Note

Date and Time:	20 Sep 23 at 16:32
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	phoned to discuss care with CPN Karen Mitchell. Concerns discussed and she will chase up appointment with psychiatrist.

Additional Professional

Last saved on 20 Sep 23 16:33 by Lorna Ford

Additional Professional

Date and Time Recorded:	20 Sep 23 at 16:32
Type of Professional:	Mental Health Worker
Forename:	KAREN
Surname:	MITCHELL
Address:	BRECHIN MENTAL HEALTH CPN
Main Mobile Number:	07929737935

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details

Date and Time:	18 Oct 23 at 10:00
PAS Visit Account:	5922||62659-66765-1000-385-1
Location on PAS:	Obstetrics Midwife Clinic

Smart Antenatal Assessment

Last saved on 18 Oct 23 10:36 by Lorna Ford

On Arrival

Date and Time Antenatal Assessment Started:	18 Oct 23 at 10:01
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	Blue Team
Type of assessment:	Face to face
Location:	Antenatal Clinic
Others present at assessment:	No one (woman on her own)
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	Yes
Can Maternity Voice Partnership contact you for feedback:	Yes
Has the Grow chart been reviewed:	Yes
Additional Notes on Arrival:	Routine AN care

Assessment

General Condition:	Looks Well
Emotional wellbeing:	Well, Other: variable
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Ketones +
Height:	1.57 Metres 5 Foot 1 Inch(es)
Weight:	59.30 Kg 9 Stones 4 lb(s)
Current BMI:	24.06
Blood Pressure: Systolic:	110 mmHg
Blood Pressure: Diastolic:	60 mmHg
Additional BP information:	BP taken on Left arm, Manual reading
MAP:	76 mmHg
Signs of PET:	None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes
Repeated Back Successfully:	Yes
Fetal Movement Concerns:	No

Sepsis Pathway

Sepsis Triggers: None

Additional Observations	Generally feeling well
Notes:	Mood continues to be variable, continues on medication and seeing CPN on Monday. Has started a new mood stabiliser, 3rd week, does not feel much yet, may take a few more weeks to work. Sleep not improving. Diet discussed, feels is no worse. Encouraged to increase oral fluids. Plans for birth discussed, unsure as yet, planning to af. ICON, safe sleep and vaccines discussed. Declines referral for covid booster. Managing iron tablets bloods with consent Encouraged to check with GP Bonding with baby discussed. Finding this difficult at present, ways to help discussed and encouraged. Feeling worried about baby withdrawing from medication. Discussed at length. Encouraged to remember how important feeling well in herself is. Aware that these feelings are normal and explored how we can support baby if any symptoms are present. Has scan and review appointments.

Current Domestic Abuse

Current domestic abuse: No

Previous Domestic Abuse

Previous domestic abuse: No

Ninewells Hospital Maternity

, DD2 1UB

Recommendations

Period Completed:	3rd Trimester
Completed By:	Lorna Ford
All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Large Fibroids - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Intermediate risk of preterm birth - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)
Risk:	High

	Recommendations (Continued)
Recommended Management Plan:	Previous Group B Strep Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Fibroids ANC 20-24 weeks
Actual Management Plan:	Previous Group B Strep Infection-no NN admission MSU 35-38 weeks Previous FGR Growth 32 & 36 wks & ANC Son has Axenfeld-rieger syndrome - SB genetics, baby to be reviewed after birth ?neonates or opthalmology Mental health, on medication Lamotrigine 150mg OD and fluoxetine 40mg OD, feels mental health stable at present, recent increase in meds, sees CPN regularly Continue these meds if helpful PRAM with consent
Do you want to change actual management plan?:	Yes
Revised Management Plan:	Previous Group B Strep Infection-no NN admission MSU 35-38 weeks Previous FGR Growth 32 & 36 wks & ANC Son has Axenfeld-rieger syndrome - SB genetics, baby to be reviewed after birth ?neonates or opthalmology Mental health, on medication Lamotrigine 150mg OD and fluoxetine 40mg OD and aripiprazole 10mg OD feels mental health stable at present, recent increase in meds, sees CPN regularly Continue these meds if helpful PRAM with consent

	Recommendations (Continued)
Plan made in discussion with the woman:	Yes
Having care outside recommended guidelines:	No
Intended location of birth:	Arbroath Infirmary
Delivery Plan (SMR02):	Midwife Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour	
Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes
Suitable for a co-located birth centre:	Yes
Suitable to Birth at Home :	Yes
Advised to birth in consultant (shared) led unit:	Unsure (for review)
Needs referral for location of birth review:	Yes
Plan for birth in Obstetric Unit:	No
Wishes to birth outside of Obstetric Unit:	Yes
Referral for review sent:	Yes

On Leaving	
Time Ended:	18 Oct 23 at 10:14

Reviews	
Booking Bloods Results Reviewed:	Yes
28/40 Blood Test Reviewed:	No
Is aspirin being taken:	Not advised
Management Plan Reviewed:	Yes
Anomaly scan booked:	Yes
Anomaly scan completed and reviewed:	Yes

Next Contact:	4 weeks
Covid -19 Vaccination discussed:	Yes
At this assessment was a member of the community midwifery team present:	Yes
Baby Box form completed and sent:	Yes
Best Start Grant offered:	Yes
Best Start Foods offered:	Yes
Is a referral needed?:	No
Publish observations and management plan to Badger Notes:	Yes
Authorised By:	Ford, Lorna on 18 Oct 23 at 10:15

VTE/Thromboprophylaxis

Last saved on 18 Oct 23 10:02 by Lorna Ford

VTE/Thromboprophylaxis	
Date and Time Recorded:	18 Oct 23 at 10:01
Type:	Antenatal
Location:	Antenatal Clinic

Risk Factors	
Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities	
Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results	
Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration
Verified By:	Ford, Lorna on 18 Oct 23 at 10:02

Conversations in Pregnancy

Last saved on 18 Oct 23 10:03 by Lorna Ford

Antenatal Conversations Checklist	
Completed:	18 Oct 23 at 10:02
Type:	3rd trimester
Completed By:	Lorna Ford

Encouraging parents to connect with their baby	
Taking time out to connect:	Yes
Talking to baby, noticing and responding to movements:	Yes

Skin contact	
The value of skin contact:	Yes
What this means for mother and baby:	Yes
Unhurried skin contact:	Yes
Recognising early feeding cues:	Yes
Offering the first feed in skin contact:	Yes

Responding to baby's needs	
How closeness, comfort and love can help a baby's brain develop:	Yes
Responsive feeding:	Yes

Feeding	
Value of breastfeeding as protection, comfort and food:	Yes
How to get off to a good start:	Yes

Safe Sleeping	
Safe sleeping discussed:	Yes

Antenatal Colostrum	
Antenatal collection and storage of colostrum discussed:	No
Antenatal hand expressed colostrum:	No

ICON	
Signposted leaflet in Badger Notes:	Discussed
Infant crying is normal and will stop:	Discussed
Comfort methods can sometimes soothe a baby and the crying will stop:	Discussed
It's OK to walk away if you have checked the baby is safe and the crying is getting to you:	Discussed
Never ever shake or hurt a baby:	Discussed

Lifestyle

Last saved on 18 Oct 23 10:06 by Lorna Ford

Lifestyle Update	
Date and Time Recorded:	18 Oct 23 at 10:06
Updated by:	Ford, Lorna
Team:	Blue Team
Update Type:	Antenatal Update

Smoking	
Current Smoking Status:	Gave up more than 6 weeks ago
Date Quit:	04 Oct 20
Number of quit attempts:	1
Smokers In Household:	0

Social	
Partnership Status:	Other (inc Cohabiting and Stable Relationship)
Support Status:	Lives with husband/partner/family
Accommodation:	Housing association rental

General	
Additional Notes:	Declan attending family therapy with Stacey, early days but seems to be going well, attending school and is on medication

Blood Tests, Results and Actions (Woman)

Last saved on 19 Oct 23 10:12 by Lorna Ford

Offered	
Date:	18 Oct 23 at 10:23
Offered and Explained:	Antibodies, Blood Group and Rhesus Factor, FBC
Bloods Offered Date/Time:	18 Oct 23 at 10:23
Screening Offered By:	Lorna Ford
Screening Offered By - Team:	Blue Team

Accepted	
Accepted and Requested:	Antibodies, Blood Group and Rhesus Factor, FBC
Acceptance Gained by:	Lorna Ford
Acceptance Gained By - Team:	Blue Team
Date/Time Screening Accepted:	18 Oct 23 at 10:23

Bloods Taken	
Bloods Taken:	Yes
Bloods Taken Date/Time:	18 Oct 23 at 10:23
Location of Sampling (Admin Only):	Antenatal Clinic
Location of Sampling:	Antenatal Clinic
Taken by:	Lorna Ford
Taken By - Team:	Blue Team

Results	
Mark results as completed and reviewed:	Yes
Date Results Reviewed:	18 Oct 23 at 21:58
Authorised By:	Ford, Lorna on 18 Oct 23 at 21:58
Antibody Result:	No antibodies present

Blood Group and Rhesus Factor:	O+
Blood Group:	O
Rhesus Factor:	+
FBC - Hb:	10.1 g/dL 101 g/L
FBC - WCC:	11.50 10^9 /L
Platelets:	329.00 10^9 /L 329,000.00 10^6 /L
Publish Results to Badger Notes:	Yes
Message to Badger Notes:	iron levels low, we will take haemanitics soon, please try and take your iron tablets 1, 3 times a week at least. Try to increase vit c and iron in your diet. We will check results again in 2 weeks, I'll phone with an appointment. We can also do further bloods then. Keep taking folic acid as this was low at booking x
Document/Image:	Images available

Care Plan

Last saved on 23 Oct 23 09:30 by Alison Stuart

Care Plan	
Date and Time Started:	23 Oct 23 at 09:30
Update Type:	Change to Plan
Reason for Change:	Service capacity
Hospital Community Midwife is Attached To:	Arbroath Infirmary
Intended location of birth:	Arbroath Infirmary

Suitability for Midwifery Led Care in Labour	
Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes

Delivery Plan (SMR02):	Midwife Unit
Delivery Management (SMR02):	Inpatient
Lead Professional Type:	Midwife - Trust
Lead Professional:	Stuart, Alison
Named Consultant:	Pauline Lynch
Named Midwife:	Alison Stuart
Additional Midwives/Health Care Professionals associate with care:	Natalie Donald, Laura Paterson, Marital Cruickshank, Joanne Nelson, Madeleine McNally, Sarah Lorimer, Lorna Ford
Team:	Blue Team

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	03 Nov 23 at 12:00
PAS Visit Account:	5922||62940-66781-1200-385-1
Location on PAS:	Obstetrics Midwife Clinic

Blood Tests, Results and Actions (Woman)

Last saved on 04 Nov 23 08:43 by Alison Stuart

Offered	
Date:	03 Nov 23 at 12:00
Offered and Explained:	FBC
Bloods Offered Date/Time:	03 Nov 23 at 12:00
Screening Offered By:	Madeleine McNally
Screening Offered By - Team:	Blue Team

Accepted	
Accepted and Requested:	FBC
Acceptance Gained by:	Alison Stuart
Acceptance Gained By - Team:	Blue Team
Date/Time Screening Accepted:	03 Nov 23 at 12:00

Bloods Taken	
Bloods Taken:	Yes
Bloods Taken Date/Time:	03 Nov 23 at 12:00
Location of Sampling (Admin Only):	Midwifery Led Unit
Location of Sampling:	Midwifery Led Unit
Hospital of Sampling:	Arbroath Infirmary
By Whom:	Midwife
Taken by:	Madeleine McNally
Taken By - Team:	Blue Team
Additional Notes:	Stacey attended Arbroath by mistake (appointment was in Montrose). Bloods taken by S/M Madeleine McNally. FBC only as B12 and Folate already checked in pregnancy. A Stuart, Midwife.

Results	
Mark results as completed and reviewed:	Yes
Date Results Reviewed:	04 Nov 23 at 08:25
Authorised By:	Stuart, Alison on 04 Nov 23 at 08:25

FBC - Hb:	9.9 g/dL 99 g/L
FBC - WCC:	10.10 10^9 /L
Platelets:	337.00 10^9 /L 337,000.00 10^6 /L
Haematocrit (HCt):	0.307 %
MCV:	83.1 fL
Publish Results to Badger Notes:	Yes
Additional Notes:	For discussion with consultant as Hb down from 101 to 99.
Document/Image:	Images available

Clinical Note (Woman)

Last saved on 03 Nov 23 16:08 by Alison Stuart

Clinical Note	
Date and Time:	03 Nov 23 at 16:07
Completed By:	Alison Stuart
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Social
Notes and Care Plan:	Email sent to Caroline Urquhart SW/ Liz Rintoull HV and Hazel Smart HV Re: Stacey Leonard DOB 28/4/88 Hi Caroline Hope you're well. I have recently taken over as named midwife for Stacey Leonard, she is currently 30 weeks pregnant. I see from the notes that Stacey declined SW assessment and the plan for now is universal services. As I've only just taken over, I just want to check that this is still the plan. Have you had any further contact with Stacey and family? Liz/ Hazel - sorry I was unsure who would be HV for Stacey Leonard. FYI and could we arrange a meeting? Kind regards, Ali
Publish to Badger Notes:	No
Add to Chronology:	Yes

Clinical Note (Woman)

Last saved on 04 Nov 23 08:47 by Alison Stuart

Clinical Note

Date and Time:	04 Nov 23 at 08:47
Completed By:	Alison Stuart
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Email sent to Dr Lynch re low Hb: Hi Pauline Please can you review the blood results of Stacey Leonard 2804880060. She is currently 30 weeks. Hb 99 at 28 weeks, rechecked 2 weeks later 99. B12 and folate already checked in early pregnancy. Thoughts? Thanks, Ali
Publish to Badger Notes:	No

Clinical Note (Woman)

Last saved on 06 Nov 23 09:47 by Pauline Lynch

Clinical Note

Date and Time:	06 Nov 23 at 09:46
Completed By:	Pauline Lynch
Lock from changes:	Yes
Type of Clinical Note:	Clinical
Notes and Care Plan:	low folate & ferritin needs ferrinject & folic acid 5 mg

Referral (Woman)

Last saved on 07 Nov 23 07:45 by Louise Buchan

Referral Details

Date/Time Referred:	07 Nov 23 at 07:44
Referral To:	Custom
Referral To:	- Maternity Assessment Unit Appointment Request Referral
Items Discussed With Woman:	Reason for referral, Responsibility of care
Referrer:	Louise Cromar
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes

Custom Referral

Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes
Reason for Referral:	Iron Infusion
Additional Notes:	Hb99 @ 30 weeks. Discussed with Dr Lynch
Referral Sent:	Yes

Saving patient report

Last saved on 07 Nov 23 07:45 by Louise Buchan

Time:	07 Nov 23 at 07:45
Report:	Maternity Assessment Unit Appointment Request Referral - 07 Nov 23 at 07:44
By:	Cromar, Louise on 07 Nov 23 at 07:45
	SENT: 07 Nov 23 07:45
	To:
	TAY.AntenatalClinic@nhs.scot

Referral (Woman)
Last saved on 08 Nov 23 08:42 by Alison Stuart

Referral Details	
Date/Time Referred:	08 Nov 23 at 08:41
Referral To:	Custom
Referral To:	- Maternity Assessment Unit Appointment Request Referral
Items Discussed With Woman:	Reason for referral, Responsibility of care
Referrer:	Alison Stuart
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes

Custom Referral	
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes
Reason for Referral:	Iron Infusion
Additional Notes:	31 weeks, low Hb. Ferrinject advised by Dr Lynch.
Referral Sent:	Yes

Saving patient report
Last saved on 08 Nov 23 08:42 by Alison Stuart

Time:	08 Nov 23 at 08:42
Report:	Maternity Assessment Unit Appointment Request Referral - 08 Nov 23 at 08:41
By:	Stuart, Alison on 08 Nov 23 at 08:42
	SENT: 08 Nov 23 08:42
	To:
	TAY.AntenatalClinic@nhs.scot

Appointment
Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	10 Nov 23 at 10:00
PAS Visit Account:	5922||63055-66788-1000-385-1
Location on PAS:	Obstetrics Midwife Clinic
Status:	Cancelled

Appointment
Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	13 Nov 23 at 12:00
PAS Visit Account:	5922||63110-66791-1200-385-1
Location on PAS:	Obstetrics Midwife Clinic Links Health Centre Montrose

Vaccinations (Woman)
Last saved on 13 Nov 23 14:25 by Alison Stuart

Vaccinations	
Note Date and Time:	13 Nov 23 at 12:10
Vaccinations offered and explained:	Seasonal Flu
Leaflets provided:	Seasonal Flu
Accepted:	Seasonal Flu
Date/Time Accepted:	13 Nov 23 at 12:10
Allergic reaction to egg:	No
Allergic reaction to vaccine:	No
Performed:	Seasonal Flu

Seasonal Flu	
Seasonal Flu Date/Time Administered:	13 Nov 23 at 12:10
Seasonal Flu Given By:	Alison Stuart
Location Given:	Other
Seasonal Flu Site of Vaccination:	Left Arm
Dose:	0.5 millilitre(s)
Seasonal Flu Batch Number:	3029227
Seasonal Flu Expiry Date:	30 Apr 24
Seasonal Flu Vaccine Trade Name:	Seqirus
Seasonal Flu Additional Notes:	TURAS completed
GP Informed of Vaccination:	Yes
Data provided by practitioner who administered the vaccine:	No

Smart Antenatal Assessment

Last saved on 13 Nov 23 14:30 by Alison Stuart

On Arrival	
Date and Time Antenatal Assessment Started:	13 Nov 23 at 12:10
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Alison Stuart
Team:	Blue Team
Type of assessment:	Face to face
Location:	Antenatal Clinic
Others present at assessment:	No one (woman on her own)
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	Yes
Has the Grow chart been reviewed:	Yes

Assessment	
General Condition:	Looks Well
Emotional wellbeing:	Well
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Ketones Trace
Height:	1.57 Metres 5 Foot 1 Inch(es)
Pulse:	74 beats per minute
Blood Pressure: Systolic:	118 mmHg
Blood Pressure: Diastolic:	66 mmHg
Additional BP information:	BP taken on Right arm, Manual reading
MAP:	83 mmHg
Signs of PET:	None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
SFH (Symphysis Fundal height):	31.0 cm
Liquor Amount on Palpation:	NAD
Vaginal Loss:	Yes
Vaginal Loss Details:	Normal pale yellow discharge, no smell, no itch or inflammation.

Fetus 1

Presentation:	Breech
Lie:	Oblique
Engagement:	Not Engaged
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 132

Sepsis Pathway

Sepsis Triggers: None

Additional Observations Notes:	Routine appointment. Feeling well, just tired. Baby very active. Has USS on 15/11/23 and ferrinject afterwards. Flu vaccine given with consent. See again at 35 weeks.

Recommendations

Period Completed:	3rd Trimester
Completed By:	Alison Stuart
All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Large Fibroids - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Intermediate risk of preterm birth - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)

Recommendations (Continued)

Risk:	High
Confirm review of risks:	Stuart, Alison on 13 Nov 23 at 12:33
Recommended Management Plan:	Previous Group B Strep Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Fibroids ANC 20-24 weeks Anaemia Optimise oral iron intake and refer to guideline
Actual Management Plan:	Previous Group B Strep Infection-no NN admission MSU 35-38 weeks Previous FGR Growth 32 & 36 wks & ANC Son has Axenfeld-rieger syndrome - SB genetics, baby to be reviewed after birth ?neonates or opthalmology Mental health, on medication Lamotrigine 150mg OD and fluoxetine 40mg OD and aripiprazole 10mg OD feels mental health stable at present, recent increase in meds, sees CPN regularly Continue these meds if helpful PRAM with consent

Recommendations (Continued)

Do you want to change actual management plan?:	No
Intended location of birth:	Arbroath Infirmary
Delivery Plan (SMR02):	Midwife Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Stuart, Alison
Named Consultant:	Pauline Lynch
Named Midwife:	Alison Stuart

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour:	Yes

Suitable to Birth at Midwifery Led Unit: Yes

On Leaving

Time Ended: 13 Nov 23 at 12:34

Reviews

Booking Bloods Results Reviewed:	Yes
28/40 Blood Test Reviewed:	No
Anomaly scan booked:	Yes
Anomaly scan completed and reviewed:	Yes

On iron therapy:	Yes
Baby Box form completed and sent:	Yes

Appointment
Last saved on 03 Nov 23 15:39 by Interface Account

Appointment Details

Date and Time:	13 Nov 23 at 14:00
PAS Visit Account:	5922||63114-66791-1400-385-2
Location on PAS:	Obstetrics Midwife Clinic Links Health Centre Montrose
Location:	Community Midwife
Address:	Links Health Centre Montrose DD10 8TY
Who with:	Alison Stuart
Team:	Blue Team
Reason:	Antenatal Follow-up
Type of Appointment:	Face to Face
Status:	Cancelled
Additional Notes/Reminders for Woman:	32 weeks

Appointment
Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details

Date and Time:	15 Nov 23 at 10:15
PAS Visit Account:	11398||26386-66793-1015-13746-1
Location on PAS:	Ultrasonics Locum Midwife Sonographer NW

Ultrasound Scan
Last saved on 15 Nov 23 10:33 by Eilidh Wightman

Scan Details

Scan Number:	3
Consent Obtained:	Yes
Details Recorded:	15 Nov 23 at 10:32
Scan Performed:	15 Nov 23 at 10:32
Location:	Ultrasound Dept
Scan Performed By:	Eilidh Donald
Team:	No team assigned
Chaperone Present:	No
Requested By:	Doctor
Type of AN Scan Intended for this Visit:	Growth/ Liquor Volume +- Doppler
Growth/Liquor Volume + - Doppler Indication:	Care pathway (Planned serial scans)
Bladder:	Empty
Route:	Abdominal
AN Scan Completed:	Yes
Machine Used:	E8
Image Quality:	Suboptimal
Limitations:	Fetal position
Number of Babies on Scan:	Singleton

Fetus 1	
Fetal Heartbeat Present at Start of Procedure:	Yes
Fetal Heart Rate:	132 beats per minute
Fetal Movement Seen:	Yes
Presentation:	Breech - Complete (flexed legs)
Liquor Amount:	Appears normal
AFI:	17.54 mm
Single Deepest Pool:	4.66 cm

Fetus 1 - Growth		
Head Circumference:	311.09 mm	
Abdominal Circumference:	281.66 mm	

Stomach:	Normal
Diaphragm:	Normal
Kidneys:	Normal

Fetus 1 - Doppler	
Umbilical Artery EDF:	Normal
Umbilical Artery PI:	0.9700 Normal

Fetus 1 - Additional Comments	
Additional Comments:	Normal growth, liquor and flows. Baby active on scan. Has appt in MDAU today, seeing Dr Lynch on Monday.
Verified By:	Donald, Eilidh on 15 Nov 23 at 10:33

Maternal Findings	
Scan Findings Explained:	Yes
EDD by Scan:	08 Jan 24
Number of Placentas:	1
Placental Position (1):	Not Low
Placental Site (1):	Anterior
Publish Scan Findings to Badger Notes:	Yes
Authorised By:	Donald, Eilidh on 15 Nov 23 at 10:33

Assessment Unit

Last saved on 15 Nov 23 12:34 by Rachel Martin

Administration Data	
Visit Number:	1
Time Started:	15 Nov 23 at 11:00
Main Antenatal Reason for Attending:	Iron infusion
Location:	Maternity Assessment Unit
Others present at assessment:	Other
Referral Source:	Return visit
Attending midwife/ seen by:	Rachel Martin
Background and history noted:	Yes
Additional Notes on Arrival:	Attending for Ferinject - authorised by Dr Lynch. Hb 99 on 3/11. Generally well on arrival.

Discharge Management	
Time Ended:	15 Nov 23 at 12:25
Additional Notes on leaving:	Home after infusion. Feeling well. Has PL appt Mon. Aware to call if any concerns.

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	15 Nov 23 at 11:01
PAS Visit Account:	6036||131793-66793-1101-721-1
Location on PAS:	Obstetrics MDAU All Day NW

Observations (Woman)

Last saved on 15 Nov 23 11:21 by Emma Dunsmore

Admin Data	
Observations Performed:	15 Nov 23 at 11:18
Consent Obtained:	Yes
Location:	Triage
Completed by:	Dunsmore, Emma
Team:	No team assigned
Type of Observations:	MEOWS / MEWS

General	
General Condition:	Looks Well
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs	
Temperature:	36.5 degrees centigrade
Pulse:	88 beats per minute
Blood Pressure: Systolic:	115 mmHg
Blood Pressure: Diastolic:	57 mmHg
Additional BP information:	BP taken on Right arm, Electronic reading
MAP:	76 mmHg
Respirations:	17 per minute
O2 Saturations:	98 %

Critical	
Signs of PET:	None

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Fetal Movements	
Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation	
Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable: Yes

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 145

Additional Information

Additional Observations Notes:	happy with baby movements no other concerns
Publish to Badger Notes:	Yes
Authorised By:	Dunsmore, Emma on 15 Nov 23 at 11:20

Vascular Access Device/ Urinary Catheter (Woman)

Last saved on 15 Nov 23 12:33 by Rachel Martin

Device Insertion

Date and Time Inserted:	15 Nov 23 at 11:20
Date and Time Removed:	15 Nov 23 at 12:20
Location:	Triage
Inserted By:	Rachel Martin
Type of Insertion:	Vascular Access Device
Type of Vascular Access Device:	Peripheral Venous Cannula
Side of Insertion:	Right
Size of PVC:	20G Pink
Site of PVC Insertion:	Wrist
Is this a resite?:	No

Insertion

Clinically indicated:	Yes
Hand hygiene before insertion:	Yes

Additional Notes: Pink cannula inserted with consent.
No issues with insertion, flushed easily.

Medication

Last saved on 15 Nov 23 12:32 by Rachel Martin

Medication

Date/Time Given:	15 Nov 23 at 11:35
Medication Type:	Administered
Period:	Antenatal
Drugs:	- Ferric carboxymaltose
Given as Prescribed:	Yes

Clinical Notes: Ferinject IVI commenced with consent as per TPAR.

R Martin, mw. Entered under E Dunsmore login.

Observations (Woman)

Last saved on 15 Nov 23 11:57 by Emma Dunsmore

Admin Data	
Observations Performed:	15 Nov 23 at 11:50
Consent Obtained:	Yes
Location:	Triage
Completed by:	Rachel Martin
Team:	No team assigned
Type of Observations:	MEOWS / MEWS

General	
General Condition:	Looks Well
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs	
Temperature:	36.4 degrees centigrade
Pulse:	74 beats per minute
O2 Saturations:	98 %

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Additional Information	
Additional Observations	Remains well, obs normal.
Notes:	Infusion running - no problems. R Martin mw.

Cannula\Catheter Removal
Last saved on 15 Nov 23 12:33 by Rachel Martin

Cannula\Catheter Removal	
Date and Time:	15 Nov 23 at 12:20
Insertion Summary:	Type of Vascular Access Device: Peripheral Venous Cannula Size of PVC: 20G Pink Side of Insertion: Right Site of PVC Insertion: Wrist Inserted: 15 Nov 23 at 11:20 Inserted by: Rachel Martin Location: Triage Notes: Pink cannula inserted with consent. No issues with insertion, flushed easily.
Verified By:	Martin, Rachel on 15 Nov 23 at 12:33
Additional Notes:	Removed with consent, no problems.

Scanned Document
Last saved on 15 Nov 23 12:42 by Lorna MacLarty

Scanned Document	
Note Time:	15 Nov 23 at 12:41
Document Type:	- Other
Document:	Images available

Appointment
Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	15 Nov 23 at 13:30
PAS Visit Account:	11398||26399-66793-1330-13746-1
Location on PAS:	Ultrasonics Locum Midwife Sonographer NW
Status:	Cancelled

Appointment
Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	20 Nov 23 at 14:20
PAS Visit Account:	1296||52084-66798-1420-14181-1
Location on PAS:	Obstetrics Consultation Clinic Dr P Lynch Arbroath Infirmary

Contraception Discussion
Last saved on 20 Nov 23 14:33 by Pauline Lynch

Date and Time	
Date and Time Recorded:	20 Nov 23 at 14:33

Antenatal	
Antenatal contraceptive discussion has taken place:	Yes
What contraceptive option do you plan to use after delivery of your baby?:	Progesterone only implant, Irreversible method (tubal ligation), Other: TL if CS

Intrapartum	
Was sterilisation performed?:	No

Specialist Review
Last saved on 20 Nov 23 14:36 by Pauline Lynch

Specialist Review	
Date and Time Recorded:	20 Nov 23 at 14:33
Specialist Type:	Obstetric - Review
Conducted By:	Pauline Lynch
Named Consultant:	Yes
Type of User:	Consultant
Type of assessment:	Phone call
Location:	Antenatal Clinic

Review:	32 wks P6 breech
Examination:	50th centile Breech
Discussion:	Keen for IOL 39 wks - I support this if vx fixed on iv iron CC discussed SDI before discharge ideally Sterilisation discussed (was on list) if CS -irrev -failure 1:100 -small extra surg time & risk -inc ectopic rate if fails Obs review if still breech 36 wks

Antenatal Management Plan
Last saved on 20 Nov 23 14:37 by Pauline Lynch

Antenatal Management Plan	
Completed:	20 Nov 23 at 14:36
Review Completed by:	Pauline Lynch
Lock from changes:	Yes

Recommended Management Plan:	Previous Group B Strep Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Fibroids ANC 20-24 weeks Anaemia Optimise oral iron intake and refer to guideline Contraception - Long Acting Consultant Notes Review Contraception - Irreversible Method (Tubal Ligation) Consultant Notes Review
Actual Management Plan:	Previous Group B Strep Infection-no NN admission MSU 35-38 weeks Previous FGR Growth 32 & 36 wks & ANC Son has Axenfeld-rieger syndrome - SB genetics, baby to be reviewed after birth ?neonates or opthalmology Mental health, on medication Lamotrigine 150mg OD and fluoxetine 40mg OD and aripiprazole 10mg OD feels mental health stable at present, recent increase in meds, sees CPN regularly Continue these meds if helpful PRAM with consent

Do you want to change actual management plan?:	No

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details

Date and Time:	23 Nov 23 at 12:00
PAS Visit Account:	13376||12323-66801-1200-14494-2
Location on PAS:	Anaesthetics Alison White Pre Assessment SHX
Status:	Cancelled

CTG Review

Last saved on 18 Dec 23 14:03 by Pauline Mitchell

Date and Time:	01 Dec 23 at 13:40

Commenced, Reviewed or Completed:	Completed
CTG Computerised:	No
Type:	Antenatal
Monitored By:	Pauline Mitchell
Team:	No team assigned
Reason for CTG:	ECV
Number of Fetuses:	1
Maternal Pulse:	77 beats per minute
Method of Auscultation:	CTG-transducer
CTG Mnemonic:	No

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 140

Contractions

Hypertonus:	No
Contracting:	No

Fetus 1 - Antenatal

Baseline Rate Value:	140
Accelerations:	Yes
Decelerations:	No
Variability:	5-25
Category:	Normal

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details

Date and Time:	08 Dec 23 at 11:30
PAS Visit Account:	5922||63539-66816-1130-385-1
Location on PAS:	Obstetrics Midwife Clinic

Smart Antenatal Assessment

Last saved on 08 Dec 23 12:09 by Alison Stuart

On Arrival

Date and Time Antenatal Assessment Started:	08 Dec 23 at 11:40
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Alison Stuart
Team:	Blue Team
Type of assessment:	Face to face
Location:	Antenatal Clinic
Others present at assessment:	Other: Sister
Name of accompanying person:	Alesha
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	Yes

Assessment

General Condition:	Looks Well
Emotional wellbeing:	Well
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Glucose +++
Height:	1.57 Metres 5 Foot 1 Inch(es)
Blood Pressure: Systolic:	106 mmHg
Blood Pressure: Diastolic:	64 mmHg
Additional BP information:	BP taken on Right arm, Manual reading
MAP:	78 mmHg
Signs of PET:	None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
SFH (Symphysis Fundal height):	33.0 cm
Liquor Amount on Palpation:	NAD
Vaginal Loss:	Yes

Fetus 1

Presentation:	Breech
Lie:	Longitudinal
Engagement:	Not Engaged
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 152

Sepsis Pathway

Sepsis Triggers: None

Additional Observations Notes:	Routine appointment. Feeling well. Baby breech today on palpation, Stacey feels the same. Has USS on 14/12 so if still breech will see medical staff to discuss options. Stacey feels she would prefer not to have an ECV but would rather have elective CS instead. +++glycosuria today. GTT discussed - declined as polycal makes her vomit. Random glucose and HbA1C sent instead. Birth plan not completed as currently unsure re mode of birth. Appointment made for 18/12, will discuss birth plan then. Will also send MSSU at next appointment as per management plan (previous GBS).

Recommendations

Period Completed:	3rd Trimester
Completed By:	Alison Stuart
All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Large Fibroids - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Intermediate risk of preterm birth - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)
Risk:	High

Recommendations (Continued)

Confirm review of risks:	Stuart, Alison on 08 Dec 23 at 12:09
Recommended Management Plan:	Previous Group B Strep Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Fibroids ANC 20-24 weeks Anaemia Optimise oral iron intake and refer to guideline Contraception - Long Acting Consultant Notes Review Contraception - Irreversible Method (Tubal Ligation) Consultant Notes Review
Actual Management Plan:	Previous Group B Strep Infection-no NN admission MSU 35-38 weeks Previous FGR Growth 32 & 36 wks & ANC Son has Axenfeld-rieger syndrome - SB genetics, baby to be reviewed after birth ?neonates or opthalmology Mental health, on medication Lamotrigine 150mg OD and fluoxetine 40mg OD and aripiprazole 10mg OD feels mental health stable at present, recent increase in meds, sees CPN regularly Continue these meds if helpful PRAM with consent
Do you want to change actual management plan?:	No

Recommendations (Continued)

Plan made in discussion with the woman:	Yes
Having care outside recommended guidelines:	No
Intended location of birth:	Arbroath Infirmary
Delivery Plan (SMR02):	Midwife Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Stuart, Alison
Named Consultant:	Greg Caldwell
Named Midwife:	Alison Stuart

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes

On Leaving	
Time Ended:	08 Dec 23 at 12:06
Growth Chart Generated:	Yes

Reviews	
Booking Bloods Results Reviewed:	Yes
28/40 Blood Test Reviewed:	No
Anomaly scan booked:	Yes
Anomaly scan completed and reviewed:	Yes

On iron therapy:	Yes
Baby Box form completed and sent:	Yes
Best Start Grant offered:	No
Best Start Foods offered:	No
Is a referral needed?:	No
Publish observations and management plan to Badger Notes:	Yes
Authorised By:	Stuart, Alison on 08 Dec 23 at 12:09

Blood Tests, Results and Actions (Woman)

Last saved on 09 Dec 23 12:50 by Madeleine Murdoch

Offered	
Date:	08 Dec 23 at 11:45
Offered and Explained:	Blood Glucose (Random), FBC, HbA1C
Bloods Offered Date/Time:	08 Dec 23 at 11:45
Screening Offered By:	Alison Stuart
Screening Offered By - Team:	Blue Team

Accepted	
Accepted and Requested:	Blood Glucose (Random), FBC, HbA1C
Acceptance Gained by:	Alison Stuart
Acceptance Gained By - Team:	Blue Team
Date/Time Screening Accepted:	08 Dec 23 at 11:45

Bloods Taken	
Bloods Taken:	Yes
Bloods Taken Date/Time:	08 Dec 23 at 11:45
Location of Sampling (Admin Only):	Antenatal Clinic
Location of Sampling:	Antenatal Clinic
By Whom:	Midwife
Taken by:	Alison Stuart
Taken By - Team:	Blue Team
Additional Notes:	GTT declined, polycal makes Stacey vomit. Random glucose plus HbA1C sent.

Results	
Mark results as completed and reviewed:	Yes
Date Results Reviewed:	09 Dec 23 at 12:50
Authorised By:	McNally, Madeleine on 09 Dec 23 at 12:50

Random Glucose:	4.9 mmol/L
FBC - Hb:	12.6 g/dL 126 g/L
FBC - WCC:	8.90 10^9 /L
Platelets:	243.00 10^9 /L 243,000.00 10^6 /L
Haematocrit (HCt):	0.394 %
MCV:	89.5 fL
HbA1C Result:	26.0 % mmol
Publish Results to Badger Notes:	Yes
Document/Image:	Images available

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details

Date and Time:	14 Dec 23 at 14:30
PAS Visit Account:	9106||89620-66822-1430-13746-1
Location on PAS:	Obstetric Ultrasound Scan F Agnew Ninewells

Ultrasound Scan

Last saved on 14 Dec 23 14:49 by Fiona Agnew

Scan Details

Scan Number:	4
Consent Obtained:	Yes
Details Recorded:	14 Dec 23 at 14:47
Scan Performed:	14 Dec 23 at 14:47
Location:	Ultrasound Dept
Scan Performed By:	Fiona Agnew
Team:	No team assigned
Requested By:	Sonographer
Type of AN Scan Intended for this Visit:	Growth/ Liquor Volume +- Doppler
Route:	Abdominal
AN Scan Completed:	Yes
Image Quality:	Good
Limitations:	Fetal position
Number of Babies on Scan:	Singleton

Fetus 1

Fetal Heartbeat Present at Start of Procedure:	Yes
Fetal Movement Seen:	Yes
Presentation:	Breech - Frank (extended legs)
Liquor Amount:	Appears normal
Diagnosis:	Ongoing Viable Pregnancy
Single Deepest Pool:	4.2 cm

Fetus 1 - Growth

Head Circumference:	341.17 mm
Abdominal Circumference:	317.03 mm
Estimated Fetal Weight:	2,804.00 grams

Fetus 1 - Doppler

Umbilical Artery EDF:	Normal
Umbilical Artery PI:	0.7100 Normal

Fetus 1 - Additional Comments
Additional Comments: >36 weeks breech presentation has anc review.

Maternal Findings	
Scan Findings Explained:	Yes
EDD by Scan:	08 Jan 24
Number of Placentas:	1
Placental Site (1):	Anterior
Publish Scan Findings to Badger Notes:	Yes
Authorised By:	Agnew, Fiona on 14 Dec 23 at 14:49

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	14 Dec 23 at 15:00
PAS Visit Account:	1296||51073-66822-1500-260-1
Location on PAS:	Obstetrics Consultant ANC Dr P Lynch NW
Status:	Cancelled

Specialist Review

Last saved on 14 Dec 23 15:04 by Roselyn Mudenha

Specialist Review	
Date and Time Recorded:	14 Dec 23 at 15:01
Specialist Type:	Obstetric - Review
Joint Obstetric/Diabetes review:	Yes
Conducted By:	Roselyn Mudenha
Type of User:	Consultant
Latest HbA1c result:	26.0 % mmol

Review: P6
Breech
Normal growth
Options
1. Nothing
2. Planned Bx delivery
3. ECV
4. Elective c/section
Wishes ECV
Hb normal
Plan
1. Book 18/12/23
MDAU
2. TCI if labourd

Date of Conversation:	14 Dec 23 at 15:03
The conversation took place:	In Person
Publish to Badger Notes:	Yes
Authorised By:	Mudenha, Roselyn on 14 Dec 23 at 15:04

Personal Timeline (Woman)

Last saved on 14 Dec 23 15:06 by Roselyn Mudenha

General	
Date and time:	14 Dec 23 at 15:05
Pathway Type:	Multiparous antenatal pathway

Week 6
Additional Reading: - My Birthplace App

Week 8
Pathway events: Antenatal assessment (health centre, surgery, or clinic), Blood tests

Week 11
Pathway events: Blood tests, Ultrasound

Week 16
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 17
Additional Reading: - ICON Video - The ICON message
- ICON - Infant crying and how to cope
- Safer Sleep for Babies a guide for parents and careers (Public Health, 2022)
- Safer Sleep for Babies quick reference card (Public health, 2022)
- Reduce Your Risk of Stillbirth- Sleeping on your side (NHS Scotland, 2021)

Week 20
Pathway events: Ultrasound

Week 24
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 28
Pathway events: Antenatal assessment (health centre, surgery, or clinic), Blood tests

Week 34
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 36
Additional Reading: - Breech baby at the end of pregnancy - RCOG

Week 38
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 41
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 42
Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Clinical Note (Woman)

Last saved on 15 Dec 23 13:47 by Alison Stuart

Clinical Note

Date and Time:	15 Dec 23 at 13:44
Completed By:	Alison Stuart
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Social
Notes and Care Plan:	An IRD was held on 13/12/23 in regards to Declan being assaulted by his stepfather Steven Grant. I was unable to attend the IRD due to short notice. I contacted the child protection advice line and they suggested I speak to social work, particularly as Stacey is due early in January. Called social work dept (Montrose/ Brechin locality), I was given the email address for the investigations team. Email sent to investigations team: Hi I am named midwife for Stacey Leonard (alias Stacey Ellis). She is currently 36+4 weeks pregnant. An IRD was held (see below for invite) which I was unable to attend. I am looking for some information regarding outcome and recommendations for health. I can be reached today on 01382660111 (key in extension 55929). Kind regards, Alison Stuart
Publish to Badger Notes:	No
Add to Chronology:	Yes

Social Update

Last saved on 15 Dec 23 17:11 by Alison Stuart

Date and Time: 15 Dec 23 at 13:47

Update

Social Notes:	D/W Anne Salariya (Social work). Declan has been accommodated into foster care whilst investigation takes place. No recommendations for baby - baby to go home with parents as planned. No safety risks for having Steven (parter) in maternity unit.

Badger Notes Leaflet Accessed

Last saved on 17 Dec 23 12:28 by (no user)

Details

Date and Time First Accessed:	17 Dec 23 at 12:28
Date and Time Last Accessed:	17 Dec 23 at 12:27
Leaflet Title:	Breech baby at the end of pregnancy - RCOG

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details

Date and Time:	18 Dec 23 at 12:00
PAS Visit Account:	6036||117517-66826-1200-721-1
Location on PAS:	Obstetrics MDAU All Day NW

Assessment Unit

Last saved on 18 Dec 23 14:02 by Pauline Mitchell

Administration Data	
Visit Number:	2
Time Started:	18 Dec 23 at 13:08
Main Antenatal Reason for Attending:	ECV
Location:	Maternity Assessment Unit
Others present at assessment:	Other
Background and history noted:	Yes
Express Booking Required?:	No
Is this woman booked at this Trust/Board?:	Yes
Consent for Procedures:	Yes
Additional Notes on Arrival:	attended for ECV as planned. feels well. plenty FMF. feels breech

Discharge Management	
Time Ended:	18 Dec 23 at 13:11
Additional Notes on leaving:	obs stable.plenty FMF CTG reassuring. for med review prior to ECV. seen by Dr Henderson. Due to gestation /parity, will postpone ECV for 1 week. Stacey uoset at plan but understands why. For ECV 28/12 Unsure whether can make date so wwill call me with decision

Observations (Woman)

Last saved on 18 Dec 23 13:12 by Sharon Keatings

Admin Data	
Observations Performed:	18 Dec 23 at 13:11
Consent Obtained:	Yes
Location:	Triage
Completed by:	Pauline Mitchell
Team:	No team assigned
Type of Observations:	MEOWS / MEWS

General	
General Condition:	Looks Well
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	NAD
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs	
Pulse:	75 beats per minute
Blood Pressure: Systolic:	106 mmHg
Blood Pressure: Diastolic:	63 mmHg
MAP:	77 mmHg
Respirations:	19 per minute
O2 Saturations:	99 %

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
Vaginal Loss:	No

Fetus 1

Presentation:	Breech
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 140

CTG Review

Last saved on 18 Dec 23 13:20 by Sharon Keatings

Date and Time: 18 Dec 23 at 13:13

Commenced, Reviewed or Completed:	Commenced
CTG Computerised:	No
Type:	Antenatal
Monitored By:	Pauline Mitchell
Team:	No team assigned
Reason for CTG:	ECV
Number of Fetuses:	1
Maternal Pulse:	77 beats per minute
Method of Auscultation:	Doppler

Fetus 1

Presentation:	Breech
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 148

Contractions

Hypertonus:	No
Contracting:	No

Specialist Review

Last saved on 18 Dec 23 13:29 by Rosanna Henderson

Specialist Review

Date and Time Recorded:	18 Dec 23 at 13:26
Conducted By:	Rosanna Henderson
Type of User:	Doctor
Type of assessment:	Face to face
Location:	Triage
Latest HbA1c result:	26.0 % mmol

Review: Attends for ECV
P6+1
37+0
breech normal growth

O/E
CTG normal Active +++
PA - feels normal sized, breech oblique and free

D/W Dr Lynch - likely to be unstable lie and may be at risk of reverting to breech if ECV today

Plan:
ECV next week note public holiday 28th Dec Dr Caldwell oncall and patient will be 38+2.
If any discomfort/tightenings to attend for immediate review.

Appointment
Last saved on 15 Dec 23 13:48 by Alison Stuart

Appointment Details

Date and Time:	18 Dec 23 at 13:30
PAS Visit Account:	5922||63714-66826-1330-385-1
Location on PAS:	Obstetrics Midwife Clinic Links Health Centre Montrose
Status:	Cancelled
Additional Details:	Cancelled by Stacey as attending for ECV on that day.

Scanned Document
Last saved on 18 Dec 23 13:48 by Alison Stuart

Scanned Document

Note Time:	18 Dec 23 at 13:48
Document Type:	- Other Social: Birth Response
Document:	Images available

Clinical Note (Woman)
Last saved on 18 Dec 23 13:55 by Alison Stuart

Clinical Note

Date and Time:	18 Dec 23 at 13:53
Completed By:	Alison Stuart
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Checked notes to see if ECV was successful. Stacey was to have a routine appointment today with me but cancelled due to same. ECV not performed as unstable lie. For ECV on 28/12. I will check notes after that. Stacey has had observations etc checked today.
Publish to Badger Notes:	No

Communication
Last saved on 18 Dec 23 20:33 by Sharon Keatings

Communication

Date and Time:	18 Dec 23 at 18:45
Communication Type:	Telephone call
Telephone type:	Triage phone
Call Number:	1
Communication Direction:	Incoming
Call between:	Woman
and:	Triage
Caller 1 name:	Stacey
Caller 2 Name:	Keatings, Sharon
Pregnancy Period:	Antenatal

Background

Reason for Call:	PV bleeding/loss, Tightenings/contractions, Other Problems: Breech presentation
Call Details:	P6/1 EDD 8/1/24 O rhesus Positive 37/40 Known breech presentation. Stacey attended MAU today for an ECV today, however this was not performed as unstable lie. Stacey reports experiencing a small red blood loss seen p.v. on wiping this evening and contractions 1 in 8-10, lasting 60 - 90 seconds.

Actions

Advice Given Details:	Stacey advised to attend Triage.

Observations (Woman)

Last saved on 18 Dec 23 20:27 by Donna Bree

Admin Data

Observations Performed:	18 Dec 23 at 20:26
Consent Obtained:	Yes
Location:	Triage
Completed by:	Bree, Donna
Team:	No team assigned
Type of Observations:	MEOWS / MEWS

General

General Condition:	Looks Well
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Glucose +, Protein Trace
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs

Temperature:	37.1 degrees centigrade
Pulse:	86 beats per minute
Blood Pressure: Systolic:	118 mmHg
Blood Pressure: Diastolic:	70 mmHg
MAP:	86 mmHg
Respirations:	15 per minute
O2 Saturations:	98 %

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Abdominal Palpation

Number of Fetuses:	1

Microbiological Tests and Results (Woman)

Last saved on 18 Dec 23 22:14 by Marie Fyans

Taken	
Date:	18 Dec 23 at 20:50
Location:	Triage
Offered and explained:	MSU
Test(s) Performed:	MSU

Results	
Document/Image:	Images available
Publish Results to Badger	Yes
Notes:	

Assessment Unit

Last saved on 19 Dec 23 02:17 by Marie Fyans

Administration Data	
Visit Number:	3
Time Started:	18 Dec 23 at 20:50
Main Antenatal Reason for Attending:	? In labour
Other Antenatal Reasons for Attending:	Other: Breech presentation
Location:	Maternity Assessment Unit
Others present at assessment:	Partner/Spouse
Referral Source:	Self
Attending midwife/ seen by:	Marie Fyans
Background and history noted:	Yes
Express Booking Required?:	No
Is this woman booked at this Trust/Board?:	Yes
Consent for Procedures:	Yes
Additional Notes on Arrival:	Para 6/1 37 weeks High risk pregnancy Breech presentation Self referral to Triage reporting irregular tightenings - seen in Triage today for ECV but was not carried out as per Dr Lynch's instructions - see Specialist Review for details. O/A: Urinalysis - Leucocytes, Nitrites, 3+blood, 2+glucose, trace ketones, 2+protein - MSSU sent. Reports no urinary symptoms Obs NAD CTG commenced For medical review

Discharge Management	
Time Ended:	18 Dec 23 at 22:30
Management:	Admit/Transfer: L/S O/A
Additional Notes on leaving:	Reviewed by Dr Bibi - see Specialist Review for details. Stacey transferred to Labour Suite Observation Area.

CTG Review

Last saved on 18 Dec 23 21:54 by Marie Fyans

Date and Time: 18 Dec 23 at 20:51

Commenced, Reviewed or Completed:	Completed
CTG Computerised:	No
Type:	Antenatal
Monitored By:	Marie Fyans
Team:	No team assigned
Reason for CTG:	ECV
Number of Fetuses:	1
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer

Additional Notes: CTG episode closed in order to commence a new one

CTG Review

Last saved on 18 Dec 23 21:55 by Marie Fyans

Date and Time: 18 Dec 23 at 20:52

Commenced, Reviewed or Completed:	Commenced
CTG Computerised:	No
Type:	Antenatal
Monitored By:	Marie Fyans
Team:	No team assigned
Reason for CTG:	Other: ?Labour
Fetal Movements Felt:	Yes
STAN Monitor:	No
Number of Fetuses:	1
Maternal Pulse:	84 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Presentation:	Breech
Lie:	Oblique
Position:	Unknown
Engagement:	Not Engaged
Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 146

Contractions

Hypertonus:	No
Contracting:	Yes
Uterine Activity Notes:	Reports irregular tightenings

Admission

Last saved on 27 Apr 26 11:16 by Interface Account

Admission Details	
Date and Time:	18 Dec 23 at 21:00
Time ended:	19 Dec 23 at 11:30
PAS Admission Account:	I0000597988
PAS Alternative Admission Account:	I0000597988
Current Ward on PAS:	Labour Suite

Internal Transfer (Woman)

Last saved on 27 Apr 26 11:16 by Interface Account

Transfer Details	
Date and Time:	18 Dec 23 at 21:00
PAS Admission Account:	I0000597988
PAS Alternative Admission Account:	I0000597988
Transfer From Ward (PAS):	Labour Suite
Transfer To Ward (PAS):	Labour Suite
Transfer To Room (PAS):	NWLSR7AHDU
Transfer To Bed (PAS):	R7ABED1

Observations (Woman)

Last saved on 18 Dec 23 21:14 by Donna Bree

Admin Data	
Observations Performed:	18 Dec 23 at 21:13
Consent Obtained:	Yes
Location:	Triage
Completed by:	Bree, Donna
Team:	No team assigned
Type of Observations:	MEOWS / MEWS

General	
General Condition:	Looks Well
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Leucocytes, Nitrites, Blood +++, Glucose ++, Ketones Trace, Protein ++
Height:	1.57 Metres 5 Foot 1 Inch(es)

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Abdominal Palpation	
Number of Fetuses:	1

CTG Review

Last saved on 18 Dec 23 21:57 by Marie Fyans

Date and Time:	18 Dec 23 at 21:31

Commenced, Reviewed or Completed:	Completed
CTG Computerised:	No
Type:	Antenatal
Monitored By:	Marie Fyans
Team:	No team assigned
Reason for CTG:	Other: ?Labour
Fetal Movements Felt:	Yes
STAN Monitor:	No
Number of Fetuses:	1
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 130

Contractions

Hypertonus:	No
Contracting:	Yes
Uterine Activity Notes:	Only 2 tightenings recorded within almost 40 minute trace approx 16 minutes apart

Fetus 1 - Antenatal

Baseline Rate Value:	130
Baseline appropriate for gestational age:	Yes
Accelerations:	Yes
Decelerations:	No
Variability:	10
Category:	Normal

Additional Notes: Awaiting medical review

Specialist Review

Last saved on 18 Dec 23 22:24 by Raana Bibi

Specialist Review

Date and Time Recorded:	18 Dec 23 at 22:11
Specialist Type:	Obstetric - Review
Conducted By:	Raana Bibi
Type of User:	Doctor
Type of assessment:	Face to face
Location:	MAU
History/Background Noted:	Yes
Latest HbA1c result:	26.0 % mmol

Review:	P6 (SVDs@37+WEEKS) 1st one was ventouse AC @50th centile 37weeks GBS in previous preg known breech planned for ECV today and then postponed for another 10d(as per pt) presented with show and tightenings since 6pm not sore through tightenings and no active PV bleeding or leaking FMF Plan admit LS OA CTG BD G&S NBM midnight if progresses to active labour/SROM then for iv Benpen as GBS prophylaxis(pt is aware and happy) no plan of intervention overnight unless clinical pic changes and she is happy with same
Examination:	OBS NORMAL P/A SNT ,Breech , No palpable contractions CTG normal with 1 tightening in 10 min P/S (C+C) Multip os 2.5cm long post Cx Mild brownish discharge (no active bleed/clot) Bedside USS Confirmed breech. with pt permission tried ECV with plan of just gentle trial as grand multip and it may help and same happened , baby flipped to cephalic as its free floating and more of unstable lie so plan is to keep under observation in OA LS with no active intervention unless it bexcomes inevitable. Risk of cord prolapse discussed with pt in case of unstable lie and made aware that no plan of intervention overnight unless clinical pic shanges and she is happy with same.

Clinical Note (Woman)

Last saved on 19 Dec 23 03:11 by Audrey Duffy

Clinical Note

Date and Time:	18 Dec 23 at 22:45
Completed By:	Audrey Duffy
Lock from changes:	Yes
Type of User:	Senior Midwife
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Transfer to HDU room for observation overnight and introductions made. SBAR given Orientated to area and buzzer given. Venflon and bloods obtained No questions meantime aware of plan Supper given Plan Fasting from midnight

Clinical Note (Woman)

Last saved on 18 Dec 23 23:59 by Jodie Hunter

Clinical Note

Date and Time:	18 Dec 23 at 23:57
Completed By:	Jodie Hunter
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Care handed over to myself. Background noted and verbal handover given. Observations and FH before bedtime -NAD. Stacey aware to fast from 0000, no requests at present, aware to buzz if any concerns

Observations (Woman)

Last saved on 19 Dec 23 00:00 by Jodie Hunter

Admin Data

Observations Performed:	18 Dec 23 at 23:59
Consent Obtained:	Yes
Location:	Delivery Suite/Labour Ward
Completed by:	Hunter, Jodie
Team:	No team assigned
Type of Observations:	MEOWS / MEWS

General

General Condition:	Looks Well
Urinalysis Carried Out:	Not Required
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs

Temperature:	36.2 degrees centigrade
Pulse:	77 beats per minute
Blood Pressure: Systolic:	114 mmHg
Blood Pressure: Diastolic:	58 mmHg
Additional BP information:	BP taken on Left arm, Electronic reading
MAP:	76 mmHg
Respirations:	17 per minute
O2 Saturations:	97 %

Critical

Oxygen currently administered:	No
Conscious Level:	Alert
Pain Assessment:	No pain
Blood loss reported by woman prior to labour (not active):	None
Nausea:	None
Signs of PET:	None

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Additional Information

Additional Observations	FH 120
Notes:	no concerns noted. Left to sleep

Break Glass

Last saved on 27 Apr 26 11:16 by Interface Account

Break Glass Event

Entered: 19 Dec 23 at 00:08
Reason: Automatic break glass created by interface

Change Care Location (Woman)
Last saved on 27 Apr 26 11:16 by Interface Account

Date and Time: 19 Dec 23 at 00:08
Name of location: Ninewells Hospital Maternity

Clinical Note (Woman)
Last saved on 19 Dec 23 03:12 by Audrey Duffy

Clinical Note

Date and Time: 19 Dec 23 at 02:15
Completed By: Audrey Duffy
Lock from changes: Yes
Type of User: Senior Midwife
Type of Clinical Note: Midwifery
Notes and Care Plan: Asleep resps regular not disturbed.

Clinical Note (Woman)
Last saved on 19 Dec 23 03:45 by Jodie Hunter

Clinical Note

Date and Time: 19 Dec 23 at 03:44
Completed By: Jodie Hunter
Lock from changes: Yes
Type of User: Midwifery
Type of Clinical Note: Clinical
Notes and Care Plan: Up to pass urine, no requests at present.
kardex completed with routine medication.

Observations (Woman)
Last saved on 19 Dec 23 06:18 by Jodie Hunter

Admin Data

Observations Performed: 19 Dec 23 at 06:17
Consent Obtained: Yes
Location: Delivery Suite/Labour Ward
Completed by: Hunter, Jodie
Team: Ferry
Type of Observations: MEOWS / MEWS

General

General Condition: Looks Well
Urinalysis Carried Out: Not Required
Height: 1.57 Metres 5 Foot 1 Inch(es)

Vital Signs

Temperature: 36.7 degrees centigrade
Pulse: 80 beats per minute
Blood Pressure: Systolic: 113 mmHg
Blood Pressure: Diastolic: 47 mmHg
Additional BP information: BP taken on Left arm, Electronic reading
MAP: 69 mmHg
Respirations: 15 per minute

Critical	
Oxygen currently administered:	No
Conscious Level:	Alert
Pain Assessment:	No pain
Blood loss reported by woman prior to labour (not active):	None
Nausea:	None
Signs of PET:	None

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Fetal Movements	
Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes
Repeated Back Successfully:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation	
Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Clinical Note (Woman)
Last saved on 19 Dec 23 06:19 by Jodie Hunter

Clinical Note	
Date and Time:	19 Dec 23 at 06:18
Completed By:	Jodie Hunter
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	0600 CTG commenced with consent

Clinical Note (Woman)
Last saved on 19 Dec 23 06:50 by Jodie Hunter

Clinical Note	
Date and Time:	19 Dec 23 at 06:50
Completed By:	Jodie Hunter
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	CTG trace reassuring - no concerns, discontinued

Clinical Note (Woman)
Last saved on 19 Dec 23 10:59 by Charlotte Stirton

Clinical Note

Date and Time:	19 Dec 23 at 08:10
Completed By:	Charlotte Stirton
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	WRITTEN IN RETROSPECT Care taken over by C. Stirton and ST/MW L. Williams.

Specialist Review

Last saved on 19 Dec 23 09:51 by Holly Alexander

Specialist Review

Date and Time Recorded:	19 Dec 23 at 09:39
Type of User:	Doctor
Latest HbA1c result:	26.0 % mmol

Review: LS WR

para 6
37+1 weeks
6 prev SVDs all cephalic at term

prev postnatal depression and significant history of mental health

Unstable lie
most reccent scan 1 week ago -
AC on 50th centile
head circumference 97th centile

had ECV overnight - Stacey feels that baby has flipped back around again

abdo USS - baby is still cephalic, foetal movements seen

discussed options - does not want breech vaginal birth so if baby to turn back again further ECV/CS if required. For now happy baby is cephalic and to await labour onset without ARM

plan -
up to ward for 24 hours of monitoring
if SRM or tightenings for repeat scan to confirm still cephalic
if stable after 24 hours consider home with worsening advice

Clinical Note (Woman)

Last saved on 19 Dec 23 10:58 by Charlotte Stirton

Clinical Note

Date and Time:	19 Dec 23 at 10:35
Completed By:	Charlotte Stirton
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Stacey's partner now present, buzzed to ask for further discussion with Dr Pande. Stacey very upset ++, wishing to go home, wanting to talk further about reasoning for staying overnight again, has 6 children at home, struggling with childcare. Dr Pande back into room for same, please see specialist review.

Clinical Note (Woman)

Last saved on 19 Dec 23 11:16 by Charlotte Stirton

Clinical Note

Date and Time:	19 Dec 23 at 11:14
Completed By:	Charlotte Stirton
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Stacey still wishing to go home, will arrange presentation USS in day care for tomorrow and review following this. Cannula removed, Stacey aware of contact numbers if anything changes, SRM, labour, concerns regarding fetal movements.

Clinical Note (Woman)
Last saved on 19 Dec 23 11:20 by Charlotte Stirton

Clinical Note

Date and Time:	19 Dec 23 at 11:19
Completed By:	Charlotte Stirton
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Contacted Daycare to arrange appointment for USS and consultant review tomorrow, will await appointment and call Stacey later on with timings for same.

Specialist Review
Last saved on 19 Dec 23 11:29 by Binita Pande

Specialist Review

Date and Time Recorded:	19 Dec 23 at 11:24
Conducted By:	Binita Pande
Location:	Other: LW OA (HDU room)
Latest HbA1c result:	26.0 % mmol

Review: ATSP again at 10:30 as upset following arrival of partner and wanting to go home
Already dressed to go home
Advised plan for review to ensure baby remained cephalic as ECV was minimal manouvre and baby could return to breech
If SRM or contractions and this was to happen risk to cord and also being in the hospital would help facilitate early delivery for CS (declined vaginal breech delivery). Recommended presenttaion scan tomorrow and if remained cephalic could go home. No other indication for early IOL but if required ECV again then would be for controlled ARM.
Scan a week ago AC average, HC on 90th.
Allowed to e/d and time to think of this recommendation.
Would leave against medical advice if wished home and suggest coming for presenation scan tomorrow.

Informed by MW staff at 11:15 patient has DAMA-ed
Presentation Scan being organised for tomorrow morning

Discharge
Last saved on 27 Apr 26 11:16 by Interface Account

Discharge

Date and Time:	19 Dec 23 at 11:30
PAS Admission Account:	I0000597988
PAS Alternative Admission Account:	I0000597988
Discharge from on PAS:	Labour Suite

Communication
Last saved on 19 Dec 23 13:58 by Charlotte Stirton

Communication	
Date and Time:	19 Dec 23 at 13:57
Communication Type:	Telephone call
Telephone type:	Other: Appointment update
Call Number:	2
Communication Direction:	Outgoing
Call between:	Midwife
and:	Woman
Pregnancy Period:	Antenatal

Background	
Reason for Call:	Amend appointment
Call Details:	Contacted Stacey to inform her of USS appointment for tomorrow at 11:40. No answer but voicemail left.

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	20 Dec 23 at 11:40
PAS Visit Account:	1828||11680-66828-1140-714-2
Location on PAS:	Obstetrics Consultant ANC Dr B Pande NW

Specialist Review

Last saved on 20 Dec 23 12:36 by Richard Olayide

Specialist Review	
Date and Time Recorded:	20 Dec 23 at 12:14
Specialist Type:	Obstetric - Clinic
Joint Obstetric/Diabetes review:	No
Conducted By:	Richard Olayide
Joint Clinician:	Binita Pande
Type of User:	Doctor
Type of assessment:	Face to face
Location:	Antenatal Clinic
History/Background Noted:	Yes
Latest HbA1c result:	26.0 % mmol

Review: P6+1- all SVDs
37+2
BMI 24

Menatl Health- on lamotrigine/Fluoxetine/Aripiprazole

recently seen for fetal Breech position for ECV- baby easily turned with a minimum manipulation

Discharged against medical advice yesterday- attending for fetal presentation scan today
C/o PV discharge- intially bloody on wiping, now brown
some dysuria- NB recent MSSU showed mixed growth
Sample sent today again

Says struggling with 5 kids at home and one of her children recently admitted into care- quite tearful today in clinic- wanting delivered for social reasons

Bedside scan (R. Olayide): cephalic, OP, LV adequate, good FH activity, anterofundal placenta
Urine dip: trac blood, Pro 1+, Leu 1+, Nit neg.

VE (Dr Pande): N/V/V
LVS taken
Cx 2cm dilated, 2cm long, soft, posterior, ARMable
Noticed to be having strong UA

Hb 18/12/23: 129
Initially discussed for IOL at 39 weeks, then agreed for 38 weeks for social reasons, however as having strong UA in clinic today after VE- offered admission to see in will progress in labour- same declined as she has no child care- agreed to go home and come in for IOL mane if UA settling

Plan
VE today- done
IOL tomorrow: for social indications/Grand multiparity-booked
IOL process discussed- ARM, for augmentation 4hrs thereafter if no active UA
For Delivery in L/W, IV Access, Active Mgt of 3rd stage
Trimethoprim 200mg bd x 7/7

Update (12:34)
Admit AN ward o/a ongoing UA
CTG on admission and BD
For IOL tomorrow- booked for ARM

Date of Conversation:	20 Dec 23 at 12:25
The conversation took place:	In Person

Observations (Woman)

Last saved on 20 Dec 23 12:21 by Linda MacDonald

Admin Data

Observations Performed:	20 Dec 23 at 12:18
Consent Obtained:	Yes
Location:	Antenatal Clinic
Completed by:	MacDonald, Linda
Team:	No team assigned
Type of Observations:	MEOWS / MEWS

General

General Condition:	Looks Well
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Leucocytes, Blood Trace, Glucose Trace, Ketones Trace, Protein +, Other: Leu 1+
MSU Sent:	Yes
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs	
Blood Pressure: Systolic:	124 mmHg
Blood Pressure: Diastolic:	66 mmHg
Additional BP information:	BP taken on Left arm, Electronic reading
MAP:	85 mmHg

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Abdominal Palpation	
Number of Fetuses:	1

Additional Information	
Additional Observations Notes:	Pro 1+ in urine BP 124/66 mmHg, inform Dr Pande, no further action.

Microbiological Tests and Results (Woman)

Last saved on 20 Dec 23 12:20 by Linda MacDonald

Taken	
Date:	20 Dec 23 at 12:19
Offered and explained:	MSU
Additional Notes:	Stacey has burning sensation feeling while urinating for a few days.

Results	
Document/Image:	Images available
Publish Results to Badger Notes:	Yes

Intrapartum Management Plan

Last saved on 20 Dec 23 12:45 by Binita Pande

Intrapartum Management Plan	
Date and Time Completed:	20 Dec 23 at 12:44

Recommended Management Plan:	GBS Positive See guideline on staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1>
Actual Management Plan:	LW Delivery IAP for GBS IV access and FBC, G&S at ARM Consider Oxytocin only 4 hours after ARM Cut back Oxytocin rate after contractions established at 3/10 moderate/strong Active third stage with Oxytocin infusion 4 hours.

Plan discussed with the woman:	Yes

CTG Review

Last saved on 20 Dec 23 13:06 by Alison Ritchie

Date and Time:	20 Dec 23 at 12:50

Commenced, Reviewed or Completed:	Commenced
Type:	Antenatal
Monitored By:	Alison Ritchie
Team:	No team assigned
Reason for CTG:	Other
Fetal Movements Felt:	Yes
Number of Fetuses:	1
Maternal Pulse:	82 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Position:	Unknown
Engagement:	4/5
Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 141

CTG Review

Last saved on 20 Dec 23 13:35 by Alison Ritchie

Date and Time: 20 Dec 23 at 13:35

Commenced, Reviewed or Completed:	Reviewed
CTG Computerised:	No
Discontinue:	Yes
Type:	Antenatal
Monitored By:	Alison Ritchie
Team:	No team assigned
Reason for CTG:	Other
Fetal Movements Felt:	Yes
Number of Fetuses:	1
Maternal Pulse:	81 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer

Fetus 1 - Antenatal

Baseline Rate Value:	140
Baseline appropriate for gestational age:	Yes
Accelerations:	Yes
Decelerations:	No
Variability:	5-25
Category:	Normal

Admission

Last saved on 27 Apr 26 11:16 by Interface Account

Admission Details	
Date and Time:	20 Dec 23 at 13:40
Time ended:	23 Dec 23 at 12:00
PAS Admission Account:	I0000598556
PAS Alternative Admission Account:	I0000598556
Current Ward on PAS:	Ward 38 South
Current Room on PAS:	NW38BAY1
Current Bed on PAS:	B1BED3

Clinical Note (Woman)
Last saved on 20 Dec 23 13:41 by Alison Ritchie

Clinical Note	
Date and Time:	20 Dec 23 at 13:40
Completed By:	Alison Ritchie
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Admitted to ward 38 - handover given

Clinical Note (Woman)
Last saved on 20 Dec 23 14:27 by Jill Moran

Clinical Note	
Date and Time:	20 Dec 23 at 14:19
Completed By:	Jill Moran
Lock from changes:	Yes
Notes and Care Plan:	transferred to wd 38 Trimethoprim given PO Orientated to ward Looks uncomfortable c/o tightenings. Declined analgesia. Continue to observe.

Clinical Note (Woman)
Last saved on 20 Dec 23 17:49 by Jill Moran

Clinical Note	
Date and Time:	20 Dec 23 at 15:11
Completed By:	Jill Moran
Lock from changes:	Yes
Notes and Care Plan:	Stacey settled. Tea and toast given. No requests.Reports nil PV.

Clinical Note (Woman)
Last saved on 20 Dec 23 18:07 by Chelsea May

Clinical Note	
Date and Time:	20 Dec 23 at 18:07
Completed By:	Chelsea May
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Into check on stacey No concerns no pv loss

Observations (Woman)
Last saved on 20 Dec 23 18:28 by Lisa Thow

Admin Data

Observations Performed:	20 Dec 23 at 18:28
Consent Obtained:	Yes
Location:	Antenatal Ward
Completed by:	Cameron Greatorex
Team:	No team assigned
Type of Observations:	MEOWS / MEWS

General

General Condition:	Looks Well
Urinalysis Carried Out:	Not Required
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs

Temperature:	36.6 degrees centigrade
Pulse:	89 beats per minute
Blood Pressure: Systolic:	114 mmHg
Blood Pressure: Diastolic:	61 mmHg
MAP:	78 mmHg
Respirations:	16 per minute
O2 Saturations:	96 %

Critical

Signs of PET: None

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Badger Notes Leaflet Accessed

Last saved on 20 Dec 23 20:54 by (no user)

Details

Date and Time First Accessed:	20 Dec 23 at 20:54
Date and Time Last Accessed:	20 Dec 23 at 20:52
Leaflet Title:	Induction of Labour

Observations (Woman)

Last saved on 20 Dec 23 23:35 by Lynda Finnie

Admin Data

Observations Performed:	20 Dec 23 at 22:20
Consent Obtained:	Yes
Location:	Antenatal Ward
Completed by:	Finnie, Lynda
Team:	No team assigned
Type of Observations:	MEOWS / MEWS

General

General Condition:	Looks Well
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs

Temperature:	36.6 degrees centigrade
Pulse:	78 beats per minute
Blood Pressure: Systolic:	106 mmHg
Blood Pressure: Diastolic:	62 mmHg
MAP:	76 mmHg
Respirations:	17 per minute
O2 Saturations:	99 %

Critical

Signs of PET: None

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

CTG Review

Last saved on 20 Dec 23 23:34 by Lynda Finnie

Date and Time: 20 Dec 23 at 22:20

Commenced, Reviewed or Completed:	Commenced
CTG Computerised:	No
Type:	Antenatal
Monitored By:	Lynda Finnie
Team:	No team assigned
Reason for CTG:	Induction of labour
Number of Fetuses:	1
Maternal Pulse:	78 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Engagement:	4/5
Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 130

Contractions

Hypertonus:	No
Contracting:	No

Clinical Note (Woman)

Last saved on 20 Dec 23 23:37 by Lynda Finnie

Clinical Note

Date and Time:	20 Dec 23 at 22:20
Completed By:	Lynda Finnie
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Care taken over by L Finnie mw. Stacey reports feeling well tonight, no concerns. All obs stable as per MEWS. CTG commenced (with consent) to assess fetal wellbeing. No requests at present.

CTG Review

Last saved on 20 Dec 23 23:34 by Lynda Finnie

Date and Time: 20 Dec 23 at 22:50

Commenced, Reviewed or Completed:	Completed
CTG Computerised:	No
Type:	Antenatal
Monitored By:	Lynda Finnie
Team:	No team assigned
Reason for CTG:	Induction of labour
Fetal Movements Felt:	Yes
STAN Monitor:	No
Number of Fetuses:	1
Maternal Pulse:	78 beats per minute
Method of Auscultation:	CTG-transducer
CTG Mnemonic:	No

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 130

Contractions

Hypertonus:	No
Contracting:	No

Fetus 1 - Antenatal

Baseline Rate Value:	140
Baseline appropriate for gestational age:	Yes
Accelerations:	Yes
Decelerations:	No
Variability:	5
Category:	Normal

CTG Review

Last saved on 21 Dec 23 10:02 by Rachel Martin

Date and Time: 21 Dec 23 at 09:55

Commenced, Reviewed or Completed:	Commenced
Type:	Antenatal
Monitored By:	Rachel Martin
Team:	No team assigned
Reason for CTG:	Induction of labour
Fetal Movements Felt:	Yes
Number of Fetuses:	1
Maternal Pulse:	85 beats per minute

Fetus 1

Presentation: Cephalic

Contractions

Contracting: No

Additional Notes: CTG commenced with consent.
FMF as normal pattern.

Observations (Woman)

Last saved on 21 Dec 23 10:13 by Rachel Martin

Admin Data

Observations Performed:	21 Dec 23 at 10:05
Consent Obtained:	Yes
Location:	Antenatal Ward
Completed by:	Martin, Rachel
Team:	No team assigned
Type of Observations:	MEOWS / MEWS

General

General Condition:	Looks Well
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs

Temperature:	37.3 degrees centigrade
Pulse:	92 beats per minute
Blood Pressure: Systolic:	108 mmHg
Blood Pressure: Diastolic:	70 mmHg
MAP:	82 mmHg
Respirations:	16 per minute
O2 Saturations:	96 %

Critical

Signs of PET: None

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movement Concerns:	No

Additional Information

Additional Observations Notes:	Care by R Martin, introductions made. Apologies for ongoing delay in LS transfer. CTG in progress - x 1 early decel noted with tightening. Will observe. Stacey aware of mild tightenings but declines analgesia. Obs stable as charted.

CTG Review

Last saved on 21 Dec 23 11:14 by Rachel Martin

Date and Time: 21 Dec 23 at 10:45

Commenced, Reviewed or Completed:	Completed
Type:	Antenatal
Monitored By:	Rachel Martin
Team:	No team assigned
Reason for CTG:	Induction of labour
Fetal Movements Felt:	Yes
Number of Fetuses:	1
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer

Contractions

Hypertonus:	No
Contracting:	No

Fetus 1 - Antenatal

Baseline Rate Value:	135
Baseline appropriate for gestational age:	Yes
Accelerations:	Yes
Decelerations:	Yes
Decelerations Notes:	X 1 brief early decel.
Variability:	5-15
Category:	Normal

Additional Notes: Reactive and reassuring, discontinued.

Clinical Note (Woman)

Last saved on 21 Dec 23 11:15 by Rachel Martin

Clinical Note

Date and Time:	21 Dec 23 at 11:14
Completed By:	Rachel Martin
Lock from changes:	Yes
Notes and Care Plan:	Unable to get update from LS as no answer/staff in theatre. Stacey and husband away for coffee.

Clinical Note (Woman)

Last saved on 21 Dec 23 20:17 by Lynda Finnie

Clinical Note

Date and Time:	21 Dec 23 at 20:10
Completed By:	Lynda Finnie
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Care resumed by L Finnie mw. Stacey reports feeling well tonight, no concerns. Apologies given for delay in transferring to labour suite - unit remains extremely busy. I will contact Co-ordinator and ask for update and inform Stacey.

CTG Review

Last saved on 21 Dec 23 21:14 by Lynda Finnie

Date and Time: 21 Dec 23 at 20:34

Commenced, Reviewed or Completed:	Commenced
CTG Computerised:	No
Type:	Antenatal
Monitored By:	Lynda Finnie
Team:	No team assigned
Reason for CTG:	Induction of labour, Reduced fetal movements
Number of Fetuses:	1
Maternal Pulse:	88 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Engagement:	3/5
Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 140

Contractions

Hypertonus:	No
Contracting:	No

Clinical Note (Woman)

Last saved on 21 Dec 23 21:12 by Lynda Finnie

Clinical Note

Date and Time:	21 Dec 23 at 20:34
Completed By:	Lynda Finnie
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Stacey c/o reduced fetal movements today. CTG commenced (with consent) to assess fetal wellbeing. MEWS=0.

CTG Review

Last saved on 21 Dec 23 21:15 by Lynda Finnie

Date and Time: 21 Dec 23 at 21:03

Commenced, Reviewed or Completed:	Completed
CTG Computerised:	No
Type:	Antenatal
Monitored By:	Lynda Finnie
Team:	No team assigned
Reason for CTG:	Induction of labour, Reduced fetal movements
Fetal Movements Felt:	Yes
STAN Monitor:	No
Number of Fetuses:	1
Maternal Pulse:	88 beats per minute
Method of Auscultation:	CTG-transducer
CTG Mnemonic:	No

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 140

Contractions

Hypertonus:	No
Contracting:	No

Fetus 1 - Antenatal

Baseline Rate Value:	140
Baseline appropriate for gestational age:	Yes
Accelerations:	Yes
Decelerations:	No
Variability:	5
Category:	Normal

Clinical Note (Woman)

Last saved on 21 Dec 23 21:16 by Lynda Finnie

Clinical Note

Date and Time:	21 Dec 23 at 21:15
Completed By:	Lynda Finnie
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	CTG discontinued - reactive / reassuring trace. Stacey happy with movements now, no concerns.

Specialist Review

Last saved on 22 Dec 23 08:50 by Daniel Fitzgerald

Specialist Review

Date and Time Recorded:	22 Dec 23 at 08:38
Specialist Type:	Obstetric - Review
Conducted By:	Ramy Gamea
Joint Clinician:	Daniel Fitzgerald
Type of User:	Doctor
Type of assessment:	Face to face
Location:	Antenatal Ward
Latest HbA1c result:	26.0 % mmol

Review: Dr Gamea apologised to Stacey for delay. Explained that was set to go down to LW this morning, but an emergency C/S now means that this is not possible. Stacey very frustrated and decided to go home and await a call (NB: Was informed that may be chance)

Plan:
(I) Stacey has gone home.
(II) Will be called when LW ready to bring in.

Equipment Checklist
Last saved on 22 Dec 23 16:46 by Adrienne Dye

Equipment Checklist

Date and time conducted:	22 Dec 23 at 12:20
Maternal Oxygen:	Present and working
Maternal Suction:	Present and working
Bed:	Present and working
Infusion Pumps:	Present and working
CTG Machine/Doppler:	Present and working
Manual Sphygmomanometer:	Not present
Resuscitaire:	Not present
Weighing Scales:	Not present
Non-Invasive BP Machine:	Present and working
Maternal Neonatal Thermometer:	Not present
Examination Lights:	Present and working
Laptop:	Not present
iPad:	Present and working
Desktop:	Not present

Clinical Note (Woman)
Last saved on 22 Dec 23 12:22 by Adrienne Dye

Clinical Note

Date and Time:	22 Dec 23 at 12:20
Completed By:	Adrienne Dye
Lock from changes:	Yes
Notes and Care Plan:	Stacey and partner Steven arrived on ward, orientated and shown into room 4 Tea and water provided to Stacey. Steven declined refreshments

Observations (Woman)
Last saved on 22 Dec 23 13:09 by Adrienne Dye

Admin Data

Observations Performed:	22 Dec 23 at 12:26
Consent Obtained:	Yes
Location:	Delivery Suite/Labour Ward
Completed by:	Dye, Adrienne
Team:	No team assigned
Type of Observations:	MEOWS / MEWS

General

General Condition:	Looks Well
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Leucocytes, Blood Trace, Protein Trace
MSU Sent:	No (other): on antibiotics for UTI
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs

Temperature:	36.8 degrees centigrade
Pulse:	86 beats per minute
Blood Pressure: Systolic:	124 mmHg
Blood Pressure: Diastolic:	76 mmHg
Additional BP information:	BP taken on Right arm, Electronic reading
MAP:	92 mmHg
Respirations:	14 per minute
O2 Saturations:	98 %

Critical

Signs of PET: None

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Sepsis Pathway

Sepsis Triggers: None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	N/A
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
Liquor Amount on Palpation:	NAD
Vaginal Loss:	No
Additional Concerns:	None

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Position:	Unknown
Engagement:	Not Engaged
Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 141

Additional Information

Additional Observations Notes:	Stacey happy to be in labour suite, reports it has "been a long few days" Had ECV 18/12/23 baby appears still cephalic, not engaged. Will inform medical staff. Cannot perform ARM at present. CTG to commence IV access and bloods (FBC, G&S, U&E, LFT) to be sent Stacey reports burning sensation when PU has had this for several day and has antibiotics for same.

CTG Review

Last saved on 22 Dec 23 13:05 by Adrienne Dye

Date and Time: 22 Dec 23 at 12:35

Commenced, Reviewed or Completed:	Commenced
CTG Computerised:	No
Type:	Intrapartum
Monitored By:	Adrienne Dye
Team:	No team assigned
Reason for CTG:	Induction of labour
Number of Fetuses:	1
Maternal Pulse:	84 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Position:	Unknown
Engagement:	Not Engaged
Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 141

Contractions

Hypertonus:	No
Contracting:	No

Vascular Access Device/ Urinary Catheter (Woman)

Last saved on 22 Dec 23 13:21 by Adrienne Dye

Device Insertion

Date and Time Inserted:	22 Dec 23 at 13:00
Location:	Delivery suite
Inserted By:	Adrienne Dye
Type of Insertion:	Vascular Access Device
Type of Vascular Access Device:	Peripheral Venous Cannula
Side of Insertion:	Right
Size of PVC:	16G Grey
Site of PVC Insertion:	Hand
Is this a resite?:	Yes
Reason for resite:	Stacey went home yesterday (DAMA) so IV access was removed

Insertion

Clinically indicated:	Yes
Hand hygiene before insertion:	Yes
Appropriate PPE used:	Yes
Skin prep:	70% alcohol
Skin prep allowed to dry before insertion:	Yes
Local Anaesthetic Skin Infiltration:	None
Ultrasound used:	No
Aseptic technique used:	Yes
Sterile dressing applied and dated:	Yes

Blood Tests, Results and Actions (Woman)

Last saved on 22 Dec 23 16:32 by Adrienne Dye

Offered	
Date:	22 Dec 23 at 13:09
Offered and Explained:	FBC, Group and Save, Urea and Electrolytes
Bloods Offered Date/Time:	22 Dec 23 at 13:00
Screening Offered By:	Adrienne Dye
Screening Offered By - Team:	No team assigned

Accepted	
Accepted and Requested:	FBC, Group and Save, Urea and Electrolytes
Acceptance Gained by:	Adrienne Dye
Acceptance Gained By - Team:	No team assigned
Date/Time Screening Accepted:	22 Dec 23 at 13:00

Bloods Taken	
Bloods Taken:	Yes
Bloods Taken Date/Time:	22 Dec 23 at 13:00
Location of Sampling (Admin Only):	Delivery Suite
Location of Sampling:	Delivery Suite
Hospital of Sampling:	Ninewells Hospital Maternity
By Whom:	Midwife
Taken by:	Adrienne Dye
Taken By - Team:	No team assigned

Results	
Mark results as completed and reviewed:	No
Reason:	Report to Follow

FBC - Hb:	13.4 g/dL 134 g/L
FBC - WCC:	7.90 10^9 /L
Platelets:	205.00 10^9 /L 205,000.00 10^6 /L
Sodium:	136 mmol/L
Potassium:	4.30 mmol/L
Urea:	2.30 mmol/L
Publish Results to Badger Notes:	Yes
Document/Image:	Images available

Clinical Note (Woman)

Last saved on 22 Dec 23 13:18 by Adrienne Dye

Clinical Note	
Date and Time:	22 Dec 23 at 13:16
Completed By:	Adrienne Dye
Lock from changes:	Yes
Type of User:	Midwifery
Notes and Care Plan:	Bloods obtained and sent. To bleep medical staff as baby not engaged

Clinical Note (Woman)

Last saved on 22 Dec 23 13:23 by Adrienne Dye

Clinical Note

Date and Time:	22 Dec 23 at 13:22
Completed By:	Adrienne Dye
Lock from changes:	Yes
Notes and Care Plan:	Bleeped #5400 To attend

CTG Review

Last saved on 22 Dec 23 14:03 by Adrienne Dye

Date and Time: 22 Dec 23 at 13:30

Commenced, Reviewed or Completed:	Peer CTG Review
CTG Computerised:	No
Type:	Intrapartum
Reviewed By:	Fyfe, Joanna on 22 Dec 23 at 13:58
Reason for CTG:	Induction of labour
Fetal Movements Felt:	Yes
Number of Fetuses:	1
Maternal Pulse:	77 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 138

Contractions

Hypertonus:	No
Contracting:	Yes
Uterine Activity Notes:	Random tightenings

Fetus 1 - Intrapartum

Baseline Rate Value:	140
Is the baseline stable:	Yes
Accelerations:	Present
Decelerations:	None
Variability:	5 - 25 bpm
Category:	Normal

Additional Notes:	Reassuring CTG Accelerations no decels FMF

Clinical Note (Woman)

Last saved on 22 Dec 23 14:07 by Adrienne Dye

Clinical Note

Date and Time:	22 Dec 23 at 14:00
Completed By:	Adrienne Dye
Lock from changes:	Yes
Type of User:	Midwifery
Notes and Care Plan:	*written in retrospect* Reg in to discuss ARM Unstable lie in palpation Scanned to confirm cephalic Reg discussed ARM in theatre with Stacey including an epidural, Stacey unsure about epidural but would prefer this over GA section if ARM led to cord prolapse. Has had an epidural before.

Clinical Note (Woman)

Last saved on 22 Dec 23 14:12 by Adrienne Dye

Clinical Note

Date and Time:	22 Dec 23 at 14:11
Completed By:	Adrienne Dye
Lock from changes:	Yes
Notes and Care Plan:	Reg A.Gillan in room to discuss ARM with Stacey. Plan to Palpate and DR to VE

CTG Review

Last saved on 22 Dec 23 14:58 by Adrienne Dye

Date and Time: 22 Dec 23 at 14:30

Commenced, Reviewed or Completed:	Peer CTG Review
CTG Computerised:	No
Type:	Intrapartum
Reviewed By:	Carroll, Sasha on 22 Dec 23 at 14:58
Reason for CTG:	Induction of labour
Fetal Movements Felt:	Yes
Number of Fetuses:	1
Maternal Pulse:	70 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 133

Contractions

Hypertonus:	No
Contracting:	Yes
Uterine Activity Notes:	Irregular uterine activity

Fetus 1 - Intrapartum

Baseline Rate Value:	135
Is the baseline stable:	Yes
Accelerations:	Present
Decelerations:	None
Concerning Characteristics:	None
Variability:	5 - 25 bpm
Category:	Normal

Specialist Review

Last saved on 22 Dec 23 15:39 by Angela Gillan

Specialist Review

Date and Time Recorded:	22 Dec 23 at 14:44
Specialist Type:	Obstetric - Review
Conducted By:	Angela Gillan
Type of User:	Doctor
Type of assessment:	Face to face
Location:	Labour Ward
History/Background Noted:	Yes
Latest HbA1c result:	26.0 % mmol

Review:	Into room to assess for ARM P6 all SVDs - quick labours IOL for social reasons 37+4 CTG reassuring Abdo soft - no uterine activity as yet ceph 5/5 cephalic on scan by CM ST2 VE by AG Cx posterior, 3cm long, soft, 2-3cm dilated, SP-2
Joint Clinician Review:	D/W Dr Pande IV access and planned BenPen for GBS Prior to ARM - inform theatre team, anaesthetics, cons, insure ability to quickly transfer to theatre in case of cord prolapse For ARM in room thereafter with fundal pressure, allow head to come to rest, sit up to aid vertex resting on Cx FSE to be applied at time of ARM May require initial small dose synto to start labour No more than 3 in 10 contractions given parity and previous precipitant labours Active 3rd stage and synto 40/500 post delivery Continuous CTG Careful titration of synto drip, mindful of parity as above - risk of rupture Bloods every 6 hours whilst on synto

Date of Conversation:	22 Dec 23 at 14:55
The conversation took place:	In Person

Medication

Last saved on 22 Dec 23 15:00 by Adrienne Dye

Medication

Date/Time Given:	22 Dec 23 at 14:50
Medication Type:	Prescribed
Prescription Required:	Yes
Period:	Intrapartum
Medication Reason:	Group B Strep
Drugs:	- Benzylpenicillin
Route:	intravenous
Dose:	3 gram(s)

Status: Current/Ongoing

Clinical Notes: 3G Benzylpenicillin in 100ml saline IV over 30 minutes

Observations (Woman)

Last saved on 22 Dec 23 14:54 by Adrienne Dye

Admin Data

Observations Performed:	22 Dec 23 at 14:52
Consent Obtained:	Yes
Location:	Delivery Suite/Labour Ward
Completed by:	Dye, Adrienne
Team:	No team assigned
Type of Observations:	MEOWS / MEWS

General

General Condition:	Looks Well
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs

Temperature:	36.4 degrees centigrade
Pulse:	73 beats per minute
Blood Pressure: Systolic:	109 mmHg
Blood Pressure: Diastolic:	66 mmHg
Additional BP information:	BP taken on Left arm, Electronic reading
MAP:	80 mmHg
Respirations:	15 per minute
O2 Saturations:	98 %

Critical

Signs of PET: None

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Sepsis Pathway

Sepsis Triggers: None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	N/A
Fetal Movement Concerns:	No

Fluid Outputs

Last saved on 22 Dec 23 16:14 by Adrienne Dye

Date and Time: 22 Dec 23 at 15:00

Type of fluid: Urine

Urine

Volume:	85 mls
Method:	Spontaneous Voiding
Urinalysis:	Leucocytes, Blood Trace

Clinical Note (Woman)

Last saved on 22 Dec 23 15:04 by Adrienne Dye

Clinical Note

Date and Time:	22 Dec 23 at 15:00
Completed By:	Adrienne Dye
Lock from changes:	Yes
Type of User:	Midwifery
Notes and Care Plan:	*written in retrospect* 14:15 medical staff into room to discuss ARM 14:20 Stacey consented to VE by DR to establish position of baby and make plan VE results discussed with Stacey and medical staff plan to ARM in room. IAP Benzylpenicillin prescribed and to be administered prior to ARM 30 in 500 oxytocin bag also to be made up in advance of ARM just in case required at ARM.

VTE/Thromboprophylaxis

Last saved on 22 Dec 23 15:06 by Adrienne Dye

VTE/Thromboprophylaxis

Date and Time Recorded:	22 Dec 23 at 15:05
Type:	Antenatal
Location:	Delivery Suite
PAS Admission Account:	I0000598556

Risk Factors

Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	Yes
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities

Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results

Indication:	Intermediate VTE Risk
Recommendation:	Consider antenatal prophylaxis with LMWH
Verified By:	Dye, Adrienne on 22 Dec 23 at 15:06

Infection Control Risk Assessment

Last saved on 22 Dec 23 15:07 by Adrienne Dye

Infection Control Risk Assessment

Date and Time:	22 Dec 23 at 15:06
Does the woman have any known infection?:	No

On Admission

Has an antenatal CPE Risk Assessment been complete?:	Yes
Were screening swabs required?:	No
Have any of the samples tested positive for CPE?:	No
Has the woman had any further risk of exposure since last screening?:	No

C Difficile/Norovirus Risk Assessment

Does the patient have diarrhoea or vomiting?:	No
Does the patient had contact with someone who has had diarrhoea or vomiting in the last 48hrs?:	No

PPH Prevention Assessment

Last saved on 22 Dec 23 15:08 by Adrienne Dye

PPH Prevention Assessment

Date and Time:	22 Dec 23 at 15:07
Complete:	No

Antenatal Risk Factors	
Body Mass Index (BMI):	24.00
Booking Weight:	55.00 kg
Previous uterine surgery:	Yes
Uterine Fibroids > 4cm:	No
Estimated fetal weight >4.5kg:	No
Polyhydramnios:	No
Known Abruption:	No
Antepartum Haemorrhage:	Yes

Results	
Risk Level:	Increased

Risk Assessment (Woman)

Last saved on 22 Dec 23 15:08 by Adrienne Dye

Risk Assessment	
Date and Time Risk Assessment Completed:	22 Dec 23 at 15:08
Period Completed:	3rd Trimester
Completed By:	Alison Stuart
All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Large Fibroids - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Intermediate risk of preterm birth - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)
Current Pregnancy Risk Factors:	Intermediate risk of preterm birth
Previous Obstetric Risk Factors:	Previous Antepartum haemorrhage, Previous Prolonged ROM, Previous Parity more than 5
Previous Baby(ies) Risk Factors:	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg), Previous Congenital Abnormality
Medical Risk Factors:	Previous Group B Strep infection, Latex Allergy (Medical)
Gynaecological Risk Factors:	Large Fibroids, Previous Cervical Surgery
Mental Health Risk Factors:	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression
Anaesthetic Risk Factors:	Latex allergy (Anaesthetic)
Social Risk Factors:	Current/Previous Social Services Involvement
Risk:	High

Confirm review of risks: Stuart, Alison on 08 Dec 23 at 12:09

Old Clinical Risk Pick Lists	
Current Pregnancy Risk Factors:	Antepartum haemorrhage, Intermediate risk of preterm birth
Medical Risk Factors:	Previous Group B Strep infection, Latex Allergy (Medical)
Mental Health Risk Factors:	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression
Gynaecological Risk Factors:	Large Fibroids, Previous Uterine Surgery, Previous Cervical Surgery
Previous Pregnancy Maternal Risk Factors:	Previous Antepartum haemorrhage, Previous Prolonged ROM, Previous Parity more than 5
Previous Baby(ies) Risk Factors:	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg), Previous Congenital Abnormality
Anaesthetic Risk Factors:	Latex allergy (Anaesthetic)
Social Risk Factors:	Current/Previous Social Services Involvement

Risk Assessment (Woman)

Last saved on 22 Dec 23 15:27 by Adrienne Dye

Risk Assessment	
Date and Time Risk Assessment Completed:	22 Dec 23 at 15:25
Period Completed:	Intrapartum
Completed By:	Adrienne Dye
All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Large Fibroids - Previous Uterine Surgery - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Antepartum haemorrhage - Intermediate risk of preterm birth - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic) - Antepartum haemorrhage - IOL
Intrapartum Risk Factors:	IOL, Antepartum haemorrhage
Current Pregnancy Risk Factors:	Antepartum haemorrhage, Intermediate risk of preterm birth
Previous Obstetric Risk Factors:	Previous Antepartum haemorrhage, Previous Prolonged ROM, Previous Parity more than 5
Previous Baby(ies) Risk Factors:	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg), Previous Congenital Abnormality
Medical Risk Factors:	Previous Group B Strep infection, Latex Allergy (Medical)
Gynaecological Risk Factors:	Large Fibroids, Previous Uterine Surgery, Previous Cervical Surgery
Mental Health Risk Factors:	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression
Anaesthetic Risk Factors:	Latex allergy (Anaesthetic)
Social Risk Factors:	Current/Previous Social Services Involvement
Risk:	High

Confirm review of risks: Dye, Adrienne on 22 Dec 23 at 15:27

Old Clinical Risk Pick Lists	
Intrapartum Risk Factors:	IOL, Antepartum haemorrhage
Current Pregnancy Risk Factors:	Antepartum haemorrhage, Intermediate risk of preterm birth
Medical Risk Factors:	Previous Group B Strep infection, Latex Allergy (Medical)
Mental Health Risk Factors:	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression
Gynaecological Risk Factors:	Large Fibroids, Previous Uterine Surgery, Previous Cervical Surgery
Previous Pregnancy Maternal Risk Factors:	Previous Antepartum haemorrhage, Previous Prolonged ROM, Previous Parity more than 5
Previous Baby(ies) Risk Factors:	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg), Previous Congenital Abnormality
Anaesthetic Risk Factors:	Latex allergy (Anaesthetic)
Social Risk Factors:	Current/Previous Social Services Involvement

Care Plan
Last saved on 22 Dec 23 15:27 by Adrienne Dye

Care Plan	
Date and Time Started:	22 Dec 23 at 15:26
Update Type:	Change to Plan
Reason for Change:	Clinical reason - Maternal
Hospital Community Midwife is Attached To:	Arbroath Infirmary
Intended location of birth:	Ninewells Hospital Maternity

Suitability for Midwifery Led Care in Labour	
Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes
Additional Notes:	IOL for maternal choice Unstable lie For medical ARM

Delivery Plan (SMR02):	Midwife Unit
Delivery Management (SMR02):	Inpatient
Lead Professional Type:	Midwife - Trust
Lead Professional:	Stuart, Alison
Named Consultant:	Greg Caldwell
Named Midwife:	Alison Stuart
Additional Midwives/Health Care Professionals associate with care:	Natalie Donald, Laura Paterson, Marital Cruickshank, Joanne Nelson, Madeleine McNally, Sarah Lorimer, Lorna Ford
Team:	Blue Team
Additional Notes:	IOL for maternal choice Unstable lie For medical ARM

Intrapartum Management Plan
Last saved on 22 Dec 23 15:27 by Adrienne Dye

Intrapartum Management Plan	
Date and Time Completed:	22 Dec 23 at 15:27

Recommended Management Plan:	GBS Positive See guideline on staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1>
Actual Management Plan:	COPIED FROM LAST OBS REVIEW NOTE: LW Delivery IAP for GBS IV access and FBC, G&S at ARM Consider Oxytocin only 4 hours after ARM Cut back Oxytocin rate after contractions establised at 3/10 moderate/strong Active third stage with Oxytocin infusion 4 hours.

Lifestyle

Last saved on 22 Dec 23 15:28 by Adrienne Dye

Lifestyle Update

Date and Time Recorded:	22 Dec 23 at 15:28
Updated by:	Dye, Adrienne
Team:	No team assigned
Update Type:	At Birth

Smoking

Current Smoking Status:	Gave up more than 6 weeks ago
Number of quit attempts:	1
Smokers In Household:	0

Social

Partnership Status:	Other (inc Cohabiting and Stable Relationship)
Support Status:	Lives with husband/partner/family
Accommodation:	Housing association rental

General

Additional Notes:	Declan attending family therapy with Stacey, early days but seems to be going well, attending school and is on medication

Clinical Note (Woman)

Last saved on 22 Dec 23 15:29 by Adrienne Dye

Clinical Note

Date and Time:	22 Dec 23 at 15:28
Completed By:	Adrienne Dye
Lock from changes:	Yes
Notes and Care Plan:	Medical ARM in room

CTG Review

Last saved on 22 Dec 23 15:50 by Adrienne Dye

Date and Time: 22 Dec 23 at 15:30

Commenced, Reviewed or Completed:	Peer CTG Review
CTG Computerised:	No
Type:	Intrapartum
Reviewed By:	Clark, Holly on 22 Dec 23 at 15:49
Team:	No team assigned
Reason for CTG:	Induction of labour
Number of Fetuses:	1
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer

Fetus 1 - Intrapartum

Baseline Rate Value:	135

Induction of Labour

Last saved on 22 Dec 23 16:10 by Adrienne Dye

Induction Details

Induction Commenced:	22 Dec 23 at 15:35
Induction Method:	ARM

Labour Assessment

Last saved on 22 Dec 23 15:36 by Adrienne Dye

General Details

Entry:	22 Dec 23 at 15:36
Number of Babies on Scan:	Singleton

Heart Rate

Maternal Heart Rate:	81 BPM
Fetus 1 - Heart Rate:	146 BPM - Method

Specialist Review

Last saved on 22 Dec 23 15:49 by Angela Gillan

Specialist Review

Date and Time Recorded:	22 Dec 23 at 15:39
Specialist Type:	Obstetric - Review
Conducted By:	Claire McWhirter
Type of User:	Doctor
Type of assessment:	Face to face
Location:	Labour Ward
History/Background Noted:	Yes
Latest HbA1c result:	26.0 % mmol

Review: Into room for ARM

A Gillan ST3/C McWhirter ST2

ARM performed by CM, baby stabilised by AG

Cx 2-3cm dilated, 3cm long, SP-2. ARM pink stained liquor. Sat more upright on bed. Head came to rest upon Cx quickly. No requirement for synto.

Plan
Mobilise and allow 2 hours to establish
Please d/w reg prior to commencing synto
Active 3rd stage with 40/500 oxytocin discussed with Stacey - agreed
Continuous monitoring

Clinical Note (Woman)

Last saved on 22 Dec 23 15:44 by Adrienne Dye

Clinical Note

Date and Time:	22 Dec 23 at 15:43
Completed By:	Adrienne Dye
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Bedsheets changed and hospital gown provided following ARM CTG reassuring

Clinical Note (Woman)

Last saved on 22 Dec 23 15:55 by Adrienne Dye

Clinical Note

Date and Time:	22 Dec 23 at 15:52
Completed By:	Adrienne Dye
Lock from changes:	Yes
Type of User:	Midwifery
Notes and Care Plan:	Student Cameron into room to introduce himself Stacey assisted to connect her phone to the Bluetooth speaker so she can play her own music

Labour Assessment

Last saved on 22 Dec 23 16:10 by Adrienne Dye

General Details

Entry:	22 Dec 23 at 16:02
Type of Assessment (Clevermed Use Only):	
Completed By:	Dye, Adrienne
Team:	No team assigned
Type of User:	Midwife
All taken with consent:	Yes
Number of Babies on Scan:	Singleton
Woman Managing?:	Yes
Posture:	Semi-recumbent
Using Birthing Pool:	No

Routine Observations

Record Observations:	Yes
Blood Pressure:	114 Systolic mmHg 68 Diastolic mmHg Left Arm
Respirations:	15 per minute
Temperature:	36.5 degrees centigrade
O2 Saturations:	98 %

Contractions

Record Contractions:	Yes
Number of Contractions:	2
Mild Contractions:	1
Moderate Contractions:	1
Regularity of Contractions:	Irregular
Duration of Contractions:	30-50 sec

Heart Rate

Record Heart Rate (maternal/fetal):	Yes
Maternal Heart Rate:	84 BPM
Fetal Heart Monitored?:	Yes
Risk Level For Monitoring:	High
Continuous or Intermittent?:	Continuous
Fetus 1 - Heart Rate:	137 BPM - Method CTG-transducer

Fetus 1	
Baseline Rate Value:	135
Is the baseline stable:	Yes
Accelerations:	Present
Decelerations:	None
Concerning Characteristics:	None
Variability:	5 - 25 bpm
Category:	Normal

Membranes Details	
Membranes:	ARM performed
Date/Time Membranes Ruptured:	22 Dec 23 at 15:35
ARM:	Induction
Current Liquor State:	Clear

Additional Notes	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Notes:	Stacey feels contractions have increased in intensity since ARM Resting on bed just now, Stacey would like to try to have a sleep before the contractions become too painful FMF Liquor clear/pink Discussed birth Happy for skin to skin Happy for IM Vit k Midwife to cut cord Bottle feeding- cow and gate

Labour Assessment

Last saved on 22 Dec 23 16:17 by Tanya Birmingham

General Details	
Entry:	22 Dec 23 at 16:15
Type of Assessment (Clevermed Use Only):	
Completed By:	Hiles, Tanya
Team:	No team assigned
Type of User:	Student Midwife
All taken with consent:	Yes
Number of Babies on Scan:	Singleton
Woman Managing?:	Yes
Posture:	Semi-recumbent

Contractions	
Record Contractions:	Yes
Number of Contractions:	2
Mild Contractions:	1
Moderate Contractions:	1
Regularity of Contractions:	Regular
Duration of Contractions:	30-50 sec

Heart Rate	
Record Heart Rate (maternal/fetal):	Yes
Maternal Heart Rate:	74 BPM
Fetal Heart Monitored?:	Yes
Continuous or Intermittent?:	Continuous
Fetus 1 - Heart Rate:	128 BPM - Method CTG-transducer

Membranes Details	
Membranes:	ARM performed
Date/Time Membranes Ruptured:	22 Dec 23 at 15:35
ARM:	Induction

Additional Notes	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Notes:	Came into assist labour care with st midwife dye. Introduced myself to Stacey and stated i will be helping to assist with labour care. Myself and student midwife cameron have swapped to assist labour care. stacey happy with swap

Labour Assessment

Last saved on 22 Dec 23 16:31 by Tanya Birmingham

General Details	
Entry:	22 Dec 23 at 16:30
Type of Assessment (Clevermed Use Only):	
Completed By:	Hiles, Tanya
Team:	No team assigned
Type of User:	Student Midwife
All taken with consent:	Yes
Number of Babies on Scan:	Singleton
Woman Managing?:	Yes

Contractions	
Record Contractions:	Yes
Number of Contractions:	2
Moderate Contractions:	2
Regularity of Contractions:	Regular
Duration of Contractions:	30-50 sec

Heart Rate	
Record Heart Rate (maternal/fetal):	Yes
Maternal Heart Rate:	79 BPM
Fetal Heart Monitored?:	Yes
Continuous or Intermittent?:	Continuous
Fetus 1 - Heart Rate:	146 BPM - Method CTG-transducer

Membranes Details	
Membranes:	ARM performed
Date/Time Membranes Ruptured:	22 Dec 23 at 15:35
ARM:	Induction
Current Liquor State:	Clear

Additional Notes

Total Yellow Scores: 0
Total Orange Scores: 0
Total Red Scores: 0

CTG Review

Last saved on 22 Dec 23 16:37 by Adrienne Dye

Date and Time: 22 Dec 23 at 16:30

Commenced, Reviewed or Completed:	Peer CTG Review
CTG Computerised:	No
Type:	Intrapartum
Reviewed By:	Clark, Holly on 22 Dec 23 at 16:37
Reason for CTG:	Induction of labour
Fetal Movements Felt:	Yes
Number of Fetuses:	1
Maternal Pulse:	85 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 139

Contractions

Hypertonus: No
Contracting: Yes

Fetus 1 - Intrapartum

Baseline Rate Value:	135
Is the baseline stable:	Yes
Accelerations:	Present
Decelerations:	None
Concerning Characteristics:	None
Variability:	5 - 25 bpm
Category:	Normal

Labour Assessment

Last saved on 22 Dec 23 16:48 by Tanya Birmingham

General Details

Entry:	22 Dec 23 at 16:45
Type of Assessment (Clevermed Use Only):	
Completed By:	Hiles, Tanya
Team:	No team assigned
Type of User:	Student Midwife
All taken with consent:	Yes
Number of Babies on Scan:	Singleton
Woman Managing?:	Yes

Contractions	
Record Contractions:	Yes
Number of Contractions:	2
Moderate Contractions:	2
Regularity of Contractions:	Regular
Duration of Contractions:	30-50 sec

Heart Rate	
Record Heart Rate (maternal/fetal):	Yes
Maternal Heart Rate:	77 BPM
Fetal Heart Monitored?:	Yes
Continuous or Intermittent?:	Continuous
Fetus 1 - Heart Rate:	134 BPM - Method CTG-transducer

Membranes Details	
Membranes:	ARM performed
Date/Time Membranes Ruptured:	22 Dec 23 at 15:35
ARM:	Induction

Drugs and Fluids	
Record Drugs/Fluids:	Yes
Drugs - Name:	Entonox

Additional Notes	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Notes:	Stacey requested for Entonox due to contractions increasing at present

Labour Assessment

Last saved on 22 Dec 23 17:01 by Tanya Birmingham

General Details	
Entry:	22 Dec 23 at 17:00
Type of Assessment (Clevermed Use Only):	
Completed By:	Hiles, Tanya
Team:	No team assigned
Type of User:	Student Midwife
All taken with consent:	Yes
Number of Babies on Scan:	Singleton
Woman Managing?:	Yes
Posture:	Semi-recumbent

Routine Observations	
Record Observations:	Yes
Blood Pressure:	116 Systolic mmHg 65 Diastolic mmHg Left Arm
Respirations:	12 per minute
Temperature:	36.7 degrees centigrade
O2 Saturations:	97 %

Contractions	
Record Contractions:	Yes
Number of Contractions:	2
Moderate Contractions:	2
Regularity of Contractions:	Regular
Duration of Contractions:	30-50 sec

Heart Rate	
Record Heart Rate (maternal/fetal):	Yes
Maternal Heart Rate:	77 BPM
Fetal Heart Monitored?:	Yes
Continuous or Intermittent?:	Continuous
Fetus 1 - Heart Rate:	132 BPM - Method CTG-transducer

Membranes Details	
Membranes:	ARM performed
Date/Time Membranes Ruptured:	22 Dec 23 at 15:35
ARM:	Induction

Drugs and Fluids	
Record Drugs/Fluids:	Yes
Drugs - Name:	Entonox

Additional Notes	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0

Labour Assessment

Last saved on 22 Dec 23 17:16 by Tanya Birmingham

General Details	
Entry:	22 Dec 23 at 17:15
Type of Assessment (Clevermed Use Only):	
Completed By:	Hiles, Tanya
Team:	No team assigned
Type of User:	Student Midwife
All taken with consent:	Yes
Number of Babies on Scan:	Singleton
Woman Managing?:	Yes

Contractions	
Record Contractions:	Yes
Number of Contractions:	3
Moderate Contractions:	3
Regularity of Contractions:	Regular
Duration of Contractions:	30-50 sec

Heart Rate	
Record Heart Rate (maternal/fetal):	Yes
Maternal Heart Rate:	80 BPM
Fetal Heart Monitored?:	Yes
Continuous or Intermittent?:	Continuous
Fetus 1 - Heart Rate:	134 BPM - Method CTG-transducer

Membranes Details	
Membranes:	ARM performed
Date/Time Membranes Ruptured:	22 Dec 23 at 15:35
ARM:	Induction

Drugs and Fluids	
Record Drugs/Fluids:	Yes
Drugs - Name:	Entonox

Additional Notes	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0

Clinical Note (Woman)

Last saved on 22 Dec 23 17:35 by Adrienne Dye

Clinical Note	
Date and Time:	22 Dec 23 at 17:28
Completed By:	Adrienne Dye
Lock from changes:	Yes
Type of User:	Midwifery
Notes and Care Plan:	Back into room following break Stacey feeling a strong urge to push with some contractions CTG shown early decelerations with contraction

Labour Assessment

Last saved on 22 Dec 23 17:31 by Tanya Birmingham

General Details	
Entry:	22 Dec 23 at 17:30
Type of Assessment (Clevermed Use Only):	
Completed By:	Hiles, Tanya
Team:	No team assigned
Type of User:	Student Midwife
All taken with consent:	Yes
Number of Babies on Scan:	Singleton
Woman Managing?:	Yes
Posture:	Semi-recumbent

Contractions	
Record Contractions:	Yes
Number of Contractions:	3
Moderate Contractions:	3
Regularity of Contractions:	Regular
Duration of Contractions:	30-50 sec

Heart Rate	
Record Heart Rate (maternal/fetal):	Yes
Maternal Heart Rate:	99 BPM
Fetal Heart Monitored?:	Yes
Continuous or Intermittent?:	Continuous
Fetus 1 - Heart Rate:	136 BPM - Method CTG-transducer

Membranes Details	
Membranes:	ARM performed
Date/Time Membranes Ruptured:	22 Dec 23 at 15:35
ARM:	Induction
Current Liquor State:	Clear, Blood stained, Other: pinky clear liqour

Drugs and Fluids	
Record Drugs/Fluids:	Yes
Drugs - Name:	Entonox

Additional Notes	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0

Clinical Note (Woman)

Last saved on 22 Dec 23 17:40 by Adrienne Dye

Clinical Note	
Date and Time:	22 Dec 23 at 17:37
Completed By:	Adrienne Dye
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Buzzer pressed Midwife Caitlin and SCMW Cheryl into room Baseline dropped on CTG not recovering Position change to left lateral -FH recovered

Observations (Woman)

Last saved on 22 Dec 23 18:00 by Adrienne Dye

Admin Data	
Observations Performed:	22 Dec 23 at 17:59
Consent Obtained:	Yes
Location:	Delivery Suite/Labour Ward
Completed by:	Dye, Adrienne
Team:	No team assigned
Type of Observations:	MEOWS / MEWS

General	
General Condition:	Looks Well
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs	
Temperature:	36.5 degrees centigrade
Pulse:	67 beats per minute
Blood Pressure: Systolic:	134 mmHg
Blood Pressure: Diastolic:	85 mmHg
Additional BP information:	BP taken on Left arm, Electronic reading
MAP:	101 mmHg
Respirations:	15 per minute
O2 Saturations:	96 %

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Clinical Note (Woman)
Last saved on 22 Dec 23 18:08 by Adrienne Dye

Clinical Note

Date and Time:	22 Dec 23 at 18:06
Completed By:	Adrienne Dye
Lock from changes:	Yes
Type of User:	Midwifery
Notes and Care Plan:	Stacey feeling much better now has birthed baby Sitting up in bed having a drink of water Partner Steven holding baby Baby taken through to resus by midwife Caitlin as not crying, heart rate >100 since birth Brought back through to room without requiring resus

Clinical Note (Woman)
Last saved on 22 Dec 23 18:20 by Adrienne Dye

Clinical Note

Date and Time:	22 Dec 23 at 18:16
Completed By:	Adrienne Dye
Lock from changes:	Yes
Type of User:	Midwifery
Notes and Care Plan:	Discussed examining to see if there is any tears that may require sutures. Stacey happy to be examined Not tolerant of examination ?1st/2nd tear on perineum Stacey asked to stop Discussed a second midwife to check findings as didn't get a thorough look due to Stacey not coping well with examination Stacey ok for another midwife to check but would like a break first.

Clinical Note (Woman)
Last saved on 22 Dec 23 19:57 by Adrienne Dye

Clinical Note

Date and Time:	22 Dec 23 at 19:15
Completed By:	Adrienne Dye
Lock from changes:	Yes
Type of User:	Midwifery
Notes and Care Plan:	Tea and toast provided baby dressed and wrapped in blankets then placed in cot

VTE/Thromboprophylaxis
Last saved on 22 Dec 23 19:30 by Adrienne Dye

VTE/Thromboprophylaxis

Date and Time Recorded:	22 Dec 23 at 19:28
Type:	Postnatal
Location:	Delivery Suite
PAS Admission Account:	I0000598556

Risk Factors	
Risk Factors Present:	Yes
Any previous VTE:	No
Required antenatal LMWH (No active VTE/PE):	No
High-risk thrombophilia:	No (3)
Low-risk thrombophilia + family history:	No
Caesarean section in labour:	No (2)
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)
Readmission or prolonged admission (3 days) in the puerperium:	No
Any surgical procedure in the puerperium except immediate repair of the perineum:	No (3)

VTE Medical Co Morbidities	
Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Age > 35 years:	Yes (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Elective caesarean section:	No (1)
Family history of VTE:	No
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
Preterm birth in this pregnancy (	No (1)
Stillbirth in this pregnancy:	No (1)
Mid-cavity or rotational operative birth:	No (1)
Prolonged labour (> 24hrs):	No (1)
PPH > 1 litre or Blood Transfusion:	No (1)
COVID-19:	No

Results	
Indication:	Intermediate VTE Risk
Recommendation:	At least 10 days postnatal prophylactic LMWH. NB If persisting or > 3 risk factors consider extending thromboprophylaxis with LMWH
Verified By:	Dye, Adrienne on 22 Dec 23 at 19:29

Actions	
Early mobilisation and hydration carried out:	Yes

Blood Loss

Last saved on 22 Dec 23 19:31 by Adrienne Dye

Blood Loss Details	
Date and time of blood loss:	22 Dec 23 at 19:31
(New) Blood loss (estimated):	150 mls
New Blood loss (total):	150 mls

Fluid Outputs

Last saved on 22 Dec 23 19:31 by Adrienne Dye

Date and Time:	22 Dec 23 at 19:31
Type of fluid:	Blood

Blood	
Volume:	150 mls

Risk Assessment (Woman)

Last saved on 22 Dec 23 19:31 by Adrienne Dye

Risk Assessment	
Date and Time Risk Assessment Completed:	22 Dec 23 at 19:31
Period Completed:	Postnatal
Completed By:	Adrienne Dye
All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Large Fibroids - Previous Uterine Surgery - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Antepartum haemorrhage - Intermediate risk of preterm birth - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic) - IOL - Antepartum haemorrhage - Grand Multiparity
Current Postnatal Risk Factors:	Grand Multiparity
Intrapartum Risk Factors:	IOL, Antepartum haemorrhage
Current Pregnancy Risk Factors:	Antepartum haemorrhage, Intermediate risk of preterm birth
Previous Obstetric Risk Factors:	Previous Antepartum haemorrhage, Previous Prolonged ROM, Previous Parity more than 5
Previous Baby(ies) Risk Factors:	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg), Previous Congenital Abnormality
Medical Risk Factors:	Previous Group B Strep infection, Latex Allergy (Medical)
Gynaecological Risk Factors:	Large Fibroids, Previous Uterine Surgery, Previous Cervical Surgery
Mental Health Risk Factors:	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression
Anaesthetic Risk Factors:	Latex allergy (Anaesthetic)
Social Risk Factors:	Current/Previous Social Services Involvement
Risk:	High

Confirm review of risks: Dye, Adrienne on 22 Dec 23 at 19:31

Old Clinical Risk Pick Lists

Intrapartum Risk Factors:	IOL, Antepartum haemorrhage
Current Postnatal:	Grand Multiparity
Current Pregnancy Risk Factors:	Antepartum haemorrhage, Intermediate risk of preterm birth
Medical Risk Factors:	Previous Group B Strep infection, Latex Allergy (Medical)
Mental Health Risk Factors:	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression
Gynaecological Risk Factors:	Large Fibroids, Previous Uterine Surgery, Previous Cervical Surgery
Previous Pregnancy Maternal Risk Factors:	Previous Antepartum haemorrhage, Previous Prolonged ROM, Previous Parity more than 5
Previous Baby(ies) Risk Factors:	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg), Previous Congenital Abnormality
Anaesthetic Risk Factors:	Latex allergy (Anaesthetic)
Social Risk Factors:	Current/Previous Social Services Involvement

Postnatal Management Plan

Last saved on 22 Dec 23 19:32 by Adrienne Dye

Postnatal Management Plan

Completed:	22 Dec 23 at 19:31
Completed by:	Adrienne Dye
Lock from changes:	Yes

Intrapartum Management Plan (Admin Only)

Actual Intrapartum Management Plan:	COPIED FROM LAST OBS REVIEW NOTE: Previous Group B Strep Infection-no NN admission MSU 35-38 weeks Previous FGR Growth 32 & 36 wks & ANC Son has Axenfeld-rieger syndrome - SB genetics, baby to be reviewed after birth ?neonates or opthalmology Mental health, on medication Lamotrigine 150mg OD and fluoxetine 40mg OD and aripiprazole 10mg OD feels mental health stable at present, recent increase in meds, sees CPN regularly Continue these meds if helpful PRAM with consent

Postnatal Management Plan

Recommended Management Plan:	Intermediate VTE Risk Prophylactic LMWH for at least 10 days (consider extending if on antenatal LMWH or ongoing risk factors)
Actual Management Plan:	Intermediate VTE Risk Prophylactic LMWH for at least 10 days (consider extending if on antenatal LMWH or ongoing risk factors)

Handover (Woman)

Last saved on 22 Dec 23 19:56 by Adrienne Dye

SBAR - Handover

Date and Time of Handover:	22 Dec 23 at 19:34

Situation

Situation: Postnatal following SVD at 17:41
EBL 150mls

previous GBS
1st dose IAP given less than 4 hours before birth

Formula feeding baby - had first feed
Baby on obs due 20:30
?baby to be reviewed for older son genetic disorder

Background

Additional Information: P6+1
O+
BMI booking 22.43 (55kg)
Allergy Latex

HX - Anxiety, borderline personality disorder, past depression.
Takes Lamotrigine and Fluoxetine
Has a Mental health support worker
former smoker (quit 2020)
fibroids - Stacey unsure if has or not
lletz/leep biopsy 2017

ObHx - 1st = ventouse, all the rest SVD
previous PROM
previous APH
previous GBS

18/12/23 -PV Bleed
baby breech - ECV

19/12/23 - unstable lie - no further blood loss
stayed on ward DAMA twice

22/12/23 - 12:20 into labour suite
15:30 Medical ARM due to unstable lie
17:41 SVD

SVD at 17:41
150mls ebl

Assessment

Assessment: Latest Obs Recorded 22 Dec 23 at 17:59

MEWS: 0
BP: 134/85
Temp: 36.5
Resps: 15
O2 Sats: 96
Pulse: 67
Latest HB Recorded: 22 Dec 23 at 13:09

HB: 13.4 g/dL | 134 g/L
Latest Blood Loss Recorded 150

Blood Loss Total: 150

Additional Information: For 10 days LMWH - needs prescribed

Clinical Note (Woman)

Last saved on 22 Dec 23 20:12 by Shona Sleigh

Clinical Note

Date and Time:	22 Dec 23 at 20:05
Completed By:	Shona Sleigh
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Care taken over by MW S. Sleigh. Handover received from MW A. Dye. Introductions made and history noted. Stacey now P7+1, SVD @17:41, EBL 150mls. Feels well within herself. Observations as documented. Plan to get Stacey up for shower and to the ward. Baby on observations for GBS next due at 20:30. Baby feeding at present.

Observations (Woman)

Last saved on 22 Dec 23 20:14 by Shona Sleigh

Admin Data

Observations Performed:	22 Dec 23 at 20:13
Consent Obtained:	Yes
Location:	Delivery Suite/Labour Ward
Completed by:	Sleigh, Shona
Team:	No team assigned
Type of Observations:	Postnatal

General

General Condition:	Looks Well
Emotional wellbeing:	Well
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs

Pulse:	61 beats per minute
Blood Pressure: Systolic:	109 mmHg
Blood Pressure: Diastolic:	78 mmHg
Additional BP information:	Electronic reading
MAP:	88 mmHg
Respirations:	17 per minute
O2 Saturations:	95 %

Critical

Signs of PET: None

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Clinical Note (Woman)

Last saved on 22 Dec 23 20:41 by Shona Sleigh

Clinical Note

Date and Time:	22 Dec 23 at 20:39
Completed By:	Shona Sleigh
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Assistance given to Stacey to mobilise to shower. Advised to have shower lukewarm in temperature. Shown buzzers if any assistance required.

Handover (Woman)

Last saved on 22 Dec 23 20:55 by Shona Sleigh

SBAR - Handover

Date and Time of Handover: 22 Dec 23 at 20:50

Situation

Situation: Postnatal following SVD at 17:41

Background

Additional Information: P6+1
O+
BMI booking 22.43 (55kg)
Allergy Latex
Prev GBS

HX - Anxiety, borderline personality disorder, past depression.
Takes Lamotrigine and Fluoxetine
Has a Mental health support worker
former smoker (quit 2020)
fibroids - Stacey unsure if has or not
lletz/leep biopsy 2017

ObHx - 1st = ventouse, all the rest SVD
previous PROM
previous APH
previous GBS

18/12/23 -PV Bleed
baby breech - ECV

19/12/23 - unstable lie - no further blood loss
stayed on ward DAMA twice

22/12/23 - 12:20 into labour suite
15:30 Medical ARM due to unstable lie
17:41 SVD

SVD at 17:41
150mls ebl
1st degree tear not required sutured
Has showered
PU
For fragmin

Assessment

Assessment: Latest Obs Recorded 22 Dec 23 at 20:13

MEWS: 0
BP: 109/78
Resps: 17
O2 Sats: 95
Pulse: 61
Latest HB Recorded: 22 Dec 23 at 13:09

HB: 13.4 g/dL | 134 g/L
Latest Blood Loss Recorded 150

Blood Loss Total: 150

Fluid Outputs

Last saved on 22 Dec 23 20:58 by Shona Sleigh

Date and Time: 22 Dec 23 at 20:58
Type of fluid: Urine

Urine

Volume:	275 mls
Method:	Spontaneous Voiding
Urinalysis:	Not performed

Clinical Note (Woman)
Last saved on 23 Dec 23 00:21 by Linda Shepherd

Clinical Note

Date and Time:	22 Dec 23 at 21:00
Completed By:	Linda Shepherd
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Transferred to ward 38 N for ongoing pn care and support. Introductions made, fresh water given. Comfortable at present. Bottlefeeding baby.

Internal Transfer (Woman)
Last saved on 27 Apr 26 11:16 by Interface Account

Transfer Details

Date and Time:	22 Dec 23 at 21:35
PAS Admission Account:	I0000598556
PAS Alternative Admission Account:	I0000598556
Transfer From Ward (PAS):	Labour Suite
Transfer From Room (PAS):	NWLSR4
Transfer From Bed (PAS):	R4BED1
Transfer To Ward (PAS):	Ward 38 North
Transfer To Room (PAS):	NW38NBAY5
Transfer To Bed (PAS):	B5BED3

Internal Transfer (Woman)
Last saved on 22 Dec 23 21:36 by Shona Sleigh

Transfer Details

Date and Time:	22 Dec 23 at 21:36
Transferred From:	Labour Ward
Transferred To:	Postnatal Ward
Transferred To Ward:	Ward 38 North
Transfer Reason:	For postnatal care - woman reasons, For postnatal care - baby reasons
Emergency transfer required:	No

On Arrival

Date and Time Arrived on Ward:	22 Dec 23 at 21:36

Postnatal Assessment
Last saved on 23 Dec 23 11:37 by Erin Gilroy

Admin Data

Time started:	23 Dec 23 at 08:45
Type of assessment:	Face to face
Location:	Postnatal Ward
Assessment Reason:	Postnatal care - mother, Postnatal care - baby
Carried Out By:	Erin Gilroy
Others Present at Assessment:	No One (Woman on Her Own)
Consent for Procedures:	Yes

End of Assessment

Time ended:	23 Dec 23 at 09:00
Completed By:	Erin Gilroy

Observations (Woman)

Last saved on 23 Dec 23 11:35 by Erin Gilroy

Admin Data

Observations Performed:	23 Dec 23 at 08:45
Consent Obtained:	Yes
Location:	Postnatal Ward
Completed by:	Gilroy, Erin
Team:	No team assigned
Type of Observations:	Postnatal

General

General Condition:	Looks Well
Emotional wellbeing:	Well
Height:	1.57 Metres 5 Foot 1 Inch(es)

Vital Signs

Temperature:	36.7 degrees centigrade
Pulse:	77 beats per minute
Blood Pressure: Systolic:	109 mmHg
Blood Pressure: Diastolic:	57 mmHg
MAP:	74 mmHg
Respirations:	15 per minute
O2 Saturations:	98 %

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Postnatal

Breasts:	No problems
Nipples:	No problems
Uterus:	Firm (Well Contracted)
Perineal Inspection Offered:	Yes
Consent for Perineal Inspection:	No
Reason not consented:	Declined inspection - had conversation and appears to be healing well
Perineum:	Clean and Healing
Lochia Amount:	Average
Lochia Description:	Bright red, Dark red
Micturition:	No problems
Bowels:	BNO
Pelvic Floor:	No Problems
Legs:	No abnormalities detected
Pain/Discomfort:	None
Appetite:	Good
Sleep:	Good

Additional Information	
Additional Observations Notes:	Stacey is feeling well this morning - she wishes to go home this afternoon if possible. No concerns with mum - healing well. Baby is awaiting his NIPE and hearing screening checks. Mum understanding that this can take some time to complete.

Clinical Note (Woman)

Last saved on 23 Dec 23 11:38 by Erin Gilroy

Clinical Note	
Date and Time:	23 Dec 23 at 10:00
Completed By:	Erin Gilroy
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Into see Stacey and she was very upset - crying. Asked her what was wrong and she didn't disclose anything in particular just that this time of the year can be difficult. Given a cup of tea and advised her she can talk to me about anything that is worrying her. Stacey says she is OK.
Confidential:	Yes

Discharge

Last saved on 27 Apr 26 11:16 by Interface Account

Discharge	
Date and Time:	23 Dec 23 at 12:00
PAS Admission Account:	I0000598556
PAS Alternative Admission Account:	I0000598556
Discharge from on PAS:	Ward 38 North

Transfer of Care (Woman)

Last saved on 23 Dec 23 12:31 by Erin Gilroy

Administrative Data	
Date and Time Recorded:	23 Dec 23 at 12:27
Date and Time Transferred:	23 Dec 23 at 12:27
Transfer Type:	Postnatal Community Care
Discharged By:	Erin Gilroy
Discharge Method:	Transferred on clinical advice
Discharged From:	Postnatal Ward
Discharge Destination:	Home (usual residence)
How was Transfer done:	Face to face
Confirmed Discharge Address:	Yes
Telephone:	01356 622497
Mobile Telephone:	07731805886
Address and Telephone Number Confirmed?:	Yes
Discharge paperwork printed?:	Yes
Transport Arranged:	Car
Critical Incidents:	No
Latest Hb at transfer:	134 g/L 22 Dec 23 at 13:09
Woman Suitable for Midwife Issued Ferrous Sulphate:	N/A
Documentation Given:	Postnatal Discharge Booklet, Discharge Papers
Maternal Information Given / Discussed:	At home with your baby, Care of the Perineum, Cervical Smear Explained, Pattern of Home Visits, Support at Home, Family Planning Methods - chosen method, 6-8 Week P/N Check, Safe Sleeping
Agrees to access leaflets in Badger Notes:	Yes
Information in Handheld Notes Discussed:	No
Patient Experience Form Completed:	No
Health Plan Indicator allocated:	Core
TTOs Given:	Yes

Clinical Review	
Contraception Discussed:	Yes
Leaflet Given:	Yes
Chosen Method:	Injectable progesterone only method
Has injection been prescribed:	Yes
6-8 week postnatal check discussed:	Yes
6-8 week postnatal check arranged:	No
Anaesthetic follow up required:	N/A

SMR02 Validation	
Antenatal Steroids:	Not applicable - gestation more than 36 weeks with no threat of delivery
Previous Admissions to Hospital:	1
Smoker During Pregnancy:	Yes
Induction of Labour:	Artificial rupture of membranes (ARM)
Analgesia Given:	Yes
Sterilisation after delivery:	None
Midwife Present At Delivery:	Yes
Doctor Present At Delivery:	No
Transfer of Responsibility:	No transfer - midwife retains responsibility throughout the delivery episode
Indication for Operative Delivery:	Not Applicable

Baby 1	
Outcome of Pregnancy (SMR02):	Livebirth
Discharged with Mother:	Yes
Baby Discharged To (SMR02):	Home with mother
Feed on Discharge (SMR02):	Formula only

Additional Information	
Additional Notes:	Stacey is well today following an SVD of a baby boy. Had minimal blood loss. No concerns. Has fragmin home with her for 10 days.
Does the CMW or HV need to make contact to discuss any causes of concern?:	No
Transfer details passed on to:	Midwife
Pelvic Floor Care and Exercises:	No

Care Plan

Last saved on 23 Dec 23 12:31 by Erin Gilroy

Care Plan	
Date and Time Started:	23 Dec 23 at 12:31
Update Type:	Postnatal
Hospital Community Midwife is Attached To:	Arbroath Infirmary

Suitability for Midwifery Led Care in Labour	
Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes

Delivery Plan (SMR02):	Midwife Unit
Delivery Management (SMR02):	Inpatient
Lead Professional Type:	Midwife - Trust
Lead Professional:	Stuart, Alison
Named Consultant:	Greg Caldwell
Named Midwife:	Alison Stuart
Additional Midwives/Health Care Professionals associate with care:	Natalie Donald, Laura Paterson, Marital Cruickshank, Joanne Nelson, Madeleine McNally, Sarah Lorimer, Lorna Ford
Team:	Blue Team
Additional Notes:	IOL for maternal choice Unstable lie For medical ARM

Postnatal Conversations

Last saved on 23 Dec 23 12:35 by Erin Gilroy

Postnatal Conversations	
Completed:	23 Dec 23 at 12:35
Baby is:	Formula Feeding

Saving patient report

Last saved on 23 Dec 23 12:36 by Erin Gilroy

Time:	23 Dec 23 at 12:35
Report:	Transferred to Postnatal Community Care - PATIENT COPY
By:	Gilroy, Erin on 23 Dec 23 at 12:36
	SENT: 23 Dec 23 12:36 To: TAY.anguscommunitymidwivesunit@nhs.scot

Postnatal Assessment

Last saved on 24 Dec 23 14:30 by Adrienne Dye

On Arrival	
Date and Time Postnatal Assessment Started:	24 Dec 23 at 12:00
Type of assessment:	Face to face
Location:	Home
Assessment Reason:	Postnatal care - mother, Postnatal care - baby
Carried Out By:	Adrienne Dye
Others Present at Assessment:	Partner/Spouse
Name of accompanying person:	Steven
Consent for Procedures:	Yes

Assessment	
General Condition:	Looks Well
Emotional wellbeing:	Well
Urinalysis Carried Out:	Not Required
Temperature:	36.8 degrees centigrade
Pulse:	73 beats per minute
Blood Pressure: Systolic:	110 mmHg
Blood Pressure: Diastolic:	60 mmHg
Additional BP information:	BP taken on Right arm, Manual reading
MAP:	76 mmHg
Respirations:	14 per minute
Nausea:	None
Breasts:	No problems
Nipples:	No problems
Uterus:	not palpated
Consent for Perineal Inspection:	No
Perineum:	Clean and Healing
Lochia Amount:	Scanty
Lochia Description:	Pink
Micturition:	No problems
First Void Complete:	Yes
Bowels:	BNO
Pelvic Floor:	No Problems
Legs:	No abnormalities detected
Signs of PET:	None
Appetite:	Good
Sleep:	Good

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Sepsis Pathway	
Sepsis Triggers:	None

Additional Observations Notes:	Seen at home, glad to be home from hospital. Feeling well no concerns with herself or baby. Bottle feeding responsively, baby waking for feeds, taking 1-2ozs per feed then settled after. Lochia minimal - pinkt Baby observations showed borderline temp 37.5 other obs NAD, baby alert, no breathing abnormalities. Discussed recheck of baby obs tomorrow on visit, will phone neonates to make aware and ask if they would like anything additional done. Worsening advise given and Stacey has units number and is aware the phone lines transfer through to triage at night.

Recommendations

Period Completed:	Postnatal
Completed By:	Adrienne Dye
All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Large Fibroids - Previous Uterine Surgery - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Antepartum haemorrhage - Intermediate risk of preterm birth - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic) - IOL - Antepartum haemorrhage - Grand Multiparity
Risk:	High
Confirm review of risks:	Dye, Adrienne on 24 Dec 23 at 14:30
Recommended Management Plan:	Intermediate VTE Risk Prophylactic LMWH for at least 10 days (consider extending if on antenatal LMWH or ongoing risk factors)
Actual Management Plan:	Intermediate VTE Risk Prophylactic LMWH for at least 10 days (consider extending if on antenatal LMWH or ongoing risk factors)

On Leaving

Time ended:	24 Dec 23 at 12:25
Completed By:	Adrienne Dye
Mother's information given/discussed:	Cot safety
Information Within the Hand Held Record Discussed:	Yes

Additional Notes on Leaving:	Will call Stacey back if neonates want to know anything else about baby. Plan for visit at home tomorrow and aware the time shown on app is not accurate.

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	24 Dec 23 at 15:00
PAS Visit Account:	5915||87940-66832-1500-385-1
Location on PAS:	Obstetrics Post Natal Community Midwives Sunday All Day Angus

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	25 Dec 23 at 09:30
PAS Visit Account:	5915||87962-66833-0930-385-1
Location on PAS:	Obstetrics Post Natal Community Midwives Monday All Day Angus

Postnatal Assessment

Last saved on 25 Dec 23 12:21 by Sarah Lorimer

On Arrival	
Date and Time Postnatal Assessment Started:	25 Dec 23 at 10:10
Type of assessment:	Face to face
Location:	Home
Assessment Reason:	Postnatal care - mother, Postnatal care - baby
Carried Out By:	Sarah Lorimer
Consent for Procedures:	Yes

Assessment	
General Condition:	Looks Well
Emotional wellbeing:	Well
Urinalysis Carried Out:	Not Required
Nausea:	None
Breasts:	No problems
Nipples:	No problems
Uterus:	not palpated
Consent for Perineal Inspection:	No
Perineum:	Clean and Healing
Lochia Amount:	Average
Lochia Description:	Bright red
Micturition:	No problems
First Void Complete:	Yes
Bowels:	No problems
Pelvic Floor:	No Problems
Legs:	No abnormalities detected
Signs of PET:	None
Appetite:	Good
Sleep:	Good

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Additional Observations Notes:	Routine day 3 PN assessment. Stacey looks well and reports feeling well. Breasts comfortable. Lochia average. Nil clots or offensive smell. Perineum comfortable. Legs NAD. PU and BO as normal. Nil concerns.

Recommendations

Period Completed:	Postnatal
Completed By:	Sarah Lorimer
All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Large Fibroids - Previous Uterine Surgery - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Antepartum haemorrhage - Intermediate risk of preterm birth - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic) - IOL - Antepartum haemorrhage - Grand Multiparity
Risk:	High
Confirm review of risks:	Lorimer, Sarah on 25 Dec 23 at 12:20
Recommended Management Plan:	Intermediate VTE Risk Prophylactic LMWH for at least 10 days (consider extending if on antenatal LMWH or ongoing risk factors)
Actual Management Plan:	Intermediate VTE Risk Prophylactic LMWH for at least 10 days (consider extending if on antenatal LMWH or ongoing risk factors)

On Leaving

Time ended:	25 Dec 23 at 10:20
Completed By:	Sarah Lorimer
Publish to Badger Notes:	Yes
Authorised By:	Lorimer, Sarah on 25 Dec 23 at 12:21

Postnatal Assessment

Last saved on 27 Dec 23 17:46 by Alison Stuart

On Arrival

Date and Time Postnatal Assessment Started:	27 Dec 23 at 09:55
Type of assessment:	Face to face
Location:	Home
Assessment Reason:	Postnatal care - mother, Postnatal care - baby
Carried Out By:	Alison Stuart
Others Present at Assessment:	Partner/Spouse
Name of accompanying person:	Steven Grant
Consent for Procedures:	Yes

Assessment

General Condition:	Looks Well
Emotional wellbeing:	Well
Urinalysis Carried Out:	Not Required
Nausea:	None
Breasts:	No problems
Nipples:	No problems
Uterus:	not palpated
Perineum:	Clean and Healing
Lochia Amount:	Scanty
Lochia Description:	Pink
Micturition:	No problems
Bowels:	Hemorrhoids/Piles, BNO
Pelvic Floor:	No Problems
Legs:	No abnormalities detected
Signs of PET:	None
Appetite:	Good
Sleep:	Good

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Sepsis Pathway

Sepsis Triggers: None

Additional Observations Notes:	Day 5 PN visit at home. Stacey is c/o very painful haemorrhoids, has tried anusol cream but it is not effective. Advised we would ask medical staff at NW to prescribe something more effective. PN check otherwise satisfactory. See again on day 10.

Recommendations	
Period Completed:	Postnatal
Completed By:	Alison Stuart
All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Large Fibroids - Previous Uterine Surgery - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Antepartum haemorrhage - Intermediate risk of preterm birth - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic) - IOL - Antepartum haemorrhage - Grand Multiparity
Risk:	High
Confirm review of risks:	Stuart, Alison on 27 Dec 23 at 17:43
Recommended Management Plan:	Intermediate VTE Risk Prophylactic LMWH for at least 10 days (consider extending if on antenatal LMWH or ongoing risk factors)
Actual Management Plan:	Intermediate VTE Risk Prophylactic LMWH for at least 10 days (consider extending if on antenatal LMWH or ongoing risk factors)
Management Plan Revised:	No

On Leaving	
Time ended:	27 Dec 23 at 10:18
Completed By:	Alison Stuart
Agrees to access leaflets in Badger Notes:	Yes
Baby 1 Newborn Blood Spot Screening Taken:	Yes
Publish to Badger Notes:	Yes
Authorised By:	Stuart, Alison on 27 Dec 23 at 17:43

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	27 Dec 23 at 11:30
PAS Visit Account:	5915||88016-66835-1130-385-1
Location on PAS:	Obstetrics Post Natal Community Midwives Wednesday All Day Angus

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	29 Dec 23 at 09:00
PAS Visit Account:	5915||88088-66837-0900-385-1
Location on PAS:	Obstetrics Post Natal Community Midwives Friday All Day Angus

Appointment

Last saved on 27 Apr 26 11:16 by Interface Account

Appointment Details	
Date and Time:	31 Dec 23 at 12:30
PAS Visit Account:	5915||88144-66839-1230-385-1
Location on PAS:	Obstetrics Post Natal Community Midwives Sunday All Day Angus

Postnatal Assessment

Last saved on 31 Dec 23 16:13 by Louise Buchan

On Arrival	
Date and Time Postnatal Assessment Started:	31 Dec 23 at 13:15
Type of assessment:	Face to face
Location:	Home
Assessment Reason:	Postnatal care - mother, Postnatal care - baby
Carried Out By:	Louise Cromar
Others Present at Assessment:	Partner/Spouse
Consent for Procedures:	Yes

Assessment	
General Condition:	Looks Well
Emotional wellbeing:	Weepy, Low Mood
Nausea:	None
Breasts:	No problems
Nipples:	No problems
Uterus:	not palpated
Consent for Perineal Inspection:	No
Perineum:	Clean and Healing
Lochia Amount:	Scanty
Lochia Description:	Brown
Micturition:	No problems
First Void Complete:	Yes
Bowels:	No problems
Pelvic Floor:	No Problems, Signposted to pelvic health resources
Legs:	No abnormalities detected
Signs of PET:	None
Appetite:	Good
Sleep:	Good

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Sepsis Pathway	
Sepsis Triggers:	None

Additional Observations Notes:	Stacey appeared low in mood and weepy at visit today, would not go into any detail as to why mood was so down but just reports feeling overwhelmed at present. Is already being seen by mental health services and reports taking her medication as prescribed. Ensured Stacey was not having thoughts of harming herself or her children, and Stacey aware if these thoughts occurred to contact Crisis Team. I enquired if her partner knew how she was feeling and she reports that he is feeling the same, I asked if I could do anything to help them but Stacey declined this. States she will 'be fine'. Aware can contact the midwives unit at any point if she wishes further support. Discussed contraception - Stacey received depo injection before leaving NW. Stacey aware of safe sleeping and ICON. Stacey aware to register Bear's birth at registrars within 3 weeks of his birth, and register at GP afterwards. Happy for handover to HV.

Recommendations

Period Completed:	Postnatal
Completed By:	Louise Cromar
All risk factors:	- Previous Group B Strep infection - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Large Fibroids - Previous Uterine Surgery - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous Parity more than 5 - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Previous Congenital Abnormality - Antepartum haemorrhage - Intermediate risk of preterm birth - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic) - IOL - Antepartum haemorrhage - Grand Multiparity
Risk:	High
Confirm review of risks:	Cromar, Louise on 31 Dec 23 at 16:13
Recommended Management Plan:	Intermediate VTE Risk Prophylactic LMWH for at least 10 days (consider extending if on antenatal LMWH or ongoing risk factors)
Actual Management Plan:	Intermediate VTE Risk Prophylactic LMWH for at least 10 days (consider extending if on antenatal LMWH or ongoing risk factors)

On Leaving

Time ended:	31 Dec 23 at 13:40
Completed By:	Louise Cromar
Baby 1 Newborn Blood Spot Screening Taken:	Yes

Transfer of Care (Woman)

Last saved on 31 Dec 23 16:15 by Louise Buchan

Administrative Data	
Date and Time Recorded:	31 Dec 23 at 16:14
Date and Time Transferred:	31 Dec 23 at 16:14
Transfer Type:	Community to Health Visitor/FNP
Transfer to:	Health Visitor
Discharged By:	Louise Cromar
Discharge Method:	Transferred on clinical advice
Discharge Destination:	Home (usual residence)
How was Transfer done:	Email
Telephone:	01356 622497
Mobile Telephone:	07731805886
Address and Telephone Number Confirmed?:	Yes
Agrees to access leaflets in Badger Notes:	Yes

Clinical Review	
Contraception Discussed:	Yes
Leaflet Given:	Yes
Chosen Method:	Injectable progesterone only method
Has injection been prescribed:	Yes
6-8 week postnatal check discussed:	Yes
6-8 week postnatal check arranged:	No

SMR02 Validation	
Antenatal Steroids:	Not applicable - gestation more than 36 weeks with no threat of delivery
Previous Admissions to Hospital:	1
Smoker During Pregnancy:	Yes
Induction of Labour:	Artificial rupture of membranes (ARM)
Analgesia Given:	Yes
Sterilisation after delivery:	None
Midwife Present At Delivery:	Yes
Doctor Present At Delivery:	No
Transfer of Responsibility:	No transfer - midwife retains responsibility throughout the delivery episode
Indication for Operative Delivery:	Not Applicable

Baby 1	
Outcome of Pregnancy (SMR02):	Livebirth
Discharged with Mother:	Yes
Baby Discharged To (SMR02):	Home with mother
Feed on Discharge (SMR02):	Formula only

Additional Information

Additional Notes:	Stacey appeared low in mood and weepy at visit today, would not go into any detail as to why mood was so down but just reports feeling overwhelmed at present. Is already being seen by mental health services and reports taking her medication as prescribed. Ensured Stacey was not having thoughts of harming herself or her children, and Stacey aware if these thoughts occurred to contact Crisis Team. I enquired if her partner knew how she was feeling and she reports that he is feeling the same, I asked if I could do anything to help them but Stacey declined this. States she will 'be fine'. Aware can contact the midwives unit at any point if she wishes further support. Discussed contraception - Stacey received depo injection before leaving NW. Stacey aware of safe sleeping and ICON. Stacey aware to register Bear's birth at registrars within 3 weeks of his birth, and register at GP afterwards. Happy for handover to HV.

Saving patient report

Last saved on 31 Dec 23 16:15 by Louise Buchan

Time:	31 Dec 23 at 16:15
Report:	Transfer of Care from Community to Health Visitor
By:	Cromar, Louise on 31 Dec 23 at 16:15
	SENT: 31 Dec 23 16:15 To: TAY.chinfo@nhs.scot

Appointment

Last saved on 29 Dec 23 13:38 by Interface Account

Appointment Details

Date and Time:	01 Jan 24 at 00:00 Time Unknown
PAS Visit Account:	5915||88161-66840-0900-385-1
Location on PAS:	Obstetrics Post Natal Community Midwives Monday All Day Angus
Location:	Home
Address:	2 WARDS ROAD BRECHIN DD9 7AS
Team:	Angus
Status:	Cancelled

Close Pregnancy

Last saved on 17 Feb 24 08:31 by (unknown user)

Close Pregnancy

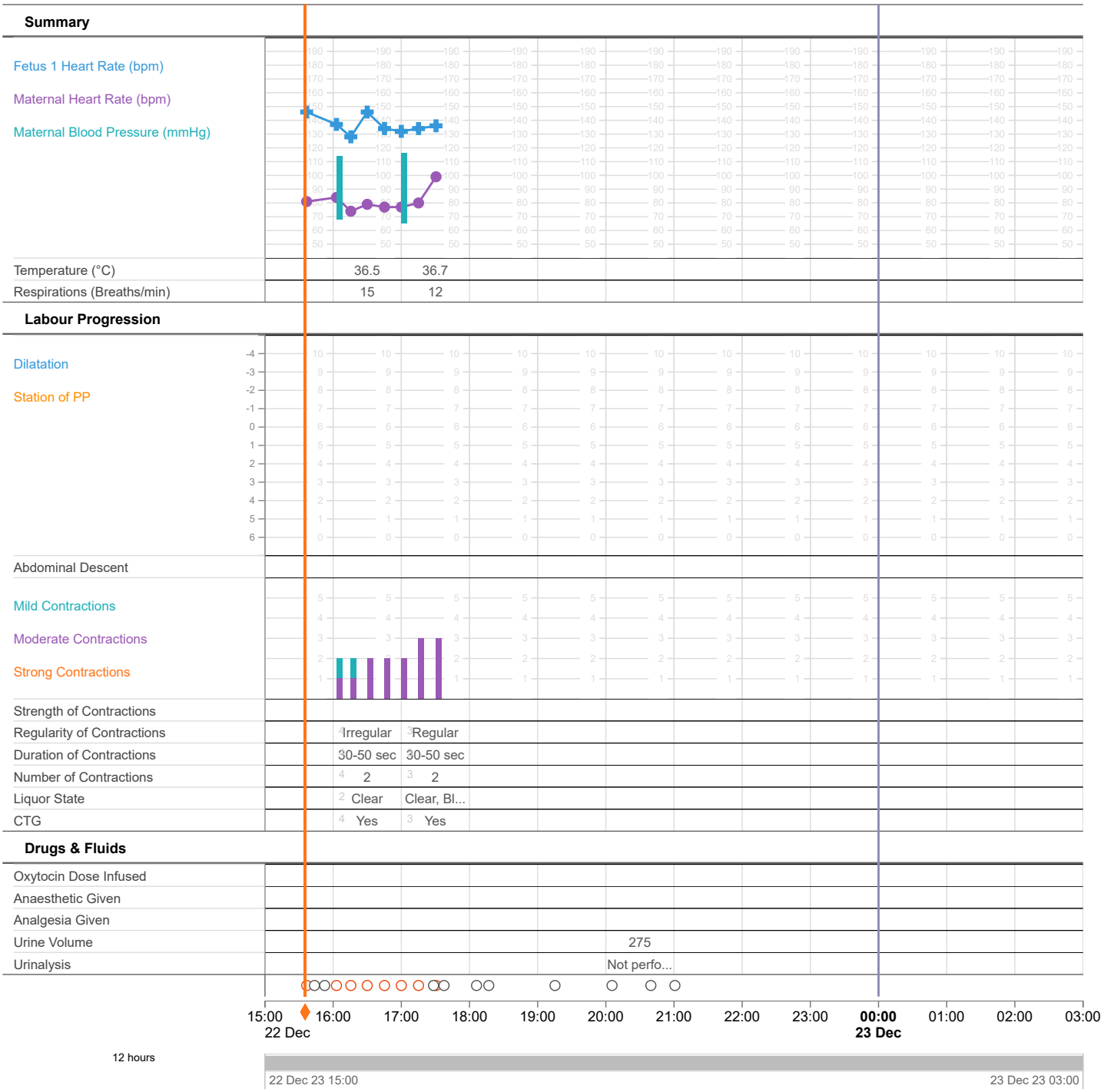
Date Pregnancy Closed:	17 Feb 24 at 08:31
Reason For Closing:	Automatically Closed By BadgerNet
Additional Notes:	The record was automatically closed as 56 days had passed since the woman gave birth.

LEONARD, STACEY (CHI: 2804880060 | PMS Number: 2804880060)

28 Apr 88 (Age at Birth: 35) | 2 WARDS ROAD, BRECHIN, DD9 7AS | 07731805886 (mobile)

G8 P7+1 | Baby 1 DOB: 22 Dec 23 at 17:41 (37+4) | No. of Babies: 1 | Booking BMI: 22.43 | Current BMI: 24.06 | Blood Group: O+ | Hb at 37+4/40: 134g/L | PN 122wks, 3d | Current Care: HV

Partogram



LEONARD, STACEY (CHI: 2804880060 | PMS Number: 2804880060)

28 Apr 88 (Age at Birth: 35) | 2 WARDS ROAD, BRECHIN, DD9 7AS | 07731805886 (mobile)

G8 P7+1 | Baby 1 DOB: 22 Dec 23 at 17:41 (37+4) | No. of Babies: 1 | Booking BMI: 22.43 | Current BMI: 24.06 | Blood Group: O+ | Hb at 37+4/40: 134g/L | PN 122wks, 3d | Current Care: HV

Partogram

Summary

Fetus 1 Heart Rate (bpm)

Maternal Heart Rate (bpm)

Maternal Blood Pressure (mmHg)

Temperature (°C)

Respirations (Breaths/min)

Labour Progression

Dilatation

Station of PP

Abdominal Descent

Mild Contractions

Moderate Contractions

Strong Contractions

Strength of Contractions

Regularity of Contractions

Duration of Contractions

Number of Contractions

Liquor State

CTG

Drugs & Fluids

Oxytocin Dose Infused

Anaesthetic Given

Analgesia Given

Urine Volume

Urinalysis

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

23 Dec

12 hours

23 Dec 23 03:00 — 23 Dec 23 15:00

LEONARD, STACEY (CHI: 2804880060 | PMS Number: 2804880060)

28 Apr 88 (Age at Birth: 35) | 2 WARDS ROAD, BRECHIN, DD9 7AS | 07731805886 (mobile)

G8 P7+1 | Baby 1 DOB: 22 Dec 23 at 17:41 (37+4) | No. of Babies: 1 | Booking BMI: 22.43 | Current BMI: 24.06 | Blood Group: O+ | Hb at 37+4/40: 134g/L | PN 122wks, 3d | Current Care: HV

MEOWS

MEWS Score

Total Yellow Scores	0
Total Red Scores	0

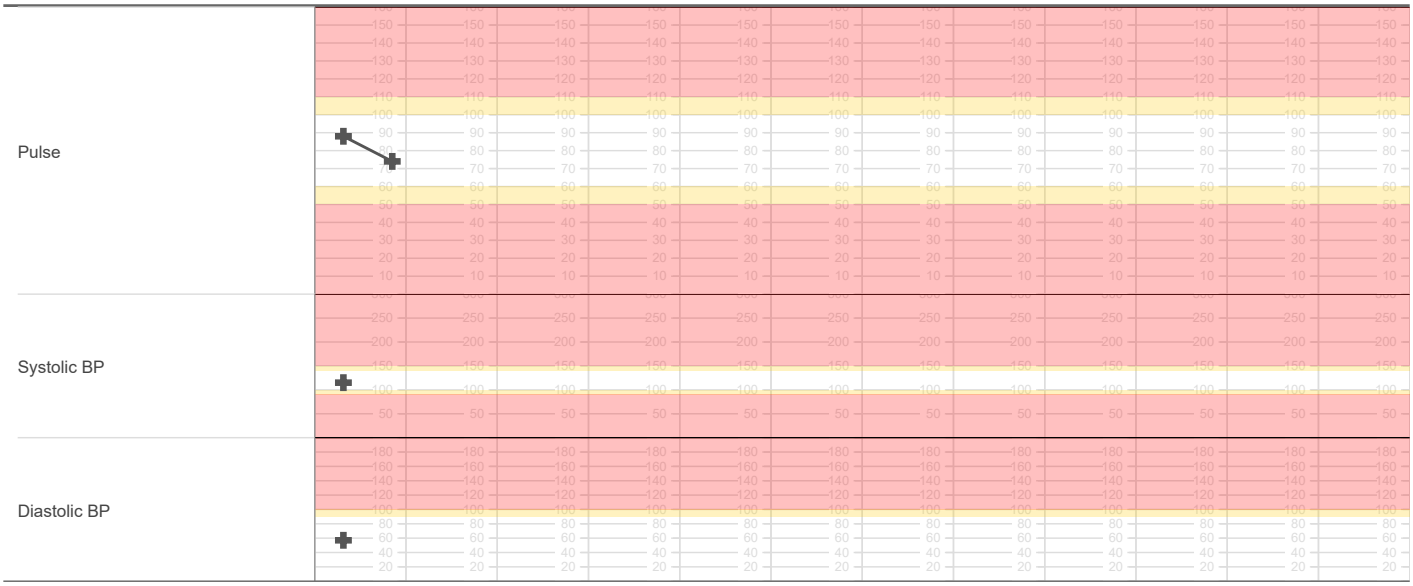
Respirations / 02

Respirations	17
O2 Saturations	98
Oxygen currently administered	
Flow Rate	

Temperature

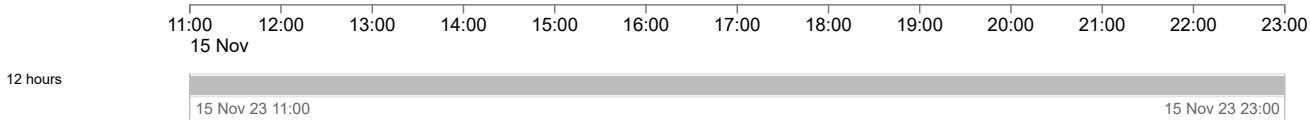
Temperature	36.5

Pulse / BP (Booking BP 115/57)



Observations

Conscious Level	
Urine Output	
General Condition	Looks Well



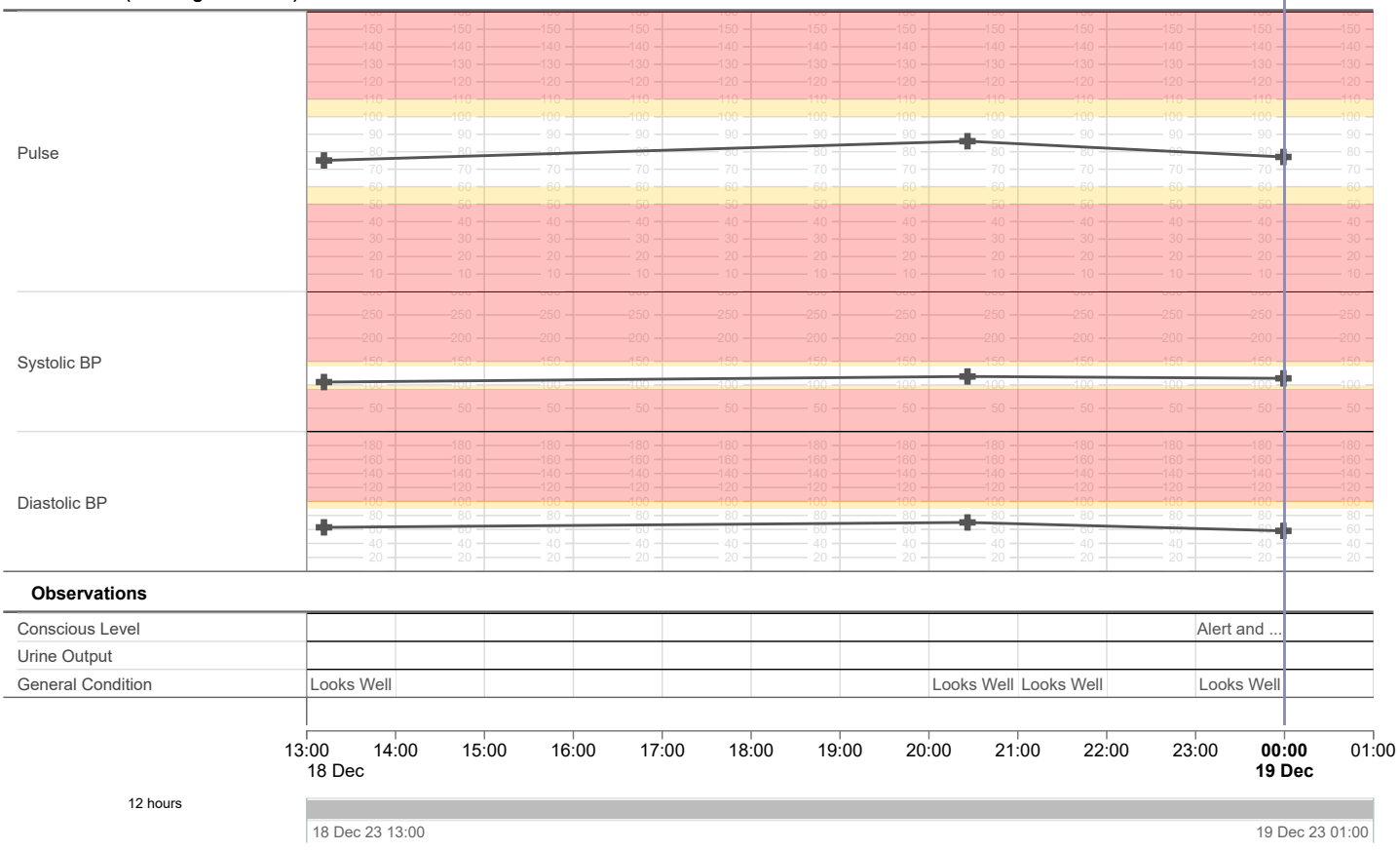
LEONARD, STACEY (CHI: 2804880060 | PMS Number: 2804880060)

28 Apr 88 (Age at Birth: 35) | 2 WARDS ROAD, BRECHIN, DD9 7AS | 07731805886 (mobile)

G8 P7+1 | Baby 1 DOB: 22 Dec 23 at 17:41 (37+4) | No. of Babies: 1 | Booking BMI: 22.43 | Current BMI: 24.06 | Blood Group: O+ | Hb at 37+4/40: 134g/L | PN 122wks, 3d | Current Care: HV

MEOWS

MEWS Score																								
Total Yellow Scores	0																0			0				0
Total Red Scores	0																0			0				0
Respirations / 02																								
Respirations	19																15							17
O2 Saturations	99																98							97
Oxygen currently administered																								No
Flow Rate																								
Temperature																								
Temperature																	37.1							36.2
Pulse / BP (Booking BP 115/57)																								
Observations																								
Conscious Level																								Alert and ...
Urine Output																								
General Condition	Looks Well																Looks Well			Looks Well				Looks Well



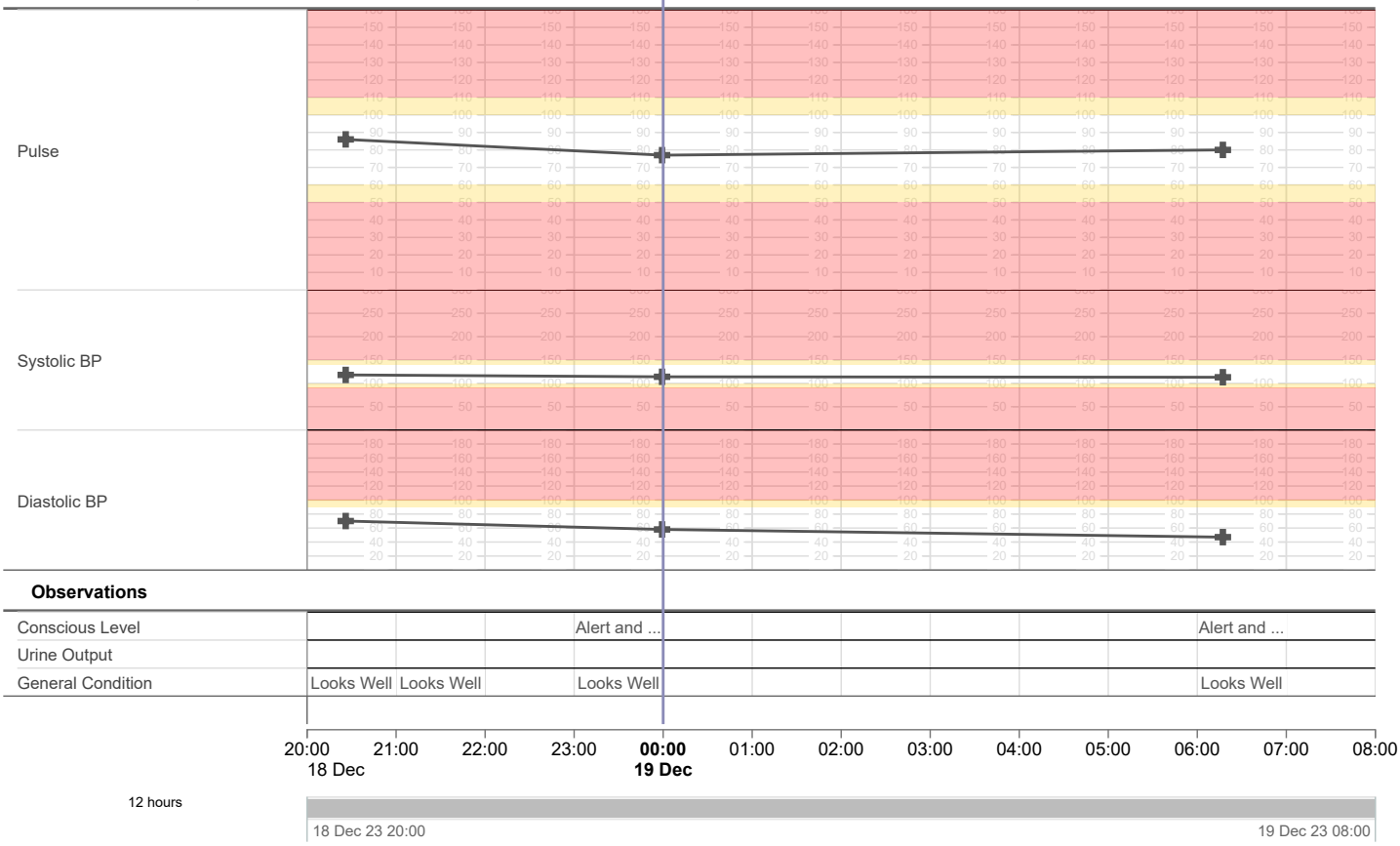
LEONARD, STACEY (CHI: 2804880060 | PMS Number: 2804880060)

28 Apr 88 (Age at Birth: 35) | 2 WARDS ROAD, BRECHIN, DD9 7AS | 07731805886 (mobile)

G8 P7+1 | Baby 1 DOB: 22 Dec 23 at 17:41 (37+4) | No. of Babies: 1 | Booking BMI: 22.43 | Current BMI: 24.06 | Blood Group: O+ | Hb at 37+4/40: 134g/L | PN 122wks, 3d | Current Care: HV

MEOWS

MEWS Score													
Total Yellow Scores	0	0		0								0	
Total Red Scores	0	0		0								0	
Respirations / 02													
Respirations	15			17								15	
O2 Saturations	98			97									
Oxygen currently administered				No								No	
Flow Rate													
Temperature													
Temperature	37.1			36.2								36.7	
Pulse / BP (Booking BP 115/57)													
Observations													
Conscious Level				Alert and ...								Alert and ...	
Urine Output													
General Condition	Looks Well	Looks Well		Looks Well								Looks Well	



LEONARD, STACEY (CHI: 2804880060 | PMS Number: 2804880060)

28 Apr 88 (Age at Birth: 35) | 2 WARDS ROAD, BRECHIN, DD9 7AS | 07731805886 (mobile)

G8 P7+1 | Baby 1 DOB: 22 Dec 23 at 17:41 (37+4) | No. of Babies: 1 | Booking BMI: 22.43 | Current BMI: 24.06 | Blood Group: O+ | Hb at 37+4/40: 134g/L | PN 122wks, 3d | Current Care: HV

MEOWS

MEWS Score

Total Yellow Scores	0
Total Red Scores	0

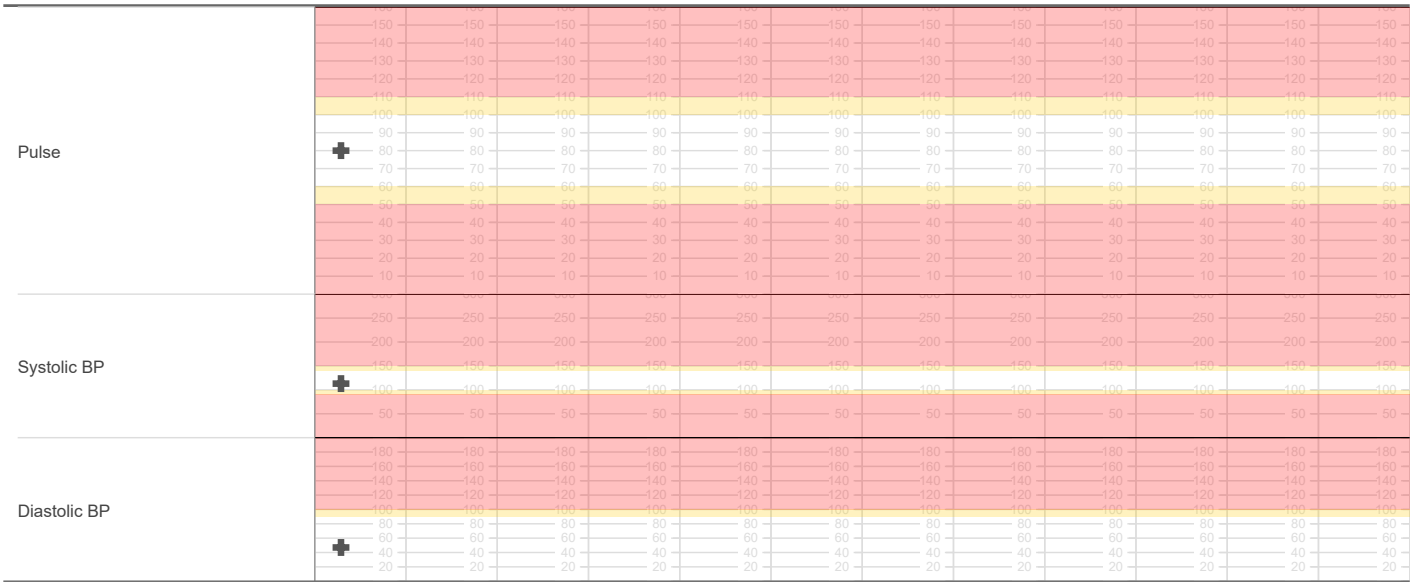
Respirations / 02

Respirations	15
O2 Saturations	
Oxygen currently administered	No
Flow Rate	

Temperature

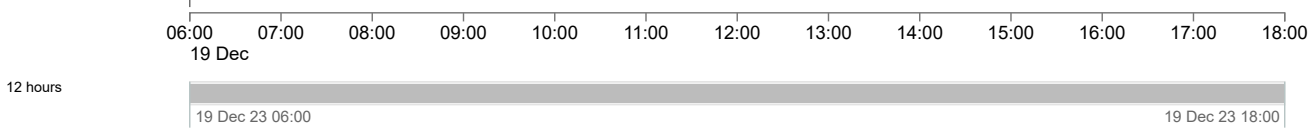
Temperature	36.7

Pulse / BP (Booking BP 115/57)



Observations

Conscious Level	Alert and ...
Urine Output	
General Condition	Looks Well



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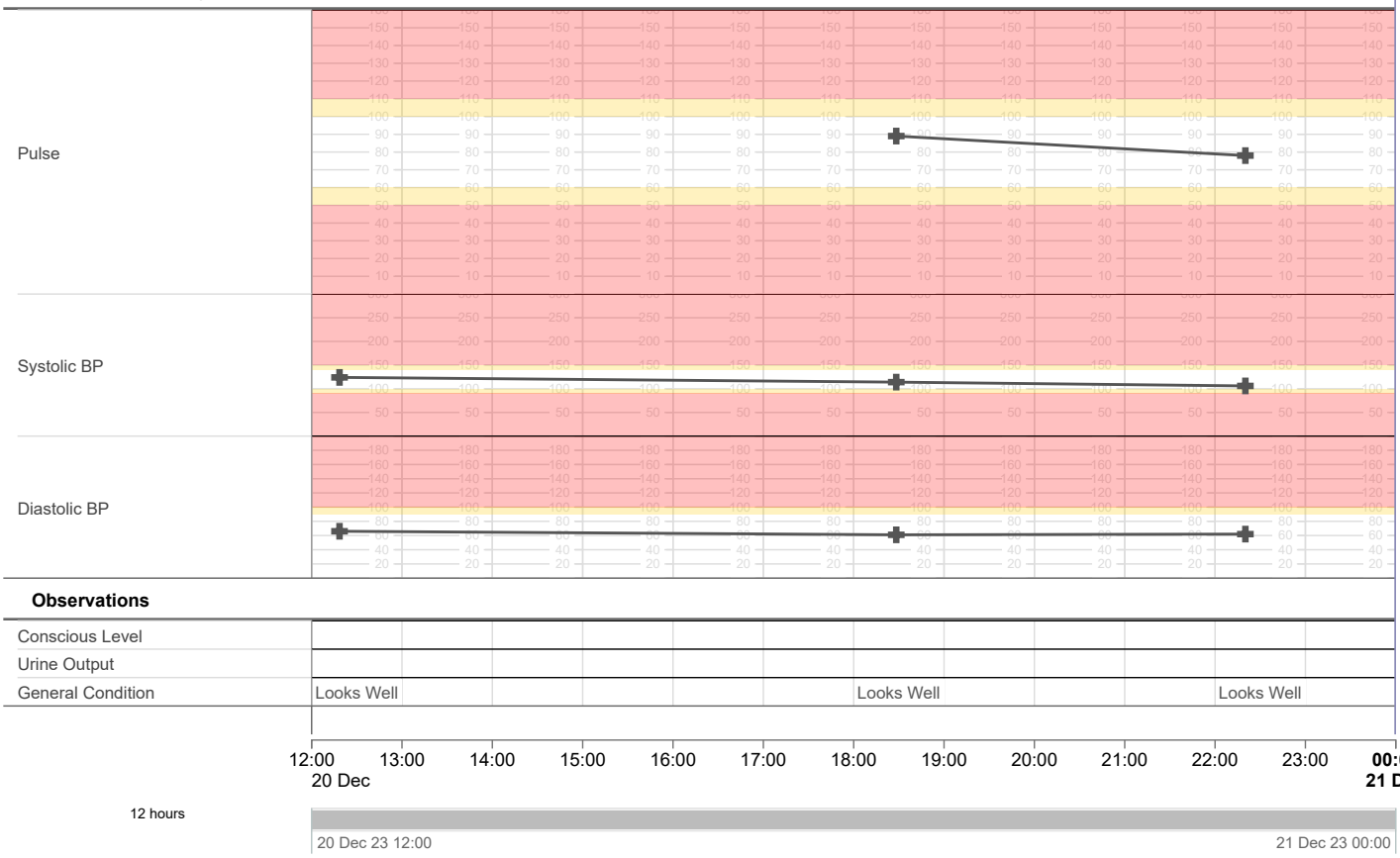
MEOWS

MEWS Score			
Total Yellow Scores	0	0	0
Total Red Scores	0	0	0
Respirations / 02			
Respirations		16	17
O2 Saturations		96	99
Oxygen currently administered			
Flow Rate			
Temperature			
Temperature		36.6	36.6
Pulse / BP (Booking BP 115/57)			
Observations			
Conscious Level			
Urine Output			
General Condition	Looks Well	Looks Well	Looks Well



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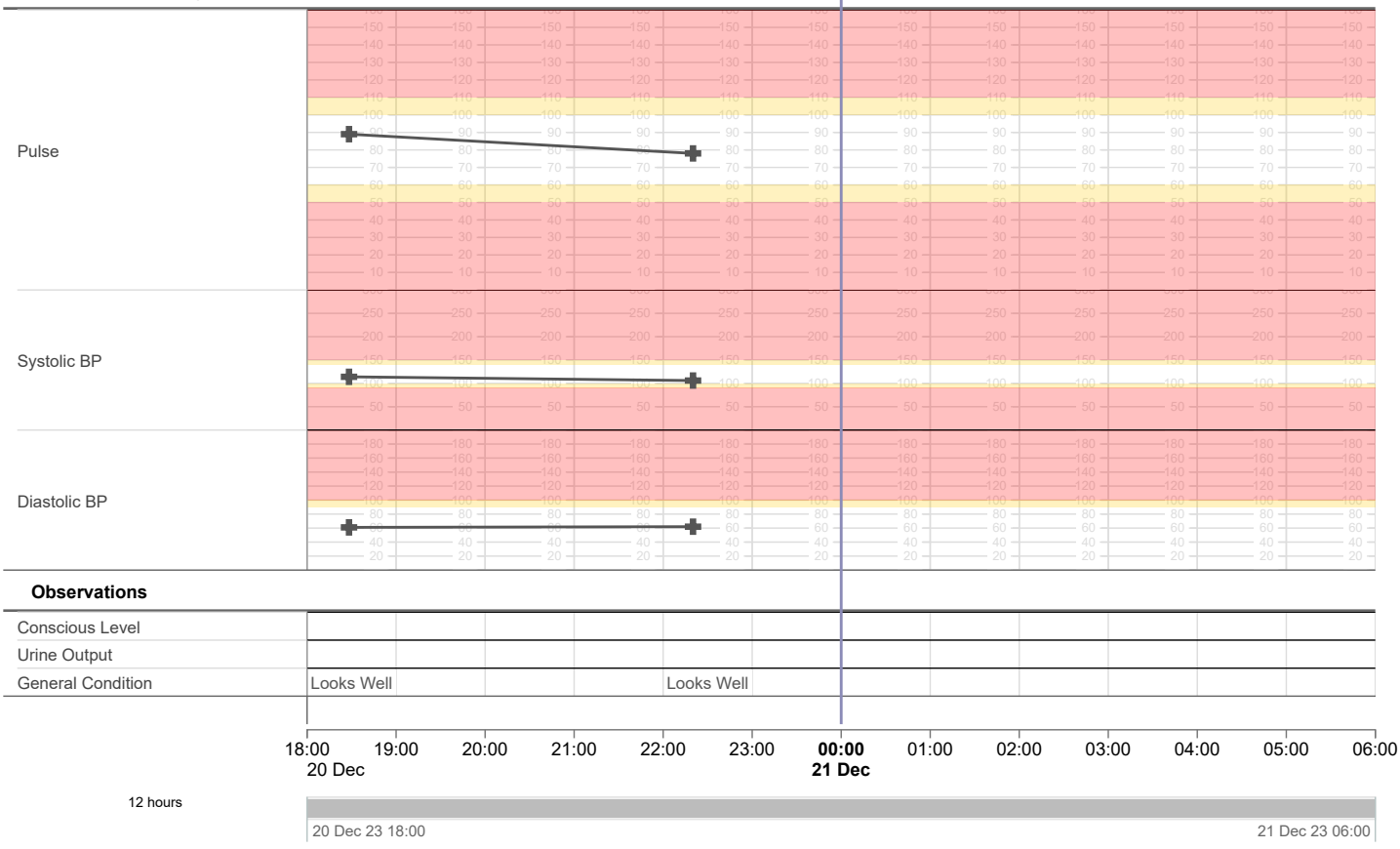
MEOWS

MEWS Score		
Total Yellow Scores	0	0
Total Red Scores	0	0
Respirations / 02		
Respirations	16	17
O2 Saturations	96	99
Oxygen currently administered		
Flow Rate		
Temperature		
Temperature	36.6	36.6
Pulse / BP (Booking BP 115/57)		
Observations		
Conscious Level		
Urine Output		
General Condition	Looks Well	Looks Well



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MEOWS

MEWS Score

Total Yellow Scores	0
Total Red Scores	0

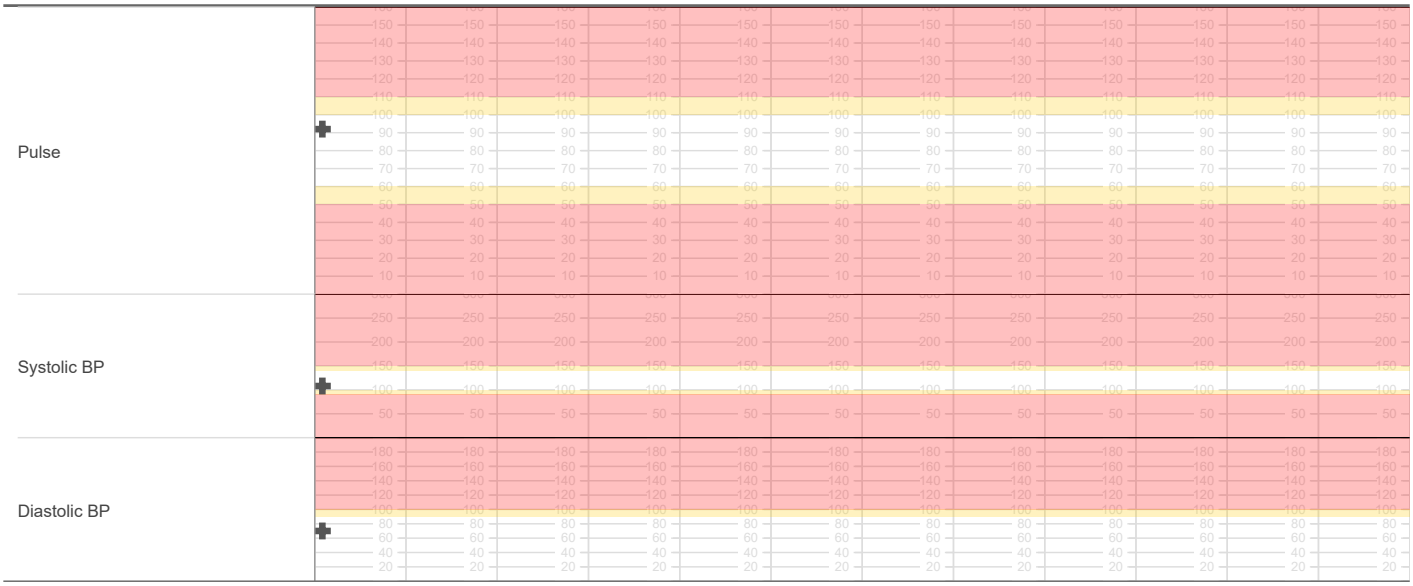
Respirations / 02

Respirations	16
O2 Saturations	96
Oxygen currently administered	
Flow Rate	

Temperature

Temperature	37.3

Pulse / BP (Booking BP 115/57)



Observations

Conscious Level	
Urine Output	
General Condition	Looks Well

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MEOWS

MEWS Score																							
Total Yellow Scores	0			0			4 0			4 0								0					
Total Red Scores	0			0			4 0			4 0								0					
Respirations / 02																							
Respirations	14			15			15			2 12								17					
O2 Saturations	98			98			98			2 97								95					
Oxygen currently administered																							
Flow Rate																							
Temperature																							
Temperature	36.8			36.4			36.5			2 36.7													
Pulse / BP (Booking BP 115/57)																							
Pulse																							
Systolic BP																							
Diastolic BP																							
Observations																							
Conscious Level																							
Urine Output																							
General Condition	Looks Well			Looks Well						Looks Well								Looks Well					

12:00 22 Dec | 13:00 | 14:00 | 15:00 | 16:00 | 17:00 | 18:00 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 | **00:00 23 Dec**

12 hours

22 Dec 23 12:00 — 23 Dec 23 00:00

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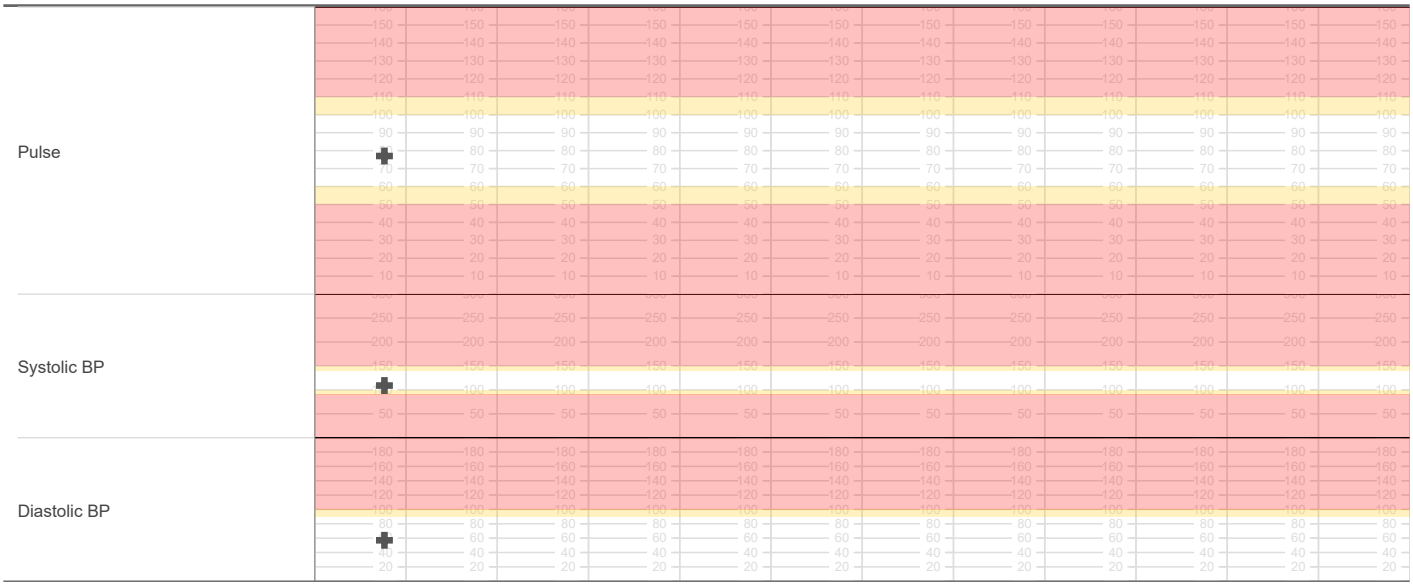
O2 Saturations	98
Oxygen currently administered	
Flow Rate	

Temperature

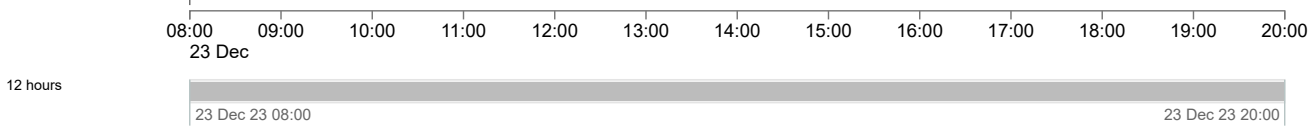
Temperature	36.7

Pulse / BP (Booking BP 115/57)



Observations

Conscious Level	
Urine Output	
General Condition	Looks Well



Confidential Data

FGM	
Date Recorded:	15 Feb 21
Completed By:	Lorna Ford
Do you, your partner, your parents or your family come from a community where cutting or circumcision is practised?:	No
Have you been cut:	No
Female Genital Mutilation:	None
Has the woman had any of the following performed on the genital area:	None
Confirmation Method:	Self report

Medical Issues	
Previous Vaginal and STI's:	Candida Albicans - Thrush, Vaginosis

Postal Address	
Postcode:	DD10 8EF

Current Pregnancy Details

Dates	
Pregnant Before:	Yes
Cycle Length:	27 Minimum 28 Maximum
Bleeding since LMP:	Lighter than usual
Date and Time Pregnancy Opened:	10 Feb 21 at 11:24
Sure of LMP :	Yes
LMP:	23 Dec 20
EDD by Dates:	29 Sep 21
EDD by Scan Available:	Yes
EDD by Scan:	29 Sep 21
EDD Determinable:	Yes
Certainty of Gestation based on Scan:	No Scan given
Agreed EDD:	29 Sep 21
Date Booked:	15 Feb 21 at 14:22
Location of Booking (SMR02):	Arbroath Infirmary
Is the midwife the first point of contact?:	Yes
Booked elsewhere in UK:	No
Information Supplied By:	Mother
Does the Woman Live Within the Trust/Board Catchment Area:	Yes
Mother carrying her own notes:	Yes

Menstruation, Conception and Contraception	
New Partner:	No
Planned Pregnancy:	No
Previous Contraception:	Oral contraceptive pill

Episiotomy, Tears and Perineal Trauma

Episiotomy, Tears and Perineal Trauma	
Intact Perineum:	Yes
Episiotomy:	No
Tear:	No
Other Trauma to Vaginal Tract:	No
PR Examination Performed:	No

Medical History

General

Allergies or Adverse Reactions:	Yes
Blood Group and Rhesus Factor:	O+
Blood Transfusions:	Never
Blood Transfusion Acceptable:	Yes
Blood Products Acceptable:	Yes
Ever Admitted to ICU:	No
Difficulty Accessing Veins:	No
Genetic Counselling:	No
Previous Infections:	Chickenpox

Have you been to a Zika infected country during your pregnancy or within 8 weeks before conception:	No
Admission to A&E in the last 12 months:	No
Attended healthcare institution abroad in the last 12 months:	No
Any exposure to toxic substances:	No

Medical

Any MedicalProblems: No

Cardiac

Cardiac:	No
Hypertension:	No

Respiratory

Asthma:	No
Lung Disorders:	No
Other Respiratory Disease:	No

Digestive

Gastrointestinal:	No
Liver:	No

Renal

Renal:	No
Liver:	No

CNS/Neurological

Epilepsy:	No
Neurological:	No

Endocrine

Endocrine:	No
Diabetes:	No

Immune

Rheumatological: No

Musculoskeletal

Muscular Disorders:	No
Bone Disorders:	No
Joint Disorders:	No
Back Disorders:	No
Broken or Fractured Bones:	No

Haematological

Haematological:	No
Thrombosis:	No

Other

Infectious disease:	No
Skin:	No
Congenital Abnormality(ies):	No
Gynaecological:	LLETZ/LEEP Biopsy
Cancer (current/previous):	No
Other Medical Problems:	No

Surgical

Any previous surgery/procedure:	Yes
Previous Anaesthetic(s):	GA
Non-obstetric Operations:	Other: cx lletz and dental surgery
Previous Anaesthetic Problems:	None
Anaesthetic Problems in Blood Relative:	None
Anaesthetic Problems in Partner:	None

Cervical Smears

Last Smear:	Within last year
Result:	Normal
Cervical smear required postnatally:	No
Colposcopy Referral:	Yes
Ever Had A LLETZ/LEEP Biopsy:	Yes
Number of LLETZ Procedures:	1
Ever had a Cold Knife Cone Biopsy:	No
Ever had a Punch Biopsy:	No

Dental

Registered with Dentist:	Yes
Do you go to the dentist regularly?:	Yes
Bleeding After Dental Treatment:	No
Routine Antibiotics:	No
Additional Notes:	had all teeth removed after last birth and is being fitted for dentures

Diet Type

Diet Type:	Conventional

Vitamins and Supplements During Pregnancy

Folic Acid:	Yes
Folic Acid Start Time:	Before 12 weeks
Dose:	400 mcg
Vitamin D:	10 mcg per day
Other vitamins/supplements:	No
Healthy Start Vitamins Offered:	Yes
Healthy Start Vitamins Given:	No
Why Were They Not Given?:	Other: phonecall

Prescription Medication

During the Previous 12 Months:	Antibiotics, Other: quetiapine, fluoxetine, sertraline

Non Prescription Medication (Self Medication)

During the Previous 12 Months:	None

Down, Depressed or Hopeless:	Yes
Little Interest Or Pleasure:	Yes
Outcome of Whooley depression-screening:	Positive
Help Required:	Yes - Referral required
Nervous, anxious or on edge:	Not at all
Unable to stop/control worrying:	Nearly every day
GAD2 Score:	3
Emotional Wellbeing:	Feeling low/concerns identified
Emotional Wellbeing Details:	Feels a bit all over the place just now, has just started medication, under the care of the metal health team now

Mental Health Assessment

Using a scale of 0 to 10 how do you feel your mood is today?:	4
Have you had/experienced any worrying thoughts, feelings of guilt, strange or upsetting or unusual thoughts?:	Sometimes
Detail:	often
How long have you been feeling this way?:	At least 6 months
Is this affecting you?:	Constantly
Are you able to enjoy things in your life?:	Sometimes
Detail:	Occasional night terrors
Have you had trouble sleeping/ falling asleep/ staying asleep/ waking up unrested?:	Sometimes
How is your appetite?:	I have a good appetite
Do you feel you are avoiding doing things including going out or having contact with family and friends?:	Sometimes

Mental Health Problems:	Anxiety, Depression - in past, Severe Postnatal Depression, Other: personality disorder
Previous Mental Health Referrals:	Under care of secondary mental health services
Are any of the problems on-going at the moment?:	Yes
Details of any agency providing mental health support:	sees mental team in Stracathro CPN Sandra Lindsay phones every week Dr Closs phone appointments nect 24th March
Are they aware of current pregnancy?:	Yes
Have you seen a Psychiatrist before?:	Yes
Diagnosis:	personality disorder
Treatment:	Medication
Were you admitted to hospital?:	No
Did your mental health problems occur during pregnancy or within six months of having a baby?:	Yes
Current risk:	None
Current symptoms/New Diagnosis:	Feels depressed or low in mood, Mood swings, Anxiety/panic attacks, Past postnatal depression, no hospitalisation
Any current treatment?:	Yes
Details:	already being treated
Do you have a close family member (Parent or sibling) with a history of bi-polar disorder (manic depression) or any other serious mental illness?:	Yes
Relationship:	Mother, Sister, Grandmother
Was the serious mental health illness Bi-Polar, Schizophrenia or Psychosis?:	Yes
Have you been referred to perinatal mental health?:	Yes
Mental Health Problems Ever (Current Partner):	No
Ever Overdosed:	Yes Accidental paracetamol during pregnancy with Riley, had a kidney infection
Overdose Drug Known:	Yes
Details:	paracetamol
Ever Self Harmed:	Yes between 18 and 20 years old, feels is no longer an issue
Any Recent Stressful/Adverse Life Events:	Yes
Details:	coping with disabled child causing a lot of stress
Did you have any Adverse Childhood Experiences (ACEs) occurring in childhood?:	Being the victim of abuse (physical, sexual and/or emotional), Other
Details:	abused by step-grandad from birth till the age of 4, home till she was 7, physical, sexual, emotional abuse removed from mother's care and accommodated, feels has had a huge impact now. Perpetrator hung himself and was not prosecuted

Recreational Drugs or Substances

Ever Used Drugs: No

Current Partner Using Drugs:	No

Does your partner currently or has s/he attended an addiction service:	No

Alcohol	
Average Before Conception:	0
Average Units Per Day Before Conception:	0
Average Since Conception:	0
Average Units Per Day Since Conception:	0
Average Units Per Week (Current Partner):	0
TWEAK / Brief Intervention needed:	No

Date of Last Alcoholic Drink:	Unknown

Smoking	
Ever Smoked:	No
During the 12 Months before Conception:	No
Smoker At Booking:	No
Smokers In Household:	0

Family Health	
Consanguineous Relationship:	No
Any Family Health Issues:	Yes
Genetic Counselling:	No
Genetic Disorders:	No
Genetic Disorders:	No
Congenital Abnormalities:	No
Congenital Abnormalities:	No
Familial Diseases:	No
Congenital Deafness:	No
Deafness Acquired:	No
Diabetes:	No
Blood Disorders:	No
Is any member of your household Hepatitis B Positive?:	No
Sickle Cell Anaemia:	No
MCADD:	No
Asthma:	No
Asthma:	No
Thrombosis or PE:	No
Hypertension:	No
Pre-Eclampsia:	No
Anaesthetic Problems:	No
Developmental Dysplasia of the Hip:	No
Severe Jaundice at Birth:	No
Learning Difficulties:	No
Postnatal Depression:	Yes: sister
Mental Health Problems:	Mother's blood family: sister, mother,grandmother
Multiple Pregnancies:	No
Stillbirths or Multiple Miscarriages:	No
Sudden Infant Deaths (SIDS):	No

TB Risk Assessment (for the Baby)	
Born In High Prevalence Area:	No
TB within Last 5 Years:	No
Move to High Prevalence Area:	No
Not Immunised:	No

Labour and Birth

Onset of Labour	
Onset of Labour:	Spontaneous

Expected Neonatal Admissions	
Number of Fetuses:	1
Baby 1 Expected Neonatal Admission:	No
Expected Pregnancy Loss:	No

First Stage	
Date and Time Labour Established:	24 Sep 21 at 19:00
Labour Augmented (Stage 1):	No
Maternal Problems:	None

1st Stage Outcome	
First Stage Outcome:	Progressed to 2nd Stage

Second Stage	
Date and Time Cervix Fully Dilated:	24 Sep 21 at 21:45
Date and Time Active Pushing Commenced:	23 Sep 21 at 21:45
Labour Augmented (Stage 2):	No
Hands On Offered?:	Yes
Hands On Accepted?:	Accepted
Hands On?:	Yes
Warm Compress Offered:	No
Warm Compress Applied:	No

Instrumental Birth	
Instrumental birth to be attempted:	No

2nd Stage Outcome	
Second Stage Outcome:	Vaginal Birth
Date and Time Presenting Part Visible Baby 1:	24 Sep 21 at 22:50
Head Birthed Baby 1:	24 Sep 21 at 21:52

Birth	
Number of Babies Born this Pregnancy:	1
Final Place Of Birth:	NHS hospital - Shared (Consultant/GP/Midwife)
Final Type of Birth:	Vaginal Birth
Vaginal Birth after Caesarean Section:	Not applicable

Baby 1	
Entity ID:	11e6d14324554197822fc18ef8b6807b
Registration Status:	Registerable
Birth Outcome:	Livebirth
Date and Time of Birth:	24 Sep 21 at 21:52
Gestation:	39 weeks 2 days
Type of Birth:	Spontaneous Cephalic
Place of Birth:	NHS hospital - Shared (Consultant/GP/Midwife)
Location of birth/Unit responsible for birth:	Ninewells Hospital Maternity
Resuscitation:	Not Required
Shoulder Dystocia:	No

3rd Stage	
Methods Discussed and Consent Gained:	Yes
Oxytocic Drug:	Syntometrine 1ml IM
Time Oxytocic drug given:	24 Sep 21 at 21:54
Repeat Oxytocic Drug:	None
Maternal Problems:	None

Date and Time Placenta Birthed:	24 Sep 21 at 22:00
Main Placental Birth Method:	Controlled Cord Traction

Labour Care	
One to One Care During Labour:	Yes
Same Midwife During Labour:	Yes
Was the woman discharged home for Outpatient Induction of Labour at any point:	No

Skin to Skin Discussions	
Topics Discussed:	Yes
Date and Time Discussed:	04 Aug 21 at 16:41
Unhurried skin contact:	Yes
Recognising early feeding cues:	Yes
Offering the first feed in skin contact:	Yes

Post-Birth	
Placenta:	Apparently Complete
Placenta Appearance:	Normal
Membranes:	Appears Complete
Placenta, Cord or Membranes Sent For Pathology:	No
Family would like Placenta, Cord or Membranes returned:	No

Cord Blood - Baby 1	
Number of Cord Vessels:	3
Cord Problems (excluding number of vessels):	None
Cord Blood Tests:	No

IV Therapy:	Sodium Chloride 0.9%, Other: oxytocin 40 i/u
Stem Cell Collection Made:	No
Woman transferred in labour:	No
Maternal Problems Post Birth:	None
Summary of analgesia and anaesthesia given during labour and birth:	Entonox

Woman's Demographic Details

Woman's Demographic Details	
National ID:	2804880060
CHI Number:	2804880060
Hospital Number:	2804880060
Pregnancy Management Type:	NHS
DoB:	28 Apr 88
Title:	Ms
Forename:	Stacey
Middle Name:	Louise
Surname:	Leonard
Address:	2 Wards Road Brechin Angus
Postcode:	DD9 7AS
Mobile:	07368 227877
Home:	07892630501
1st Preferred Contact Number:	Mobile
Email Address:	stacdecril1610@gmail.com

Communication and Mobility	
Speech Or Hearing Problems:	None
Primary Language:	English
Interpreter/Communication Professional Required:	No
Sight Problems:	None
Mobility Problems:	None
Learning Disability:	No
Learning Difficulties:	None
Special Needs:	None
Specific contact method required:	Telephone
Specific information format required:	No
Self Identified Disability:	No

Woman's Details

Woman's Country of Birth:	United Kingdom of Great Britain and Northern Ireland
Woman's Ethnic Group:	99. Not Known
Family Origin:	United Kingdom
Woman's Citizenship:	British Citizen
Woman served in the armed forces:	No
No recourse to public funds:	No
Overseas visitor:	No
Woman's Employment Status:	Housewife
Partnership Status:	Never married nor registered civil partnership
Support Status:	Lives with husband/partner/family
Do you feel supported?:	Yes
Accommodation:	Housing association rental
Religion:	02 - Roman Catholic
Do you have any cultural needs:	No
Do you have any adopted or step children:	No

Gender and Sexuality

Sexuality:	Heterosexual
Is your gender the same as you were assigned at birth:	Yes
Gender:	Female

Biological Father's Details

Biological Father is Current Partner:	Yes
Biological Father's Details:	Known
Biological Father's Forename:	Steven
Biological Father's Surname:	Grant
Biological Father's Date of Birth:	15 Jun 85
Contact Number:	07706187077

Biological Father Aware of Pregnancy:	Yes
Biological Father is Next of Kin:	Yes
Biological Father's Country of Birth:	United Kingdom of Great Britain and Northern Ireland
Biological Father's Ethnic Group:	1A. Scottish
Biological Father's Family Origin:	United Kingdom
Biological Father's Other Family Origins:	United Kingdom
Biological Father's Citizenship:	British Citizen
Biological Father served in the armed forces:	No
Biological Father No recourse to public funds:	No
Biological Father Overseas Visitor:	No
Biological Father's Employment Status:	Unemployed - with benefits
Biological Father's Last Occupation:	banksman

Gender and Sexuality

Gender:	Male
Preferred pronouns:	He/Him

Next of Kin/First Emergency Contact	
Forename:	Steven
Surname:	Grant
Interpreter/Communication Professional Required:	No
Address:	2 WARDS ROAD BRECHIN
Postcode:	DD9 7AS
Mobile:	07706187077
Relationship:	PARTNER
Is this your partner or supporter?:	Yes
Partner's date of birth:	15 Jun 85
Is this contact the woman's emergency contact?:	Yes

Caesarean Section Operation Note

Caesarean Section Operation Note	
Was the woman discharged home for Outpatient Induction of Labour at any point:	No
Baby 1 Date and Time of Birth:	24 Sep 21 at 21:52
Date and Time Placenta Birthed:	24 Sep 21 at 22:00
Main Placental Birth Method:	Controlled Cord Traction

Closure	
Summary of analgesia and anaesthesia given during labour and birth:	Entonox

Portal Pre-booking

General	
Mobile:	07368 227877
Home Telephone Number (landline):	01356622497
What is your preferred contact number?:	Mobile
Email Address:	stacdecril1610@gmail.com

Communications/ Mobility	
Do you have any speech or hearing problems?:	None
What is the main language that you speak?:	English
Do you have any problems with sight?:	None
Do you have any problems with mobility?:	None
Learning Disability:	No
Do you have any learning difficulties?:	None
Do you have any special needs?:	None
Specific information format required:	No

Woman's Details	
Were you born in the United Kingdom (England, Scotland, Wales, Northern Ireland)?:	Yes
What is your ethnicity?:	1A. Scottish
Think of your family through the generations. What is the main country that they are from?:	United Kingdom
What is your citizenship?:	British Citizen
What is your employment status?:	Housewife
Which partnership status do you have?:	Never married nor registered civil partnership
Who do you live with?:	Lives with husband/partner/family
Do you feel supported?:	Yes
What is your accommodation?:	Housing association rental
What is your religion?:	00R121 - None

Biological Father's Details	
Is the father of the baby your current partner?:	Yes
First name:	Steven
Last name:	Grant
Date of Birth:	15 Jun 85
Type of Contact Number:	Mobile
Telephone number:	07706187077
What is their ethnicity?:	1A. Scottish
Think of their family through the generations. What is the main country that they are from?:	United Kingdom
What other countries are in their family from the past? Select as many as you wish. If none, leave blank.:	United Kingdom
What is their citizenship?:	British Citizen
What is their employment status?:	Unemployed - with benefits
If they are not working at the moment, what was their last job?:	banksman

Next of Kin	
Is the Biological Father your next of kin?:	Yes

Do you have any allergies or adverse reactions?:	Yes
Type:	Allergy
Substance Type:	Non-medication
Substance:	Latex
Type of Reaction:	Rash, Other Type of Reaction
Severity:	Moderate

Medical	
Have you ever had a blood transfusion?:	No
Have you had any of these infections before? Pick any that you have had.:	Group B Streptococcus, Chickenpox
Have you visited A&E in last 12 months?:	No
Are you ever exposed to dangerous substances?:	No

Postpartum Haemorrhage (PPH)

Treat	
Date and Time Placenta Birthed:	24 Sep 21 at 22:00
Placenta Complete:	Apparently Complete

GP Details (Woman)

Registered GP	
National Code:	7042388
Name:	Morley, Tara
Practice Name:	Brechin Medical Practice
Address:	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin
Postcode:	DD9 7AN
Telephone Number:	01356 624411
Practice Code:	10498/1

Lead Professionals (Administration Only)	
Lead Professional Type:	Midwife - Trust
Lead Professional:	Ford, Lorna
Named Consultant Obstetrician:	Pauline Lynch
Named Midwife:	Lorna Ford

Rupture of Membranes

Baby 1	
Baby 1 Date/Time Membranes Ruptured:	24 Sep 21 at 21:30
Baby 1 Method of Membrane Rupture:	Spontaneous
Baby 1 Liquor State at RoM:	Clear

Social Plan

Social Plan	
Summary of Concerns:	Have you ever needed social work assistance - Yes Cause for concern - Yes

Previous Pregnancy

Last saved on 19 Feb 21 11:42 by Lorna Ford

Previous Pregnancy Details	
Date of Previous Birth Estimated:	No
Date of Previous Birth:	05 Jun 08
Gestation:	39 Weeks 4 Day(s)
Number of Babies:	Singleton
Outcome (Baby 1):	Livebirth

Woman's Details	
Pregnancy Outcome:	Registerable Birth
Place:	UK Hospital
Hospital of Birth:	Ninewells Hospital Maternity
Maternal Problems (Pregnancy):	None
Any Interventions for Preterm Labour:	Other: steroids
Onset of Labour:	Spontaneous
Anaesthetic:	Combined Spinal/Epidural
Anaesthetic Problems:	None
Maternal Problems (Labour):	None
Genital tract trauma:	2nd Degree Tear - Perineal muscles but not involving the anal sphincter.
Maternal Problems (Post Birth):	Postnatal Depression
Additional Notes:	?PTL at 28 weeks, given steroids Doesn't think had medication for PND perineal infection PN EBL 200MLS

Baby 1	
DoB:	05 Jun 08
Baby's Name:	DECLAN ELLIS
Sex:	Boy
Birthweight:	2800 grams 6 lbs 2 oz
Birthweight Centile (WHO):	between 2.00 and 9.00
Gestation:	39 Weeks 4 Day(s)
Baby Problems (Pregnancy):	FGR / SGA
Baby Problems (Labour):	Fetal distress
Presentation:	Cephalic
Type of Birth:	Ventouse
Reason for Ventouse Birth:	Fetal distress
Shoulder Dystocia:	No
Any Neonatal Concerns:	No
Neonatal Admission:	No
Abnormalities:	None
Feeding Method:	Breastmilk Only
Breastmilk For:	Less than 1 Month
Current Status:	Alive
Any Problems:	Other: autism
Where is the Child Now:	Living with Parents

Previous Pregnancy

Last saved on 15 Feb 21 14:44 by Lorna Ford

Previous Pregnancy Details	
Date of Previous Birth Estimated:	No
Date of Previous Birth:	31 Dec 09
Gestation:	8 Weeks 5 Day(s)
Number of Babies:	Singleton
Outcome (Baby 1):	ToP

Ninewells Hospital Maternity

, DD2 1UB

Woman's Details	
Pregnancy Outcome:	ToP
Place:	UK Hospital
Hospital of Birth:	Ninewells Hospital Maternity
Maternal Problems (Pregnancy):	None
Reason:	Social
Method:	Medical
Maternal Problems (Post Birth):	None

Previous Pregnancy

Last saved on 19 Feb 21 11:42 by Lorna Ford

Previous Pregnancy Details	
Date of Previous Birth Estimated:	No
Date of Previous Birth:	28 May 11
Gestation:	39 Weeks 5 Day(s)
Number of Babies:	Singleton
Outcome (Baby 1):	Livebirth

Woman's Details	
Pregnancy Outcome:	Registerable Birth
Place:	UK Hospital
Hospital of Birth:	Montrose Royal Infirmary
Maternal Problems (Pregnancy):	None
Any Interventions for Preterm Labour:	None
Onset of Labour:	Spontaneous
Anaesthetic:	None
Maternal Problems (Labour):	None
Genital tract trauma:	1st Degree Tear - Injury to perineal skin only
Maternal Problems (Post Birth):	None
Additional Notes:	EBL <500MLS

Baby 1	
DoB:	28 May 11
Baby's Name:	RILEY ELLIS
Sex:	Boy
Birthweight:	3160 grams 6 lbs 15 oz
Birthweight Centile (WHO):	between 9.00 and 25.00
Gestation:	39 Weeks 5 Day(s)
Baby Problems (Pregnancy):	None
Baby Problems (Labour):	None
Presentation:	Cephalic
Type of Birth:	Normal
Water Birth:	No
Shoulder Dystocia:	No
Any Neonatal Concerns:	No
Neonatal Admission:	No
Abnormalities:	None
Feeding Method:	Breastmilk Only
Breastmilk For:	Less than 1 Month
Current Status:	Alive
Any Problems:	None
Where is the Child Now:	Living with Parents

Previous Pregnancy

Last saved on 19 Feb 21 11:45 by Lorna Ford

Previous Pregnancy Details	
Date of Previous Birth Estimated:	No
Date of Previous Birth:	11 Jul 13
Gestation:	37 Weeks 3 Day(s)
Number of Babies:	Singleton
Outcome (Baby 1):	Livebirth

Woman's Details	
Pregnancy Outcome:	Registerable Birth
Place:	UK Hospital
Hospital of Birth:	Ninewells Hospital Maternity
Maternal Problems (Pregnancy):	APH
Any Interventions for Preterm Labour:	None
Onset of Labour:	Spontaneous
Anaesthetic:	None
Maternal Problems (Labour):	Prolonged ROM
Genital tract trauma:	Intact
Maternal Problems (Post Birth):	None
Additional Notes:	GBS on swab no neonatal complications, cannot find evidence from notes, report from mum multiple APHs, ?cause EBL 200MLS

Baby 1	
DoB:	11 Jul 13
Baby's Name:	BENTLEY GRANT
Sex:	Boy
Birthweight:	2610 grams 5 lbs 12 oz
Birthweight Centile (WHO):	between 9.00 and 25.00
Gestation:	37 Weeks 3 Day(s)
Baby Problems (Pregnancy):	FGR / SGA
Baby Problems (Labour):	None
Presentation:	Cephalic
Type of Birth:	Normal
Water Birth:	No
Shoulder Dystocia:	No
Any Neonatal Concerns:	No
Neonatal Admission:	No
Abnormalities:	None
Feeding Method:	Standard Formula Milk Only
Current Status:	Alive
Any Problems:	Other: currently being assessed for ADHD
Where is the Child Now:	Living with Parents

Previous Pregnancy

Last saved on 19 Feb 21 11:46 by Lorna Ford

Previous Pregnancy Details	
Date of Previous Birth Estimated:	No
Date of Previous Birth:	15 Mar 15
Gestation:	37 Weeks 4 Day(s)
Number of Babies:	Singleton
Outcome (Baby 1):	Livebirth

Ninewells Hospital Maternity

, DD2 1UB

Woman's Details	
Pregnancy Outcome:	Registerable Birth
Place:	UK Hospital
Hospital of Birth:	Montrose Royal Infirmary
Maternal Problems (Pregnancy):	None
Any Interventions for Preterm Labour:	None
Onset of Labour:	Spontaneous
Anaesthetic:	None
Maternal Problems (Labour):	None
Genital tract trauma:	Intact
Maternal Problems (Post Birth):	Postnatal Depression
Additional Notes:	was on meds for PND EBL 200MLS

Baby 1	
DoB:	15 Mar 15
Baby's Name:	AILSA GRANT
Sex:	Girl
Birthweight:	2660 grams 5 lbs 13 oz
Birthweight Centile (WHO):	between 25.00 and 50.00
Gestation:	37 Weeks 4 Day(s)
Baby Problems (Pregnancy):	None
Baby Problems (Labour):	None
Presentation:	Cephalic
Type of Birth:	Normal
Water Birth:	No
Shoulder Dystocia:	No
Any Neonatal Concerns:	No
Neonatal Admission:	No
Abnormalities:	None
Feeding Method:	Standard Formula Milk Only
Current Status:	Alive
Any Problems:	None
Where is the Child Now:	Living with Parents

Previous Pregnancy

Last saved on 17 May 23 16:18 by Lorna Ford

Previous Pregnancy Details	
Date of Previous Birth Estimated:	No
Date of Previous Birth:	16 May 20
Gestation:	37 Weeks 2 Day(s)
Number of Babies:	Singleton
Outcome (Baby 1):	Livebirth

Ninewells Hospital Maternity

, DD2 1UB

Woman's Details	
Pregnancy Outcome:	Registerable Birth
Place:	UK Hospital
Hospital of Birth:	Ninewells Hospital Maternity
Maternal Problems (Pregnancy):	None
Any Interventions for Preterm Labour:	None
Onset of Labour:	Induced
Induction Reason:	IUGR
Anaesthetic:	None
Maternal Problems (Labour):	None
Genital tract trauma:	Intact
Maternal Problems (Post Birth):	Postnatal Depression
Additional Notes:	Feels PND was much much worse this time. Admission to mother and baby unit was considered but stayed at home with psychiatry input and medication. Still feels is trying to cope with everything. Sees CPN and psychologist regularly. They are aware she is pregnant. EBL 200MLS

Baby 1	
DoB:	16 May 20
Baby's Name:	ARIA GRANT
Sex:	Girl
Birthweight:	2340 grams 5 lbs 2 oz
Birthweight Centile (INTERGROWTH):	8.02
Birthweight Centile (WHO):	between 9.00 and 25.00
Gestation:	37 Weeks 2 Day(s)
Baby Problems (Pregnancy):	FGR / SGA
Baby Problems (Labour):	None
Presentation:	Cephalic
Type of Birth:	Normal
Water Birth:	No
Shoulder Dystocia:	No
Any Neonatal Concerns:	No
Neonatal Admission:	No
Abnormalities:	None
Feeding Method:	Standard Formula Milk Only
Current Status:	Alive
Any Problems:	Cardiac problems: valve problem?regurgitation
Where is the Child Now:	Living with Parents

Local Identifier

Last saved on 10 Feb 21 11:24 by Elaine Devlin

Date and Time:	10 Feb 21 at 11:24
Location Name:	Ninewells Hospital Maternity
Local/Hospital ID:	2804880060

Open Pregnancy

Last saved on 20 Nov 21 08:33 by (no user)

Open Pregnancy	
Date Pregnancy Opened:	10 Feb 21 at 11:24
Reason For Opening:	Episode Created
Booking Type:	Express Booking

Communication

Last saved on 10 Feb 21 11:27 by Elaine Devlin

Communication

Date and Time:	10 Feb 21 at 11:24
Communication Type:	Telephone call
Call Number:	1
Communication Direction:	Outgoing
Call between:	Early Pregnancy
and:	Woman
Caller 1 name:	Devlin, Elaine
Pregnancy Period:	Antenatal

Background

Feeling unwell:	No
Have you been in close contact with a person who is known to have been infected with coronavirus (COVID-19)?:	No
Do you live with someone who has symptoms of COVID-19 such as high temperature or a new continuous cough?:	No
Have you had a loss of, or change in sense of smell or taste?:	No
Have you had a COVID-19 positive screening during your pregnancy?:	No
Due to COVID-19 are you shielding?:	No
Have you a cough?:	No
Have you been feeling breathless/shortness of breath?:	No
Have you got a temperature (feeling hot to touch on the chest or abdomen)?:	No
LMP:	23 Dec 20
Gravida and Para:	6 Para 5 + 0
Reason for call:	PV Loss
Call Details:	History of spotting for 3 days - brown,mostly on wiping Approx 6-7 wks gestation

Actions

Advice Given:	Attend EPAC today at 13.30
Call Duration:	5 Minute(s)

Recommendation

Plan:	Refer Early Pregnancy
Decision Support:	Woman agrees with plan
Ambulance Required:	No

Add to Chronology: Yes

Appointment

Last saved on 27 Apr 26 11:20 by Interface Account

Appointment Details

Date and Time:	10 Feb 21 at 13:45

EPAGU Contact

Last saved on 10 Feb 21 15:49 by Sarah Downie

Details	
Visit Number:	1
Time started:	10 Feb 21 at 15:45
Type:	Early Pregnancy
Referral Source:	Self
Seen by:	Sarah Downie
Additional Notes:	PV bleeding on and off for a few days, anxious. TAS - IU GS/YS/FP seen - CRL 6.5mm, approx 6+3 gestation. FH action seen. No reason for bleeding seen.

Discharge Management	
Time ended:	10 Feb 21 at 15:47
Final Diagnosis:	Viable pregnancy
Discharge Plan:	Discharge
Woman aware to contact midwife:	Yes
Midwife Contact:	To book with CMW - self referral details given.
Date/Time of Discharge:	10 Feb 21 at 15:47

Ultrasound Scan

Last saved on 10 Feb 21 15:49 by Sarah Downie

Scan Details	
Scan Number:	1
Consent Obtained:	Yes
Details Recorded:	10 Feb 21 at 15:48
Scan Performed:	10 Feb 21 at 15:48
Location:	Early Pregnancy Advice Unit
Chaperone Present:	Yes
Type of AN Scan Intended for this Visit:	Early Pregnancy Viability
Early Pregnancy Viability Indication:	Possible Ectopic, Possible Miscarriage
Bladder:	Empty
Route:	Abdominal
AN Scan Completed:	Yes
Machine Used:	voluson p8
Image Quality:	Good
Number of Babies on Scan:	Singleton

Fetus 1	
Fetal Heartbeat Present at Start of Procedure:	Yes

Fetus 1 - Viability and Dating	
Gestation Sac Details:	Regular
Crown Rump Length:	6.5 mm

Maternal Findings	
Right Ovary:	Not visible
Left Ovary:	Not visible
Right Adnexal Mass:	No
Left Adnexal Mass:	No
Free Fluid Pouch of Douglas:	No
Anti D Required:	No

Change Care Location (Woman)

Last saved on 11 Feb 21 10:31 by Beverley Watt

Date and Time: 11 Feb 21 at 10:31
Name of location: Arbroath Infirmary

Scanned Document
Last saved on 11 Feb 21 10:32 by Beverley Watt

Scanned Document

Note Time: 11 Feb 21 at 10:31
Document: Images available

Portal Access
Last saved on 14 Feb 21 14:11 by Lorna Ford

Time of Note:	14 Feb 21 at 14:10
Woman informed about Badger Notes:	Yes
Woman provided information about Badger Notes:	Yes
Woman is aware she will receive email and texts from Badger Notes:	Yes
Woman aware that problems with Badger Notes need to be reported to the midwife who can log a call with System C if needed. If a call is logged with System C does she consent for them to call her directly to troubleshoot?:	Yes
Woman consents to receive push notifications:	Yes
Woman consents to use Badger Notes:	Yes

Woman's Details

Email address:	stacdecril1610@gmail.com
Mobile country code +:	44
Mobile number:	07368227877
Account activation phrase:	Purple

Badger Notes Activity Log
Last saved on 14 Feb 21 14:22 by (no user)

Activity Log

Time of Note: 14 Feb 21 at 14:22
Activity occurred on: 14 Feb 21 at 14:22
Activity type: Patient Registration

Appointment
Last saved on 27 Apr 26 11:20 by Interface Account

Appointment Details

Date and Time: 15 Feb 21 at 14:00

Smart Booking Antenatal Assessment with Personal Timeline
Last saved on 15 Feb 21 16:00 by Lorna Ford

On Arrival	
Date and Time Started:	15 Feb 21 at 14:16
Reason for Assessment:	Antenatal Booking
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	No team assigned
Type of assessment:	Phone call
Location:	Antenatal Clinic
Others present at assessment:	No one (woman on her own)
Consent for Procedures:	Yes
Information Sharing:	Record Keeping, Data Collection, Health Visitors/GP/Support Agencies
Can the Trust/Board contact you for audit purposes:	No
Background and History accessed and reviewed:	Yes
Where was the information retrieved:	Other: woman
Additional Notes on Arrival:	phone booking as planned

Dates	
Pregnant Before:	Yes
Cycle Length:	27 Minimum 28 Maximum
Bleeding since LMP:	Lighter than usual
Date and Time Pregnancy Opened:	10 Feb 21 at 11:24
Sure of LMP :	Yes
LMP:	23 Dec 20
EDD by Dates:	29 Sep 21
EDD by Scan Available:	Yes
EDD by Scan:	29 Sep 21
EDD Determinable:	Yes
Certainty of Gestation based on Scan:	No Scan given
Agreed EDD:	29 Sep 21
Date Booked:	15 Feb 21 at 14:22
Location of Booking (SMR02):	Arbroath Infirmary
Is the midwife the first point of contact?:	Yes
Booked elsewhere in UK:	No
Information Supplied By:	Mother
Does the Woman Live Within the Trust/Board Catchment Area:	Yes
Mother carrying her own notes:	Yes

Menstruation, Conception and Contraception	
New Partner:	No
Planned Pregnancy:	No
Previous Contraception:	Oral contraceptive pill

Assessment

General Condition:	Looks Well
Urinalysis Carried Out:	No
Reason:	MSSU
Height:	1.59 Metres 5 Foot 2 Inch(es)
Weight:	51.00 Kg 8 Stones 0 lb(s)
Current BMI:	20.17
Blood Pressure: Systolic:	88 mmHg
Blood Pressure: Diastolic:	55 mmHg
Additional BP information:	BP taken on Left arm, Manual reading
MAP:	66 mmHg
Signs of PET:	None
Additional Observations	Phone booking as planned
Notes:	Diet, lifestyle, place of birth and screening discussed. Chooses dating scan, requested in Ninewells as no scans available in Angus. Prev history noted, notes for PL review. IUGR/SFD babies Prev CX treatment - DW Dr Lynch, does not need cx length scans this time. mental health history noted - problems are current, regularly seeing CPN and psychiatrist. On medication at present-fluoxetine and quetiapine. Little support with son. Support discussed and extra from me offered. I will liase with CPN. UBB completed with Stacey's consent. Well on red pathway Awaiting previous notes for further info Has an appointment for 2nd booking 16/2/21 Attended for 2nd booking Feeling ok today, slight nausea Managed in today, feeling some agrophobia. Offered most appointments at home bloods and urine with consent Consents obtained for FW8, UBB and scan no concerns noted notes for Dr Lynch review

Abdominal Palpation

Abdominal Palpation Performed:	No
Number of Fetuses:	1

Sepsis Pathway

Sepsis Triggers: None

Routine Enquiry

Seen alone: Yes

Essential Questions

Do you feel safe at home:	Yes
Have you ever been fearful for your safety or the safety of your child(ren):	No
Are you currently frightened of your partner or someone close to you:	No

Current Domestic Abuse

Current domestic abuse: No

Previous Domestic Abuse

Previous domestic abuse: No

FGM

Date Recorded:	15 Feb 21
Completed By:	Lorna Ford
Do you, your partner, your parents or your family come from a community where cutting or circumcision is practised?:	No
Have you been cut:	No
Female Genital Mutilation:	None
Has the woman had any of the following performed on the genital area:	None
Confirmation Method:	Self report

Medical Issues

Previous Vaginal and STI's:	Candida Albicans - Thrush, Vaginosis

Postal Address

Postcode: DD10 8EF

Admin

Completed By:	Lorna Ford
Have you or any household member had social services/social care support in the past:	Yes
Any household member has current social services/social care support:	No
Have you ever needed social work assistance:	Yes
Details:	support with Declan
Have you or your partner ever been involved in Criminal Justice System?:	No

Previous Child or Children

Do you have any previous children?:	Yes
Previous Child(ren) Subject to Child Protection Plan:	No
Previous Child(ren) in Need:	No
Previous Child(ren) in Foster Care:	No
Previous Child(ren) Adopted:	No
Previous Child(ren) Living Elsewhere:	No

Unborn Child or Children

Pregnancy to be Terminated:	No
Unborn Child(ren) Subject to Child Protection Plan:	No
Unborn Child(ren) In Need:	No
Unborn Child(ren) for Foster Care:	No
Unborn Child for Adoption:	No

Other Issues

Cause for concern:	Yes
Details:	Support with Declan and maternal mental health
Relationship Issues:	No
Does your current partner have any other children?:	No
Do you get support or have you ever had support with independent living?:	No
Housing Problems:	No
Significant issues in either parents childhood:	No
Have you been looked after or accommodated in childhood?:	No
Financial difficulties:	No

Sexual Exploitation and Grooming Risk Identifier

Are there any vulnerability factors for sexual exploitation and grooming?:	No

Safeguarding Referrals

Forms Completed: Unborn Baby Referral

Vaccinations

Vaccinations offered and explained:	Seasonal Flu
Leaflets provided:	Seasonal Flu
Location:	Antenatal Clinic
Accepted:	Seasonal Flu
Date/Time Accepted:	15 Feb 21 at 15:24
Allergic reaction to egg:	No
Allergic reaction to vaccine:	No

Not Performed

Accepted Not Performed:	Seasonal Flu
Reason not performed:	Other: phonecall

Offered

Offered and Explained:	Viability scans, Dating, Nuchal Translucency, Invasive, Anomaly/Detailed, Fetal Growth/Doppler, Cervical Length, Placental site scan, Other
Number of Fetuses:	1

VTE/Thromboprophylaxis

Date and Time Recorded:	15 Feb 21 at 14:16
Type:	Antenatal

Risk Factors

Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities

Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results

Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration
Verified By:	Ford, Lorna on 15 Feb 21 at 15:25

Pelvic Health Assessment

Date and time: 15 Feb 21 at 14:16

Recommendations

All risk factors:
- Group B Streptococcus
- Latex Allergy (Medical)
- Anxiety
- Family member with serious Mental Health condition
- Previous depression
- Previous severe PN depression
- Under care of secondary mental health services
- Previous Cervical Surgery
- Previous FGR
- Previous SGA < 10th centile
- Previous Low Birthweight (< 2.5kg)
- Latex allergy (Anaesthetic)
- Previous Antepartum haemorrhage
- Current/Previous Social Services Involvement

Risk: High

Recommendations (Continued)

Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan
Actual Management Plan:	Mental Health Issues Previous history of mental health problem - personality disorder, OCD, agoraphobia, anxiety and depression - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Previous GBS Infection - on swab? Previous FGR and IUGR If previous baby less than 10th centile - Consultant notes review and monitoring plan

Recommendations (Continued)

Plan discussed with the woman:	Yes
Woman agrees with plan:	Yes
Publish observations and management plan to Badger Notes:	Yes
Authorised By:	Ford, Lorna on 15 Feb 21 at 16:00

Care Plan

Hospital Community Midwife is Attached To: Arbroath Infirmary

Antenatal Care Type:	Shared (Obstetrician + Midwife)
Intended Place of Birth:	NHS hospital - Shared (Consultant/GP/Midwife)
Intended Midwifery Unit Type:	Midwifery unit, co-located with Consultant obstetric unit
KCND Pathway:	Red
Intended location of birth:	Ninewells Hospital Maternity
Delivery Plan (SMR02):	Consultant Unit
Delivery Management (SMR02):	Inpatient
Lead Professional Type:	Midwife - Trust
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford
Team:	Blue

Personal Timeline

Pathway Type: Multiparous antenatal pathway

Week 8

Pathway events: Antenatal assessment (health centre, surgery, or clinic), Blood tests

Week 11

Pathway events: Blood tests, Ultrasound

Week 16

Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 20

Pathway events: Ultrasound

Week 25

Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 28

Pathway events: Antenatal assessment (health centre, surgery, or clinic), Blood tests

Week 34

Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 38

Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 41

Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Week 42

Pathway events: Antenatal assessment (health centre, surgery, or clinic)

Topics Discussed

Date and Time Recorded:	15 Feb 21 at 14:16
Work and Benefits:	Parent's guide to money pack, Employment Rights, Maternity Benefits
Eating and Drinking:	Healthy Eating, Caffeine, Alcohol, Drugs
Smoking:	N/A
Health and Wellbeing:	Feelings about Pregnancy, Stresses in Pregnancy, Support at Home, Sex in Pregnancy, Exercise (including pelvic floor), Aquanatal, Parent Education, Hospital Visit, Hearing and Bloodspot tests explained, Folic Acid, Carbon Monoxide Testing, Use of Home Doppler, COVID-19
Important Symptoms Discussed:	Abdominal pains, Vaginal bleeding, Membranes breaking early, Severe headaches, Blurred vision, Persistent itching, Changed or reduced fetal movement
Place of Birth:	Midwifery led Unit, Consultant led unit, Home
Cord Blood Donation:	No
Need further advice on:	None
Qualifies for Best Start Grant/Best Start Foods:	No
Qualifies for Healthy Start Vouchers:	No
Referral to income maximisation services:	No
Money and debt advice services:	No
Financial capability support:	No

Antenatal Conversations Checklist

Completed: 15 Feb 21 at 14:16

On Leaving	
Time Ended:	15 Feb 21 at 15:28
On iron therapy:	No
Agrees to access leaflets in Badger Notes:	No
Best Start Foods offered:	No
Is a referral needed?:	Yes

Allergies/Adverse Reactions
Last saved on 15 Feb 21 14:19 by Lorna Ford

Allergies / Adverse Reactions	
Date and Time:	15 Feb 21 at 14:19
Type:	Allergy
Substance Type:	Non-medication
Substance:	Latex
Type of Reaction:	Rash, Other Type of Reaction
Substance:	Moderate

Local Identifier
Last saved on 15 Feb 21 14:21 by Lorna Ford

Date and Time:	15 Feb 21 at 14:21
Location Name:	Arbroath Infirmary
Local/Hospital ID:	2804880060

Allergies/Adverse Reactions
Last saved on 15 Feb 21 14:46 by Lorna Ford

Allergies / Adverse Reactions	
Date and Time:	15 Feb 21 at 14:45
Type:	Allergy
Substance Type:	Non-medication
Substance:	Latex
Type of Reaction:	Rash, Other Type of Reaction
Other Type of Reaction:	breaks in the skin
Substance:	Moderate
Source:	Woman/family/caregiver
Evidence:	Self reported

Blood Tests, Results and Actions (Woman)
Last saved on 15 Apr 21 10:05 by Lorna Ford

Offered	
Date:	15 Feb 21 at 15:23
Offered and Explained:	Antibodies, Blood Group and Rhesus Factor, FBC, Haemoglobinopathy - Mother, Hepatitis B, HIV, Syphilis
Bloods Offered Date/Time:	15 Feb 21 at 15:23
Screening Offered By:	Lorna Ford

Accepted	
Accepted and Requested:	Antibodies, Blood Group and Rhesus Factor, FBC, Haemoglobinopathy - Mother, Hepatitis B, HIV, Syphilis
Acceptance Gained by:	Lorna Ford
Date/Time Screening Accepted:	15 Feb 21 at 15:23

Bloods Taken	
Bloods Taken:	Yes
Bloods Taken Date/Time:	15 Feb 21 at 15:23
Location of Sampling (Admin Only):	Antenatal Clinic
Location of Sampling:	Antenatal Clinic
Hospital of Sampling:	Arbroath Infirmary
Taken by:	Lorna Ford
Any Rejected Samples Require Repeating:	No

Type of Test:	Rapid
Family Origin for Haemoglobinopathy - Mother:	England, Scotland, Northern Ireland, Wales
Known Carrier Sickle Cell - Mother:	No
Known Carrier Thalassaemia - Mother:	No
Hb Variant Screening Requested - Mother:	No
Family Origin for Haemoglobinopathy - Father:	England, Scotland, Northern Ireland, Wales
Known Carrier Sickle Cell - Father:	No
Known Carrier Thalassaemia - Father:	No
Hb Variant Screening Requested:	No

Results	
Mark results as completed and reviewed:	Yes
Date Results Reviewed:	17 Feb 21 at 15:08
Authorised By:	Ford, Lorna on 17 Feb 21 at 15:08
Antibody Result:	No antibodies present

Blood Group and Rhesus Factor:	O+
Blood Group:	O
Rhesus Factor:	+
Hep B Result:	Negative
HIV Result:	Negative
Syphilis Result:	Negative
FBC - Hb:	12.5 g/dL 125 g/L
FBC - WCC:	8.20 10^9 /L
Platelets:	286.00 10^9 /L 286,000.00 10^6 /L
Publish Results to Badger Notes:	Yes
Authorised By:	Ford, Lorna on 17 Feb 21 at 15:09
Message to Badger Notes:	bloods and urine all fine
Document/Image:	Images available

Referral (Woman)

Last saved on 15 Feb 21 16:01 by Lorna Ford

Referral Details	
Date/Time Referred:	15 Feb 21 at 16:00
Referral To:	USS
Referral To:	- USS Referral
Items Discussed With Woman:	Reason for referral
Referrer:	Lorna Ford
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes

USS	
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes
Reason for Referral:	Other
Clinical Summary:	dating scan please, none avaliable in Angus, 12 weeks 17/3/21 midwife Lorna Ford, Cons Pauline Lynch
Requires Medical review if scan normal:	No
Referral Sent:	Yes

Saving patient report
Last saved on 15 Feb 21 16:01 by Lorna Ford

Time:	15 Feb 21 at 16:01
Report:	USS Referral - 15 Feb 21 at 16:00
By:	Ford, Lorna on 15 Feb 21 at 16:01
	SENT: 15 Feb 21 16:01 To: TAY.bookingultrasoundreferrals@nhs.scot

Blood Tests, Results and Actions (Woman)
Last saved on 15 Feb 21 16:02 by Lorna Ford

Offered	
Date:	15 Feb 21 at 16:01
Offered and Explained:	Down's Syndrome (T21), Edwards (T18) and Patau's (T13) Syndromes
Bloods Offered Date/Time:	15 Feb 21 at 16:01
Screening Offered By:	Lorna Ford

Declined	
Declined (Woman's Choice):	Down's Syndrome (T21), Edwards (T18) and Patau's (T13) Syndromes
Date/Time Declined:	15 Feb 21 at 16:02

Document/Image: Images available

Saving patient report
Last saved on 15 Feb 21 16:02 by Lorna Ford

Time:	15 Feb 21 at 16:02
Report:	Antenatal Booking Summary - CLINICAL COPY
By:	Ford, Lorna on 15 Feb 21 at 16:02
	SENT: 15 Feb 21 16:02 To: TAY.chinfo@nhs.scot

Scanned Document
Last saved on 16 Feb 21 11:19 by Lorna Ford

Scanned Document	
Note Time:	15 Feb 21 at 16:14
Document Type:	- Child Services Referral
Document:	Images available

Badger Notes Leaflet Accessed
Last saved on 04 Aug 21 13:32 by (no user)

Details	
Date and Time First Accessed:	15 Feb 21 at 18:16
Date and Time Last Accessed:	04 Aug 21 at 13:30
Leaflet Title:	Pregnancy Mood disorders during pregnancy and after the birth of your baby

Appointment
Last saved on 27 Apr 26 11:20 by Interface Account

Appointment Details	
Date and Time:	16 Feb 21 at 10:00

Referral (Woman)
Last saved on 16 Feb 21 10:35 by Lorna Ford

Referral Details	
Date/Time Referred:	16 Feb 21 at 10:35
Referral To:	Obstetric
Referral To:	- Obstetric Referral
Items Discussed With Woman:	Reason for referral
Referrer:	Lorna Ford
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes

Obstetric	
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes
Advocate needed:	No
Has patient previously visited this hospital:	Yes
Preferred or previous Consultant:	Pauline Lynch
Current Risk:	High
Date of Risk Assessment:	15 Feb 21 at 14:16
Reason for Referral:	review of notes please
Lead Professional:	Ford, Lorna
Referral Sent:	Yes

Vaccinations (Woman)
Last saved on 16 Feb 21 10:44 by Lorna Ford

Vaccinations

Note Date and Time:	16 Feb 21 at 10:43
Vaccinations offered and explained:	Seasonal Flu
Leaflets provided:	Seasonal Flu
Location:	Antenatal Clinic
Accepted:	Seasonal Flu
Date/Time Accepted:	16 Feb 21 at 10:43
Allergic reaction to vaccine:	No
Performed:	Seasonal Flu

Seasonal Flu

Seasonal Flu Date/Time Administered:	16 Feb 21 at 10:43
Seasonal Flu Given By:	Lorna Ford
Seasonal Flu Site of Vaccination:	Left Arm
Volume:	0.50
Seasonal Flu Batch Number:	p100253416
Seasonal Flu Expiry Date:	01 Jun 21
Seasonal Flu Vaccine Trade Name:	flucelvax
GP Informed of Vaccination:	Yes

Saving patient report
Last saved on 16 Feb 21 10:58 by Lorna Ford

Time:	16 Feb 21 at 10:58
Report:	Obstetric Referral - 16 Feb 21 at 10:35
Comments:	FAO Dr Lynch
By:	Ford, Lorna on 16 Feb 21 at 10:58
	SENT: 16 Feb 21 10:58 To: TAY.obstetricreferrals@nhs.scot

Scanned Document
Last saved on 16 Feb 21 11:18 by Lorna Ford

Scanned Document

Note Time:	16 Feb 21 at 11:10
Document Type:	- Consents
Document:	Images available

Scanned Document
Last saved on 16 Feb 21 11:18 by Lorna Ford

Scanned Document

Note Time:	16 Feb 21 at 11:14
Document Type:	- Consents
Document:	Images available

Microbiological Tests and Results (Woman)
Last saved on 06 Jul 21 11:21 by Lorna Ford

Taken

Date:	17 Feb 21 at 15:10
Location:	Antenatal Clinic
Offered and explained:	MSU
Test(s) Performed:	MSU

Results	
Mark results as completed and reviewed:	Yes
Date Results Reviewed:	17 Feb 21 at 15:10
Authorised By:	Ford, Lorna on 17 Feb 21 at 15:10
MSU Result:	Negative
Document/Image:	Images available
Publish Results to Badger Notes:	Yes
Authorised By:	Ford, Lorna on 17 Feb 21 at 15:10
Message to Badger Notes:	urine clear x

Antenatal Management Plan

Last saved on 19 Feb 21 14:39 by Pauline Lynch

Antenatal Management Plan	
Completed:	19 Feb 21 at 14:37
Review Completed by:	Pauline Lynch
Lock from changes:	Yes

Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan
Actual Management Plan:	Mental Health Issues Previous history of mental health problem - personality disorder, OCD, agoraphobia, anxiety and depression - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Previous GBS Infection - on swab? Previous FGR and IUGR If previous baby less than 10th centile - Consultant notes review and monitoring plan
Management Plan Reviewed:	Yes

Do you want to change actual management plan?:	Yes
Revised Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks
Plan discussed with the woman:	No
Reason woman has not been involved with her plan:	booking notes review please discuss with CMW@16 wks
Publish to Badger Notes:	Yes
Authorised By:	Lynch, Pauline on 19 Feb 21 at 14:39

Antenatal Management Plan

Last saved on 19 Feb 21 14:41 by Pauline Lynch

Antenatal Management Plan

Completed: 19 Feb 21 at 14:40

Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan
Actual Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks
Management Plan Reviewed:	Yes

Do you want to change actual management plan?:	Yes
Revised Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks)
Plan discussed with the woman:	No
Reason woman has not been involved with her plan:	booking notes review CMW please discuss @16 wks
Publish to Badger Notes:	Yes
Authorised By:	Lynch, Pauline on 19 Feb 21 at 14:41

Appointment

Last saved on 27 Apr 26 11:20 by Interface Account

Appointment Details

Date and Time:	17 Mar 21 at 11:15
Status:	Cancelled

Ultrasound Scan

Last saved on 30 Mar 21 14:28 by Fiona McInnes

Scan Details

Scan Number:	2
Consent Obtained:	Yes
Details Recorded:	30 Mar 21 at 14:02
Scan Performed:	30 Mar 21 at 14:02
Location:	Ultrasound Dept
Scan Performed By:	Fiona McInnes
Chaperone Present:	No
Type of AN Scan Intended for this Visit:	Dating / Nuchal Translucency
Dating /Nuchal Translucency Indication:	Routine Care Pathway
Route:	Abdominal
AN Scan Completed:	Yes
Machine Used:	voluson E6
Image Quality:	Good
Number of Babies on Scan:	Singleton
Additional Comments:	Declined screening. Aware of 20 week scan and happy to have.

Fetus 1

Fetal Heartbeat Present at Start of Procedure:	Yes
Fetal Movement Seen:	Yes

Fetus 1 - Viability and Dating

Gestation Sac Details:	Regular
Crown Rump Length:	80.9 mm
Abnormalities Detected:	No

Fetus 1 - Nuchal Translucency

Consent for Nuchal Translucency:	No
Reason not taken:	Other: declined

Fetus 1 - Additional Comments

Verified By: McInnes, Fiona on 30 Mar 21 at 14:27

Maternal Findings

Scan Findings Explained:	Yes
EDD by Scan:	29 Sep 21
Haematoma:	No
Fibroids Present:	No
Cysts Present:	No
Fetal Anomaly Scan Booked:	Yes
Publish Scan Findings to Badger Notes:	Yes
Authorised By:	McInnes, Fiona on 30 Mar 21 at 14:28

Referral (Woman)

Last saved on 30 Mar 21 14:28 by Fiona McInnes

Referral Details

Date/Time Referred:	30 Mar 21 at 14:28
Referral To:	USS
Referral To:	- USS Referral
Items Discussed With Woman:	Reason for referral
Referrer:	Fiona McInnes
Role of Referrer:	Midwife
Referral Accepted by Woman:	Yes

USS

Role of Referrer:	Midwife
Referral Accepted by Woman:	Yes
Reason for Referral:	Other: 20 week anomaly scan
Requested USS Date:	11 May 21
Type of scan requested:	Anomaly (Low Risk)
Is the woman a current inpatient:	No
Additional Notes:	approx 6 weeks
Referral Sent:	Yes

Saving patient report

Last saved on 30 Mar 21 14:29 by Fiona McInnes

Time:	30 Mar 21 at 14:29
Report:	USS Referral - 30 Mar 21 at 14:28
By:	McInnes, Fiona on 30 Mar 21 at 14:29
	SENT: 30 Mar 21 14:29 To: TAY.MaternityUltrasound@nhs.scot

Clinical Note (Woman)

Last saved on 01 Apr 21 15:49 by Lorna Ford

Clinical Note

Date and Time:	01 Apr 21 at 15:47
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Phonecall to arrange app for 16 week check. Stacey reports that she has stopped her medication for her mental health and has not had follow up appointments with the team. She is worried about the risk of withdrawl from these medications for the baby. I have advised her to talk to the GP or CMHT about alternatives or options through pregnancy as she feels she is all over the place just now. She reports feeling safe with good support. Declines extra support for now.

Smart Antenatal Assessment

Last saved on 15 Apr 21 10:04 by Lorna Ford

On Arrival

Date and Time Antenatal Assessment Started:	15 Apr 21 at 09:33
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	No team assigned
Type of assessment:	Face to face
Location:	Antenatal Clinic
Others present at assessment:	No one (woman on her own)
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	No
Additional Notes on Arrival:	routine AN check

Assessment

General Condition:	Looks Well
Emotional wellbeing:	Other: variable
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Leucocytes, Protein ++
Height:	1.59 Metres 5 Foot 2 Inch(es)
Carbon Monoxide (CO) Level Offered:	Not Offered
Blood Pressure: Systolic:	108 mmHg
Blood Pressure: Diastolic:	60 mmHg
Additional BP information:	BP taken on Left arm, Manual reading
MAP:	76 mmHg
Signs of PET:	Headache

Fetal Movements

Fetal Movements Felt:	No
Fetal Movements Discussed:	No
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
Liquor Amount on Palpation:	NAD
Vaginal Loss:	Yes
Vaginal Loss Details:	variable, clear
Additional Concerns:	None

Fetus 1

Presentation:	Unknown
Lie:	Unknown
Position:	Unknown
Engagement:	Not Engaged
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 148

Sepsis Pathway

Sepsis Triggers: None

Additional Observations Notes:	Generally mood variable Tearful at times, feels this is mostly normal hormonal changes. Not seeing mental health team at Stacey's choice. Declines referral now. Feels that the MHT lied to her about the effects of the medication she was taking. She chooses not to be on medication at present. Does have an appointment in June to see psychiatrist. Reports things will get better when the children go back to school next week. Reports has had treatment twice for BV with no effect, very itchy and uncomfortable LVS taken ?thrush, treatment advised. Blood and urine results discussed Has 20 week scan Plan form Dr Lynch discussed, happy with plan, scans to be arranged. Place of birth and feeding discussed, undecided on both at present Dysuria felt and occasional headaches, but reports has been limiting fluid due to the dysuria. MSSU sent. Support appointment offered before next next appointment, keen for. WC vaccine given with consent

Recommendations

All risk factors:	- Group B Streptococcus - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous severe PN depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Prolonged Rupture of Membranes - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)
Risk:	High
Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan

Actual Management Plan:	Recommendations (Continued) Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks)
Do you want to change actual management plan?:	No
Plan discussed with the woman:	Yes

Recommendations (Continued)

Woman agrees with plan:	Yes
Intended location of birth:	Ninewells Hospital Maternity
Delivery Plan (SMR02):	Consultant Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes
Advised to birth in consultant (shared) led unit:	No

On Leaving

Time Ended: 15 Apr 21 at 10:03

Reviews

Booking Bloods Results Reviewed: Yes

Publish observations and management plan to Badger: Yes

Notes:

Authorised By: Ford, Lorna on 15 Apr 21 at 10:03

Conversations in Pregnancy

Last saved on 15 Apr 21 10:03 by Lorna Ford

Antenatal Conversations Checklist

Completed:	15 Apr 21 at 10:03
Type:	2nd trimester
Completed By:	Lorna Ford

Encouraging parents to connect with their baby

Taking time out to connect:	Yes
Talking to baby, noticing and responding to movements:	Yes

Skin contact	
The value of skin contact:	Yes
What this means for mother and baby:	Yes
Unhurried skin contact:	Yes
Recognising early feeding cues:	Yes

Responding to baby's needs	
How closeness, comfort and love can help a baby's brain develop:	Yes
Responsive feeding:	Yes

Feeding	
Value of breastfeeding as protection, comfort and food:	Yes
How to get off to a good start:	Yes

VTE/Thromboprophylaxis

Last saved on 15 Apr 21 10:04 by Lorna Ford

VTE/Thromboprophylaxis	
Date and Time Recorded:	15 Apr 21 at 10:03
Type:	Antenatal

Risk Factors	
Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities	
Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results

Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration
Verified By:	Ford, Lorna on 15 Apr 21 at 10:04

Microbiological Tests and Results (Woman)
Last saved on 19 Apr 21 13:30 by Lorna Ford

Taken

Date:	15 Apr 21 at 10:04
Location:	Antenatal Clinic
Offered and explained:	LVS Swab, MSU
Test(s) Performed:	LVS Swab, MSU

Results

LVS Swab Result:	Negative
MSU Result:	Negative
Document/Image:	Images available
Publish Results to Badger	Yes
Notes:	
Authorised By:	Ford, Lorna on 19 Apr 21 at 13:30

Infection Control Risk Assessment
Last saved on 15 Apr 21 10:04 by Lorna Ford

Infection Control Risk Assessment

Date and Time: 15 Apr 21 at 10:04

CPE Risk Assessment

Has the woman ever had any previous history of CPE colonisation or infection?:	No
Has the woman been an inpatient in a hospital outside Scotland in the last 12 months?:	No
Has the woman had renal dialysis outside Scotland in the last 12 months?:	No
In the last 12 months has the woman ever been in close contact with a person colonised or infected with CPE?:	No

PPH Prevention Assessment
Last saved on 15 Apr 21 10:05 by Lorna Ford

PPH Prevention Assessment

Date and Time:	15 Apr 21 at 10:04
Type:	Antenatal - Booking
Complete:	Yes

Antenatal Risk Factors

Multiple pregnancy:	No
Hb:	125 g/L 12.5 g/dL
Parity:	5
Platelets:	286.00 10^9 /L
Asian Ethnicity:	No
Body Mass Index (BMI):	20.17
Booking Weight:	51.00 kg
Previous uterine surgery:	No
Uterine Fibroids > 4cm:	No
>12 hours of Syntocinon:	No
Age (>=40 years):	No

Antenatal Score:	0
Postnatal Score:	0
Total Score:	0
Authorised By:	Ford, Lorna on 15 Apr 21 at 10:05

Vaccinations (Woman)

Last saved on 15 Apr 21 15:18 by Lorna Ford

Vaccinations

Note Date and Time:	15 Apr 21 at 15:17
Vaccinations offered and explained:	Whooping cough (Diphtheria, Tetanus, Pertussis and Poliomyelitis)
Leaflets provided:	Whooping cough (Diphtheria, Tetanus, Pertussis and Poliomyelitis)
Location:	Antenatal Clinic
Accepted:	Whooping cough (Diphtheria, Tetanus, Pertussis and Poliomyelitis)
Date/Time Accepted:	15 Apr 21 at 15:17
Allergic reaction to egg:	No
Allergic reaction to vaccine:	No
Performed:	Whooping cough (Diphtheria, Tetanus, Pertussis and Poliomyelitis)
Vaccinations given on date offered and explained?:	Yes

Whooping cough (Diphtheria, Tetanus, Pertussis and Poliomyelitis)

Whooping Cough Date/Time Administered:	15 Apr 21 at 15:18
Whooping Cough Given By:	Lorna Ford
Location Given:	GP Surgery
Whooping Cough Site of Vaccination:	Left Arm
Volume:	0.50
Whooping Cough Batch Number:	ac39b142be
Whooping Cough Expiry Date:	01 Jul 22
Whooping Cough Vaccine Trade Name:	boostrix

Critical Alert (Woman)

Last saved on 28 Apr 21 11:52 by Lorna Ford

Critical Alert

Date and Time:	28 Apr 21 at 11:52
Completed By:	Lorna Ford
Summary of Alert:	UBB
Details of Alert:	Please see notes for referral

Smart Antenatal Assessment

Last saved on 10 May 21 16:19 by Lorna Ford

On Arrival

Date and Time Antenatal Assessment Started:	10 May 21 at 14:53
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	Purple Team
Type of assessment:	Face to face
Location:	Woman's Home
Others present at assessment:	Partner/Spouse
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	No
Additional Notes on Arrival:	support visit

Assessment

General Condition:	Looks Well
Emotional wellbeing:	Well
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Glucose +
Height:	1.59 Metres 5 Foot 2 Inch(es)
Blood Pressure: Systolic:	90 mmHg
Blood Pressure: Diastolic:	60 mmHg
Additional BP information:	BP taken on Left arm, Manual reading
MAP:	70 mmHg
Signs of PET:	None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	N/A
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
Liquor Amount on Palpation:	NAD
Vaginal Loss:	No
Additional Concerns:	None

Fetus 1

Presentation:	Unknown
Lie:	Unknown
Position:	Unknown
Engagement:	Not Engaged
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 150

Sepsis Pathway

Sepsis Triggers: None

Additional Observations	Generally well
Notes:	Feels mood is overall pretty good, no meds at present Has just eaten a cake, +glu in urine. Has 20 week scan on thurs, note put on app and Stacey advised to have urine dipped again then. Has 20 week scan booked. Looking bright. SW in contact, support to help with pre- teen son but parents feel this is neither helpful or effective. They are still to do their pre-birth assessment. Generally well

Recommendations

All risk factors:	- Group B Streptococcus - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous severe PN depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Prolonged Rupture of Membranes - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)
Risk:	High
Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Prolonged Rupture of Membranes See guideline on staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=PROD_291984&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1>

	Recommendations (Continued)
Actual Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks)
Do you want to change actual management plan?:	No
Plan discussed with the woman:	Yes

	Recommendations (Continued)
Woman agrees with plan:	Yes
Intended location of birth:	Ninewells Hospital Maternity
Delivery Plan (SMR02):	Consultant Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

	Suitability for Midwifery Led Care in Labour
Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes

	On Leaving
Time Ended:	10 May 21 at 15:22

	Reviews
Booking Bloods Results Reviewed:	Yes

Is a referral needed?:	No
Publish observations and management plan to Badger	Yes
Notes:	
Authorised By:	Ford, Lorna on 17 May 21 at 11:02

VTE/Thromboprophylaxis

Last saved on 10 May 21 14:53 by Lorna Ford

	VTE/Thromboprophylaxis
Date and Time Recorded:	10 May 21 at 14:53
Type:	Antenatal
Location:	Antenatal Clinic

Risk Factors	
Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities	
Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results	
Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration

Task

Last saved on 09 Jun 21 10:47 by Lorna Ford

The Tasks	
Created:	10 May 21 at 18:30
Task:	please repeat urinalysis 13/5
Date due:	13 May 21 at 00:00
Recurring task:	No
Importance:	Normal
Categories:	Clinical
Created by:	Ford, Lorna

Close this task	
Closing status:	Task done
When:	09 Jun 21 at 10:47
By:	Ford, Lorna

Ultrasound Scan

Last saved on 13 May 21 15:11 by Rebecca Craig

Scan Details	
Scan Number:	3
Consent Obtained:	Yes
Details Recorded:	13 May 21 at 14:58
Scan Performed:	13 May 21 at 14:58
Location:	Ultrasound Dept
Scan Performed By:	Rebecca Craig
Chaperone Present:	No
Type of AN Scan Intended for this Visit:	Anomaly / Detailed
Anomaly/detailed Indication:	Routine Care Pathway
AN Scan Completed:	Yes
Machine Used:	E10
Image Quality:	Good
Number of Babies on Scan:	Singleton

Fetus 1	
Fetal Heartbeat Present at Start of Procedure:	Yes
Fetal Movement Seen:	Yes
Presentation:	Transverse
Liquor Amount:	Appears normal

Fetus 1 - Growth	
Head Circumference:	178.98 mm
Abdominal Circumference:	155.65 mm
Cerebellum Measurement:	20.0 mm
Ventricular Measurement:	7.1 mm
Femur Length:	31.24 mm

Fetus 1 - Anomaly	
Head:	Normal
Brain:	Normal
Cerebellum:	Normal
Lateral Ventricle Measurement:	7.1 mm
Cisterna Magna Measurement:	5.5 mm
Face:	Normal
Spine:	Normal
Heart - 4 Chamber:	Normal
Ventricles:	Normal
Right Ventricular Outflow Tract:	Present
Left Ventricular Outflow Tract:	Present
Heart – Outflow Tracts:	Normal
Lung:	Normal
Diaphragm:	Normal
Stomach:	Normal
Abdomen / Pelvis / Abdominal Wall:	Normal
Kidneys:	Normal
Bladder:	Normal
Right Arm:	Normal
Left Arm:	Normal
Right Hand:	Normal
Left Hand:	Normal
Right Leg:	Normal
Left Leg:	Normal
Right Foot:	Normal
Left Foot:	Normal

Sex: Male

Fetus 1 - Additional Comments

Verified By: Craig, Rebecca on 13 May 21 at 15:10

Maternal Findings	
Scan Findings Explained:	Yes
EDD by Scan:	29 Sep 21
Placental Position (1):	Not Low
Placental Site (1):	Anterior
Additional Comments:	Mean MUAD PI 0.65, WNL
Publish Scan Findings to Badger Notes:	Yes
Authorised By:	Craig, Rebecca on 13 May 21 at 15:11

Clinical Note (Woman)

Last saved on 17 May 21 11:20 by Lorna Ford

Clinical Note	
Date and Time:	17 May 21 at 11:19
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Attended to rpt urinalysis due to glucose previously, not repeated in Ninewells as requested. Checked today, NAD

Local Identifier

Last saved on 21 May 21 21:01 by Interface Account

Date and Time:	21 May 21 at 21:01
Location Name:	Aberdeen Maternity Hospital
Local/Hospital ID:	2804880060

Smart Antenatal Assessment

Last saved on 09 Jun 21 10:38 by Lorna Ford

On Arrival

Date and Time Antenatal Assessment Started:	09 Jun 21 at 10:18
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	Purple Team
Type of assessment:	Face to face
Location:	Antenatal Day Unit
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	No
Has the Grow chart been reviewed:	Yes
Additional Notes on Arrival:	Routine care

Assessment

General Condition:	Looks Well
Emotional wellbeing:	Anxious, Low Mood
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Protein +
Height:	1.59 Metres 5 Foot 2 Inch(es)
Blood Pressure: Systolic:	106 mmHg
Blood Pressure: Diastolic:	60 mmHg
Additional BP information:	BP taken on Left arm, Manual reading
MAP:	75 mmHg
Signs of PET:	None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes
Repeated Back Successfully:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
Liquor Amount on Palpation:	NAD
Vaginal Loss:	No
Additional Concerns:	None

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Position:	Unknown
Engagement:	Not Engaged
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 138

Sepsis Pathway

Sepsis Triggers: None

Additional Observations	Generlly physically well.
Notes:	Very stressed at home at the moment. Oldest son tried to hang himself last week, and 2nd oldest has been excluded from school just now. Stacey feels she is asking for support with Bailey from SW but not getting it. Feels very upset and frustrated. Has been in touch with GP but due to the surgery being busy, he was not seen and Stacey was frustrated and hung up the phone on them. Had an appointment with SW tonight, but Stcey cancelled as was frustrated and let down by them. Feels is at crisis point. Advised to have the appointment tonight and happy for me to talk to SW and the school nurse today if I can get through. Covid vacc discussed Baby movements discussed, normal pattern, to call if concerns and link to SB discussed. No meds at present. Considering BF baby, declines BB referral for now. Place of birth discussed MSSU sent due to dysuria

Recommendations

All risk factors:	- Group B Streptococcus - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous severe PN depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Prolonged Rupture of Membranes - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)
Risk:	High
Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Prolonged Rupture of Membranes See guideline on staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=PROD_291984&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1>

	Recommendations (Continued)
Actual Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks)
Do you want to change actual management plan?:	Yes
Revised Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks)
Plan discussed with the woman:	Yes

Recommendations (Continued)

Woman agrees with plan:	Yes
Intended location of birth:	Ninewells Hospital Maternity
Delivery Plan (SMR02):	Consultant Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes
Advised to birth in consultant (shared) led unit:	No

On Leaving

Time Ended: 09 Jun 21 at 10:35

Reviews

Booking Bloods Results Reviewed: Yes

Is a referral needed?:	Yes
Publish observations and management plan to Badger Notes:	Yes
Authorised By:	Ford, Lorna on 09 Jun 21 at 10:35

VTE/Thromboprophylaxis

Last saved on 09 Jun 21 10:35 by Lorna Ford

VTE/Thromboprophylaxis

Date and Time Recorded:	09 Jun 21 at 10:35
Type:	Antenatal
Location:	Antenatal Clinic

Risk Factors

Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities

Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Dehydration:	No (1)
COVID-19:	No

Results

Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration

Conversations in Pregnancy

Last saved on 09 Jun 21 10:39 by Lorna Ford

Antenatal Conversations Checklist

Completed:	09 Jun 21 at 10:39
Type:	2nd trimester
Completed By:	Lorna Ford

Encouraging parents to connect with their baby	
Taking time out to connect:	Yes
Talking to baby, noticing and responding to movements:	Yes

Skin contact	
The value of skin contact:	Yes
What this means for mother and baby:	Yes
Unhurried skin contact:	Yes
Recognising early feeding cues:	Yes
Offering the first feed in skin contact:	Yes

Responding to baby's needs	
How closeness, comfort and love can help a baby's brain develop:	Yes
Responsive feeding:	Yes

Feeding	
Value of breastfeeding as protection, comfort and food:	Yes
How to get off to a good start:	Yes
Infant feeding text support service leaflet given:	Yes
Consents to using the service:	No

Safe Sleeping
Safe sleeping discussed: Yes

Antenatal Colostrum	
Antenatal collection and storage of colostrum discussed:	No
Antenatal hand expressed colostrum:	No

Microbiological Tests and Results (Woman)

Last saved on 12 Jun 21 09:13 by Debi Cargill

Taken	
Date:	09 Jun 21 at 10:40
Location:	Antenatal Clinic
Offered and explained:	MSU
Test(s) Performed:	MSU

Results	
Mark results as completed and reviewed:	Yes
Date Results Reviewed:	12 Jun 21 at 09:12
MSU Result:	Positive
MSU Notes:	Mixed growth, for repeat as still symptomatic
Document/Image:	Images available
Publish Results to Badger Notes:	Yes
Authorised By:	Cargill, Debi on 12 Jun 21 at 09:13

Referral (Woman)

Last saved on 09 Jun 21 10:44 by Lorna Ford

Referral Details	
Date/Time Referred:	09 Jun 21 at 10:42
Referral To:	USS
Referral To:	- USS Referral
Items Discussed With Woman:	Reason for referral
Referrer:	Lorna Ford
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes

USS	
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes
Reason for Referral:	Other
Review Required:	Standard pathway
Type of scan requested:	Growth
Symphysis Fundal Height Static:	No
Symphysis Fundal Height below 10th centile:	No
Symphysis Fundal Height Accelerated:	No
Is the woman a current inpatient:	No
Clinical Summary:	growth at 32 and 36 weeks please, review after 36 week scan Dr Lynch EDD 29/9/21 prev SFD/IUGR
Requires Medical review if scan normal:	No
Referral Sent:	Yes

Saving patient report

Last saved on 09 Jun 21 10:44 by Lorna Ford

Time:	09 Jun 21 at 10:44
Report:	USS Referral - 09 Jun 21 at 10:42
By:	Ford, Lorna on 09 Jun 21 at 10:44
	SENT: 09 Jun 21 10:44 To: TAY.MaternityUltrasound@nhs.scot

Clinical Note (Woman)

Last saved on 09 Jun 21 12:42 by Lorna Ford

Clinical Note	
Date and Time:	09 Jun 21 at 12:37
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Social
Notes and Care Plan:	Phoned out of hours SW as her worker is not working till tomorrow. Discussed that Stacey feels she is at breaking point with her son and is terrified that something bad will happen to him , especially as she reports her tried to hang himself last week. Appointment arranged for later today, advised that Stacey has cancelled this, but after our discussion today, she would still like it. Stacey feels she is asking for help and support with her son, but is not getting it. SW will attend and DW CALMS

Clinical Note (Woman)

Last saved on 10 Jun 21 12:30 by Lorna Ford

Clinical Note	
Date and Time:	10 Jun 21 at 12:27
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Social
Notes and Care Plan:	Phoned to see how things went with SW visit yesterday. Stacey reports that although she felt the appointment was a bit difficult at times, she did get some support and direction. I will try and speak to school nurse at Stacey's request to see if she can add any support. No answer, msg left

Microbiological Tests and Results (Woman)

Last saved on 20 Jul 21 12:23 by Lorna Ford

Taken	
Date:	15 Jun 21 at 08:57
Location:	GP Surgery
Offered and explained:	MSU
Test(s) Performed:	MSU

Results	
Mark results as completed and reviewed:	Yes
Date Results Reviewed:	18 Jun 21 at 11:35
Authorised By:	Cromar, Louise on 18 Jun 21 at 11:35
MSU Result:	Positive
MSU Detailed Result:	E.Coli, Other: staph aureus
MSU Notes:	updated report, as above and antibiotics organised by myself, Lorna Ford
Document/Image:	Images available
Publish Results to Badger Notes:	Yes
Authorised By:	Cromar, Louise on 18 Jun 21 at 11:42

Badger Notes Leaflet Accessed

Last saved on 01 Jul 21 09:04 by (no user)

Details	
Date and Time First Accessed:	01 Jul 21 at 09:04
Date and Time Last Accessed:	01 Jul 21 at 09:02
Leaflet Title:	Antenatal Education During Lockdown

Smart Antenatal Assessment

Last saved on 05 Jul 21 10:48 by Lorna Ford

On Arrival	
Date and Time Antenatal Assessment Started:	05 Jul 21 at 10:23
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	Purple Team
Type of assessment:	Face to face
Location:	Antenatal Clinic
Others present at assessment:	No one (woman on her own)
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	No
Has the Grow chart been reviewed:	Yes
Additional Notes on Arrival:	Routine AN care

Assessment

General Condition:	Looks Well
Emotional wellbeing:	Other: all over the place, angry, anxious, fine, low mood
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	NAD
Height:	1.59 Metres 5 Foot 2 Inch(es)
Pulse:	63 beats per minute
Blood Pressure: Systolic:	90 mmHg
Blood Pressure: Diastolic:	60 mmHg
Additional BP information:	BP taken on Left arm, Manual reading
MAP:	70 mmHg
Signs of PET:	None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes
Repeated Back Successfully:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
SFH (Symphysis Fundal height):	27.0 cm
Liquor Amount on Palpation:	NAD
Vaginal Loss:	No
Additional Concerns:	None

Fetus 1

Presentation:	Free
Lie:	Transverse
Position:	Other
Engagement:	Not Engaged
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 136

Sepsis Pathway

Sepsis Triggers: None

Additional Observations	Feeling stressed
Notes:	Bently has broken his arm falling out a tree. Declan's behavior felt to be getting worse and Stacey is having a dispute with the school regarding a recent incident. Seeing SW Caroline Urquhart, aware I sent an update to her and contents of such discussed. Discussed getting in contact with school nurse, I will try again. Mood variable. Declines to see GP. Penumbra discussed and declined, support services explored. Scan booked for 32 weeks Thinking to homebirth and BF, discussed

Recommendations

All risk factors:	- Group B Streptococcus - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous severe PN depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Prolonged Rupture of Membranes - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)
Risk:	High
Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Prolonged Rupture of Membranes See guideline on staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=PROD_291984&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1>

Recommendations (Continued)

Actual Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks)
Do you want to change actual management plan?:	No
Plan discussed with the woman:	Yes

Patient IDs: 2804880060 2804880060 AS52LD
Patient Name: Stacey Leonard
DOB: 28 Apr 88

Recommendations (Continued)

Woman agrees with plan:	Yes
Intended location of birth:	Ninewells Hospital Maternity
Delivery Plan (SMR02):	Consultant Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes
Advised to birth in consultant (shared) led unit:	No

On Leaving

Time Ended: 05 Jul 21 at 10:39

Reviews

Booking Bloods Results Reviewed: Yes

Publish observations and management plan to Badger: Yes

Notes:

Authorised By: Ford, Lorna on 05 Jul 21 at 10:39

VTE/Thromboprophylaxis

Last saved on 05 Jul 21 10:24 by Lorna Ford

VTE/Thromboprophylaxis

Date and Time Recorded:	05 Jul 21 at 10:23
Type:	Antenatal
Location:	Antenatal Clinic

Risk Factors

Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities

Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results

Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration
Verified By:	Ford, Lorna on 05 Jul 21 at 10:23

Conversations in Pregnancy

Last saved on 05 Jul 21 10:37 by Lorna Ford

Antenatal Conversations Checklist

Completed:	05 Jul 21 at 10:37
Type:	2nd trimester
Completed By:	Lorna Ford

Encouraging parents to connect with their baby

Taking time out to connect:	Yes
Talking to baby, noticing and responding to movements:	Yes

Skin contact

The value of skin contact:	Yes
What this means for mother and baby:	Yes
Unhurried skin contact:	Yes
Recognising early feeding cues:	Yes
Offering the first feed in skin contact:	Yes

Responding to baby's needs

How closeness, comfort and love can help a baby's brain develop:	Yes
Responsive feeding:	Yes

Feeding

Value of breastfeeding as protection, comfort and food:	Yes
How to get off to a good start:	Yes

Safe Sleeping

Safe sleeping discussed: Yes

Antenatal Colostrum	
Antenatal collection and storage of colostrum discussed:	No
Antenatal hand expressed colostrum:	No

Blood Tests, Results and Actions (Woman)

Last saved on 06 Jul 21 11:19 by Lorna Ford

Offered	
Date:	05 Jul 21 at 10:46
Offered and Explained:	Antibodies, Blood Group and Rhesus Factor, FBC
Bloods Offered Date/Time:	05 Jul 21 at 10:47
Screening Offered By:	Lorna Ford

Accepted	
Accepted and Requested:	Antibodies, Blood Group and Rhesus Factor, FBC
Acceptance Gained by:	Lorna Ford
Date/Time Screening Accepted:	05 Jul 21 at 10:47

Bloods Taken	
Bloods Taken:	Yes
Bloods Taken Date/Time:	05 Jul 21 at 10:47
Location of Sampling (Admin Only):	Antenatal Clinic
Location of Sampling:	Antenatal Clinic
Hospital of Sampling:	Arbroath Infirmary
Taken by:	Lorna Ford
Any Rejected Samples Require Repeating:	No

Results	
Mark results as completed and reviewed:	Yes
Date Results Reviewed:	06 Jul 21 at 11:15
Authorised By:	Ford, Lorna on 06 Jul 21 at 11:15
Antibody Result:	No antibodies present

Blood Group and Rhesus Factor:	O+
Blood Group:	O
Rhesus Factor:	+
FBC - Hb:	10.1 g/dL 101 g/L
FBC - WCC:	7.90 10^9 /L
Platelets:	0.00 10^9 /L 0.00 10^6 /L
Publish Results to Badger Notes:	Yes
Authorised By:	Ford, Lorna on 06 Jul 21 at 11:18
Message to Badger Notes:	phoned to arrange haemanitics and iron, plan to attend Arbroath on Thurs. Iron and VitC high diet advised
Document/Image:	Images available

Medication

Last saved on 06 Jul 21 11:20 by Lorna Ford

Medication	
Date/Time Given:	06 Jul 21 at 11:19
Medication Type:	TTO
Period:	Antenatal
Drugs:	- Ferrous fumarate
Route:	oral
Is this a change to an existing medication?:	No

Clinical Notes: to be started when collects 8/7/21

Critical Alert (Woman)

Last saved on 08 Sep 21 16:47 by Rebecca Northridge

Critical Alert	
Date and Time:	06 Jul 21 at 11:20
Completed By:	Lorna Ford
Summary of Alert:	on iron
Display on Pregnancy Summary Page (Key Events):	No
Remove from Alerts:	Yes

Task

Last saved on 04 Aug 21 16:41 by Lorna Ford

The Tasks	
Created:	06 Jul 21 at 11:21
Task:	hgb
Date due:	04 Aug 21 at 00:00
Recurring task:	No
Importance:	Normal
Created by:	Ford, Lorna

Close this task	
Closing status:	Task done
When:	04 Aug 21 at 16:41
By:	Ford, Lorna

Blood Tests, Results and Actions (Woman)

Last saved on 09 Jul 21 11:03 by Lorna Ford

Offered	
Date:	08 Jul 21 at 11:00
Offered and Explained:	Ferritin, Folate, Vit B12
Bloods Offered Date/Time:	08 Jul 21 at 00:00
Screening Offered By:	Lorna Ford

Accepted	
Accepted and Requested:	Ferritin, Folate, Vit B12
Acceptance Gained by:	Lynsey Smith
Date/Time Screening Accepted:	08 Jul 21 at 00:00

Bloods Taken	
Bloods Taken:	Yes
Bloods Taken Date/Time:	08 Jul 21 at 00:00
Hospital of Sampling:	Arbroath Infirmary
Taken by:	Lynsey Smith
Any Rejected Samples Require Repeating:	No

Results	
Mark results as completed and reviewed:	Yes
Date Results Reviewed:	09 Jul 21 at 11:02
Authorised By:	Ford, Lorna on 09 Jul 21 at 11:02

Ferritin:	6 g/L
Folate:	1.5
Vit B12:	316 ng/L
Publish Results to Badger Notes:	Yes
Authorised By:	Ford, Lorna on 09 Jul 21 at 11:02
Message to Badger Notes:	I will drop some folic acid rould later today x
Document/Image:	Images available

Medication
Last saved on 09 Jul 21 11:03 by Lorna Ford

Medication	
Date/Time Given:	09 Jul 21 at 11:03
Medication Type:	TTO
Period:	Antenatal
Drugs:	- Folic Acid
Route:	oral
Dose:	5mg
Is this a change to an existing medication?:	No

Clinical Note (Woman)
Last saved on 20 Jul 21 12:08 by Lorna Ford

Clinical Note	
Date and Time:	20 Jul 21 at 12:01
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	MSSU has come back with mixed growth, but Stacey feeling ok then. Report received today from microbiology to say discard prev report and showed positive for infection etc. Not phoned to us as far as I know. Phoned Stacey, not started on antibiotics yet. Apolgigies given for not commencing sooner. Not able to come in, I will go to Stacey this afternoon and give them to her. Upset over phone, not wanting to tell me what is happening, I will discuss when I see her.
Publish to Badger Notes:	No
Add to Chronology:	Yes

Medication
Last saved on 20 Jul 21 12:20 by Lorna Ford

Medication	
Date/Time Given:	20 Jul 21 at 12:20
Medication Type:	TTO
Period:	Antenatal
Drugs:	- Trimethoprim
Route:	oral
Dose:	200 milligram(s)
Is this a change to an existing medication?:	No

Clinical Notes: UTI

Clinical Note (Woman)

Last saved on 20 Jul 21 13:20 by Lorna Ford

Clinical Note	
Date and Time:	20 Jul 21 at 13:19
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Reg in Ninewells requested to sent prescription to my email to allow TTOs to be given

Smart Antenatal Assessment

Last saved on 20 Jul 21 14:09 by Lorna Ford

On Arrival	
Date and Time Antenatal Assessment Started:	20 Jul 21 at 13:51
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	Purple Team
Type of assessment:	Face to face
Location:	Antenatal Clinic
Others present at assessment:	No one (woman on her own)
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	No
Has the Grow chart been reviewed:	Yes
Additional Notes on Arrival:	Extra support appointment

Assessment	
General Condition:	Looks Well
Emotional wellbeing:	Weepy, Anxious, Low Mood
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	NAD
Height:	1.59 Metres 5 Foot 2 Inch(es)
Blood Pressure: Systolic:	118 mmHg
Blood Pressure: Diastolic:	60 mmHg
Additional BP information:	BP taken on Left arm, Manual reading
MAP:	79 mmHg
Signs of PET:	Headache

Fetal Movements	
Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes
Repeated Back Successfully:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation	
Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information	
Fundus Palpable:	Yes
Liquor Amount on Palpation:	NAD
Vaginal Loss:	No

Fetus 1

Presentation:	Breech
Lie:	Longitudinal
Position:	LSA
Engagement:	Not Engaged
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 148

Sepsis Pathway

Sepsis Triggers: None

Additional Observations Notes:	Generally low and weepy at times, feeling exhausted. Advised to increase oral fluids as reports drinking poorly. Discussed mood and advice that medication may be helpful now. Not keen. Side effects and advantages discussed. SW coming out tomorrow Advised to see GP, chooses not to for now. Has Cons Psychiatrist 1/8/21 and feels this is soon enough. Has only taken 1 iron tablet since starting, not keen for me to check today, plan to re-check hgb in 2 weeks and Stacey plans to take iron properly. Diet and fluids to help discussed. Discussed possible advice if hgb does not rise, such as venofer and advice not to birth in community. Stacey would rather not have either of these. Next scan 5/8/21 Given antibiotics for UTI

Current Domestic Abuse

Current domestic abuse: Unable to ask

Previous Domestic Abuse

Previous domestic abuse: Unable to ask

Recommendations

All risk factors:	- Group B Streptococcus - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Previous severe postnatal depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Prolonged Rupture of Membranes - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)
Risk:	High
Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Prolonged Rupture of Membranes See guideline on staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=PROD_291984&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1>

	Recommendations (Continued)
Actual Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks)
Do you want to change actual management plan?:	No
Plan discussed with the woman:	Yes

	Recommendations (Continued)
Woman agrees with plan:	Yes
Intended location of birth:	Ninewells Hospital Maternity
Delivery Plan (SMR02):	Consultant Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes
Advised to birth in consultant (shared) led unit:	No

On Leaving

Time Ended: 20 Jul 21 at 14:08

Reviews

Booking Bloods Results Reviewed:	Yes
Management Plan Reviewed:	Yes
Anomaly scan booked:	Yes
Anomaly scan completed and reviewed:	Yes

Publish observations and management plan to Badger	Yes
Notes:	
Authorised By:	Ford, Lorna on 04 Aug 21 at 18:31

VTE/Thromboprophylaxis

Last saved on 20 Jul 21 13:58 by Lorna Ford

VTE/Thromboprophylaxis

Date and Time Recorded:	20 Jul 21 at 13:57
Type:	Antenatal
Location:	Antenatal Clinic

Risk Factors	
Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities	
Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results	
Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration
Verified By:	Ford, Lorna on 20 Jul 21 at 13:58

Clinical Note (Woman)

Last saved on 20 Jul 21 15:00 by Lorna Ford

Clinical Note	
Date and Time:	20 Jul 21 at 14:43
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	I visited Stacey for an extra support appointment today. I was concerned about her mental health after phoning her earlier. She was tearful on the phone. After seeing Stacey and having a chat, there are clearly multiple contributors for her low mood. New dog, son has arm in plaster, oldest son's behaviour etc causing stress, kids all off school, existing mental health issues, not taking iron prescribed, feeling uncomfortable due to heat amongst others. We have had a long discussion. I have advised seeing gp asap. She declines to do this. Stacey is reluctant to commence medication and feels this is what the GP will suggest. She has an appointment with the psychiatrist 1/8/21 and feels this is soon enough. Encouraged to call unit if mood worsens.
Add to Chronology:	Yes

Badger Notes Leaflet Accessed
Last saved on 22 Jul 21 09:47 by (no user)

Details	
Date and Time First Accessed:	22 Jul 21 at 09:47
Date and Time Last Accessed:	22 Jul 21 at 09:46
Leaflet Title:	Induction of Labour

Badger Notes Leaflet Accessed
Last saved on 22 Jul 21 09:54 by (no user)

Details	
Date and Time First Accessed:	22 Jul 21 at 09:54
Date and Time Last Accessed:	22 Jul 21 at 09:54
Leaflet Title:	Angus Blue Team Midwives leaflet

Badger Notes Leaflet Accessed
Last saved on 22 Jul 21 09:55 by (no user)

Details	
Date and Time First Accessed:	22 Jul 21 at 09:55
Date and Time Last Accessed:	22 Jul 21 at 09:55
Leaflet Title:	Coronavirus (COVID 19) Information for Pregnant Women (NHS Scotland April 2021)

Badger Notes Leaflet Accessed
Last saved on 22 Jul 21 09:56 by (no user)

Details	
Date and Time First Accessed:	22 Jul 21 at 09:56
Date and Time Last Accessed:	22 Jul 21 at 09:55
Leaflet Title:	Group B Streptococcus (GBS) in Pregnancy and Newborn babies

Badger Notes Leaflet Accessed
Last saved on 22 Jul 21 09:57 by (no user)

Details	
Date and Time First Accessed:	22 Jul 21 at 09:57
Date and Time Last Accessed:	22 Jul 21 at 09:57
Leaflet Title:	LARC - Longer lasting contraception - Bengali

Badger Notes Leaflet Accessed
Last saved on 22 Jul 21 09:58 by (no user)

Details	
Date and Time First Accessed:	22 Jul 21 at 09:58
Date and Time Last Accessed:	22 Jul 21 at 09:58
Leaflet Title:	My Birthplace App

Badger Notes Leaflet Accessed
Last saved on 04 Aug 21 13:26 by (no user)

Details	
Date and Time First Accessed:	04 Aug 21 at 13:26
Date and Time Last Accessed:	04 Aug 21 at 13:24
Leaflet Title:	Antenatal Off to a good start

Smart Antenatal Assessment
Last saved on 04 Aug 21 16:41 by Lorna Ford

On Arrival	
Date and Time Antenatal Assessment Started:	04 Aug 21 at 16:07
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	Purple Team
Type of assessment:	Face to face
Location:	Antenatal Clinic
Others present at assessment:	No one (woman on her own)
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	No
Has the Grow chart been reviewed:	Yes
Additional Notes on Arrival:	Routine AN care

Assessment	
General Condition:	Looks Well
Emotional wellbeing:	Well
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Ketones +
Height:	1.59 Metres 5 Foot 2 Inch(es)
Blood Pressure: Systolic:	114 mmHg
Blood Pressure: Diastolic:	60 mmHg
Additional BP information:	BP taken on Left arm, Manual reading
MAP:	78 mmHg
Signs of PET:	None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes
Repeated Back Successfully:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
SFH (Symphysis Fundal height):	29.0 cm
Liquor Amount on Palpation:	NAD
Vaginal Loss:	No
Additional Concerns:	None

Fetus 1

Presentation:	Breech
Lie:	Longitudinal
Position:	LSA
Engagement:	Not Engaged
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 136

Sepsis Pathway

Sepsis Triggers: None

Additional Observations Notes:	Generally feeling ok SW input continues, pre-birth assessment completed, I have not heard anything yet, I will contact them to ask what the plan is. Scan tomorrow Advised to increase oral fluids Birthplan discussed ?Breech and SFD Continues on iron and folic acid

Current Domestic Abuse

Current domestic abuse: Unable to ask

Previous Domestic Abuse

Previous domestic abuse: Unable to ask

Recommendations

All risk factors:	- Group B Streptococcus - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Previous severe postnatal depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Prolonged Rupture of Membranes - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)
Risk:	High
Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Prolonged Rupture of Membranes See guideline on staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=PROD_291984&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1>

Actual Management Plan:	Recommendations (Continued) Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks)
Do you want to change actual management plan?:	No
Plan discussed with the woman:	Yes

Recommendations (Continued)

Woman agrees with plan:	Yes
Intended location of birth:	Ninewells Hospital Maternity
Delivery Plan (SMR02):	Consultant Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes
Advised to birth in consultant (shared) led unit:	Yes

On Leaving

Time Ended: 04 Aug 21 at 16:12

Reviews

Booking Bloods Results Reviewed:	Yes
Management Plan Reviewed:	Yes
Anomaly scan booked:	Yes
Anomaly scan completed and reviewed:	Yes

Publish observations and management plan to Badger	Yes
Notes:	
Authorised By:	Ford, Lorna on 04 Aug 21 at 18:31

VTE/Thromboprophylaxis

Last saved on 04 Aug 21 16:12 by Lorna Ford

VTE/Thromboprophylaxis

Date and Time Recorded:	04 Aug 21 at 16:11
Type:	Antenatal
Location:	Antenatal Clinic

Risk Factors	
Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities	
Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results	
Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration

Birth Plan

Last saved on 04 Aug 21 16:39 by Lorna Ford

Birth Plan	
Date and Time:	04 Aug 21 at 16:24

Labour and Birth	
I would prefer to give birth:	At home
My environment for labour and birth:	Stacey aware of all choices. Keen to birth at home. Aware may be advised IOL depending on growth etc. Pros and cons of birth at home and CMU discussed. Aware due to history, advice is to be in a Consultant led unit. DMU explained also. Aware we will support any choice. Birthplace app discussed. Transfer, reasons for and delay discussed. Partner aware he would be asked to use own transport to get to hospital if transferred.
Induction of labour if I go past my due date:	on the one hand, feels it would be helpful to allow her to organise childcare, but also feels potential complications and organisation of IOL would also be stressful
During labour and birth, I would like to consider the following coping strategies/pain relief:	Aware of all options Aware no epidural in CMU/DMU/Home Keen for entonox
How I would like to give birth:	would like to avoid!
Monitoring my baby during labour:	CTG, doppler and FSE discussed
Who I would like to be present during labour (think about different scenarios eg waterbirth, assisted birth, Caesarean section):	partner
If I am having a planned caesarean section birth, what would my preferences be:	drapes up, baby skin to skin asap
My thoughts for the birth of my placenta include (Delayed cord clamping, natural delivery, active management):	Would like to have delayed cord clamping, an active 3rd stage and would like hospital to dispose of placenta
This is how I am feeling about my birth choices:	would really really like not to stay in hospital if possible and get home asap if was to need to be there

Post-birth	
How I would like to feed my baby:	BF, keen to try, but has bottles in house
My thoughts on skin to skin contact:	skin to skin with both parents discussed
My thoughts on Vitamin K:	IM vit k please

Reviewed By:	Lorna Ford
Date and time of review and discussion:	04 Aug 21 at 16:38

Blood Tests, Results and Actions (Woman)

Last saved on 06 Aug 21 07:56 by Lorna Ford

Offered	
Date:	04 Aug 21 at 16:39
Offered and Explained:	FBC
Bloods Offered Date/Time:	04 Aug 21 at 16:40
Screening Offered By:	Lorna Ford

Accepted	
Accepted and Requested:	FBC
Acceptance Gained by:	Lorna Ford
Date/Time Screening Accepted:	04 Aug 21 at 16:40

Bloods Taken	
Bloods Taken:	Yes
Bloods Taken Date/Time:	04 Aug 21 at 16:40
Location of Sampling (Admin Only):	Antenatal Clinic
Location of Sampling:	Antenatal Clinic
By Whom:	Midwife
Taken by:	Lorna Ford
Any Rejected Samples Require Repeating:	No

Results	
Mark results as completed and reviewed:	Yes
Date Results Reviewed:	06 Aug 21 at 07:55
Authorised By:	Ford, Lorna on 06 Aug 21 at 07:56

FBC - Hb:	10.2 g/dL 102 g/L
FBC - WCC:	9.70 10^9 /L
Platelets:	223.00 10^9 /L 223,000.00 10^6 /L
Publish Results to Badger Notes:	Yes
Message to Badger Notes:	Increasing, slowly but well done!
Document/Image:	Images available

Conversations in Pregnancy

Last saved on 04 Aug 21 16:42 by Lorna Ford

Antenatal Conversations Checklist	
Completed:	04 Aug 21 at 16:41
Type:	3rd trimester
Completed By:	Lorna Ford

Encouraging parents to connect with their baby	
Taking time out to connect:	Yes
Talking to baby, noticing and responding to movements:	Yes

Skin contact	
The value of skin contact:	Yes
What this means for mother and baby:	Yes
Unhurried skin contact:	Yes
Recognising early feeding cues:	Yes
Offering the first feed in skin contact:	Yes

Responding to baby's needs	
How closeness, comfort and love can help a baby's brain develop:	Yes
Responsive feeding:	Yes

Feeding	
Value of breastfeeding as protection, comfort and food:	Yes
How to get off to a good start:	Yes

Safe Sleeping
Safe sleeping discussed: Yes

Antenatal Colostrum	
Antenatal collection and storage of colostrum discussed:	No
Antenatal hand expressed colostrum:	No

Ultrasound Scan

Last saved on 05 Aug 21 13:47 by Lorna Coventry

Scan Details	
Scan Number:	4
Consent Obtained:	Yes
Details Recorded:	05 Aug 21 at 13:32
Scan Performed:	05 Aug 21 at 13:32
Location:	Ultrasound Dept
Scan Performed By:	Lorna Coventry
Type of AN Scan Intended for this Visit:	Growth/ Liquor Volume +- Doppler
Growth/Liquor Volume + - Doppler Indication:	Care pathway (Planned serial scans)
AN Scan Completed:	Yes
Number of Babies on Scan:	Singleton
Additional Comments:	Rpt in 4 weeks.

Fetus 1	
Fetal Heartbeat Present at Start of Procedure:	Yes
Fetal Movement Seen:	Yes
Presentation:	Cephalic
Liquor Amount:	Appears normal
Single Deepest Pool:	4.9 cm

Fetus 1 - Growth	
Abdominal Circumference:	278.20 mm

Stomach: Normal

Fetus 1 - Doppler

Umbilical Artery EDF: Normal

Umbilical Artery PI: 1.1800 Normal

Fetus 1 - Additional Comments

Verified By: Coventry, Lorna on 05 Aug 21 at 13:47

Maternal Findings	
Scan Findings Explained:	Yes
EDD by Scan:	29 Sep 21
Placental Position (1):	Not Low
Placental Site (1):	Anterior
Publish Scan Findings to Badger Notes:	Yes
Authorised By:	Coventry, Lorna on 05 Aug 21 at 13:47

Referral (Woman)

Last saved on 05 Aug 21 13:48 by Lorna Coventry

Referral Details	
Date/Time Referred:	05 Aug 21 at 13:47
Referral To:	USS
Referral To:	- USS Referral
Referrer:	Lorna Coventry
Role of Referrer:	Midwife
Referral Accepted by Woman:	Yes

USS	
Role of Referrer:	Midwife
Referral Accepted by Woman:	Yes
Review Required:	Standard pathway
Type of scan requested:	Growth
Clinical Summary:	36 week growth scan
Requires Medical review if scan normal:	No
Additional Notes:	Growth scan in 4 weeks please
Referral Sent:	Yes

Saving patient report
Last saved on 05 Aug 21 13:49 by Lorna Coventry

Time:	05 Aug 21 at 13:48
Report:	USS Referral - 05 Aug 21 at 13:47
By:	Coventry, Lorna on 05 Aug 21 at 13:49
	SENT: 05 Aug 21 13:49 To: TAY.MaternityUltrasound@nhs.scot

Badger Notes Leaflet Accessed
Last saved on 16 Aug 21 10:48 by (no user)

Details	
Date and Time First Accessed:	16 Aug 21 at 10:48
Date and Time Last Accessed:	16 Aug 21 at 10:48
Leaflet Title:	Being Pregnant... Preparing to give birth

Clinical Note (Woman)
Last saved on 18 Aug 21 21:51 by Lorna Ford

Clinical Note	
Date and Time:	18 Aug 21 at 21:51
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Social
Notes and Care Plan:	update from SW, birth response plan completed Hi Lorna, how are you doing? Do you have any further update on UBB Leonard? I am about to complete the Pre Birth assessment form. I spoke to my manager Lynda yesterday and we agreed that the assessment will recommend SW just continue to work with the family until after baby is here, no need for any case conference etc. I have let parents know this too. I think mum's mental health will be the main concern Thanks Caroline

Scanned Document
Last saved on 18 Aug 21 22:02 by Lorna Ford

Scanned Document

Note Time:	18 Aug 21 at 22:00
Document Type:	- Birth Plan Arrangements - Child Services Post Birth
Document:	Images available

Smart Antenatal Assessment

Last saved on 19 Aug 21 16:01 by Lorna Ford

On Arrival

Date and Time Antenatal Assessment Started:	19 Aug 21 at 15:44
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	Purple Team
Type of assessment:	Face to face
Location:	Woman's Home
Others present at assessment:	Partner/Spouse
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	No
Has the Grow chart been reviewed:	Yes
Additional Notes on Arrival:	emergency transfer to Ninewells ?labour

Assessment

General Condition:	Looks Unwell
Urinalysis Carried Out:	No
Reason:	Unable to provide sample
Height:	1.59 Metres 5 Foot 2 Inch(es)
Temperature:	36.7 degrees centigrade
Pulse:	78 beats per minute
Blood Pressure: Systolic:	110 mmHg
Blood Pressure: Diastolic:	62 mmHg
Additional BP information:	BP taken on Left arm, Manual reading
MAP:	78 mmHg
Signs of PET:	None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes
Repeated Back Successfully:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Ninewells Hospital Maternity

, DD2 1UB

Maternal Information

Fundus Palpable:	Yes
SFH (Symphysis Fundal height):	34.0 cm
Liquor Amount on Palpation:	NAD
Vaginal Loss:	Yes
Vaginal Loss Details:	cream
Additional Concerns:	Contracting
Strength:	Moderate
Number of contractions:	3 per 10 minutes

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Position:	ROL
Engagement:	3/5
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 138

Sepsis Pathway

Sepsis Triggers: None

Additional Observations Notes:	Attended to do routine check as was unable to manage yesterday's appointment. Arrived to find Stacey supine on the couch obviously in pain, breathing steadily through abdominal discomfort. 34+1 Reports generally well FMF plenty Pain started an hour ago, pain intermittent across abdomen, feels tight on palpation No signs of infection Intact menbranes Bladder and bowels nad Eating and drinking well No covid symptoms feeling pressure rectally Contracting 3:10, mod on palpation OP/measures34cm, long, cepg, 3/5ths palpable FHH 148bmp, no decles heard ceph on scan also obs stable 1550 Ambulance called for emergency transfer to Ninewells Reg informed

Recommendations

All risk factors:
- Group B Streptococcus
- Latex Allergy (Medical)
- Anxiety
- Family member with serious Mental Health condition
- Previous depression
- Previous postnatal depression
- Previous severe postnatal depression
- Under care of secondary mental health services
- Previous Cervical Surgery
- Previous Antepartum haemorrhage
- Previous FGR
- Previous SGA < 10th centile
- Previous Low Birthweight (< 2.5kg)
- Current/Previous Social Services Involvement
- Latex allergy (Anaesthetic)
- Prolonged Rupture of Membranes

Risk: High

Recommendations (Continued)

Confirm review of risks:	Ford, Lorna on 19 Aug 21 at 18:46
Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Prolonged Rupture of Membranes See guideline on staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=PROD_291984&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1>
Actual Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks)

Recommendations (Continued)

Intended location of birth:	Ninewells Hospital Maternity
Delivery Plan (SMR02):	Consultant Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour: Yes

Suitable to Birth at Midwifery Led Unit: Yes

On Leaving

Time Ended: 19 Aug 21 at 16:00

Reviews

Booking Bloods Results Reviewed:	Yes

Publish observations and management plan to Badger	Yes
Notes:	
Authorised By:	Ford, Lorna on 19 Aug 21 at 18:46

Clinical Note (Woman)
Last saved on 19 Aug 21 16:04 by Lorna Ford

Clinical Note

Date and Time:	19 Aug 21 at 16:04
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	FHH 150bpm Ambulance not here yet

Clinical Note (Woman)
Last saved on 19 Aug 21 16:17 by Lorna Ford

Clinical Note

Date and Time:	19 Aug 21 at 16:05
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Stacey looking sore, FHH 150bpm, ambulance en route

Clinical Note (Woman)
Last saved on 19 Aug 21 16:19 by Lorna Ford

Clinical Note

Date and Time:	19 Aug 21 at 16:11
Completed By:	Lorna Ford
Lock from changes:	Yes
Notes and Care Plan:	In Ambulance, FHH 144bpm, leaving Brechin LS phoned and aware we are leaving now Arbroath staff aware of situation

Clinical Note (Woman)
Last saved on 19 Aug 21 16:20 by Lorna Ford

Clinical Note

Date and Time:	19 Aug 21 at 16:19
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Notes and Care Plan:	entonox started, rectal pressure ++++

Clinical Note (Woman)
Last saved on 19 Aug 21 16:26 by Lorna Ford

Clinical Note

Date and Time:	19 Aug 21 at 16:22
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	FHH 160bpm Stacey using entonox well, prep for birth as much as possible as I'm doubtful we will make it to Ninewells in time traveling in ambulance, unsure if anything happening PV as stacey on stretcher and wants to keep trousers on for now

Clinical Note (Woman)

Last saved on 19 Aug 21 16:27 by Lorna Ford

Clinical Note

Date and Time:	19 Aug 21 at 16:27
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	stacey upset, worried that baby will be too small, reassurance ++++

Clinical Note (Woman)

Last saved on 19 Aug 21 17:27 by Lorna Ford

Clinical Note

Date and Time:	19 Aug 21 at 16:30
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	16:34 Nil PV presure +++, FHH 135bpm, no decels, mat pulse 84 16:43 fetal heart clear, involuntary pushing +++, trousers off with consent, cream discharge PV, nil to see 16:45 Still In ambulance 16:46 arrival in Ninewells, FHH 136bpm 16:50 Into tulip suite, involuntary pushing, FHH 148bpm 16:55 Nil visible, distressed +++ 17:00 nil visible PV, CTG commenced 17:05 Review by Consultant, VE long, closed and posterior, swab of discharge taken, CTG paused 17:10 Obs stable BP 104/76, P76, T36.7 CTG reassuring 17:15 scan by Cons, cephalic 17:18 CTG restated 17:20 much more settled now after exam, no longer distressed, support +++ 17:27 Partner Steven into room, Course of events explained

Clinical Note (Woman)

Last saved on 19 Aug 21 17:19 by Lorna Ford

Clinical Note

Date and Time:	19 Aug 21 at 16:30
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	FHH 149

CTG Review

Last saved on 19 Aug 21 17:31 by Lorna Ford

Date and Time: 19 Aug 21 at 17:00

Commenced, Reviewed or Completed:	Commenced
CTG Computerised:	Yes
Monitored By:	Lorna Ford
Reason for CTG:	Preterm labour - threatened
Fetal Movements Felt:	Yes
STAN Monitor:	No
Number of Fetuses:	1
Maternal Pulse:	76 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Position:	ROL
Engagement:	3/5
Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 130

Contractions

Contracting:	Yes
Uterine Activity Notes:	regular uterine activity felt by stacey

Observations (Woman)

Last saved on 19 Aug 21 17:29 by Lorna Ford

Admin Data

Observations Performed:	19 Aug 21 at 17:10
Consent Obtained:	Yes
Location:	Other: labour ward
Completed by:	Ford, Lorna
Type of Observations:	MEOWS / MEWS

General

General Condition:	Looks Well
Urinalysis Carried Out:	No
Reason:	Unable to provide sample
Height:	1.59 Metres 5 Foot 2 Inch(es)

Vital Signs

Temperature:	36.7 degrees centigrade
Pulse:	76 beats per minute
Blood Pressure: Systolic:	104 mmHg
Blood Pressure: Diastolic:	56 mmHg
Additional BP information:	BP taken on Left arm, Electronic reading
MAP:	72 mmHg

Critical

Oxygen currently administered:	No
Conscious Level:	Alert
Pain Assessment:	Mild pain
Is the pain associated with labour?:	No
Blood loss reported by woman prior to labour (not active):	None
Nausea:	None
Passed at least 100ml urine in the last 4 hours:	Yes
Urine Output:	Greater than 30ml/hr
Signs of PET:	None

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Sepsis Pathway

Sepsis Triggers: None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes
Repeated Back Successfully:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation

Number of Fetuses: 1

Additional Information

Publish to Badger Notes:	Yes
Authorised By:	Ford, Lorna on 19 Aug 21 at 17:29

Clinical Note (Woman)

Last saved on 19 Aug 21 17:42 by Lorna Ford

Clinical Note

Date and Time:	19 Aug 21 at 17:35
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	DW team leads re plan, I will take bloods and covid swab, transfer to OA, Stacey informed we would like her to stay and be monitored for a while

CTG Review

Last saved on 19 Aug 21 19:03 by Lorna Ford

Date and Time: 19 Aug 21 at 17:40

Commenced, Reviewed or Completed:	Reviewed
CTG Computerised:	Yes
Type:	Antenatal
Monitored By:	Lorna Ford
Reason for CTG:	Preterm labour - threatened
STAN Monitor:	Yes
Number of Fetuses:	1
Maternal Pulse:	78 beats per minute
Method of Auscultation:	CTG-transducer
CTG Mnemonic:	Yes
DR: Define Risks:	?PTL
C: Contractions:	1:10
M: Movements:	plenty

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 133

Contractions

Contracting:	Yes
Uterine Activity Notes:	?PTL around 1:10

Fetus 1 - Antenatal

Baseline Rate Value:	133
Accelerations:	Yes
Decelerations:	No
Variability:	5-25
Category:	Normal

Fetus 1 - Mnemonic

BRa: Baseline Fetal Heart Rate:	133
V: Variability:	present
A: Accelerations:	present
D: Decelerations:	nil
O: Overall Impression:	reassuring

Clinical Note (Woman)

Last saved on 19 Aug 21 17:42 by Lorna Ford

Clinical Note

Date and Time:	19 Aug 21 at 17:42
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Notes and Care Plan:	looking sore again, contractions palpated, mod

Microbiological Tests and Results (Woman)

Last saved on 19 Aug 21 17:45 by Lorna Ford

Taken	
Date:	19 Aug 21 at 17:44
Location:	Other: OA in labour ward
Offered and explained:	COVID-19
Test(s) Performed:	COVID-19

Results	
Document/Image:	Images available
Publish Results to Badger	Yes
Notes:	

Blood Tests, Results and Actions (Woman)

Last saved on 19 Aug 21 17:46 by Lorna Ford

Offered	
Date:	19 Aug 21 at 17:45
Offered and Explained:	Clotting Screen, CRP, FBC, Group and Save, Liver Function Test, Urea and Electrolytes
Bloods Offered Date/Time:	19 Aug 21 at 17:46
Screening Offered By:	Lorna Ford

Accepted	
Accepted and Requested:	Clotting Screen, CRP, FBC, Group and Save, Liver Function Test, Urea and Electrolytes
Acceptance Gained by:	Lorna Ford
Date/Time Screening Accepted:	19 Aug 21 at 17:46

Bloods Taken	
Bloods Taken:	Yes
Bloods Taken Date/Time:	19 Aug 21 at 17:46
Location of Sampling (Admin Only):	Other: OA LS
Location of Sampling:	Other: OA LS
By Whom:	Midwife
Taken by:	Lorna Ford
Any Rejected Samples Require Repeating:	No

Publish Results to Badger	Yes
Notes:	
Document/Image:	Images available

Microbiological Tests and Results (Woman)

Last saved on 19 Aug 21 17:48 by Lorna Ford

Taken	
Date:	19 Aug 21 at 17:47
Location:	Other: OA LS
Offered and explained:	LVS Swab
Test(s) Performed:	LVS Swab

Results	
Document/Image:	Images available
Publish Results to Badger	Yes
Notes:	

CTG Review

Last saved on 19 Aug 21 17:50 by Lorna Ford

Date and Time:	19 Aug 21 at 17:48

Commenced, Reviewed or Completed:	Reviewed
CTG Computerised:	Yes
Discontinue:	No
Type:	Antenatal
Monitored By:	Lorna Ford
Reason for CTG:	Preterm labour - threatened
Fetal Movements Felt:	Yes
STAN Monitor:	No
Number of Fetuses:	1
Maternal Pulse:	74 beats per minute
Method of Auscultation:	CTG-transducer
CTG Mnemonic:	Yes
DR: Define Risks:	?PTL
C: Contractions:	irregular around 1:10 now
M: Movements:	felt plenty by mum

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 130

Contractions

Contracting:	Yes
Uterine Activity Notes:	unsure if contracting, mod, around 1:10 felt

Fetus 1 - Antenatal

Baseline Rate Value:	130
Accelerations:	Yes
Decelerations:	No
Variability:	>5
Category:	Normal

Fetus 1 - Mnemonic

BRa: Baseline Fetal Heart Rate:	130
V: Variability:	>25
A: Accelerations:	present
D: Decelerations:	nil
O: Overall Impression:	reassuring

Fluids Intake (Legacy)

Last saved on 19 Aug 21 18:20 by Lorna Ford

Date and Time: 19 Aug 21 at 18:01

Output

Type of fluid: Urine

Urine

Volume:	250 mls
Method:	Spontaneous Voiding
Urinalysis:	Ketones +++

CTG Review

Last saved on 19 Aug 21 18:19 by Lorna Ford

Date and Time: 19 Aug 21 at 18:10

Commenced, Reviewed or Completed:	Reviewed
CTG Computerised:	Yes
Type:	Antenatal
Reason for CTG:	Preterm labour - threatened
STAN Monitor:	No
Number of Fetuses:	1
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer

Additional Notes: reassuring, stopped to move mum through to OA

Clinical Note (Woman)

Last saved on 19 Aug 21 18:23 by Lorna Ford

Clinical Note

Date and Time:	19 Aug 21 at 18:21
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Moved through to OA, UA ?settling nil PV Passed urine spont ket+++ Has not eaten since this am and little fluids Comfortable DW Cons, stop CTG as reassuring diet and fluids to be given and await blood results

Microbiological Tests and Results (Woman)

Last saved on 19 Aug 21 18:23 by Lorna Ford

Taken

Date:	19 Aug 21 at 18:23
Location:	Other: LS OA
Offered and explained:	MSU
Test(s) Performed:	MSU

Results

Document/Image:	Images available
Publish Results to Badger Notes:	Yes

Specialist Review

Last saved on 19 Aug 21 18:38 by Mythili Ramalingam

Specialist Review	
Date and Time Recorded:	19 Aug 21 at 18:33
Specialist Type:	Obstetric - Review
Conducted By:	Mythili Ramalingam
Named Consultant:	No
Lock from changes:	Yes
Type of User:	Consultant
Type of assessment:	Face to face
Location:	CLU
History/Background Noted:	Yes
History/Background additional comments:	Para 5 presenting ? labour note social history

Review:	c/o irregular contractions Feeling pressure mostly back and pelvic area No SROM No PVB
Examination:	P/A - Soft, Some discomfort RIF VE - Consent and chaperone - Cervix parous os/long, posterior PV discharge - white/curdy ++ USS - cepahlic , LV ++
Discussion:	Imp - Irritable uterus Plan - Observe in OA FBC/ CRP/UE/LFT Can E+D Analgesia can go to ward if settled

Date of Conversation:	19 Aug 21 at 18:30
The conversation took place:	In Person
Publish to Badger Notes:	No

Admission

Last saved on 27 Apr 26 11:20 by Interface Account

Admission Details	
Date and Time:	19 Aug 21 at 18:38
Time ended:	22 Aug 21 at 18:00
PAS Admission Account:	I0000370319
PAS Alternative Admission Account:	I0000370319
Current Ward on PAS:	Labour Suite

Clinical Note (Woman)

Last saved on 19 Aug 21 18:39 by Lorna Ford

Clinical Note	
Date and Time:	19 Aug 21 at 18:39
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Moved into OA given refreshments, orientated to area declines analgesia, knows to ask if needs

Change Care Location (Woman)

Last saved on 27 Apr 26 11:20 by Interface Account

Date and Time: 19 Aug 21 at 18:39
Name of location: Ninewells Hospital Maternity

Clinical Note (Woman)
Last saved on 19 Aug 21 18:58 by Lorna Ford

Clinical Note

Date and Time: 19 Aug 21 at 18:57
Completed By: Lorna Ford
Lock from changes: Yes
Type of User: Midwifery
Type of Clinical Note: Clinical
Notes and Care Plan: information on my laptop missing from this narrative, but will be uploaded when I get home as battery in laptop dead and I cannot get a charger.

CTG Review
Last saved on 19 Aug 21 19:01 by Lorna Ford

Date and Time: 19 Aug 21 at 18:58

Commenced, Reviewed or Completed:	Commenced
CTG Computerised:	Yes
Type:	Antenatal
Monitored By:	Lorna Ford
Reason for CTG:	Preterm labour - threatened
Fetal Movements Felt:	Yes
STAN Monitor:	Yes
Number of Fetuses:	1
Maternal Pulse:	76 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Position:	ROL
Engagement:	3/5
Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 130

Contractions

Contracting: Yes
Uterine Activity Notes: ?PTL irregular and incoordinate

CTG Review
Last saved on 19 Aug 21 19:04 by Lorna Ford

Date and Time: 19 Aug 21 at 19:03

Commenced, Reviewed or Completed:	Completed
CTG Computerised:	Yes
Type:	Antenatal
Monitored By:	Lorna Ford
Reason for CTG:	Preterm labour - threatened
STAN Monitor:	Yes
Number of Fetuses:	1
Maternal Pulse:	76 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 136

Contractions

Contracting: No

Fetus 1 - Antenatal

Baseline Rate Value:	136
Accelerations:	Yes
Decelerations:	No
Variability:	5-25
Category:	Normal

Additional Notes: reviewed by Consultant

Clinical Note (Woman)

Last saved on 19 Aug 21 19:14 by Katie Heinowski

Clinical Note

Date and Time:	19 Aug 21 at 19:12
Completed By:	Katie Heinowski
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Care taken over by MW K Heinowski, verbal handover from MW L Ford. For observation. Ice checked - blood results not back.

Clinical Note (Woman)

Last saved on 19 Aug 21 19:41 by Katie Heinowski

Clinical Note

Date and Time:	19 Aug 21 at 19:15
Completed By:	Katie Heinowski
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Introductions made, no requests. Phone charger provided.

Clinical Note (Woman)

Last saved on 19 Aug 21 19:43 by Katie Heinowski

Clinical Note

Date and Time:	19 Aug 21 at 19:41
Completed By:	Katie Heinowski
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Ice checked - bloods not back for review. Bed booked in ward, not ready at present.

Clinical Note (Woman)

Last saved on 19 Aug 21 20:05 by Claire Pirie

Clinical Note

Date and Time:	19 Aug 21 at 20:01
Completed By:	Claire Pirie
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Care taken over at shift change with mw a dye, introductions made, Stacy reports continued pelvic pressure and intermittent discomfort as earlier, bloods awaited, for review on ward round

Specialist Review

Last saved on 19 Aug 21 20:40 by Saskia Mason

Specialist Review

Date and Time Recorded:	19 Aug 21 at 20:38
Specialist Type:	Obstetric - Review
Conducted By:	Saskia Mason
Named Consultant:	No
Lock from changes:	Yes
Type of User:	Doctor
Type of assessment:	Face to face
Location:	Labour Ward
History/Background Noted:	Yes

Review:	Well, abdo tightenings seems to have settled at present. Normal FMs. Poor appetite but tolerating some sweet tea Note 3+ ket on last urine dip Obs normal Bloods - Hb99 Otherwise NAD (note low folate)
Examination:	Abdo SNT, no palpable uterine activity Ceph, free
Discussion:	Imp - Irritable uterus Pl - T/f to AN ward Rehydrate Simple analgesia Bedtime CTG

Date of Conversation:	19 Aug 21 at 20:40
The conversation took place:	In Person

Handover (Woman)

Last saved on 19 Aug 21 21:19 by Claire Pirie

SBAR - Handover

Date and Time of Handover:	19 Aug 21 at 21:08

Situation

Situation:	Date/Time of Admission 19 Aug 21 at 18:38

Background

Background History Noted:	Yes
Additional Information:	Para 5/1, all term vaginal births Rh +ve Admitted in ? Labour from home with cmw, on review cervix parous os only

Assessment

Assessment:	Aware of back and pelvic pressure and intermittent abdopain, not requiring analgesia, ketone x3 on last sample Ctg nad earlier

Additional Actions:	Plan- rehyrate and monitor ketones Analgesia as required, bedtime ctg

Internal Transfer (Woman)

Last saved on 19 Aug 21 22:14 by Ailsa Jones

Transfer Details

Date and Time:	19 Aug 21 at 21:45
Transferred From:	Labour Ward
Transferred To:	Antenatal Ward
Transfer Reason:	For antenatal observation

On Arrival

Date and Time Arrived on Ward:	19 Aug 21 at 21:45
Oriented to Area:	Call System, Security System, Ward Layout, Visiting Details, Daily Ward Activities, Meals/ Drinks, Introductions, Telephone System, Expected Date of Discharge, Co-sleeping/bed sharing
Current Clinical Condition:	Well

Clinical Note (Woman)

Last saved on 19 Aug 21 22:09 by Ailsa Jones

Clinical Note

Date and Time:	19 Aug 21 at 21:50
Completed By:	Ailsa Jones
Lock from changes:	Yes
Notes and Care Plan:	Admitted to ward 38 north Introductions made and Stacy orientated to ward. Encouraged diet and po fluids Stacey asked to Continue to leave urine for testing due to ketones And To report increased UA or change in PV loss

CTG Review

Last saved on 19 Aug 21 22:09 by Ailsa Jones

Date and Time:	19 Aug 21 at 22:09

Commenced, Reviewed or Completed:	Commenced
Type:	Antenatal
Monitored By:	Ailsa Jones
Reason for CTG:	Other: ? PTL
Fetal Movements Felt:	Yes
Number of Fetuses:	1
Maternal Pulse:	77 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer

Observations (Woman)

Last saved on 19 Aug 21 22:11 by Ailsa Jones

Admin Data

Observations Performed:	19 Aug 21 at 22:09
Consent Obtained:	Yes
Location:	Other: ?PTL
Completed by:	Jones, Ailsa
Type of Observations:	MEOWS / MEWS

General

General Condition:	Looks Well
Height:	1.59 Metres 5 Foot 2 Inch(es)

Vital Signs

Pulse:	72 beats per minute
Blood Pressure: Systolic:	110 mmHg
Blood Pressure: Diastolic:	63 mmHg
MAP:	78 mmHg

Critical

Pain Assessment:	Mild pain
Is the pain associated with labour?:	Partially
Blood loss reported by woman prior to labour (not active):	None
Signs of PET:	Nausea/Vomiting

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes
Repeated Back Successfully:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation	
Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information	
Fundus Palpable:	Yes
SFH (Symphysis Fundal height):	31.0 cm
Vaginal Loss:	Yes
Vaginal Loss Details:	Reports white pv discharge 2/7

Fetus 1	
Presentation:	Cephalic
Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 136

Observations (Woman)

Last saved on 19 Aug 21 22:19 by Ailsa Jones

Admin Data	
Observations Performed:	19 Aug 21 at 22:17
Consent Obtained:	Yes
Location:	Triage
Completed by:	Jones, Ailsa
Type of Observations:	MEOWS / MEWS

General	
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Leucocytes, Glucose Trace
Height:	1.59 Metres 5 Foot 2 Inch(es)

Vital Signs	
Temperature:	37.1 degrees centigrade

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Additional Information	
Additional Observations Notes:	Stacey made aware of urine sample and reports no urinary symptoms

CTG Review

Last saved on 19 Aug 21 22:42 by Ailsa Jones

Date and Time: 19 Aug 21 at 22:39

Commenced, Reviewed or Completed:	Completed
Type:	Antenatal
Monitored By:	Ailsa Jones
Reason for CTG:	Other: ? PTL
Fetal Movements Felt:	Yes
Number of Fetuses:	1
Maternal Pulse:	74 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 140

Contractions

Contracting: Yes

Fetus 1 - Antenatal

Baseline Rate Value:	140
Accelerations:	Yes
Decelerations:	No
Variability:	20
Category:	Normal

Additional Notes: UA reducing 1:20 min

Clinical Note (Woman)

Last saved on 20 Aug 21 09:01 by Lorna Duncan

Clinical Note

Date and Time:	20 Aug 21 at 08:30
Completed By:	Lorna Duncan
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Introductions made, Stacey feeling much better than yesterday. No obvious uterine activity noted by Stacey. Wishes to go home as child care becoming a problem (5 children at home, eldest has Autism). Asked Stacey about Social Work involvement, she said that her S/W is Caroline who works from Montrose. I have suggested that I will try to contact her once our Medical staff have reviewed her on the ward round.

Observations (Woman)

Last saved on 20 Aug 21 09:16 by Lorna Duncan

Admin Data

Observations Performed:	20 Aug 21 at 09:10
Consent Obtained:	Yes
Location:	Antenatal Ward
Completed by:	Duncan, Lorna
Type of Observations:	MEOWS / MEWS

General

General Condition:	Looks Well
Urinalysis Carried Out:	Not Required
Height:	1.59 Metres 5 Foot 2 Inch(es)

Vital Signs

Temperature:	37.1 degrees centigrade
Pulse:	83 beats per minute
Blood Pressure: Systolic:	102 mmHg
Blood Pressure: Diastolic:	57 mmHg
MAP:	72 mmHg
Respirations:	16 per minute
O2 Saturations:	97 %

Critical

Oxygen currently administered:	No
Conscious Level:	Alert

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	No
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
Liquor Amount on Palpation:	NAD
Vaginal Loss:	No
Additional Concerns:	None

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Engagement:	4/5
Fetal Heart Activity Checked Method:	CTG-transducer

Care Rounding Assessment

Confused: No

CTG Review

Last saved on 20 Aug 21 09:18 by Lorna Duncan

Date and Time: 20 Aug 21 at 09:17

Commenced, Reviewed or Completed:	Commenced
Type:	Antenatal
Monitored By:	Lorna Duncan
Reason for CTG:	Preterm labour - threatened
Number of Fetuses:	1
Maternal Pulse:	83 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Engagement:	4/5
Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 150

Additional Notes: Uterine activity not reported by Stacey. CTG applied

CTG Review

Last saved on 20 Aug 21 09:46 by Lorna Duncan

Date and Time: 20 Aug 21 at 09:44

Commenced, Reviewed or Completed:	Completed
CTG Computerised:	No
Type:	Antenatal
Monitored By:	Lorna Duncan
Reason for CTG:	Preterm labour - threatened
Fetal Movements Felt:	Yes
STAN Monitor:	No
Number of Fetuses:	1
Maternal Pulse:	83 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 150

Contractions

Contracting: No

Fetus 1 - Antenatal

Baseline Rate Value:	150
Accelerations:	Yes
Decelerations:	No
Variability:	5-25
Category:	Normal

Additional Notes: Stacey experienced x 1 painful tightening in 30 minutes of monitoring.

Clinical Note (Woman)

Last saved on 20 Aug 21 10:28 by Lorna Ford

Clinical Note

Date and Time:	20 Aug 21 at 10:22
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Email communication with Caroline Urquhart and myself. She plans to phone and speak to Steven today. Aware of events yesterday. I have also phoned left a message with her to call me back. In conversation over email Caroline reports that she visited Stacey yesterday with a colleague and that Stacey was tearful and upset after their conversation. I must have visited not long after this. I have phoned ward to pass this information onto Lorna Duncan who is caing for Stacey roday, hse is busy and will call me back. I spoke to a midwife earlier this am, discussed hgb and whether Stacey needs venofer in this pregnancy as hgb has fallen, she is taking iron and folic acid. I am not sure how her compliance is as we did not get around to discussing it yesterday.

Specialist Review

Last saved on 20 Aug 21 12:52 by Claire McWhirter

Specialist Review

Date and Time Recorded:	20 Aug 21 at 12:48
Specialist Type:	Obstetric - Review
Conducted By:	Roselyn Mudenha
Lock from changes:	Yes
Type of User:	Doctor
Location:	Antenatal Ward

Review: P5 at 34+2

admitted for observation ?PTL
feels tightenings have settled now
feeling well
observations normal including CTG
follow up in place with social work and community midwife
note low Hb - on PO folic acid/iron
for venofer dose (has appointment 03/09 Dr Lynch ?have then as doesn't want to wait for it today)

Smart Antenatal Assessment

Last saved on 22 Aug 21 13:15 by Lorna Ford

On Arrival

Date and Time Antenatal Assessment Started:	22 Aug 21 at 13:04
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	No
User carrying out antenatal assessment:	Lorna Ford
Team:	No team assigned
Type of assessment:	Face to face
Location:	Woman's Home
Others present at assessment:	Partner/Spouse, Student Midwife
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	No

Assessment

General Condition:	Looks Well
Emotional wellbeing:	Other: emotional
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Ketones Trace
Height:	1.59 Metres 5 Foot 2 Inch(es)
Temperature:	36.7 degrees centigrade
Pulse:	82 beats per minute
Blood Pressure: Systolic:	108 mmHg
Blood Pressure: Diastolic:	60 mmHg
Additional BP information:	Manual reading
MAP:	76 mmHg
Signs of PET:	None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
SFH (Symphysis Fundal height):	34.0 cm
Liquor Amount on Palpation:	NAD
Vaginal Loss:	Yes
Vaginal Loss Details:	cream vaginal loss, I will check recent swab
Additional Concerns:	None

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Position:	ROL
Engagement:	3/5
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 150

Sepsis Pathway

Sepsis Triggers: None

Additional Observations Notes:	Popped in to check on Stacey. Feeling a bit better Irregular tightenings continue once or twice an hour. Loose bowels yesterday, nil today Plenty FMF Recent events discussed Venofer explained and discussed, reports that was offered, declined, but was told would have at next consultant appointment. Has next scan appointment 3/9/21 Has had contact from SW Next appointment arranged with Susan Robertson, then I will see when I get back. Encouraged to call for help if ever needs.

Current Domestic Abuse

Current domestic abuse:	No

Previous Domestic Abuse

Previous domestic abuse:No

Recommendations

Period Completed:	3rd Trimester
Completed By:	Lorna Ford
All risk factors:	- Group B Streptococcus - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Previous severe postnatal depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)

	Recommendations (Continued)
Risk:	High
Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Prolonged Rupture of Membranes See guideline on staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=PROD_291984&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1>
Actual Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks)
Do you want to change actual management plan?:	Yes

Recommendations (Continued)

Revised Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks) ?venofer at next appointment
Intended location of birth:	Ninewells Hospital Maternity
Delivery Plan (SMR02):	Consultant Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes
Advised to birth in consultant (shared) led unit:	Yes

On Leaving

Time Ended: 22 Aug 21 at 13:15

Reviews

Booking Bloods Results Reviewed:	Yes

Is a referral needed?:	Yes
Publish observations and management plan to Badger Notes:	Yes
Authorised By:	Ford, Lorna on 22 Aug 21 at 14:08

VTE/Thromboprophylaxis

Last saved on 22 Aug 21 13:11 by Lorna Ford

VTE/Thromboprophylaxis

Date and Time Recorded:	22 Aug 21 at 13:11
Type:	Antenatal
PAS Admission Account:	I0000370319

Risk Factors

Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	Yes
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities	
Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results	
Indication:	Intermediate VTE Risk
Recommendation:	Consider antenatal prophylaxis with LMWH
Verified By:	Ford, Lorna on 22 Aug 21 at 13:11

Referral (Woman)

Last saved on 22 Aug 21 14:22 by Lorna Ford

Referral Details	
Date/Time Referred:	22 Aug 21 at 14:17
Referral To:	Obstetric
Referral To:	- Obstetric Referral
Items Discussed With Woman:	Reason for referral
Referrer:	Lorna Ford
Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes

Obstetric

Role of Referrer:	Midwife
Contact number and/or email address of referrer:	01241822537
Referral Accepted by Woman:	Yes
Advocate needed:	Yes
Has patient previously visited this hospital:	Yes
Preferred or previous Consultant:	Pauline Lynch
Current Risk:	High
Date of Risk Assessment:	22 Aug 21 at 13:04
Reason for Referral:	?venofer
Lead Professional:	Ford, Lorna
Additional Notes:	Could you please have a look at this woman's notes. She was recently in hospital ?PTL at 34+1 weeks but all settled and went home. She is on iron and folic acid, fair compliance, but Stacey does not eat and drink well. Her hgb is 99, folate also low. It was advised that she should have venofer but she could not stay due to childcare for her other children. She is coming for an appointment with you 3/9. Somebody has suggested that she should have it then, but I just wanted to check that was ok with you first, thanks.
Referral Sent:	Yes

Saving patient report

Last saved on 22 Aug 21 14:23 by Lorna Ford

Time:	22 Aug 21 at 14:22
Report:	Obstetric Referral - 22 Aug 21 at 14:17
Comments:	FAO Dr Lynch
By:	Ford, Lorna on 22 Aug 21 at 14:23
	SENT: 22 Aug 21 14:23 To: TAY.obstetricreferrals@nhs.scot

Discharge

Last saved on 27 Apr 26 11:20 by Interface Account

Discharge

Date and Time:	22 Aug 21 at 18:00
PAS Admission Account:	I0000370319
PAS Alternative Admission Account:	I0000370319
Discharge from on PAS:	Ward 38 North

Antenatal Management Plan

Last saved on 25 Aug 21 12:24 by Lorna Ford

Antenatal Management Plan

Completed:	24 Aug 21 at 13:21
Type of User:	Midwifery

Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Intermediate VTE Risk Consider LMWH from 28 weeks Consultant notes review Consider 6 weeks postnatal LMWH Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan
Actual Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks) ?venofer at next appointment
Management Plan Reviewed:	Yes

Do you want to change actual management plan?:	Yes
Revised Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks) ?venofer at next appointment - DW Dr Lynch, hgb to be checked at appointment on 1/9/21 before Cons app on 3/9/21
Plan discussed with the woman:	Yes
Woman agrees with plan:	Yes
Publish to Badger Notes:	Yes
Authorised By:	Ford, Lorna on 25 Aug 21 at 11:41

Task
Last saved on 24 Aug 21 13:24 by Lorna Ford

The Tasks

Created:	24 Aug 21 at 13:24
Task:	take hgb
Date due:	01 Sep 21 at 00:00
Recurring task:	No
Importance:	Critical
Categories:	Midwifery
Created by:	Ford, Lorna

Close this task

Closing status:	Disregard task

Clinical Note (Woman)
Last saved on 24 Aug 21 13:29 by Lorna Ford

Clinical Note

Date and Time:	24 Aug 21 at 13:27
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	email from Pauline Lynch re venofer, advised to check hgb a couple of days before her cons app on the 3rd. Has appointment with Susan Robertson while I am on AL 1/9. I will email Susan and put a task on Stacey's notes.

Smart Antenatal Assessment
Last saved on 01 Sep 21 14:24 by Susan Robertson

On Arrival

Date and Time Antenatal Assessment Started:	01 Sep 21 at 14:13
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Susan Robertson
Team:	No team assigned
Location:	Antenatal Clinic
Others present at assessment:	No one (woman on her own)
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	No

Assessment

General Condition:	Looks Well
Emotional wellbeing:	Well
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Glucose Trace
Height:	1.59 Metres 5 Foot 2 Inch(es)
Weight:	62.00 Kg 9 Stones 10 lb(s)
Current BMI:	24.52
Pulse:	64 beats per minute
Blood Pressure: Systolic:	94 mmHg
Blood Pressure: Diastolic:	78 mmHg
Additional BP information:	BP taken on Right arm
MAP:	83 mmHg
Signs of PET:	None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes
Repeated Back Successfully:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
SFH (Symphysis Fundal height):	36.0 cm
Liquor Amount on Palpation:	NAD
Vaginal Loss:	No
Additional Concerns:	None

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Position:	LOL
Engagement:	3/5
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 148

Sepsis Pathway

Sepsis Triggers: None

Additional Observations Notes:	Well today normal pattern of movements felt . Discussed place of delivery with Stacey as had wished homebirth however after discussion is happy to go to laboursuite and has transport arranged. Swab on 23/08/21 showed Thrush and shall organised treatment for same . FBC obtained and continues to take 1 iron tablet daily. Has growth scan on fri and review after scan

Current Domestic Abuse

Current domestic abuse: No

Previous Domestic Abuse

Previous domestic abuse: No

Recommendations

All risk factors:	- Group B Streptococcus - Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Previous severe postnatal depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Prolonged Rupture of Membranes - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)
Risk:	High
Confirm review of risks:	Robertson, Susan on 01 Sep 21 at 14:23

Recommended Management Plan:	Recommendations (Continued) Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Intermediate VTE Risk Consider LMWH from 28 weeks Consultant notes review Consider 6 weeks postnatal LMWH Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan
Actual Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks) ?venofer at next appointment - DW Dr Lynch, hgb to be checked at appointment on 1/9/21 before Cons app on 3/9/21
Do you want to change actual management plan?:	No
Plan discussed with the woman:	Yes

Recommendations (Continued)

Woman agrees with plan:	Yes
Intended location of birth:	Ninewells Hospital Maternity
Delivery Plan (SMR02):	Consultant Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes

On Leaving

Time Ended:	01 Sep 21 at 14:23

Reviews

Booking Bloods Results Reviewed:	Yes
Management Plan Reviewed:	Yes
Anomaly scan booked:	No

Agrees to access leaflets in Badger Notes:	Yes
Baby Box form completed and sent:	Yes
Best Start Grant offered:	N/A
Best Start Foods offered:	N/A
Is a referral needed?:	No
Publish observations and management plan to Badger Notes:	Yes
Authorised By:	Robertson, Susan on 01 Sep 21 at 14:24

Did Not Attend

Last saved on 02 Sep 21 12:01 by Rebecca Craig

DNA Details

Date and Time Recorded:	02 Sep 21 at 12:00
Date and Time of Scheduled Appointment:	02 Sep 21 at 11:45
Completed By:	Rebecca Craig
Failed Appointment Type:	Other: USS
Reason:	Unknown
Add to Chronology?:	Yes

Blood Tests, Results and Actions (Woman)

Last saved on 08 Sep 21 13:18 by Suzanne Knox

Offered

Date:	08 Sep 21 at 13:15
Offered and Explained:	FBC
Bloods Offered Date/Time:	01 Sep 21 at 14:13
Screening Offered By:	Susan Robertson

Accepted

Accepted and Requested:	FBC
Acceptance Gained by:	Susan Robertson
Date/Time Screening Accepted:	01 Sep 21 at 14:13

Bloods Taken

Bloods Taken:	Yes
Bloods Taken Date/Time:	01 Sep 21 at 14:13
Location of Sampling (Admin Only):	Antenatal Clinic
Location of Sampling:	Antenatal Clinic
Hospital of Sampling:	Arbroath Infirmary
Taken by:	Susan Robertson
Additional Notes:	not added to Badger record at time, added by SCM S Knox when reviewing results after a phonecall from Stacey

FBC - Hb:	9.2 g/dL 92 g/L
FBC - WCC:	10.70 10^9 /L
Platelets:	296.00 10^9 /L 296,000.00 10^6 /L
Haematocrit (HCt):	0.298 %
MCV:	80.3 fL
Publish Results to Badger Notes:	Yes
Document/Image:	Images available

Clinical Note (Woman)

Last saved on 08 Sep 21 13:22 by Suzanne Knox

Clinical Note

Date and Time:	08 Sep 21 at 13:19
Completed By:	Suzanne Knox
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Stacey did not attend appointment on 3rd September as planned and so need for venofer was never reviewed. Stacey called today asking about same, hb 92 1 week ago. Tried to bleep consultant Dr Lynch but no answer - will try duty consultant.
Publish to Badger Notes:	No
Add to Chronology:	No

Specialist Review

Last saved on 08 Sep 21 16:44 by Rebecca Northridge

Specialist Review

Date and Time Recorded:	08 Sep 21 at 16:42
Specialist Type:	Other: Discussion with SCM Suzanne Knox
Conducted By:	Rebecca Northridge
Lock from changes:	Yes
Type of User:	Consultant

Review: Phoned to ask advice re Hb
Hb 91
Also has folate deficiency and has been prescribed folic acid high dose since July.
Vit B12 within normal range
Plan
For one dose venofer in daycare hopefully tomorrow
Patient has also missed scan appt.
Discussed shortage of scan appts already due to sickness it may be possible for her to be scanned in P Lynch clinic but I do not know how busy this is.

Antenatal Management Plan

Last saved on 08 Sep 21 16:46 by Rebecca Northridge

Antenatal Management Plan

Completed: 08 Sep 21 at 16:44

Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Intermediate VTE Risk Consider LMWH from 28 weeks Consultant notes review Consider 6 weeks postnatal LMWH Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Prolonged Rupture of Membranes See guideline on staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=PROD_291984&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1>
Actual Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks) ?venofer at next appointment - DW Dr Lynch, hgb to be checked at appointment on 1/9/21 before Cons app on 3/9/21
Management Plan Reviewed:	Yes

Do you want to change actual management plan?:	Yes
Revised Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks) Hb 91 at 37 weeks Venofer arrnaged by S Knox in daycare Also folate deficiency on high dose folic acid. Missed 36 week scan appt If labours prior to Hb increasing would advise NW Birth with active 3rd stage Also needs contraception discussion

Critical Alert (Woman)
Last saved on 08 Sep 21 16:47 by Rebecca Northridge

Critical Alert

Date and Time:	08 Sep 21 at 16:46
Completed By:	Rebecca Northridge
Summary of Alert:	Anaemia-requires venofer at 37 weeks
Display on Pregnancy Summary Page (Key Events):	Yes

Assessment Unit
Last saved on 15 Sep 21 12:38 by Lorna Ford

Administration Data

Visit Number:	1
Time Started:	13 Sep 21 at 14:48
Main Antenatal Reason for Attending:	Other: venofer
Location:	Maternity Assessment Unit
Others present at assessment:	No one (woman on her own)
Attending midwife/ seen by:	Siobhan Burns
Background and history noted:	Yes
Has the Grow chart been reviewed:	Yes
Express Booking Required?:	Yes
Is this woman booked at this Trust/Board?:	Yes
Consent for Procedures:	Yes
Additional Notes on Arrival:	Attended MAU for Venofer.

Discharge Management

Time Ended: 13 Sep 21 at 22:00

Observations (Woman)
Last saved on 13 Sep 21 15:31 by Rebekah Farquharson

Admin Data

Observations Performed:	13 Sep 21 at 15:21
Consent Obtained:	Yes
Location:	Antenatal Day Unit
Completed by:	Siobhan Burns
Type of Observations:	MEOWS / MEWS

General

General Condition:	Looks Well
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	NAD
Height:	1.59 Metres 5 Foot 2 Inch(es)

Vital Signs

Temperature:	36.7 degrees centigrade
Pulse:	77 beats per minute
Blood Pressure: Systolic:	112 mmHg
Blood Pressure: Diastolic:	66 mmHg
MAP:	81 mmHg
Respirations:	16 per minute
O2 Saturations:	98 %

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
SFH (Symphysis Fundal height):	35.0 cm
Liquor Amount on Palpation:	NAD

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Engagement:	3/5
Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 143

CTG Review

Last saved on 13 Sep 21 15:25 by Rebekah Farquharson

Date and Time: 13 Sep 21 at 15:23

Commenced, Reviewed or Completed:	Commenced
Type:	Antenatal
Monitored By:	Siobhan Burns
Reason for CTG:	Other: Pain
Fetal Movements Felt:	Yes
Number of Fetuses:	1
Maternal Pulse:	77 beats per minute
Method of Auscultation:	CTG-transducer

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 143

Additional Notes: Attended for venofer. Stacey reports abdominal discomfort throughout today. Nil PV

Fluids Intake (Legacy)

Last saved on 13 Sep 21 15:27 by Rebekah Farquharson

Date and Time: 13 Sep 21 at 15:25

Medication Details

Infusions: Other: Venofer

Other Infusion

Volume: 200 mls

Flow Rate

Set Rate: 100 mls/hr

Notes

Additional Notes: 1st dose venofer commenced as prescribed.

Clinical Note (Woman)

Last saved on 13 Sep 21 15:28 by Rebekah Farquharson

Clinical Note

Date and Time:	13 Sep 21 at 15:27
Completed By:	Siobhan Burns
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Stacey attended MAU for 1st dose venofer today. On arrival Stacey reports abdominal discomfort since this morning. CTG commenced. ?tightenings and will observe. Venofer commenced.

CTG Review

Last saved on 13 Sep 21 17:04 by Jennifer Galloway

Date and Time: 13 Sep 21 at 16:15

Commenced, Reviewed or Completed:	Completed
CTG Computerised:	No
Type:	Antenatal
Monitored By:	Jennifer Galloway
Reason for CTG:	Other: Pain
Fetal Movements Felt:	Yes
Number of Fetuses:	1
Method of Auscultation:	CTG-transducer

Fetus 1

Fetal Heart Activity Checked Method:	CTG-transducer
Fetal Heart Rate:	Heart Rate: 143

Contractions

Contracting:	Yes
Uterine Activity Notes:	Irregular contractions 1/3-4 mild irregular

Fetus 1 - Antenatal

Baseline Rate Value:	130
Accelerations:	Yes
Decelerations:	No
Variability:	10-15
Category:	Normal

Admission

Last saved on 27 Apr 26 11:20 by Interface Account

Admission Details

Date and Time:	13 Sep 21 at 17:05
Time ended:	13 Sep 21 at 20:50
PAS Admission Account:	I0000376548
PAS Alternative Admission Account:	I0000376548
Current Ward on PAS:	Ward 38 South

Ultrasound Scan

Last saved on 13 Sep 21 17:46 by Rebekah Farquharson

Scan Details

Scan Number:	5
Consent Obtained:	Yes
Details Recorded:	13 Sep 21 at 17:44
Scan Performed:	13 Sep 21 at 17:44
Location:	Antenatal Clinic
Scan Performed By:	Greg Caldwell
Type of AN Scan Intended for this Visit:	Growth/ Liquor Volume +- Doppler
Growth/Liquor Volume + - Doppler Indication:	Care pathway (Planned serial scans)
Image Quality:	Suboptimal
Limitations:	Fetal position
Number of Babies on Scan:	Singleton
Additional Comments:	Fetal movements ++

Fetus 1	
Fetal Heartbeat Present at Start of Procedure:	Yes
Fetal Movement Seen:	Yes
Presentation:	Cephalic
Liquor Amount:	Appears normal
Single Deepest Pool:	5.4 cm

Fetus 1 - Growth		
Abdominal Circumference:	343.00 mm	

Fetus 1 - Doppler	
Umbilical Artery EDF:	Normal
Umbilical Artery PI:	0.6200 Normal

Maternal Findings	
EDD by Scan:	29 Sep 21

Clinical Note (Woman)
Last saved on 13 Sep 21 20:06 by Lorna Duncan

Clinical Note	
Date and Time:	13 Sep 21 at 19:08
Completed By:	Lorna Duncan
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Stacey wishing to go home. Has run of tightenings all the time. Will come in immediately if concerns. Reg contacted for review, In theatre will review in approx half an hour. Stacey happy to wait.

Clinical Note (Woman)
Last saved on 13 Sep 21 20:51 by Nadia Guild

Clinical Note	
Date and Time:	13 Sep 21 at 20:46
Completed By:	Nadia Guild
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Midwifery
Notes and Care Plan:	Change of shift, into side room. Introductions made. Stacey requesting an update on Reg Review. Change over of medical staff. Reg bleep callled. D/W reg A Gillon and Dr Nicoll and happy for Stacey to home but to be aware of precipitate labour and if any concerns to come into hospital ASAP. Stacey happy with this. Venflon removed

Discharge
Last saved on 27 Apr 26 11:20 by Interface Account

Discharge	
Date and Time:	13 Sep 21 at 20:50
PAS Admission Account:	I0000376548
PAS Alternative Admission Account:	I0000376548
Discharge from on PAS:	Ward 38 South

Discharge
Last saved on 27 Apr 26 11:20 by Interface Account

Discharge	
Date and Time:	13 Sep 21 at 20:50
PAS Admission Account:	I0000376548
PAS Alternative Admission Account:	I0000376548
Discharge from on PAS:	Ward 38 South

Smart Antenatal Assessment

Last saved on 15 Sep 21 12:34 by Lorna Ford

On Arrival	
Date and Time Antenatal Assessment Started:	15 Sep 21 at 12:07
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	No team assigned
Type of assessment:	Face to face
Location:	Antenatal Clinic
Others present at assessment:	No one (woman on her own)
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	No
Has the Grow chart been reviewed:	Yes
Additional Notes on Arrival:	Routine AN care

Assessment	
General Condition:	Looks Well
Emotional wellbeing:	Well
Urinalysis Carried Out:	Yes
Urinalysis Outcome:	Leucocytes
Height:	1.59 Metres 5 Foot 2 Inch(es)
Weight:	61.00 Kg 9 Stones 8 lb(s)
Current BMI:	24.13
Blood Pressure: Systolic:	116 mmHg
Blood Pressure: Diastolic:	70 mmHg
Additional BP information:	BP taken on Left arm
MAP:	85 mmHg
Signs of PET:	None

Fetal Movements	
Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes
Repeated Back Successfully:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation	
Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Ninewells Hospital Maternity

, DD2 1UB

Maternal Information

Fundus Palpable:	Yes
SFH (Symphysis Fundal height):	34.0 cm
Liquor Amount on Palpation:	NAD
Vaginal Loss:	Yes
Vaginal Loss Details:	thrush symptoms
Additional Concerns:	None

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Position:	ROL
Engagement:	3/5
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 136

Sepsis Pathway

Sepsis Triggers: None

Additional Observations Notes:	Feeling generally anxious at present. Feels stressed and torn between older son and choices for this baby. Declan has started self harming. SW aware. Stacey was recently seen in Ninewells for venofer and a scan. Scan showed no concerns. Unsure if to have another veofer as had to leave due to son before medical review. I will contact medical staff. Not on any medication at present. Some tightenings daily, but not worried. On treatment for thrush. Place of birth discussed at length, very unsure of what she wants to do. Aware that due to history, birth in consultant led unit is advised, but aware we will support any decision. Advised if would like to birth in CMU/DMU or home, I will arrange a discussion with Iona and equipment if necessary. Overall, would really like to be induced and have a planned date to allow for childcare as feels this is the overall issue. Occasional headaches, diet and fluids discussed, feels that her intake has been poor. Dr Lynch paged, no answer, Reg (Barbara Salje) paged and venofer and IOL dicsussed. Advised that a 2nd dose of venofer to be arranged and to email Dr Lynch re IOL (ARM). Stacey aware not advised till 39 weeks. Email sent to Dr Lynch. Not back till 20/9 which will be fine as Stacey is not 39 weeks till 22/9/21. I will let Stacey know. Venofer arranged for Friday in daycare at 1300pm. Stacey aware. Chooses not to have DW Iona and plans to birth in NWs at present. SW- phoned Caroline Urquhart discussed situation, childcare explored and updated

Current Domestic Abuse

Current domestic abuse: No

Previous Domestic Abuse

Previous domestic abuse: No

Recommendations

Period Completed:	3rd Trimester
Completed By:	Lorna Ford
All risk factors:	- Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Previous severe postnatal depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Prolonged Rupture of Membranes - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)

Recommendations (Continued)

Risk:	High
Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous or Current GBS Infection Give RCOG GBS patient information leaflet See GBS guideline on Staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=DOCS_090645&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1> Intermediate VTE Risk Consider LMWH from 28 weeks Consultant notes review Consider 6 weeks postnatal LMWH Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Prolonged Rupture of Membranes See guideline on staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=PROD_291984&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1>

Actual Management Plan:	Recommendations (Continued) Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks) Hb 91 at 37 weeks 2nd dose venofer 17/9/21 Also folate deficiency on high dose folic acid. Scanned 13/9/21 no concerns If labours prior to Hb increasing would advise NW Birth with active 3rd stage Also needs contraception discussion Email sent to Dr Lynch re IOL (ARM) request
Do you want to change actual management plan?:	No

Recommendations (Continued)

Plan discussed with the woman:	Yes
Woman agrees with plan:	Yes
Intended location of birth:	Ninewells Hospital Maternity
Delivery Plan (SMR02):	Consultant Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes
Advised to birth in consultant (shared) led unit:	Yes

On Leaving

Time Ended: 15 Sep 21 at 12:25

Reviews

Booking Bloods Results Reviewed:	Yes
Management Plan Reviewed:	Yes

Baby Box form completed and sent:	Yes
Publish observations and management plan to Badger	Yes
Notes:	
Authorised By:	Ford, Lorna on 15 Sep 21 at 12:31

VTE/Thromboprophylaxis

Last saved on 15 Sep 21 12:18 by Lorna Ford

VTE/Thromboprophylaxis

Date and Time Recorded:	15 Sep 21 at 12:18
Type:	Antenatal
Location:	Antenatal Clinic

Risk Factors	
Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities	
Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results	
Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration
Verified By:	Ford, Lorna on 15 Sep 21 at 12:18

Birth Plan

Last saved on 15 Sep 21 12:34 by Lorna Ford

Birth Plan	
Date and Time:	15 Sep 21 at 12:31

Labour and Birth	
I would prefer to give birth:	At home
My environment for labour and birth:	Stacey aware of all choices. Keen to birth at home. Aware may be advised IOL depending on growth etc. Pros and cons of birth at home and CMU discussed. Aware due to history, advice is to be in a Consultant led unit. DMU explained also. Aware we will support any choice. Birthplace app discussed. Transfer, reasons for and delay discussed. Partner aware he would be asked to use own transport to get to hospital if transferred. Keen at present to be induced due to family situation, I will discuss with medical staff.
Induction of labour if I go past my due date:	on the one hand, feels it would be helpful to allow her to organise childcare, but also feels potential complications and organisation of IOL would also be stressful
During labour and birth, I would like to consider the following coping strategies/pain relief:	Aware of all options Aware no epidural in CMU/DMU/Home Keen for entonox
How I would like to give birth:	would like to avoid!
Monitoring my baby during labour:	CTG, doppler and FSE discussed
Who I would like to be present during labour (think about different scenarios eg waterbirth, assisted birth, Caesarean section):	partner
If I am having a planned caesarean section birth, what would my preferences be:	drapes up, baby skin to skin asap
My thoughts for the birth of my placenta include (Delayed cord clamping, natural delivery, active management):	Would like to have delayed cord clamping, an active 3rd stage and would like hospital to dispose of placenta

Post-birth	
How I would like to feed my baby:	BF, keen to try, but has bottles in house
My thoughts on skin to skin contact:	skin to skin with both parents discussed
My thoughts on Vitamin K:	IM vit k please

Reviewed By:	Lorna Ford
Date and time of review and discussion:	15 Sep 21 at 12:34

Clinical Note (Woman)

Last saved on 15 Sep 21 13:16 by Lorna Ford

Clinical Note	
Date and Time:	15 Sep 21 at 13:15
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	email to Pauline Lynch from myself Hi Pauline, Could you please review Stacey Leonard's notes, particularly her last AN appointment today with me as most of the detail is there. 2804880060. Para 5, having 2nd dose of venofer 17/9. She is having on and off tightening, scans all ok despite measuring small for dates. Lots of complex social issues and a history of abuse from a family member. Her oldest son is causing a lot of concern for the family due to autism, his behaviour is problematic and he is recent self harming. She would like a planned date for IOL, ARM I presume as her last VE was 2 cm. She will be 39 weeks 22/9/21. I'll wait till you get back. Thanks in advance.

Assessment Unit

Last saved on 17 Sep 21 16:01 by Alison Ritchie

Administration Data	
Visit Number:	2
Time Started:	17 Sep 21 at 14:00
Main Antenatal Reason for Attending:	Other: Venofer
Location:	Maternity Assessment Unit
Others present at assessment:	No one (woman on her own)
Referral Source:	Self
Attending midwife/ seen by:	Alison Ritchie
Background and history noted:	Yes
Express Booking Required?:	No
Is this woman booked at this Trust/Board?:	Yes
Consent for Procedures:	Yes
Additional Notes on Arrival:	Attended for 2nd dose of venofer. Feels well. FMF

Discharge Management	
Time Ended:	17 Sep 21 at 15:30
Management:	Continue with scheduled ANC appts, Continue with scheduled CMW appts

Vascular Access Device/ Urinary Catheter (Woman)

Last saved on 17 Sep 21 15:59 by Alison Ritchie

Device Insertion	
Date and Time Inserted:	17 Sep 21 at 14:15
Date and Time Removed:	17 Sep 21 at 15:59
Location:	Triage
Inserted By:	Ailsa Jones
Type of Insertion:	Vascular Access Device
Cannula Number (Deprecated):	1
Type of Vascular Access Device:	Peripheral Venous Cannula
Colour of Cannula (Deprecated):	Pink
Site of PVC Insertion:	Left Hand

Insertion	
Clinically indicated:	Yes
Hand hygiene before insertion:	Yes
Appropriate PPE used:	Yes
Skin is cleansed with an antiseptic containing 70% isopropyl alcohol and 2% Chlorohexadine and left to dry before insertion (Deprecated):	Yes
Aseptic technique used:	Yes
Sterile dressing applied and dated:	Yes

Observations (Woman)

Last saved on 17 Sep 21 14:36 by Alison Ritchie

Admin Data	
Observations Performed:	17 Sep 21 at 14:19
Consent Obtained:	Yes
Location:	Triage
Completed by:	Ritchie, Alison
Type of Observations:	MEOWS / MEWS

General	
General Condition:	Looks Well
Urinalysis Carried Out:	Not Required
Height:	1.59 Metres 5 Foot 2 Inch(es)

Vital Signs

Temperature:	37.0 degrees centigrade
Pulse:	74 beats per minute
Blood Pressure: Systolic:	121 mmHg
Blood Pressure: Diastolic:	64 mmHg
MAP:	83 mmHg
Respirations:	17 per minute
O2 Saturations:	99 %

Critical

Conscious Level:	Alert
Pain Assessment:	No pain
Blood loss reported by woman prior to labour (not active):	None
Nausea:	None
Signs of PET:	None

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	No
Fetal Movement Concerns:	No

Fluids Intake (Legacy)

Last saved on 17 Sep 21 14:38 by Alison Ritchie

Date and Time: 17 Sep 21 at 14:20

Medication Details

Infusions: Other: Venofer

Other Infusion

Volume: 100 mls

Flow Rate

Start time: 17 Sep 21 at 14:20
Set Rate: 200 mls/hr

Notes

Additional Notes: Nacl 0.9% 100mls - Venofer 200mg

Medication

Last saved on 17 Sep 21 14:37 by Alison Ritchie

Medication

Date/Time Given:	17 Sep 21 at 14:20
Medication Type:	Prescribed
Prescription Required:	Yes
Period:	Antenatal
Medication Reason:	Other: Anaemia
Drugs:	- Iron sucrose
Route:	intravenous
Dose:	200 milligram(s)

Observations (Woman)

Last saved on 17 Sep 21 14:40 by Alison Ritchie

Admin Data	
Observations Performed:	17 Sep 21 at 14:35
Consent Obtained:	Yes
Location:	Triage
Completed by:	Ritchie, Alison
Type of Observations:	MEOWS / MEWS

General	
General Condition:	Looks Well
Height:	1.59 Metres 5 Foot 2 Inch(es)

Vital Signs	
Temperature:	36.9 degrees centigrade
Pulse:	72 beats per minute
Blood Pressure: Systolic:	106 mmHg
Blood Pressure: Diastolic:	64 mmHg
MAP:	78 mmHg
Respirations:	17 per minute
O2 Saturations:	99 %

Critical	
Conscious Level:	Alert
Pain Assessment:	No pain
Blood loss reported by woman prior to labour (not active):	None
Nausea:	None
Signs of PET:	None

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Observations (Woman)

Last saved on 17 Sep 21 15:54 by Alison Ritchie

Admin Data	
Observations Performed:	17 Sep 21 at 14:50
Consent Obtained:	Yes
Location:	Triage
Completed by:	Ritchie, Alison
Type of Observations:	MEOWS / MEWS

General	
General Condition:	Looks Well
Height:	1.59 Metres 5 Foot 2 Inch(es)

Vital Signs	
Temperature:	36.9 degrees centigrade
Pulse:	77 beats per minute
Blood Pressure: Systolic:	120 mmHg
Blood Pressure: Diastolic:	67 mmHg
MAP:	84 mmHg
Respirations:	17 per minute
O2 Saturations:	99 %

Critical	
Conscious Level:	Alert
Pain Assessment:	No pain
Blood loss reported by woman prior to labour (not active):	None
Nausea:	None
Signs of PET:	None

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Fluids Intake (Legacy)
Last saved on 17 Sep 21 15:55 by Alison Ritchie

Date and Time: 17 Sep 21 at 15:54

Medication Details

Infusions: Other: Venofer

Flow Rate

Start time: 17 Sep 21 at 14:20
Set Rate: 200 mls/hr
End time: 17 Sep 21 at 15:55

Fluids Intake (Legacy)
Last saved on 17 Sep 21 15:57 by Alison Ritchie

Date and Time: 17 Sep 21 at 15:56

Medication Details

Infusions: Normal Saline

Normal Saline Infusion

Volume: 100 mls

Flow Rate

Start time: 17 Sep 21 at 14:56
Set Rate: 200 mls/hr
End time: 17 Sep 21 at 15:15

Cannula\Catheter Removal
Last saved on 17 Sep 21 15:59 by Alison Ritchie

Cannula\Catheter Removal

Date and Time:	17 Sep 21 at 15:59
Insertion Summary:	Type of Cannula: Peripheral Line Inserted: 17 Sep 21 at 14:15 Location: Triage Place of Insertion: Left Hand Visual Inspection Performed: Not Recorded Notes: Not Recorded
Verified By:	Ritchie, Alison on 17 Sep 21 at 15:59

Scanned Document
Last saved on 17 Sep 21 16:00 by Lorna Ford

Scanned Document

Note Time:	17 Sep 21 at 15:59
Document Type:	- Case Conference Reports
Document:	Images available

Critical Alert (Woman)
Last saved on 19 Sep 21 02:16 by Lorna Ford

Critical Alert

Date and Time:	19 Sep 21 at 02:15
Completed By:	Lorna Ford
Summary of Alert:	Birth response completed
Details of Alert:	please see attached documents for birth response
Display on Pregnancy Summary Page (Key Events):	Yes

Scanned Document
Last saved on 19 Sep 21 03:23 by Lorna Ford

Scanned Document

Note Time:	19 Sep 21 at 03:23
Document Type:	- Other: Birth response
Document:	Images available

Clinical Note (Woman)
Last saved on 19 Sep 21 03:28 by Lorna Ford

Clinical Note

Date and Time:	19 Sep 21 at 03:26
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Birth response re done, attached to badger and send to child protection. Previous one was there, but no details on it, I am unsure why.

Clinical Note (Woman)
Last saved on 22 Sep 21 10:39 by Pauline Lynch

Clinical Note

Date and Time:	22 Sep 21 at 10:38
Completed By:	Pauline Lynch
Lock from changes:	Yes
Type of Clinical Note:	Clinical
Notes and Care Plan:	I support sweep 39 wks & book next avai IOL if vx stable - ideally by ARM +/- balloon not suitable OP IOL due to home circumstances

Induction of Labour Booking
Last saved on 22 Sep 21 21:12 by Lorna Ford

Date and Time:	22 Sep 21 at 21:06
IOL decision being made by:	Lorna Ford
Type of User (IoL decision made by):	Midwife
Consultant informed and agreed:	Yes
Consultant Informed:	Pauline Lynch
Authorisation Required:	Yes
Authorised By:	Pauline Lynch
Type of User Authorising:	Consultant
Department booked from:	Labour Suite
Date/time of decision for IOL:	22 Sep 21 at 21:08
Appropriate date range for IOL (lower):	39 Weeks Day(s)
Date Induction Booked:	25 Sep 21 at 00:00
Main Reason for Induction:	Social Indication: complex social issues please see notes
Planned setting for Induction:	Inpatient Induction of labour
Reason for Inpatient Induction of Labour:	Do not offer Outpatient Induction of Labour
Planned Induction Details:	not suitable for outpatient IOL due to home circumstances Knows to phone on Sat am to labour suite
Plan discussed:	Yes
Also discussed:	Pros and cons of IOL, IOL process
Woman Agrees To Induction:	Yes
Informed:	Relevant telephone numbers given, When to call the ward/delivery suit, Signs of labour/latent phase
Labour ward/Antenatal ward informed:	Yes
Presentation Scan:	No
Offered Obstetric appointmentto discuss further management:	N/A

Suitability For Outpatient Induction

Has Transport Available:	No
Acceptable journey time from the hospital:	No
A pregnancy with no medical complications:	Yes
	Yes
Suitable for Outpatient Induction of Labour:	No
Outpatient Offered:	No
Why not offered:	complex social issues

Anticipated planned Induction of Labour method:	ARM
Induction of Labour Leaflet Given:	Yes
Stretch and Sweep Offered:	Yes
Discussed Stretch and Sweep:	What is a sweep, Mild discomfort, Blood stained show, Expectant management, IOL
Stretch and Sweep Accepted and VE Performed:	No
Additional Notes:	sweep planned for tomorrow

Smart Antenatal Assessment

Last saved on 23 Sep 21 11:39 by Lorna Ford

On Arrival

Date and Time Antenatal Assessment Started:	23 Sep 21 at 11:23
Reason for Assessment:	Antenatal Follow-up
Scheduled visit:	Yes
User carrying out antenatal assessment:	Lorna Ford
Team:	No team assigned
Type of assessment:	Face to face
Location:	Antenatal Clinic
Others present at assessment:	No one (woman on her own)
Consent for Procedures:	Yes
Can the Trust/Board contact you for audit purposes:	No
Has the Grow chart been reviewed:	Yes
Additional Notes on Arrival:	Routine AN care

Assessment

General Condition:	Looks Well
Emotional wellbeing:	Well
Urinalysis Carried Out:	Yes
Height:	1.59 Metres 5 Foot 2 Inch(es)
Blood Pressure: Systolic:	106 mmHg
Blood Pressure: Diastolic:	70 mmHg
Additional BP information:	BP taken on Right arm, Manual reading
MAP:	82 mmHg
Signs of PET:	None

Fetal Movements

Fetal Movements Felt:	Yes
Fetal Movements Discussed:	Yes
Teach Back Performed:	Yes
Repeated Back Successfully:	Yes
Fetal Movement Concerns:	No

Abdominal Palpation

Abdominal Palpation Performed:	Yes
Number of Fetuses:	1

Maternal Information

Fundus Palpable:	Yes
SFH (Symphysis Fundal height):	38.0 cm
Liquor Amount on Palpation:	NAD
Vaginal Loss:	No
Additional Concerns:	None

Fetus 1

Presentation:	Cephalic
Lie:	Longitudinal
Position:	ROA
Engagement:	3/5
Fetal Heart Activity Checked Method:	Doppler
Fetal Heart Rate:	Heart Rate: 138

Sepsis Pathway

Sepsis Triggers: None

Additional Observations Notes:	Generally well Very keen for baby to come to Crisis with Declan for the last few days re his behaviour, threats of running away, hurt himself etc. SW have been in contact today. Counseling appointment for Declan arranged for next week. Email to Dr Lynch, happy for early sweep which Stacey is keen for and IOL ARM booked for Sat. Stacey aware to call labour suite in the morning. Aware that due to workload may be delayed. Planning to birth in Ninewells

Current Domestic Abuse

Current domestic abuse:	No

Previous Domestic Abuse

Previous domestic abuse: No

Recommendations

All risk factors:	- Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Previous severe postnatal depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Prolonged Rupture of Membranes - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic)
Risk:	High
Recommended Management Plan:	Mental Health Issues Delete as appropriate Previous history of mental health problems e.g. Bipolar Disorder; Psychotic Depression; Schizophrenia; Puerperal Psychosis - Consultant notes review - PNMH Pathway Maternal family history of Bipolar Affective Disorder, first degree relative - PNMH pathway Mild Depression - Standard letter to GP Previous FGR If previous baby less than 10th centile - Consultant notes review and monitoring plan Prolonged Rupture of Membranes See guideline on staffnet <http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/idcplg?IdcService=GET_FILE&dDocName=PROD_291984&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1>

Recommendations (Continued)

Actual Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks) Hb 91 at 37 weeks 2nd dose venofer 17/9/21 Also folate deficiency on high dose folic acid. Scanned 13/9/21 no concerns If labours prior to Hb increasing would advise NW Birth with active 3rd stage Also needs contraception discussion Email sent to Dr Lynch re IOL (ARM) request
Do you want to change actual management plan?:	Yes
Revised Management Plan:	Consultant notes review Previous history of mental health problem - EUPD , PTSD anxiety and depression - - PNMH Pathway Previous GBS Infection - on swab?offer swab 36 -38 wks Previous FGR growth 32 & 36 wks (CMW please book at 28 wks) Hb 91 at 37 weeks 2nd dose venofer 17/9/21 Also folate deficiency on high dose folic acid. Scanned 13/9/21 no concerns If labours prior to Hb increasing would advise NW Birth with active 3rd stage Also needs contraception discussion Email sent to Dr Lynch re IOL (ARM) request - happy for same, booked for sat 25/9/21
Plan made in discussion with the woman:	Yes

Recommendations (Continued)

Having care outside recommended guidelines:	No
Intended location of birth:	Ninewells Hospital Maternity
Delivery Plan (SMR02):	Consultant Unit
Delivery Management (SMR02):	Inpatient
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford

Suitability for Midwifery Led Care in Labour

Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes
Advised to birth in consultant (shared) led unit:	Yes

On Leaving

Time Ended: 23 Sep 21 at 11:28

Reviews

Booking Bloods Results Reviewed:	Yes

Baby Box form completed and sent:	Yes
Publish observations and management plan to Badger	Yes
Notes:	
Authorised By:	Ford, Lorna on 23 Sep 21 at 11:28

VTE/Thromboprophylaxis

Last saved on 23 Sep 21 11:27 by Lorna Ford

VTE/Thromboprophylaxis

Date and Time Recorded:	23 Sep 21 at 11:26
Type:	Antenatal
Location:	Antenatal Clinic

Risk Factors

Risk Factors Present:	Yes
Any previous VTE except a single event related to major surgery:	No (4)
Hospital admission:	No
Previous VTE related to major surgery:	No (3)
High-risk thrombophilia + no VTE:	No
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)

VTE Medical Co Morbidities

Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Any surgical procedure e.g. appendicectomy:	No
Ovarian Hyperstimulation Syndrome (OHSS) (first trimester only):	No (4)
Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Family history of unprovoked or estrogen-related VTE in first-degree relative:	No (1)
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
IVF/ART:	No (1)
Hyperemesis:	No (3)
Dehydration:	No (1)
COVID-19:	No

Results	
Indication:	Low VTE Risk
Recommendation:	Mobilisation and avoidance of dehydration
Verified By:	Ford, Lorna on 23 Sep 21 at 11:26

Vaginal Examination (Antenatal)

Last saved on 23 Sep 21 11:39 by Lorna Ford

Note Time:	23 Sep 21 at 11:36
Consent Obtained:	Yes
Location:	Antenatal Clinic
Person Conducting VE:	Lorna Ford
Chaperone Present:	No
Indication:	To sweep membranes
Cervical Stretch and Membranes Sweep Offered:	No
Bladder Emptied Prior:	Yes Spontaneous voiding
FH Auscultated Before VE:	Yes
Method of Auscultation:	Doppler
Vulva and Vagina:	NAD
Vaginal Condition:	Normal

Modified Bishops Score	
Dilatation:	4.0 cms
Dilation of Cervix (cm):	2-4
Consistency of Cervix:	Medium
Length of Cervical Canal:	1-2
Position of Cervix:	Mid
Station of PP above or below the Ischial Spines:	-1/0
Modified Bishops Score Total:	8

Presenting Part:	Cephalic
Position of PP:	LOA
Moulding:	Absent
Caput:	Absent
Membranes:	Intact
Number of Fetuses:	1
Fetal Heart Prior to Procedure Fetus 1:	138
Fetal Heart Following Procedure Fetus 1:	145
Method of Auscultation:	Doppler
Additional Vaginal Examination Notes:	pros and cons of sweep discussed aware to watch for signs of labour, normal show discussed and advised to get to NWs asap when in labour as very very favourable

Communication

Last saved on 24 Sep 21 20:09 by Joan Graham

Communication	
Date and Time:	24 Sep 21 at 19:36
Communication Type:	Telephone call
Call Number:	1
Communication Direction:	Incoming
Caller 1 name:	Graham, Joan
Pregnancy Period:	Antenatal

Background	
Reason for Call:	Suspected Labour
Call Details:	para 5 in labour advised to attend

Actions	
Date and Time Finished:	24 Sep 21 at 19:37
Call Duration:	1 Minute(s)

COVID-19 Assessment

Last saved on 24 Sep 21 19:37 by Joan Graham

COVID-19 Assessment	
Date and Time:	24 Sep 21 at 19:37
Type of assessment:	Triage/call

Triage/Call	
Have you been told to isolate as part of a Government program?:	No
Have you been feeling unwell (including: hoarseness, nasal discharge or congestion, sore throat, wheezing or sneezing)?:	No
Do you have a new a cough?:	No
Do you have a new loss or change in sense of smell or taste? :	No
Have you had a fever in the past week?:	No
Have you experienced shortness of breath?:	No
Do you live with someone who has symptoms of COVID-19 such as high temperature or a new continuous cough?:	No
Have you been in close contact with a person who is known to have been infected with Coronavirus (COVID-19)?:	No
Due to Covid-19 are you shielding?:	No
Have you travelled to a high risk country in the last 14 days?:	No

Communication

Last saved on 24 Sep 21 20:32 by Christine Gill

Communication	
Date and Time:	24 Sep 21 at 20:28
Communication Type:	Telephone call
Call Number:	2
Communication Direction:	Incoming
Call between:	Other: Paramedic
Caller 1 name:	Gill, Christine
Pregnancy Period:	Antenatal

Background	
Reason for Call:	Tightenings/contractions
Contractions?:	Yes
How long are they lasting?:	90 seconds
How strong are they?:	Strong
Comments:	Call from ambulance control - they are with Stacey at home Reporting contractions lasting 90 secs, strong ETA 30 mins SCM A Duffy informed Advised to attend at back door of L/S

Actions	
Date and Time Finished:	24 Sep 21 at 20:29
Call Duration:	1 Minute(s)

Recommendation	
Decision Support:	Guidelines/ pathway, Discussed with other midwife, Woman agrees with plan
Ambulance Required:	Yes

Add to Chronology: Yes

Admission
Last saved on 27 Apr 26 11:20 by Interface Account

Admission Details	
Date and Time:	24 Sep 21 at 21:30
Time ended:	25 Sep 21 at 15:30
PAS Admission Account:	I0000379589
PAS Alternative Admission Account:	I0000379589
Current Ward on PAS:	Labour Suite

Clinical Note (Woman)
Last saved on 24 Sep 21 21:39 by Bernadette McStea

Clinical Note	
Date and Time:	24 Sep 21 at 21:35
Completed By:	Bernadette McStea
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Arrived by Ambulance @ 21.15 hrs, contracting on & off all day but became more regular & stronger @ 19.15 hrs. OA contractiing, using entonox, CTG commenced @ 2128 hrs, observatuins stable.

Observations (Woman)
Last saved on 25 Sep 21 03:24 by Bernadette McStea

Admin Data	
Observations Performed:	24 Sep 21 at 22:30
Consent Obtained:	Yes
Location:	Delivery Suite/Labour Ward
Completed by:	McStea, Bernadette
Type of Observations:	MEOWS / MEWS

General	
General Condition:	Looks Well
Height:	1.59 Metres 5 Foot 2 Inch(es)

Vital Signs	
Temperature:	36.6 degrees centigrade
Pulse:	70 beats per minute
Blood Pressure: Systolic:	118 mmHg
Blood Pressure: Diastolic:	64 mmHg
MAP:	82 mmHg
Respirations:	17 per minute
O2 Saturations:	98 %

Critical

Oxygen currently administered:	No
Signs of PET:	None

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Clinical Note (Woman)
Last saved on 25 Sep 21 14:15 by Lorna Ford

Clinical Note

Date and Time:	24 Sep 21 at 23:00
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Email to named SW Caroline Urquhart to inform of birth

Fluids Intake (Legacy)
Last saved on 25 Sep 21 03:29 by Bernadette McStea

Date and Time:	25 Sep 21 at 02:00
Intake:	Oral

Input

Oral:	200 mls

Fluids Intake (Legacy)
Last saved on 25 Sep 21 03:30 by Bernadette McStea

Date and Time:	25 Sep 21 at 02:00
Intake:	IV Infusion

Medication Details

Infusions:	Normal Saline, Other: oxytocin 40 units

Normal Saline Infusion

Volume:	500 mls

Risk Assessment (Woman)
Last saved on 25 Sep 21 02:23 by Bernadette McStea

Risk Assessment	
Date and Time Risk Assessment Completed:	25 Sep 21 at 02:22
Period Completed:	Intrapartum
Completed By:	Bernadette McStea
All risk factors:	- Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Previous severe postnatal depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Prolonged Rupture of Membranes - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic) - Hb <105g/l
Intrapartum Risk Factors:	Hb <105g/l
Current Pregnancy Risk Factors:	Prolonged Rupture of Membranes
Previous Obstetric Risk Factors:	Previous Antepartum haemorrhage, Previous Prolonged ROM
Previous Baby(ies) Risk Factors:	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg)
Medical Risk Factors:	Latex Allergy (Medical)
Gynaecological Risk Factors:	Previous Cervical Surgery
Mental Health Risk Factors:	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression, Previous severe postnatal depression, Under care of secondary mental health services
Anaesthetic Risk Factors:	Latex allergy (Anaesthetic)
Social Risk Factors:	Current/Previous Social Services Involvement
Risk:	High

Additional Notes: lletz 2017 then term delivery

Old Clinical Risk Pick Lists	
Intrapartum Risk Factors:	Hb <105g/l
Current Pregnancy Risk Factors:	Prolonged Rupture of Membranes
Medical Risk Factors:	Latex Allergy (Medical)
Mental Health Risk Factors:	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression, Previous severe postnatal depression, Under care of secondary mental health services
Gynaecological Risk Factors:	Previous Cervical Surgery
Previous Pregnancy Maternal Risk Factors:	Previous Antepartum haemorrhage, Previous Prolonged ROM
Previous Baby(ies) Risk Factors:	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg)
Anaesthetic Risk Factors:	Latex allergy (Anaesthetic)
Social Risk Factors:	Current/Previous Social Services Involvement

Blood Loss

Last saved on 25 Sep 21 02:37 by Bernadette McStea

Blood Loss Details	
Date and time of blood loss:	25 Sep 21 at 02:37
(New) Blood loss (measured):	200 mls
New Blood loss (total):	200 mls

Fluid Outputs

Last saved on 25 Sep 21 02:37 by Bernadette McStea

Date and Time:	25 Sep 21 at 02:37
Type of fluid:	Blood

Blood

Volume: 200 mls

VTE/Thromboprophylaxis

Last saved on 25 Sep 21 03:11 by Bernadette McStea

VTE/Thromboprophylaxis

Date and Time Recorded:	25 Sep 21 at 02:55
Type:	Postnatal
Location:	Delivery Suite
PAS Admission Account:	I0000379589

Risk Factors

Risk Factors Present:	Yes
Any previous VTE:	No
Required antenatal LMWH (No active VTE/PE):	No
High-risk thrombophilia:	No (3)
Low-risk thrombophilia + family history:	No
Caesarean section in labour:	No (2)
BMI 30 - 39.9:	No (1)
BMI 40:	No (2)
Any surgical procedure in the puerperium except immediate repair of the perineum:	No (3)

VTE Medical Co Morbidities

Heart Failure:	No
Active Systemic Lupus Erythematosus (SLE):	No
Cancer:	No
Inflammatory Bowel Disease (IBD):	No
Inflammatory Polyarthropathy:	No
Nephrotic Syndrome:	No
Sickle cell disease:	No
Current Intravenous Drug User:	No
Type 1 DM with nephropathy:	No

Age > 35 years:	No (1)
Parity 3:	Yes (1)
Smoker:	No (1)
Elective caesarean section:	No (1)
Family history of VTE:	No
Gross varicose veins:	No (1)
Current pre-eclampsia:	No (1)
Current systemic infection:	No (1)
Immobility, e.g. paraplegia, PGP:	No (1)
Long-distance travel:	No
Low-risk thrombophilia:	No (1)
Multiple pregnancy:	No (1)
Preterm birth in this pregnancy (	No (1)
Stillbirth in this pregnancy:	No (1)
Mid-cavity or rotational operative birth:	No (1)
Prolonged labour (> 24hrs):	No (1)
PPH > 1 litre or Blood Transfusion:	No (1)
COVID-19:	No

Results

Indication:	Low VTE Risk
Recommendation:	Early mobilisation and avoidance of dehydration
Verified By:	McStea, Bernadette on 25 Sep 21 at 03:11

Actions

Early mobilisation and hydration carried out:	Yes

Fluid Outputs

Last saved on 25 Sep 21 03:26 by Bernadette McStea

Date and Time:	25 Sep 21 at 03:00
Type of fluid:	Urine

Urine

Volume:	400 mls
Method:	Spontaneous Voiding

Observations (Woman)

Last saved on 25 Sep 21 03:25 by Bernadette McStea

Admin Data

Observations Performed:	25 Sep 21 at 03:00
Consent Obtained:	Yes
Location:	Delivery Suite/Labour Ward
Completed by:	McStea, Bernadette
Type of Observations:	Postnatal

General

General Condition:	Looks Well
Height:	1.59 Metres 5 Foot 2 Inch(es)

Vital Signs

Temperature:	36.5 degrees centigrade
Pulse:	75 beats per minute
Blood Pressure: Systolic:	116 mmHg
Blood Pressure: Diastolic:	70 mmHg
MAP:	85 mmHg
Respirations:	17 per minute
O2 Saturations:	97 %

Critical

Signs of PET: None

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Fluids Intake (Legacy)

Last saved on 25 Sep 21 03:36 by Bernadette McStea

Date and Time:	25 Sep 21 at 03:34
Intake:	IV Infusion
Consent Obtained:	Yes
Patient Details Verified:	Yes

Medication Details

Infusions: Normal Saline, Other: oxytocin 40 i/u

Normal Saline Infusion

Volume: 500 mls

Flow Rate

Start time:	24 Sep 21 at 22:00
Set Rate:	125 mls/hr
End time:	25 Sep 21 at 02:00

Blood Loss

Last saved on 25 Sep 21 05:10 by Bernadette McStea

Blood Loss Details

Date and time of blood loss:	25 Sep 21 at 05:09
New Blood loss (total):	0 mls

Fluid Outputs

Last saved on 25 Sep 21 05:10 by Bernadette McStea

Date and Time:	25 Sep 21 at 05:09
Type of fluid:	Blood

Blood

Volume: 0 mls

Internal Transfer (Woman)

Last saved on 25 Sep 21 06:22 by Louise Davidson

Transfer Details

Date and Time:	25 Sep 21 at 06:21
Transferred From:	Labour Ward
Transferred To Ward:	Ward 38 South

On Arrival

Date and Time Arrived on Ward:	25 Sep 21 at 05:00
Oriented to Area:	Call System, Security System, Ward Layout, Visiting Details, Daily Ward Activities, Meals/ Drinks, Introductions, Telephone System, Expected Date of Discharge, Co-sleeping/bed sharing

Clinical Note (Woman)
Last saved on 25 Sep 21 06:23 by Louise Davidson

Clinical Note

Date and Time:	25 Sep 21 at 06:22
Completed By:	Louise Davidson
Lock from changes:	Yes
Notes and Care Plan:	admitted to ward, introductions made, water given, stacey is going to try to get some sleep

Clinical Note (Woman)
Last saved on 25 Sep 21 09:05 by Katherine Rennie

Clinical Note

Date and Time:	25 Sep 21 at 08:55
Completed By:	Katherine Rennie
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Care taken over by K Rennie (midwife). Introductions made, declined analgesia at present. Knows to alert myself if any worries or requests throughout today.

Specialist Review
Last saved on 25 Sep 21 10:05 by Binita Pande

Specialist Review

Date and Time Recorded:	25 Sep 21 at 10:04
Conducted By:	Binita Pande
Lock from changes:	Yes
Type of assessment:	Face to face

Review:	PN1 SVD 200 mls Wishes Sterilisation and plans to use barrier till then No obstetric concerns, FBC: Hb 115 g/L in labour. Due baby check before home Ward MW will confirm social work plan.

Date of Conversation:	25 Sep 21 at 10:05
The conversation took place:	In Person

Contraception Discussion
Last saved on 25 Sep 21 10:06 by Binita Pande

Date and Time

Date and Time Recorded:	25 Sep 21 at 10:05

Intrapartum

Was sterilisation performed?:	No

Postnatal

Postnatal discussion:	Yes
Postnatal contraception option:	Barrier methods, Irreversible method (tubal ligation)

Observations (Woman)

Last saved on 25 Sep 21 11:29 by Katherine Rennie

Admin Data

Observations Performed:	25 Sep 21 at 11:00
Consent Obtained:	Yes
Location:	Postnatal Ward
Completed by:	Rennie, Katherine
Type of Observations:	Postnatal

General

General Condition:	Looks Well
Emotional wellbeing:	Well
Urinalysis Carried Out:	Not Required
Height:	1.59 Metres 5 Foot 2 Inch(es)

Vital Signs

Temperature:	37.1 degrees centigrade
Pulse:	66 beats per minute
Blood Pressure: Systolic:	108 mmHg
Blood Pressure: Diastolic:	66 mmHg
Additional BP information:	BP taken on Right arm
MAP:	80 mmHg
Respirations:	15 per minute
O2 Saturations:	97 %

Critical

Nausea:	None
Signs of PET:	None

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Sepsis Pathway

Sepsis Triggers:	None

Postnatal	
Breasts:	No problems
Nipples:	No problems
Uterus:	Firm (Well Contracted)
Perineal Inspection Offered:	No
Reason perineal inspection not offered:	Intact
Perineum:	Intact
Lochia Amount:	Average
Lochia Description:	Bright red
Micturition:	No problems
First Void Complete:	Yes
Bowels:	BNO
Pelvic Floor:	No Problems
Legs:	No abnormalities detected
Pain/Discomfort:	None
Appetite:	Good
Sleep:	Poor

Care Rounding Assessment	
Assessment not carried out:	Independent

Additional Information	
Additional Observations Notes:	Postnatal check satisfactory as documented. Stacey feels generally well, comfortable. Keen for discharge to home later today if all well with baby.

Internal Transfer (Woman)

Last saved on 27 Apr 26 11:20 by Interface Account

Transfer Details	
Date and Time:	25 Sep 21 at 11:37
PAS Admission Account:	I0000379589
PAS Alternative Admission Account:	I0000379589
Transfer From Ward (PAS):	Ward 38 South
Transfer To Ward (PAS):	Ward 38 South
Transfer To Room (PAS):	NW38SR5S
Transfer To Bed (PAS):	R5BED1

Clinical Note (Woman)

Last saved on 25 Sep 21 14:16 by Lorna Ford

Clinical Note	
Date and Time:	25 Sep 21 at 14:15
Completed By:	Lorna Ford
Lock from changes:	Yes
Type of User:	Midwifery
Type of Clinical Note:	Clinical
Notes and Care Plan:	Phonecall to out of hours SW to inform that baby has been born and Stacey planning to go home from Ninewells today. Aware no action required. Ward staff aware.

Discharge

Last saved on 27 Apr 26 11:20 by Interface Account

Discharge	
Date and Time:	25 Sep 21 at 15:30
PAS Admission Account:	I0000379589
PAS Alternative Admission Account:	I0000379589
Discharge from on PAS:	Ward 38 South

Transfer of Care (Woman)

Last saved on 25 Sep 21 17:40 by Katherine Rennie

Administrative Data	
Date and Time Recorded:	25 Sep 21 at 17:30
Date and Time Transferred:	25 Sep 21 at 15:30
Transfer Type:	Postnatal Community Care
Discharged By:	Sarah Heenan
Discharge Method:	Transferred on clinical advice
Discharged From:	Postnatal Ward
Discharge Destination:	Home (usual residence)
How was Transfer done:	Email
Confirmed Discharge Address:	Yes
Telephone:	07892630501
Mobile Telephone:	07368 227877
Address and Telephone Number Confirmed?:	Yes
Discharge paperwork printed?:	Yes
Transport Arranged:	Car
Critical Incidents:	No
Latest Hb at transfer:	115 g/L 25 Sep 21 at 02:00
Woman Suitable for Midwife Issued Ferrous Sulphate:	N/A
Documentation Given:	Postnatal Discharge Booklet
Maternal Information Given / Discussed:	Other: discharge pack
Agrees to access leaflets in Badger Notes:	Yes
Information in Handheld Notes Discussed:	Yes
TTOs Given:	No
Number of Follow Up Appointments Required:	0

Clinical Review	
Contraception Discussed:	Yes
Leaflet Given:	Yes
Chosen Method:	Barrier methods, Irreversible method (tubal ligation)
Contraception Administered:	No
6-8 week postnatal check discussed:	Yes
6-8 week postnatal check arranged:	Yes
Anaesthetic follow up required:	N/A

SMR02 Validation	
Antenatal Steroids:	Not applicable - gestation more than 36 weeks with no threat of delivery
Previous Admissions to Hospital:	2
Smoker During Pregnancy:	No
Induction of Labour:	Not Known
Analgesia Given:	Yes
Sterilisation after delivery:	None
Midwife Present At Delivery:	Yes
Transfer of Responsibility:	No transfer - midwife retains responsibility throughout the delivery episode
Indication for Operative Delivery:	Not Applicable

Baby 1	
Outcome of Pregnancy (SMR02):	Livebirth
Discharged with Mother:	Yes
Baby Discharged To (SMR02):	Home with mother
Feed on Discharge (SMR02):	Formula only

Additional Information	
Additional Notes:	Postnatally well at time of discharge. SW informed of discharge - no additional action required. Discharged to home with baby. Knows to contact community midwife/triage if concerns once home.
Does the CMW or HV need to make contact to discuss any causes of concern?:	No
Transfer details passed on to:	Team
Discharge handed over to (name):	Angus Midwives

Risk Assessment (Woman)

Last saved on 25 Sep 21 17:44 by Katherine Rennie

Risk Assessment	
Date and Time Risk Assessment Completed:	25 Sep 21 at 17:44
Period Completed:	Postnatal
All risk factors:	- Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Previous severe postnatal depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Prolonged Rupture of Membranes - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic) - Hb <105g/l - Grand Multiparity
Current Postnatal Risk Factors:	Grand Multiparity
Intrapartum Risk Factors:	Hb <105g/l
Current Pregnancy Risk Factors:	Prolonged Rupture of Membranes
Previous Obstetric Risk Factors:	Previous Antepartum haemorrhage, Previous Prolonged ROM
Previous Baby(ies) Risk Factors:	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg)
Medical Risk Factors:	Latex Allergy (Medical)
Gynaecological Risk Factors:	Previous Cervical Surgery
Mental Health Risk Factors:	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression, Previous severe postnatal depression, Under care of secondary mental health services
Anaesthetic Risk Factors:	Latex allergy (Anaesthetic)
Social Risk Factors:	Current/Previous Social Services Involvement
Risk:	High

Additional Notes: lletz 2017 then term delivery

Old Clinical Risk Pick Lists	
Intrapartum Risk Factors:	Hb <105g/l
Current Postnatal:	Grand Multiparity
Current Pregnancy Risk Factors:	Prolonged Rupture of Membranes
Medical Risk Factors:	Latex Allergy (Medical)
Mental Health Risk Factors:	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression, Previous severe postnatal depression, Under care of secondary mental health services
Gynaecological Risk Factors:	Previous Cervical Surgery
Previous Pregnancy Maternal Risk Factors:	Previous Antepartum haemorrhage, Previous Prolonged ROM
Previous Baby(ies) Risk Factors:	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg)
Anaesthetic Risk Factors:	Latex allergy (Anaesthetic)
Social Risk Factors:	Current/Previous Social Services Involvement

Care Plan

Last saved on 25 Sep 21 17:44 by Katherine Rennie

Care Plan	
Date and Time Started:	25 Sep 21 at 17:44
Update Type:	Postnatal
Hospital Community Midwife is Attached To:	Arbroath Infirmary
Intended Midwifery Unit Type:	Midwifery unit, co-located with Consultant obstetric unit

Suitability for Midwifery Led Care in Labour	
Suitable for Midwifery Led Care in Labour:	Yes
Suitable to Birth at Midwifery Led Unit:	Yes

Delivery Plan (SMR02):	Consultant Unit
Delivery Management (SMR02):	Inpatient
Lead Professional Type:	Midwife - Trust
Lead Professional:	Ford, Lorna
Named Consultant:	Pauline Lynch
Named Midwife:	Lorna Ford
Team:	Blue

Saving patient report

Last saved on 25 Sep 21 17:45 by Katherine Rennie

Time:	25 Sep 21 at 17:44
Report:	Transferred to Postnatal Community Care - PATIENT COPY
By:	Rennie, Katherine on 25 Sep 21 at 17:45
	SENT: 25 Sep 21 17:45
	To:
	TAY.anguscommunitymidwivesunit@nhs.scot

PPH Prevention Assessment

Last saved on 25 Sep 21 02:37 by Bernadette McStea

PPH Prevention Assessment	
Date and Time:	25 Sep 21 at 21:30
Type:	Intrapartum/Immediate Post-Delivery
Complete:	No

Antenatal Risk Factors	
Suspected or proven placental abruption (significant):	No
Abnormal Placental Implantation:	No
Multiple pregnancy:	No
Hb:	125 g/L 12.5 g/dL
Parity:	5
Platelets:	286.00 10^9 /L
Pre-eclampsia:	No
Gestational hypertension:	No
Haematological issues:	No
Previous PPH:	No
Previous PPH/Previous Retained Placenta:	No
Asian Ethnicity:	No
Maternal Clotting Disorder:	No
Body Mass Index (BMI):	20.17
Booking Weight:	51.00 kg
Previous uterine surgery:	No
Uterine Fibroids > 4cm:	No
Previous elective or emergency Caesarean section (not in labour):	No
Recurrent APH:	No
Intrauterine death:	No
>12 hours of Syntocinon:	No
Age (>=40 years):	No
Estimated fetal weight >4.5kg:	No
Polyhydramnios:	No
Known Abruption:	No

Intrapartum/Immediate Post-Birth Risk Factors	
Emergency caesarean section in first stage:	No
Emergency Caesarean section in second stage/failed instrumental:	No
Prolonged third stage > 1hrs / retained placenta:	No
Prolonged first stage >=12hrs:	No
Prolonged second stage > 4hrs:	No
Pharmacologically augmented labour:	No
Induction of labour/Augmentation of labour:	No
Elective caesarean section:	No
Suspicion of chorioamnionitis:	No
Suspicion of sepsis:	No
Suspicion of sepsis/Pyrexia in labour:	No
Instrumental Vaginal Birth:	No
Significant perineal trauma including episiotomy:	No
Emergency Caesarean section (not in labour):	No
Big baby (>=4kg):	No

Results

Risk Level: Increased

Act

Has a Group and Save been obtained?:	Yes
Has an electronic release according to blood transfusion service been obtained?:	No
Has x-match been obtained?:	No

Treat - Plan active third stage in accordance with Risk and Unit protocol

Consider early IV Access: Yes

Antenatal Score:	3
Postnatal Score:	0
Total Score:	3

Postnatal Assessment

Last saved on 26 Sep 21 14:13 by Debi Cargill

On Arrival

Date and Time Postnatal Assessment Started:	26 Sep 21 at 13:27
Type of assessment:	Phone call
Location:	Phone Review
Assessment Reason:	Postnatal care - mother, Postnatal care - baby
Carried Out By:	Debi Cargill
Consent for Procedures:	N/A

Assessment

Emotional wellbeing:	Well
Nausea:	None
Breasts:	No problems
Nipples:	No problems
Uterus:	not palpated
Perineum:	Clean and Healing
Lochia Amount:	Average
Lochia Description:	Bright red
Micturition:	No problems
First Void Complete:	Yes
Bowels:	No problems
Pelvic Floor:	No Problems, Discussed
Legs:	No abnormalities detected
Signs of PET:	None
Appetite:	Good
Sleep:	Poor

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0
Meows Level:	None
Co-ordinating Midwife Informed:	No
Doctor Informed:	No
Critical Care Outreach Team informed:	N/A
Remind:	None

Sepsis Pathway

Sepsis Triggers: None

Co-ordinating Midwife Informed:	No
Doctor Informed:	No
Critical Care Outreach Team informed:	N/A

Recommendations

Period Completed:	Postnatal
All risk factors:	- Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Previous severe postnatal depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Prolonged Rupture of Membranes - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic) - Hb <105g/l - Grand Multiparity
Risk:	High

On Leaving

Time ended: 26 Sep 21 at 13:40

Postnatal Assessment

Last saved on 28 Sep 21 15:26 by Lorna Ford

On Arrival

Date and Time Postnatal Assessment Started:	28 Sep 21 at 15:15
Type of assessment:	Face to face
Location:	Home
Assessment Reason:	Postnatal care - mother, Postnatal care - baby
Carried Out By:	Lorna Ford
Others Present at Assessment:	Other: children
Consent for Procedures:	Yes

Assessment

General Condition:	Looks Well
Emotional wellbeing:	Well, Anxious
Urinalysis Carried Out:	Not Required
Nausea:	None
Breasts:	Other: tender
Nipples:	No problems
Uterus:	not palpated
Consent for Perineal Inspection:	No
Perineum:	Clean and Healing
Lochia Amount:	Average
Lochia Description:	Bright red
Micturition:	No problems
First Void Complete:	Yes
Bowels:	BNO
Pelvic Floor:	No Problems, Discussed
Legs:	No abnormalities detected
Signs of PET:	None
Appetite:	Good
Sleep:	Good

Meows Score

Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Sepsis Pathway

Sepsis Triggers: None

Recommendations

Period Completed: Postnatal

All risk factors:
- Latex Allergy (Medical)
- Anxiety
- Family member with serious Mental Health condition
- Previous depression
- Previous postnatal depression
- Previous severe postnatal depression
- Under care of secondary mental health services
- Previous Cervical Surgery
- Previous Antepartum haemorrhage
- Previous Prolonged ROM
- Previous FGR
- Previous SGA < 10th centile
- Previous Low Birthweight (< 2.5kg)
- Prolonged Rupture of Membranes
- Current/Previous Social Services Involvement
- Latex allergy (Anaesthetic)
- Hb <105g/l
- Grand Multiparity

Risk: High

On Leaving

Time ended:	28 Sep 21 at 15:16
Completed By:	Lorna Ford

Additional Notes on Leaving:	Generally well Trying to sort out treatment for Declan's behaviour with the psych. Stacey's mood discussed, possibility of re-staring medication for herself disussed. Will think about it.

Postnatal Conversations

Last saved on 28 Sep 21 15:19 by Lorna Ford

Postnatal Conversations

Completed:	28 Sep 21 at 15:17
Contact Number:	1st
Completed By:	Lorna Ford
Baby is:	Formula Feeding

All Mothers are offered support to:

Appreciate the importance of closeness and responsiveness for mother/baby wellbeing:	Yes
Hold their baby for feeding:	Yes
Understand responsive feeding:	Yes

Mothers who bottle feed (formula or EBM):

Sterilise equipment:	Yes
Make up feeds:	Yes
Feed their baby first milks:	Yes
Limit the number of people who feed their baby:	Yes

Responsive feeding topics discussed:	
Feeding cues:	Yes
Positioning of baby including communication during feed:	Yes
Position of teat:	Yes
Breaks during feed:	Yes
Cues for finished feed:	Yes

Postnatal Assessment

Last saved on 30 Sep 21 09:28 by Lorna Ford

On Arrival	
Date and Time Postnatal Assessment Started:	30 Sep 21 at 09:17
Type of assessment:	Face to face
Location:	Home
Assessment Reason:	Postnatal care - mother, Postnatal care - baby
Carried Out By:	Lorna Ford
Others Present at Assessment:	Partner/Spouse
Consent for Procedures:	Yes

Assessment	
General Condition:	Looks Well
Emotional wellbeing:	Well
Urinalysis Carried Out:	Not Required
Blood Pressure: Systolic:	90 mmHg
Blood Pressure: Diastolic:	60 mmHg
MAP:	70 mmHg
Nausea:	None
Breasts:	Other: tender and full
Nipples:	No problems
Uterus:	not palpated
Consent for Perineal Inspection:	No
Perineum:	Intact
Lochia Amount:	Average
Lochia Description:	Dark red
Micturition:	No problems
First Void Complete:	Yes
Bowels:	No problems
Pelvic Floor:	No Problems, Discussed
Legs:	No abnormalities detected
Signs of PET:	Headache
Appetite:	Good
Sleep:	Poor

Meows Score	
Total Yellow Scores:	1
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	1
Meows Level:	Yellow
Recommendation at time of data entry:	• Repeat full observations in 30 minutes • If remains 1 yellow escalate as per local policy • Document action plan and mews frequency

Sepsis Pathway
Sepsis Triggers: None

Recommendations	
Period Completed:	Postnatal
All risk factors:	- Latex Allergy (Medical) - Anxiety - Family member with serious Mental Health condition - Previous depression - Previous postnatal depression - Previous severe postnatal depression - Under care of secondary mental health services - Previous Cervical Surgery - Previous Antepartum haemorrhage - Previous Prolonged ROM - Previous FGR - Previous SGA < 10th centile - Previous Low Birthweight (< 2.5kg) - Prolonged Rupture of Membranes - Current/Previous Social Services Involvement - Latex allergy (Anaesthetic) - Hb <105g/l - Grand Multiparity
Risk:	High

On Leaving	
Time ended:	30 Sep 21 at 09:19
Completed By:	Lorna Ford

Additional Notes on Leaving:	Generally well Headache, but awake frequently over night with children Advised to increase fluids Feels mood overall is fairly poor. In discussion, feels that re-starting medication would be beneficial. Advised to get in touch with GP asap.

Postnatal Conversations

Last saved on 30 Sep 21 09:21 by Lorna Ford

Postnatal Conversations	
Completed:	30 Sep 21 at 09:21
Contact Number:	2nd
Completed By:	Lorna Ford
Baby is:	Formula Feeding

All Mothers are offered support to:	
Appreciate the importance of closeness and responsiveness for mother/baby wellbeing:	Yes
Hold their baby for feeding:	Yes
Understand responsive feeding:	Yes

Mothers who bottle feed (formula or EBM):	
Sterilise equipment:	Yes
Make up feeds:	Yes
Feed their baby first milks:	Yes
Limit the number of people who feed their baby:	Yes

Responsive feeding topics discussed:	
Feeding cues:	Yes
Positioning of baby including communication during feed:	Yes
Position of teat:	Yes
Breaks during feed:	Yes
Cues for finished feed:	Yes

Postnatal Assessment

Last saved on 05 Oct 21 14:01 by Lorna Ford

On Arrival	
Date and Time Postnatal Assessment Started:	05 Oct 21 at 13:47
Type of assessment:	Face to face
Location:	Home
Assessment Reason:	Postnatal care - mother, Postnatal care - baby
Carried Out By:	Lorna Ford
Others Present at Assessment:	Partner/Spouse
Consent for Procedures:	Yes

Assessment	
General Condition:	Looks Well
Emotional wellbeing:	Well, Anxious, Low Mood
Nausea:	None
Breasts:	No problems
Nipples:	No problems
Uterus:	not palpated
Consent for Perineal Inspection:	No
Perineum:	Clean and Healing
Lochia Amount:	Average
Lochia Description:	Bright red, Dark red, Other: settling
Micturition:	No problems
First Void Complete:	Yes
Bowels:	No problems
Pelvic Floor:	No Problems, Discussed
Legs:	No abnormalities detected
Signs of PET:	None
Appetite:	Good
Sleep:	Good

Meows Score	
Total Yellow Scores:	0
Total Orange Scores:	0
Total Red Scores:	0
Total Meows Score:	0

Recommendations

Period Completed: Postnatal

All risk factors:
- Latex Allergy (Medical)
- Anxiety
- Family member with serious Mental Health condition
- Previous depression
- Previous postnatal depression
- Previous severe postnatal depression
- Under care of secondary mental health services
- Previous Cervical Surgery
- Previous Antepartum haemorrhage
- Previous Prolonged ROM
- Previous FGR
- Previous SGA < 10th centile
- Previous Low Birthweight (< 2.5kg)
- Prolonged Rupture of Membranes
- Current/Previous Social Services Involvement
- Latex allergy (Anaesthetic)
- Hb <105g/l
- Grand Multiparity

Risk: High

On Leaving	
Time ended:	05 Oct 21 at 13:52
Baby 1 Newborn Blood Spot Screening Taken:	Yes

Additional Notes on Leaving:	Feeling generally well Feeling overall mood ok, but after discussion with myself, HV and SW Stacey has decided to go back on her medication for her mental health. GP phoned yesterday but did not get through. HV going to speak to GP to arrange a discussion soon.

Postnatal Conversations

Last saved on 05 Oct 21 13:52 by Lorna Ford

Postnatal Conversations	
Completed:	05 Oct 21 at 13:52
Contact Number:	3rd
Completed By:	Lorna Ford
Baby is:	Formula Feeding

All Mothers are offered support to:	
Appreciate the importance of closeness and responsiveness for mother/baby wellbeing:	Yes
Hold their baby for feeding:	Yes
Understand responsive feeding:	Yes

Mothers who bottle feed (formula or EBM):	
Sterilise equipment:	Yes
Make up feeds:	Yes
Feed their baby first milks:	Yes
Limit the number of people who feed their baby:	Yes

Responsive feeding topics discussed:	
Feeding cues:	Yes
Positioning of baby including communication during feed:	Yes
Position of teat:	Yes
Breaks during feed:	Yes
Cues for finished feed:	Yes

Transfer of Care (Woman)

Last saved on 05 Oct 21 13:55 by Lorna Ford

Administrative Data

Date and Time Recorded:	05 Oct 21 at 13:53
Date and Time Transferred:	05 Oct 21 at 13:53
Transfer Type:	Community to Health Visitor/FNP
Transfer to:	Health Visitor
Discharged By:	Lorna Ford
Discharge Method:	Transferred on clinical advice
Discharge Destination:	Home (usual residence)
Telephone:	07892630501
Mobile Telephone:	07368 227877
Address and Telephone Number Confirmed?:	Yes
Critical Incidents:	No
Maternal Information Given / Discussed:	At home with your baby, Care of the Perineum, Breast self-awareness, Cervical Smear Explained, Pattern of Home Visits, Support at Home, Family Planning Methods - chosen method, 6-8 Week P/N Check, Safe Sleeping
Agrees to access leaflets in Badger Notes:	Yes
Information in Handheld Notes Discussed:	Yes
Patient Experience Form Completed:	No
Family and Friends Questionnaire Completed:	No
Health Plan Indicator allocated:	Core
Additional Note:	SW involvement, HV aware and we have had a discussion. Strongly encouraged to restart medication for mental health and consider short acting contraception while waiting for sterilisation

Clinical Review

Contraception Discussed:	Yes
Leaflet Given:	Yes
Chosen Method:	Barrier methods, Irreversible method (tubal ligation)
Contraception Administered:	No
6-8 week postnatal check discussed:	Yes
6-8 week postnatal check arranged:	Yes

SMR02 Validation

Antenatal Steroids:	Not applicable - gestation more than 36 weeks with no threat of delivery
Previous Admissions to Hospital:	2
Smoker During Pregnancy:	No
Induction of Labour:	Not Known
Analgesia Given:	Yes
Sterilisation after delivery:	None
Midwife Present At Delivery:	Yes
Doctor Present At Delivery:	No
Transfer of Responsibility:	No transfer - midwife retains responsibility throughout the delivery episode
Indication for Operative Delivery:	Not Applicable

Baby 1

Outcome of Pregnancy (SMR02):	Livebirth
Discharged with Mother:	Yes
Baby Discharged To (SMR02):	Home with mother
Feed on Discharge (SMR02):	Formula only

Additional Information	
Confidential Notes:	DW HV already
Does the CMW or HV need to make contact to discuss any causes of concern?:	Yes
Transfer details passed on to:	Team

Saving patient report

Last saved on 05 Oct 21 15:51 by Lorna Ford

Time:	05 Oct 21 at 15:51
Report:	Transfer of Care from Community to Health Visitor
By:	Ford, Lorna on 05 Oct 21 at 15:51
	SENT: 05 Oct 21 15:51 To: TAY.chinfo@nhs.scot

Close Pregnancy

Last saved on 20 Nov 21 08:33 by (no user)

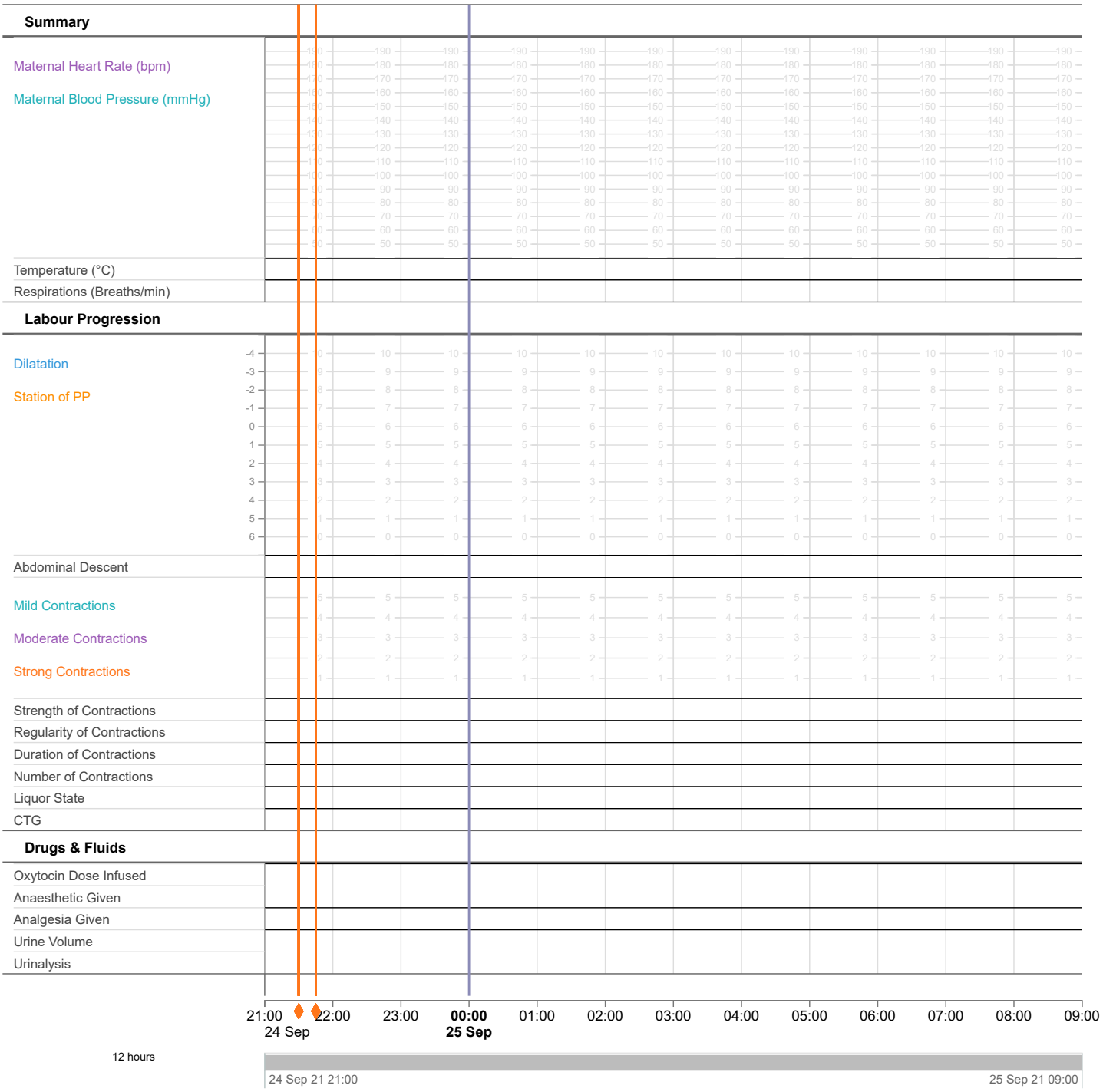
Close Pregnancy	
Date Pregnancy Closed:	20 Nov 21 at 08:33
Reason For Closing:	Automatically Closed By BadgerNet
Additional Notes:	The record was automatically closed as 56 days had passed since the woman gave birth.

Leonard, Stacey (CHI: 2804880060 | PMS Number: 2804880060)

28 Apr 88 (Age at Birth: 33) | 2 Wards Road, Brechin, Angus, DD9 7AS | 07368 227877 (mobile)

G7 P6+1 | Baby 1 DOB: 24 Sep 21 at 21:52 (39+2) | No. of Babies: 1 | Booking BMI: 20.17 | Current BMI: 24.13 | Blood Group: O+ | Hb at 36+0/40: 92g/L | PN 239wks, 3d | Current Care: HV

Partogram



Leonard, Stacey (CHI: 2804880060 | PMS Number: 2804880060)

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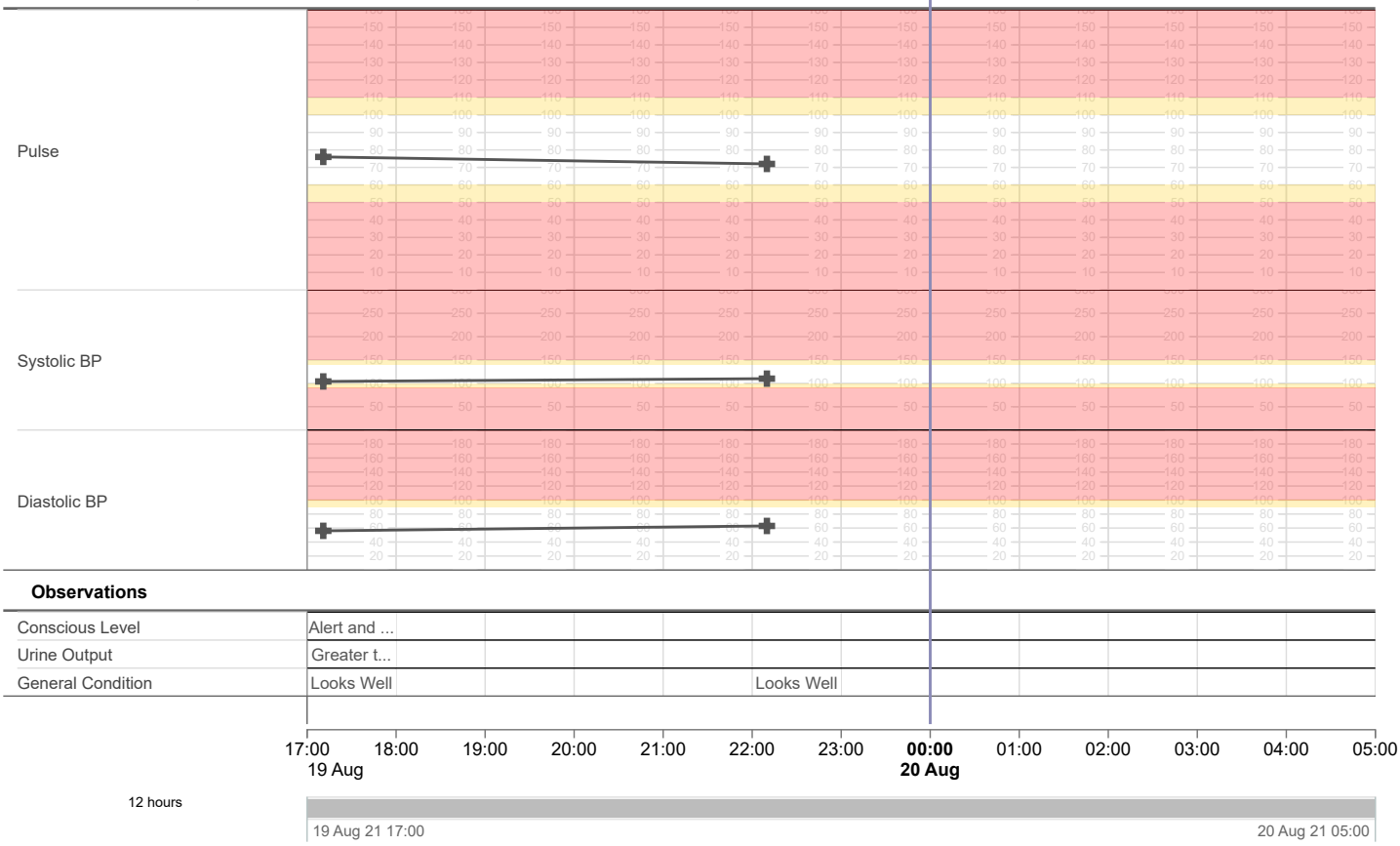
MEOWS

MEWS Score		
Total Yellow Scores	0	0
Total Red Scores	0	0
Respirations / 02		
Respirations		
O2 Saturations		
Oxygen currently administered	No	
Flow Rate		
Temperature		
Temperature	36.7	37.1
Pulse / BP (Booking BP 104/56)		
Observations		
Conscious Level	Alert and ...	
Urine Output	Greater t...	
General Condition	Looks Well	Looks Well



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MEOWS

MEWS Score

Total Yellow Scores	0
Total Red Scores	0

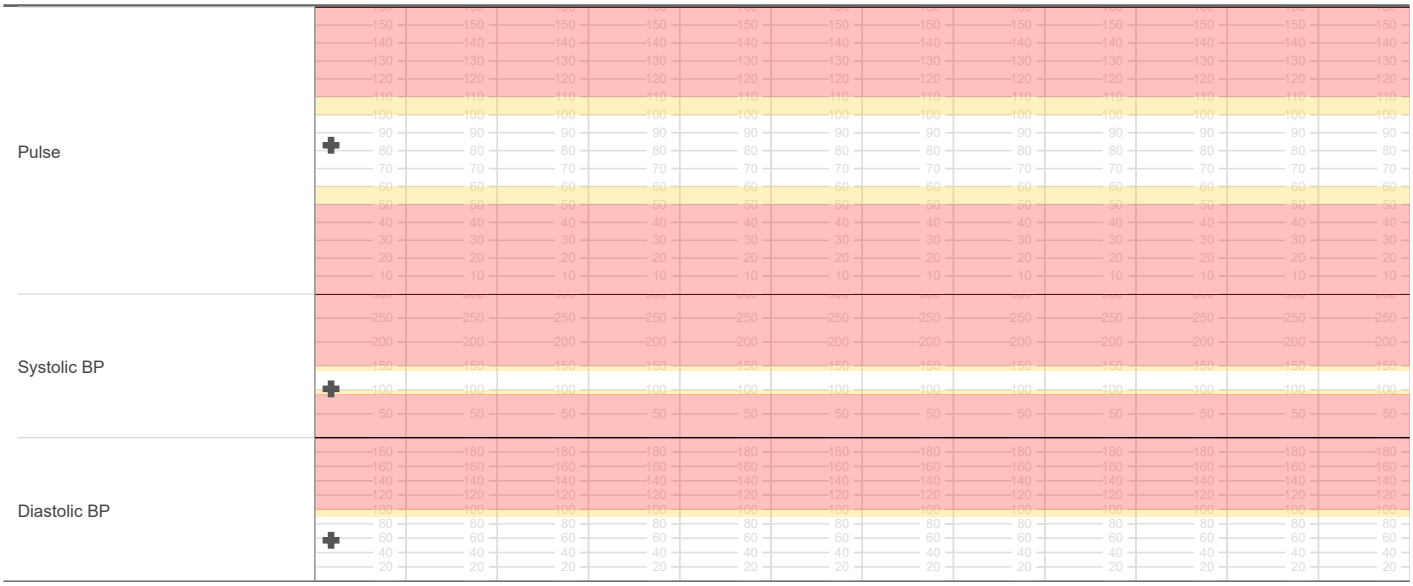
Respirations / 02

Respirations	16
O2 Saturations	97
Oxygen currently administered	No
Flow Rate	

Temperature

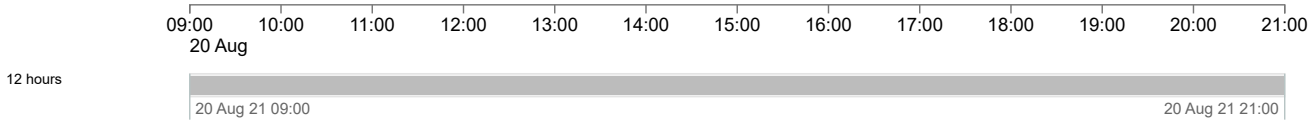
Temperature	37.1

Pulse / BP (Booking BP 104/56)



Observations

Conscious Level	Alert and ...
Urine Output	
General Condition	Looks Well



Leonard, Stacey (CHI: 2804880060 | PMS Number: 2804880060)

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MEOWS

MEWS Score	
Total Yellow Scores	0
Total Red Scores	0
Respirations / 02	
Respirations	16
O2 Saturations	98
Oxygen currently administered	
Flow Rate	
Temperature	
Temperature	36.7
Pulse / BP (Booking BP 104/56)	
Observations	
Conscious Level	
Urine Output	
General Condition	Looks Well

12 hours

13 Sep 21 15:00 — 14 Sep 21 03:00

Leonard, Stacey (CHI: 2804880060 | PMS Number: 2804880060)

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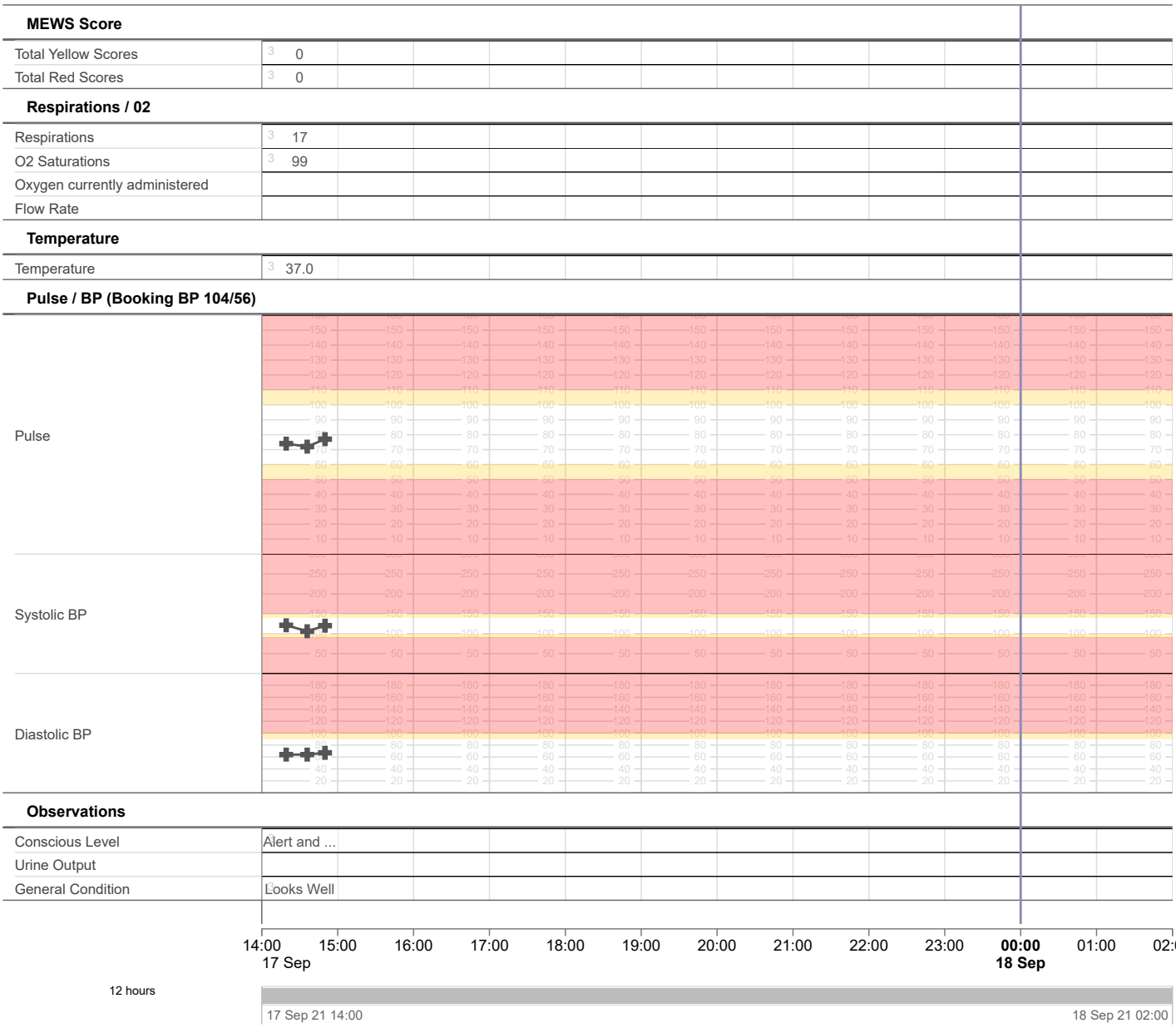
MEOWS



Leonard, Stacey (CHI: 2804880060 | PMS Number: 2804880060)

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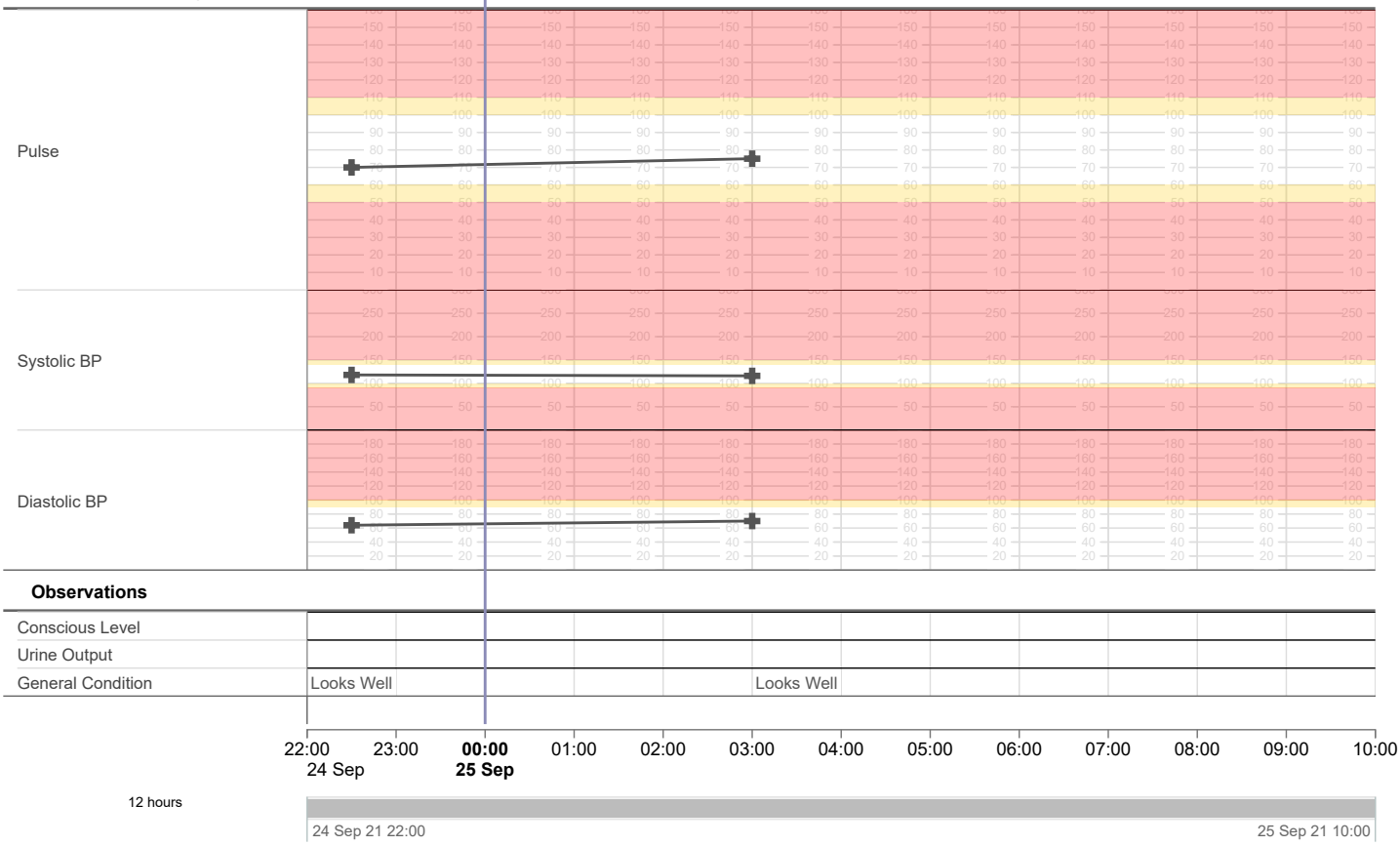
MEOWS

MEWS Score		
Total Yellow Scores	0	0
Total Red Scores	0	0
Respirations / 02		
Respirations	17	17
O2 Saturations	98	97
Oxygen currently administered	No	
Flow Rate		
Temperature		
Temperature	36.6	36.5
Pulse / BP (Booking BP 104/56)		
Observations		
Conscious Level		
Urine Output		
General Condition	Looks Well	Looks Well



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MEOWS

MEWS Score

Total Yellow Scores	0
Total Red Scores	0

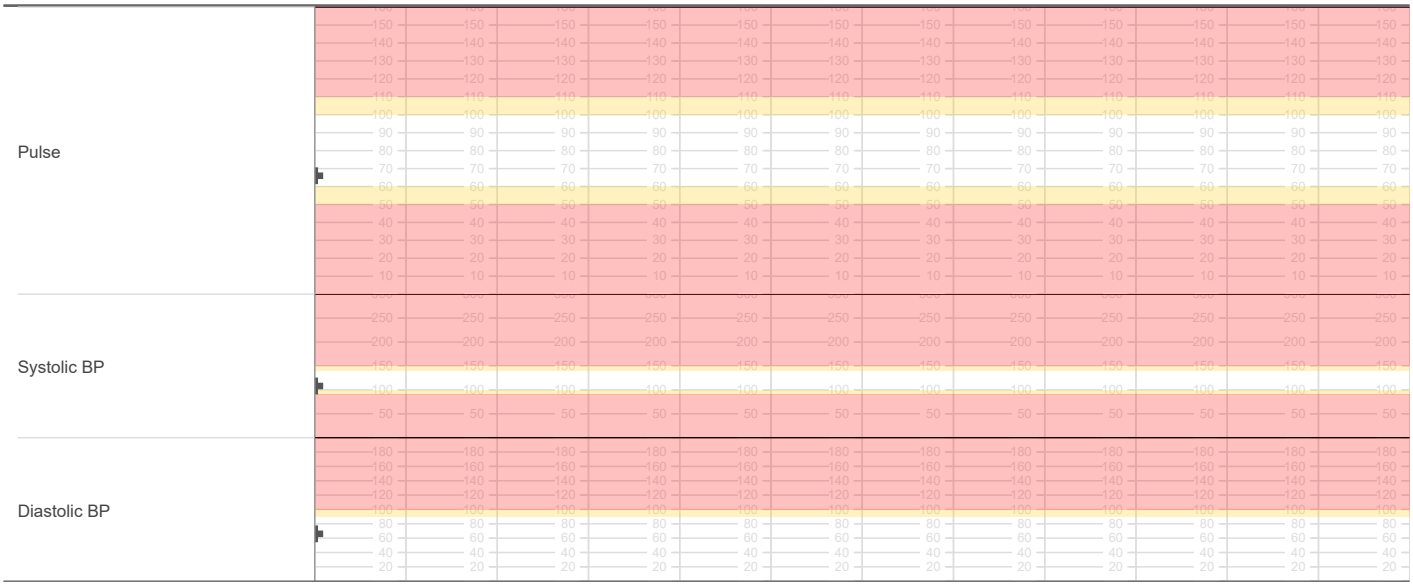
Respirations / 02

Respirations	15
O2 Saturations	97
Oxygen currently administered	
Flow Rate	

Temperature

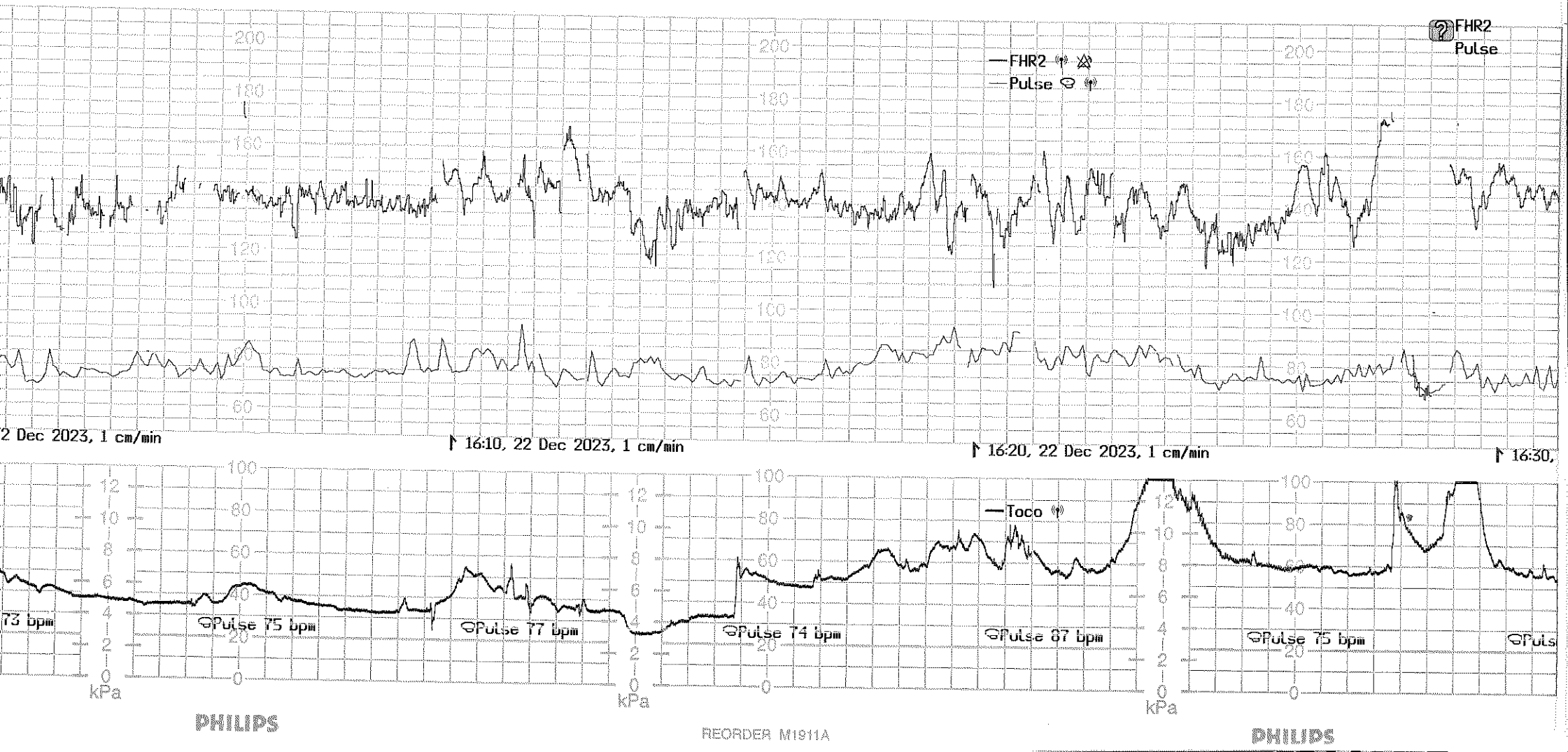
Temperature	37.1

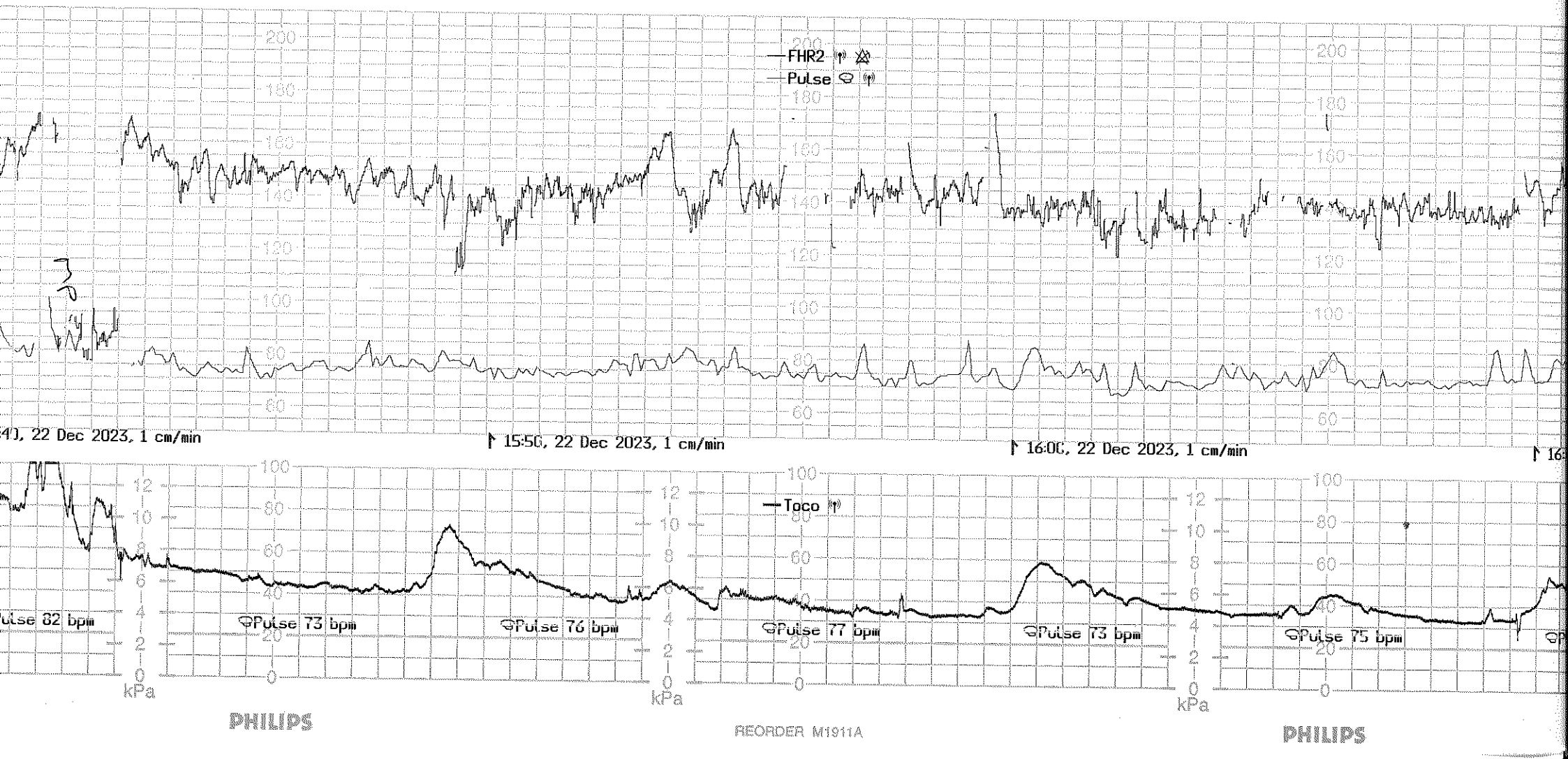
Pulse / BP (Booking BP 104/56)

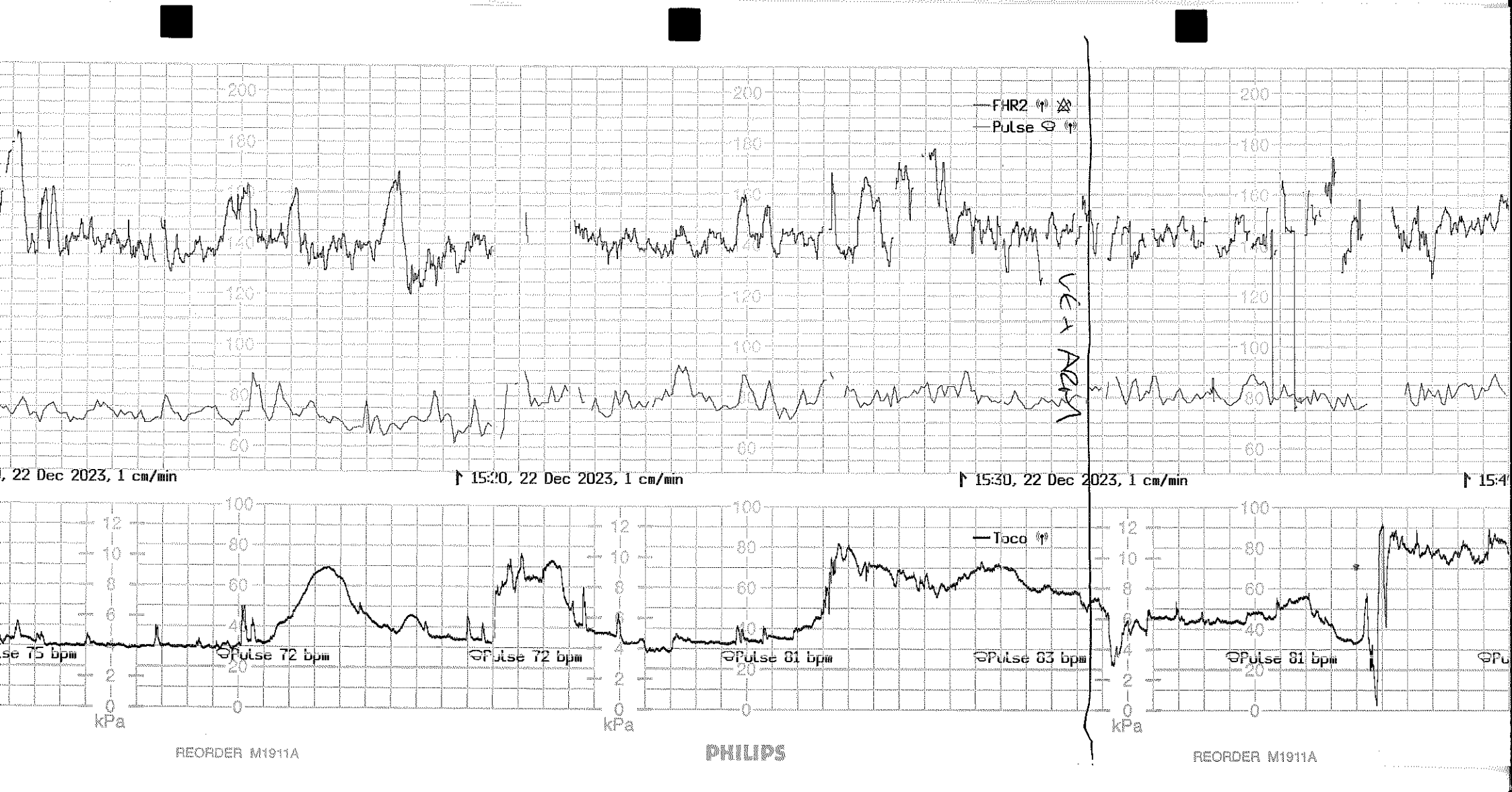


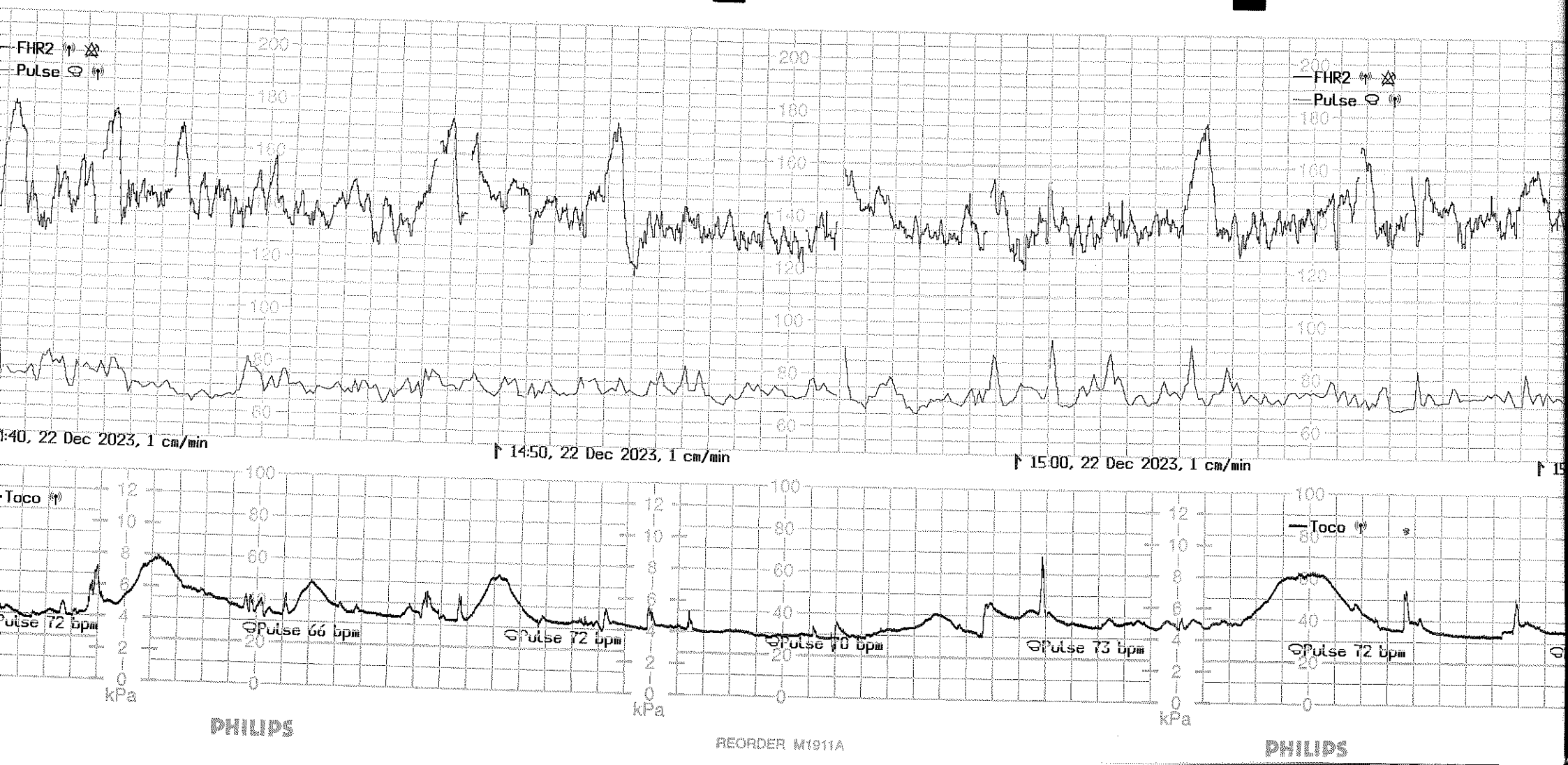
Observations

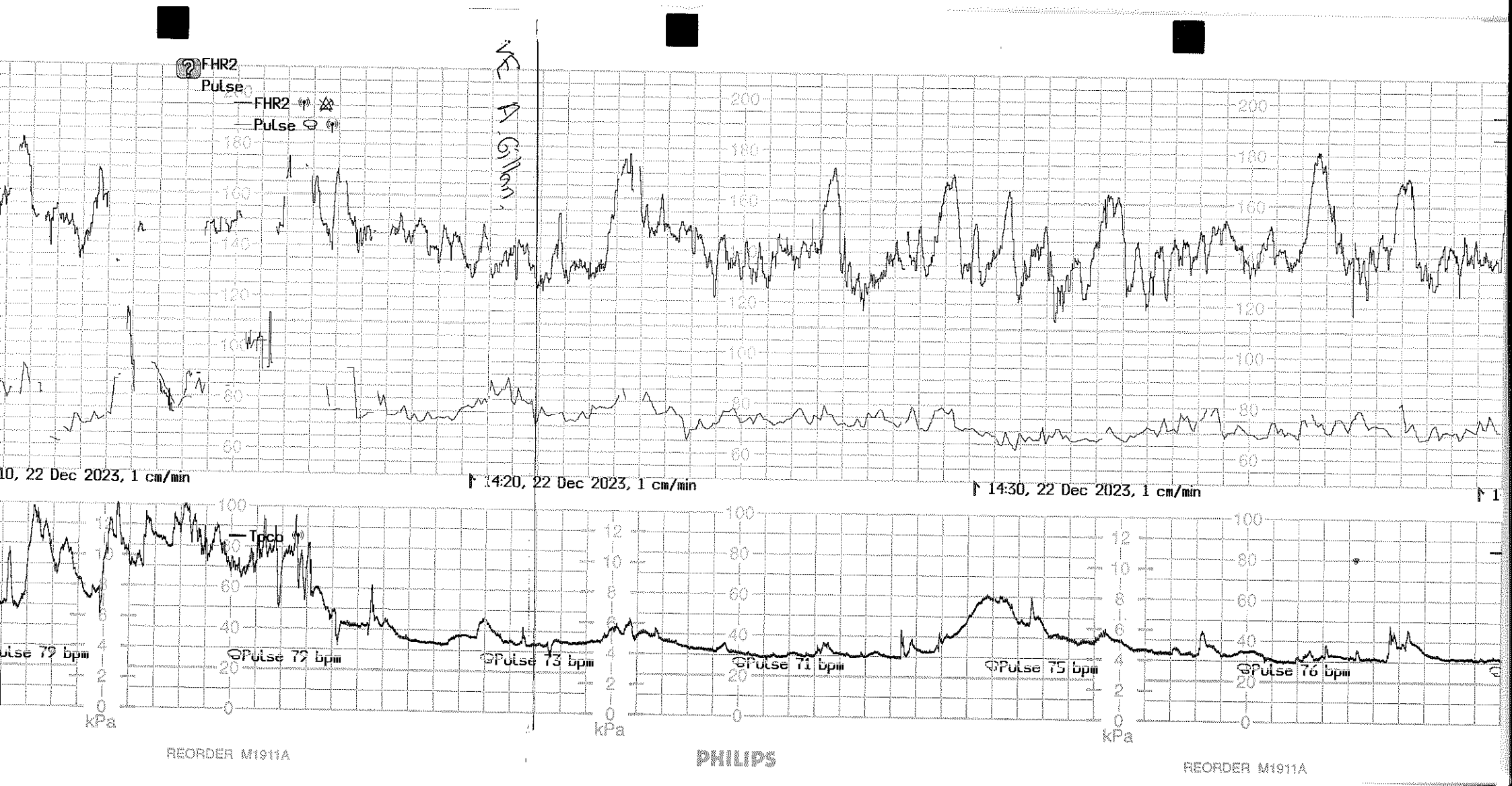
Conscious Level	
Urine Output	
General Condition	Looks Well

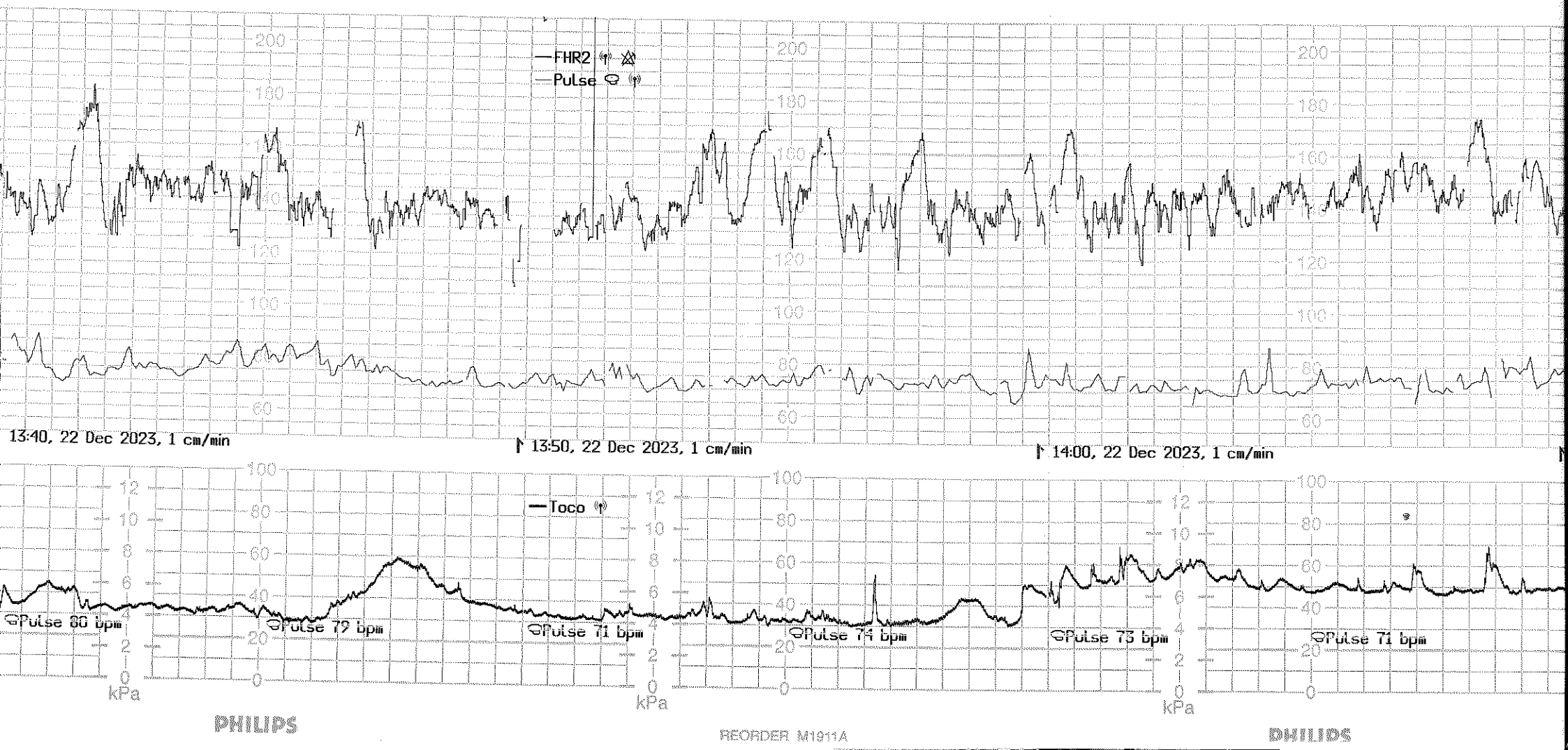

FHR2
Pulse
FHR2
Pulse
2 Dec 2023, 1 cm/min
16:10, 22 Dec 2023, 1 cm/min
16:20, 22 Dec 2023, 1 cm/min
16:30,
Toco
Pulse 73 bpm
Pulse 75 bpm
Pulse 77 bpm
Pulse 74 bpm
Pulse 87 bpm
Pulse 75 bpm
kPa
PHILIPS
REORDER M1911A
PHILIPS

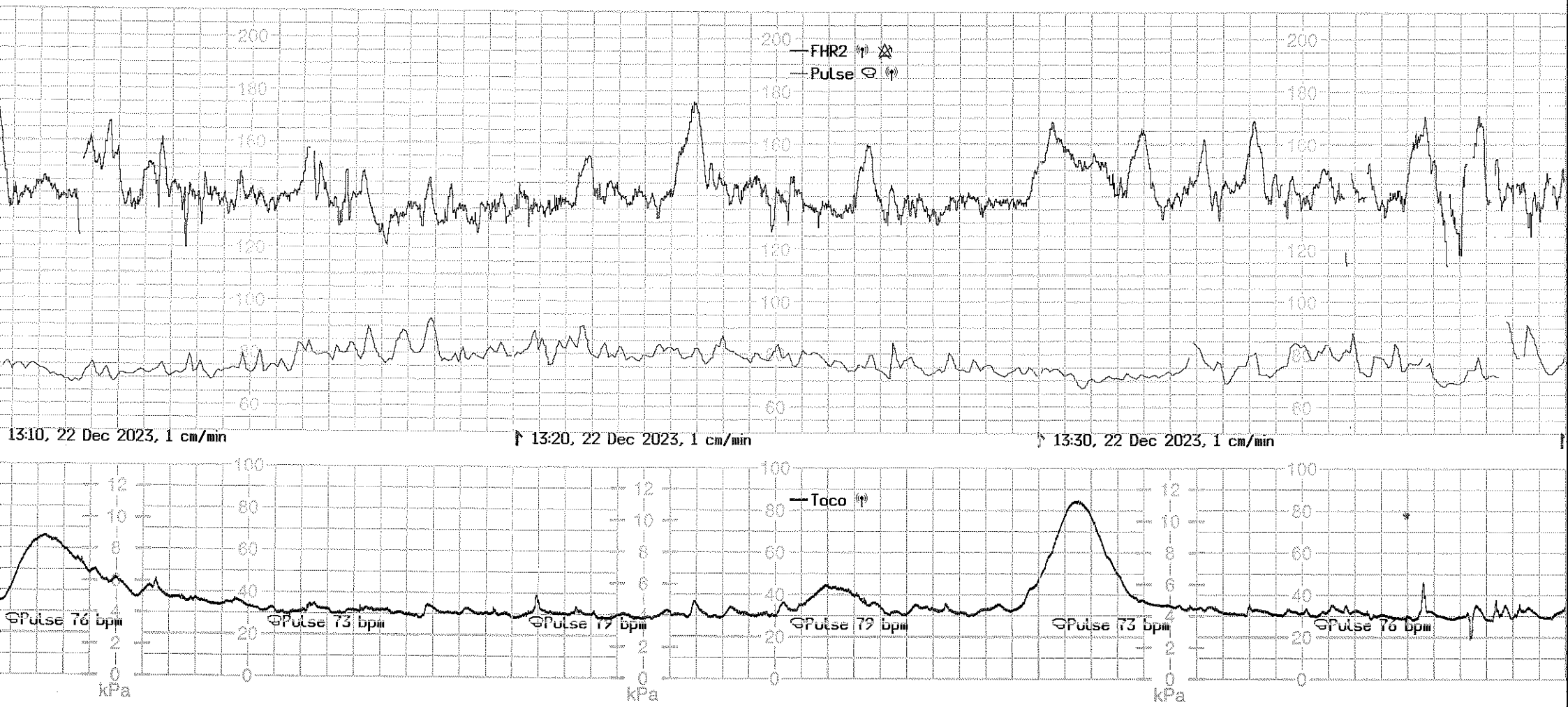

FHR2
Pulse
15:50, 22 Dec 2023, 1 cm/min
16:00, 22 Dec 2023, 1 cm/min
Toco
Pulse 82 bpm
Pulse 73 bpm
Pulse 76 bpm
Pulse 77 bpm
Pulse 73 bpm
Pulse 75 bpm
kPa
PHILIPS
REORDER M1911A
PHILIPS


FHR2
Pulse
Toco
15:20, 22 Dec 2023, 1 cm/min
15:30, 22 Dec 2023, 1 cm/min
Pulse 72 bpm
Pulse 72 bpm
Pulse 81 bpm
Pulse 83 bpm
Pulse 81 bpm
kPa
REORDER M1911A
PHILIPS
REORDER M1911A

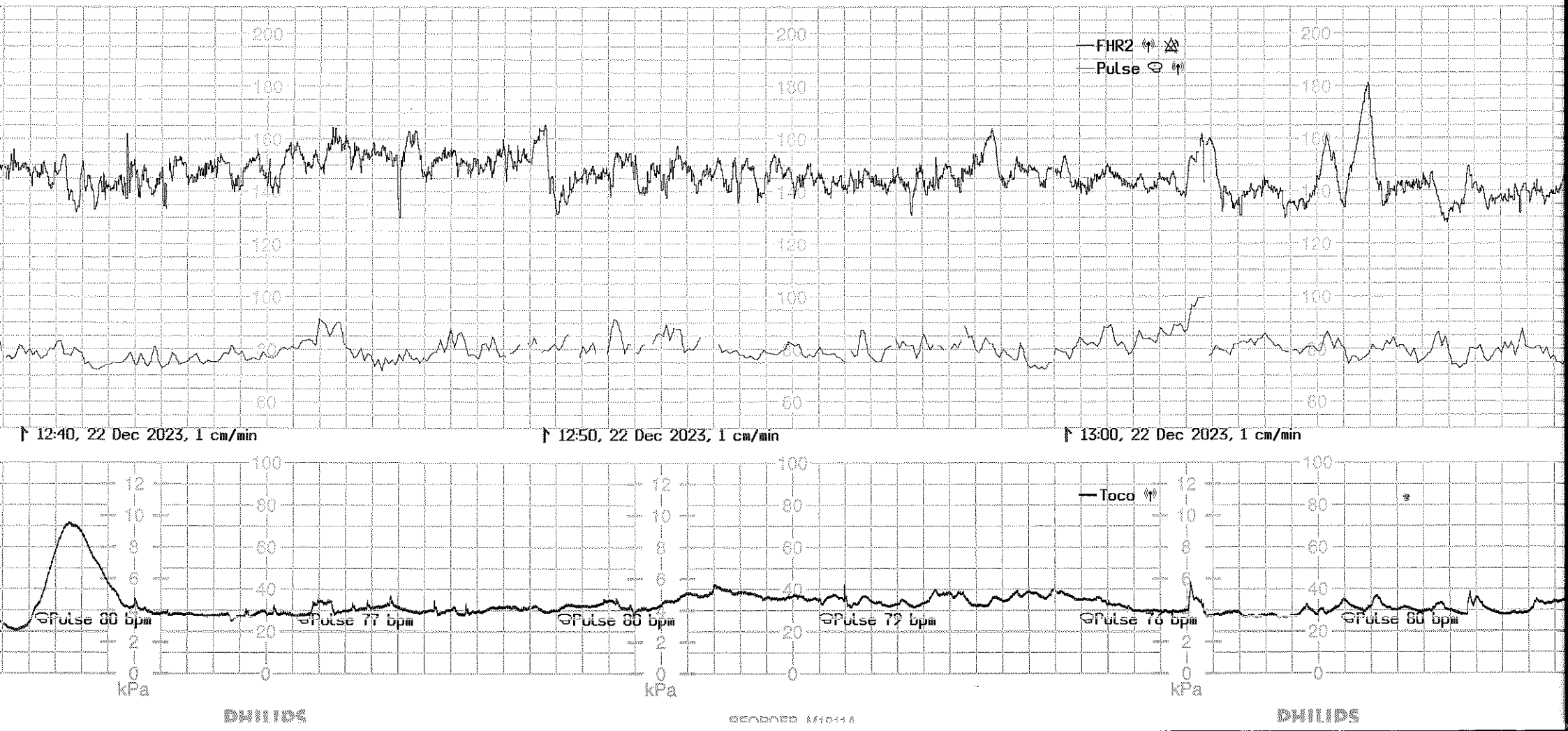

FHR2
Pulse
Toco
14:50, 22 Dec 2023, 1 cm/min
15:00, 22 Dec 2023, 1 cm/min
Pulse 72 bpm
Pulse 66 bpm
Pulse 72 bpm
Pulse 70 bpm
Pulse 73 bpm
Pulse 72 bpm
kPa
PHILIPS
REORDER M1911A
PHILIPS


FHR2
Pulse
FHR2
Pulse
14:20, 22 Dec 2023, 1 cm/min
14:30, 22 Dec 2023, 1 cm/min
Tpcp
Pulse 72 bpm
Pulse 73 bpm
Pulse 71 bpm
Pulse 75 bpm
Pulse 76 bpm
kPa
REORDER M1911A
PHILIPS
REORDER M1911A

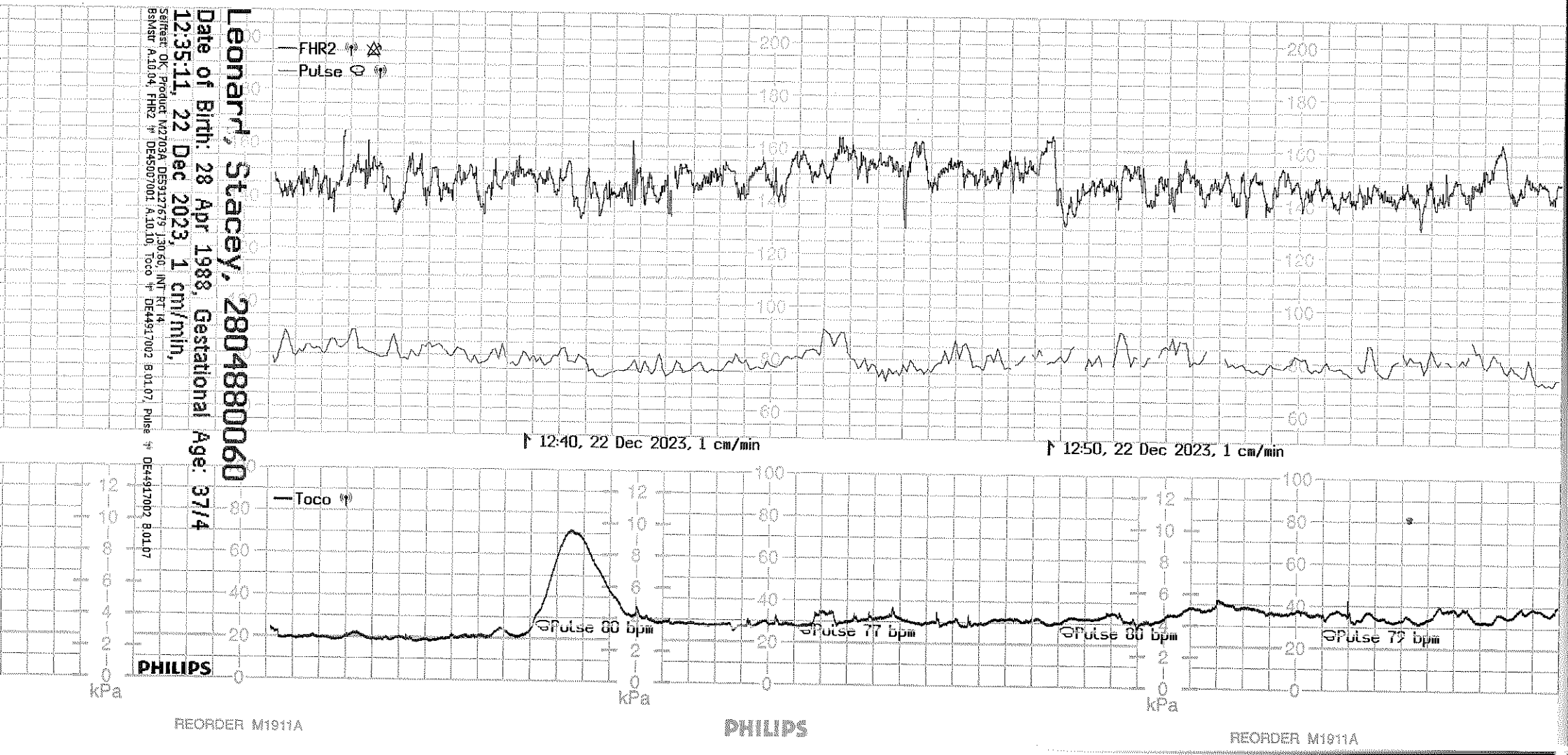

FHR2
Pulse
Toco
13:40, 22 Dec 2023, 1 cm/min
13:50, 22 Dec 2023, 1 cm/min
14:00, 22 Dec 2023, 1 cm/min
Pulse 80 bpm
Pulse 79 bpm
Pulse 71 bpm
Pulse 74 bpm
Pulse 73 bpm
Pulse 71 bpm
kPa
PHILIPS
REORDER M1911A
PHILIPS



REORDER M1911A PHILIPS REORDER M1911A


FHR2
Pulse
12:40, 22 Dec 2023, 1 cm/min
12:50, 22 Dec 2023, 1 cm/min
13:00, 22 Dec 2023, 1 cm/min
Toco
Pulse 80 bpm
Pulse 77 bpm
Pulse 80 bpm
Pulse 79 bpm
Pulse 76 bpm
Pulse 80 bpm
kPa
kPa
kPa
PHILIPS
PHILIPS

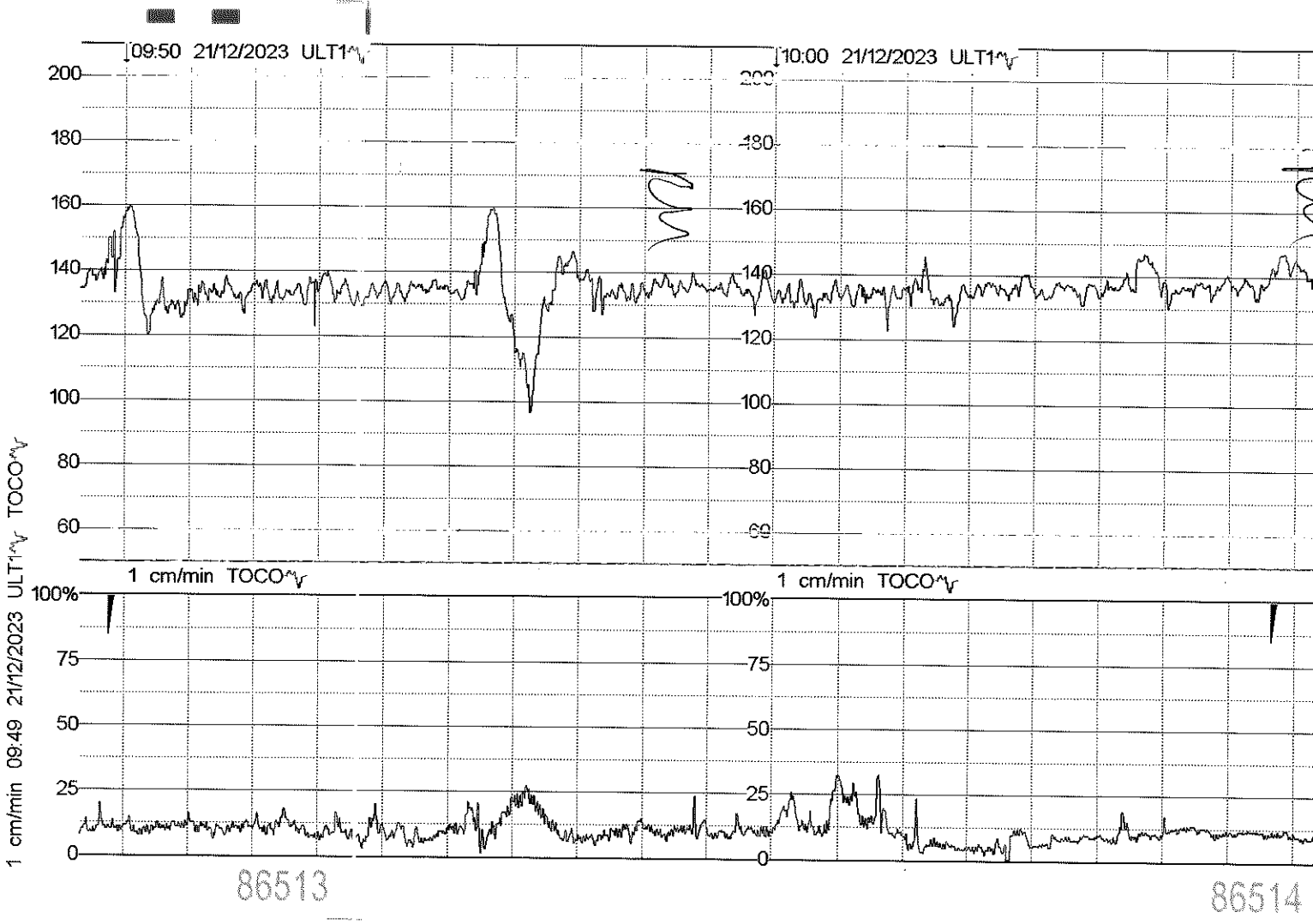
[redacted] [redacted] [redacted]

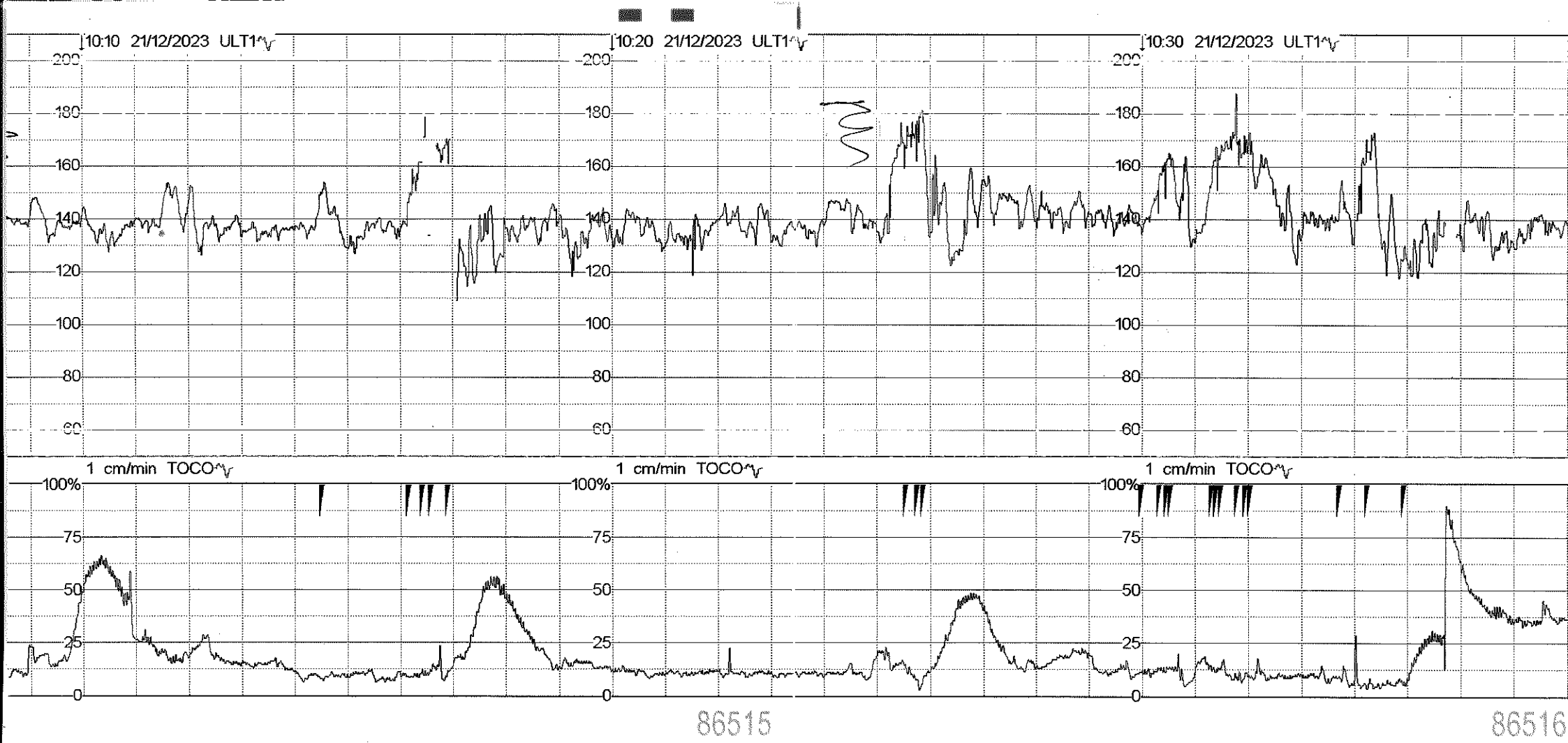


REORDER M1911A PHILIPS REORDER M1911A

Team3	Version: 19.4.1
Name:	
Patient ID:	
Gestation Age:	
Hospital:	-
Printed:	09:49 21/12/2023

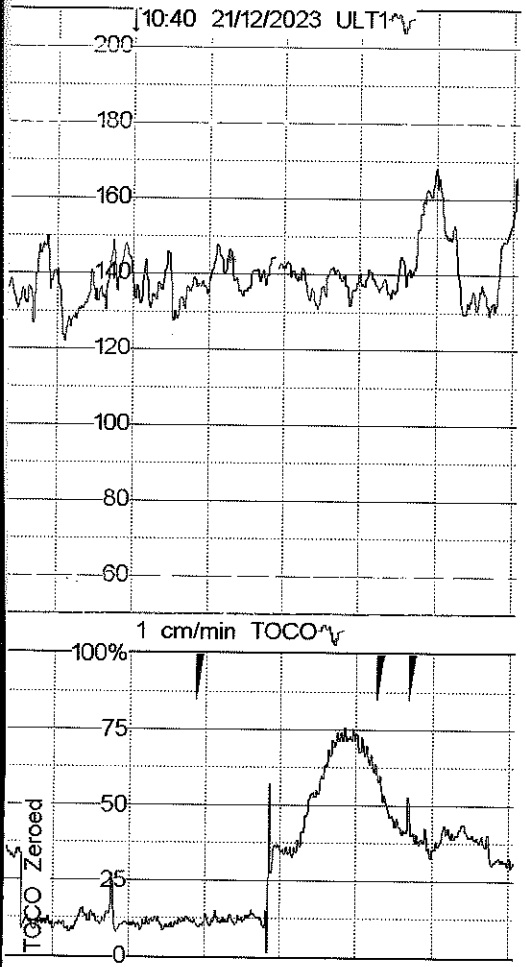
STACEY LEONARD
28048800 69
MP 85




10:10 21/12/2023 ULT1
10:20 21/12/2023 ULT1
10:30 21/12/2023 ULT1
200
180
160
140
120
100
80
60
1 cm/min TOCO
100%
75
50
25
0

86515

86516



DISCONTINUED
R MARTIN (MW)

86517

SONICAID FM820E TREND V3.0.16

DATE: 20/12/2023 ✓

TIME: 22:20 ✓

GESTATION: 37+2 wks

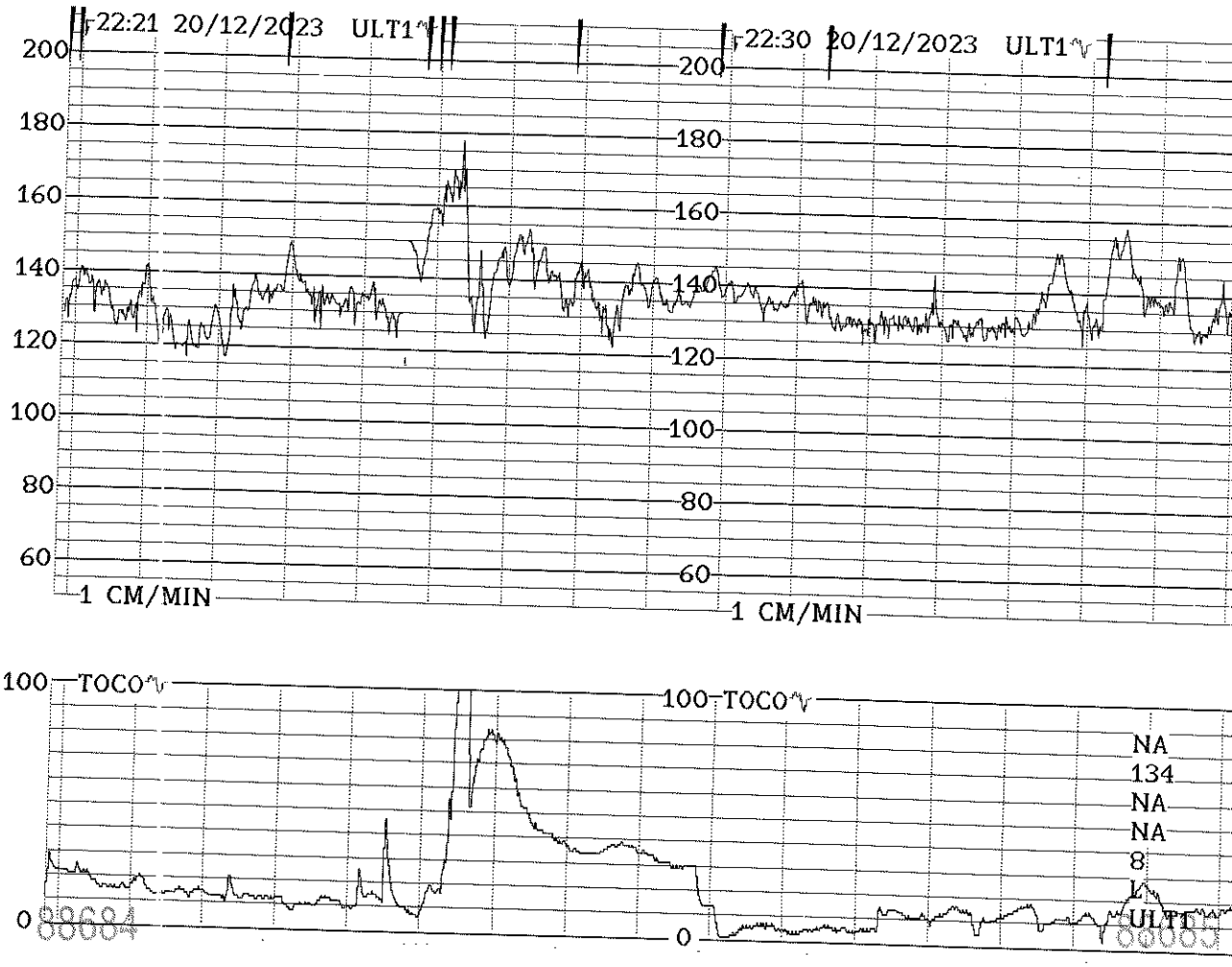
STACEY LEONARD

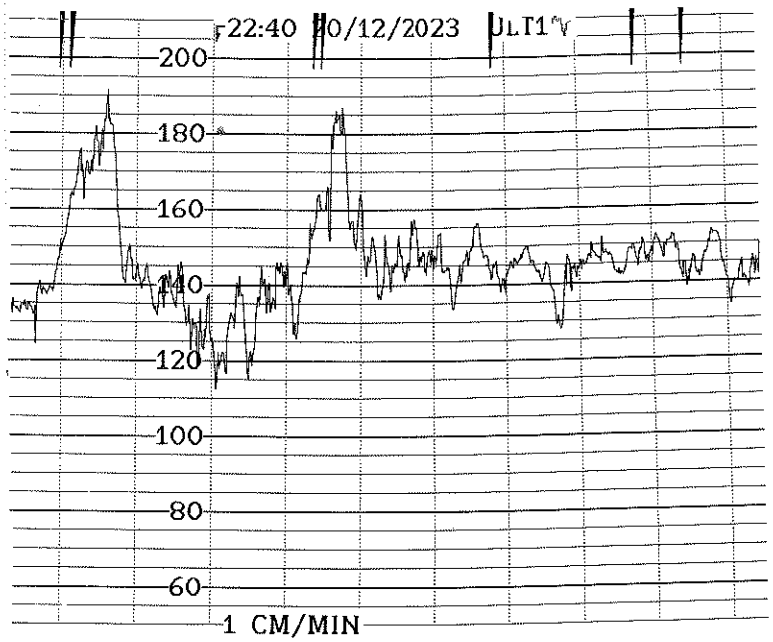
BP 106/62

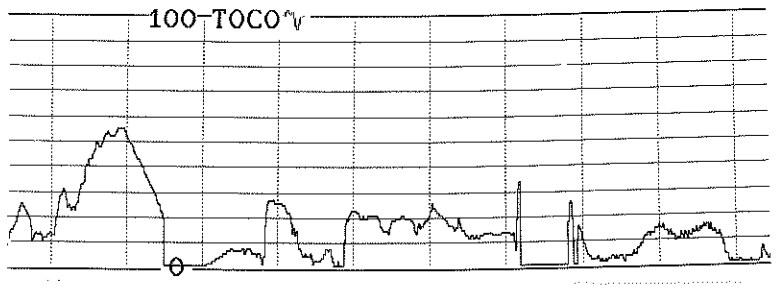
MP 78 bpm

T 36.6 oC

BASELINE: (BPM) 60 MIN.
15 MIN.
STV: (MS) 60 MIN.
DECEL: (BEATS) 60 MIN.
15 MIN.
CONFIDENCE (H,M,L)
NOT VALID DURING THE
SECOND STAGE OF LABOUR.







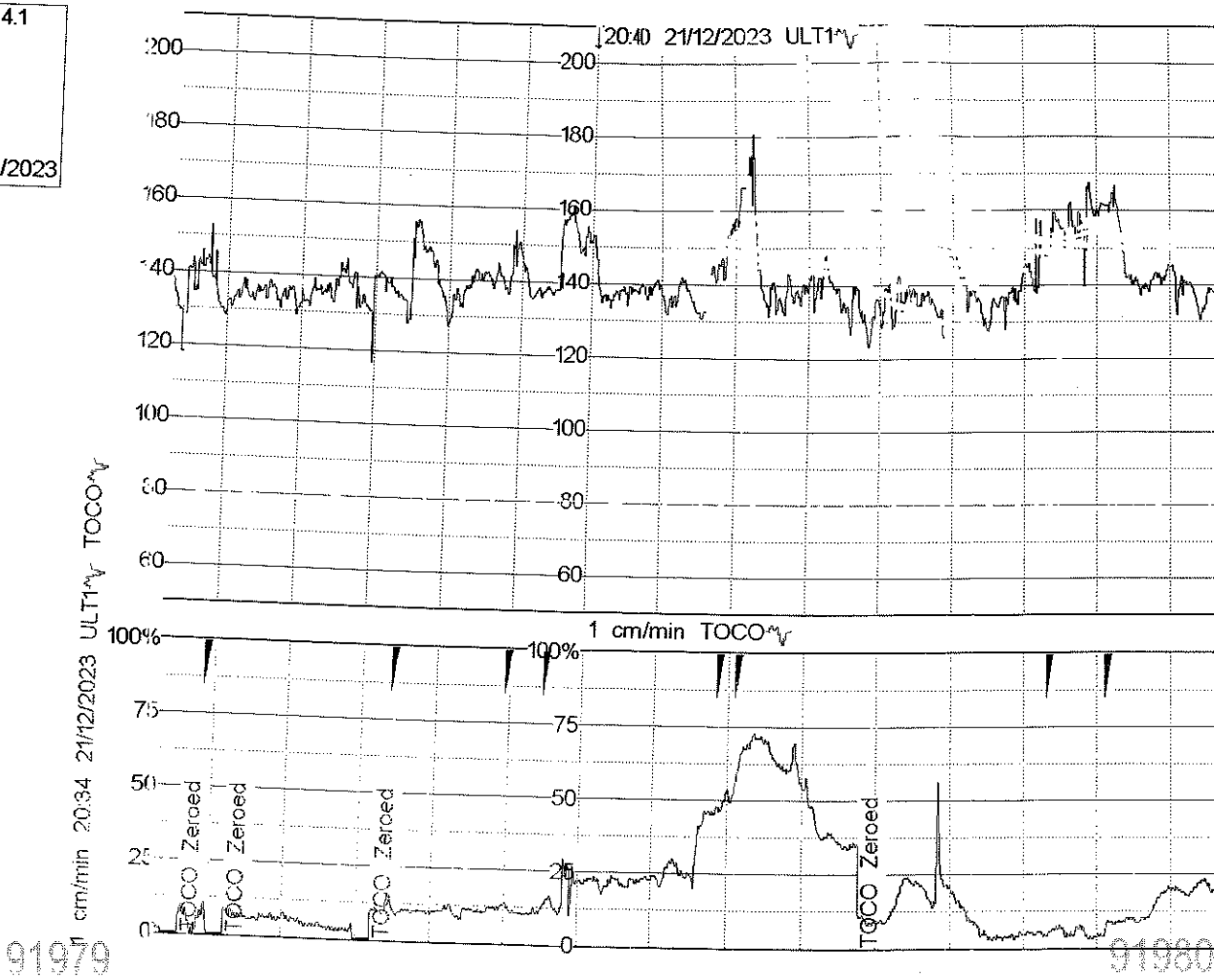
CAG disc.
Urine
s/h.

88686

Team3 Version: 19.4.1
Name:
Patient ID:
Gestation Age:
Hospital: -
Printed: 20:34 21/12/2023

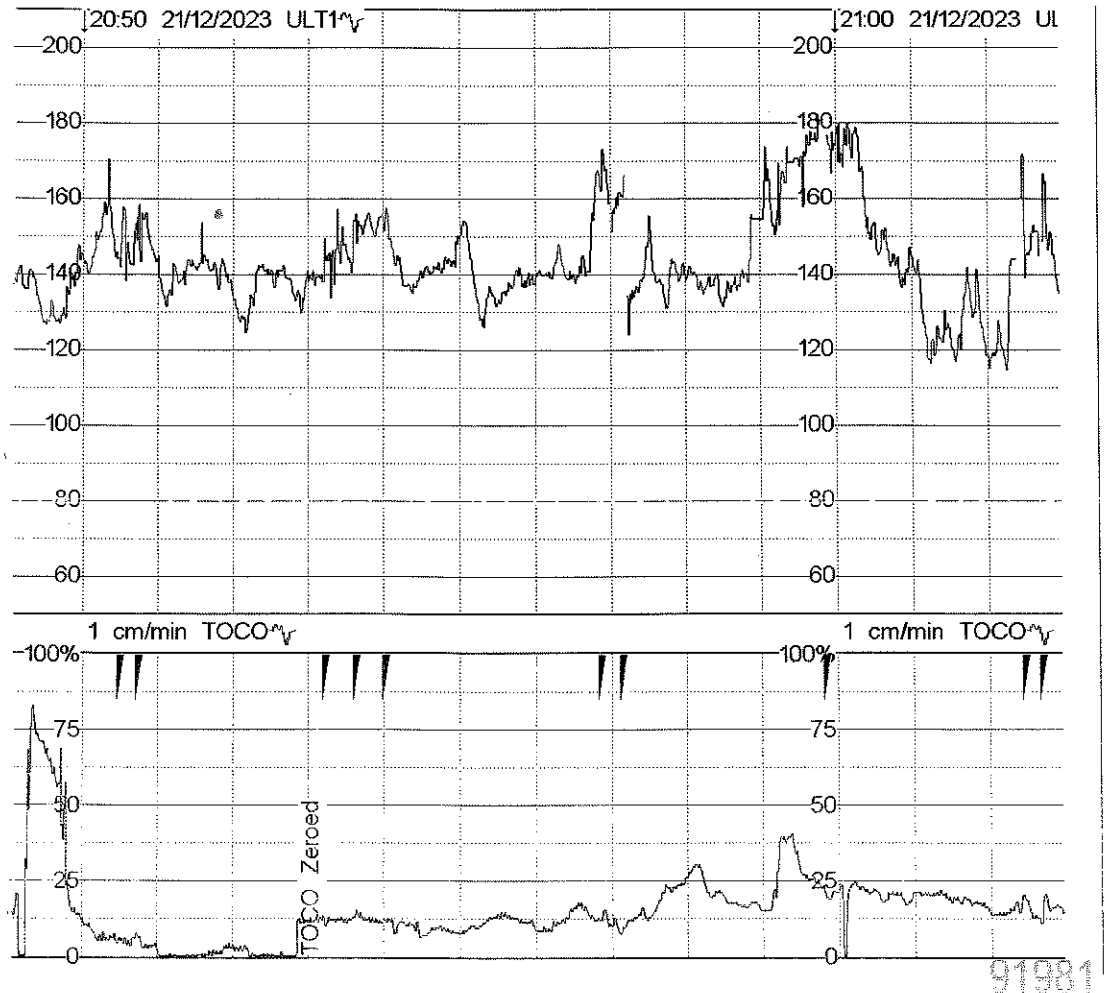
STACEY LEONARD

MP = 88 bpm



91979

91980



Cardiac Curve Shn

Patient name: **STACEY LEONARD**
Hospital number: **2804880060**

NHS Tayside, Ninewells Hospital, Dundee, Blood Sciences Report

Printed by cstirton1(Charlotte Stirton (non referrer)) at 19 Dec 2023 08:26

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988				
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
19 Dec 2023 01:42	Blood Sciences	NW LABOUR SUITE	DR Katrine Elizabeth ORR (Obs & Gynae) (Obstetrics & Gynaecology)	F

CLINICAL DETAILS :
? labour

Sample H231533387 (EDTA) Collected 18 Dec 2023 22:52 Received 19 Dec 2023 01:27

FBC

Hb	129	g/L	120 - 160
WBC	8.1	$x10^9$/L	4.0 - 11.0
PLT	205	$x10^9$/L	150 - 400
RBC	4.56	$x10^{12}$/L	3.8 - 4.8
HCT	0.405		0.37 - 0.47
MCV	88.8	fl	85 - 105
MCH	28.4	pg	27 - 32
MCHC	320	g/L	320 - 360
NE#	5.5	$x10^9$/L	2.0 - 7.5
LY#	2.1	$x10^9$/L	1.5 - 4.0
MO#	0.4	$x10^9$/L	0.2 - 0.8
EO#	0.12	$x10^9$/L	0.0 - 0.4
BA#	0.0	$x10^9$/L	0.0 - 0.1

End of report

Patient name: **STACEY LEONARD**
Hospital number: **2804880060**
:

Confidential Report

Printed by cstirton1(Charlotte Stirton (non referrer)) at 19 Dec 2023 08:26

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
19 Dec 2023 03:01	Blood Transfusion	New Location	New Clinician (Not Specified)	F

```
Blood Group: O POSITIVE
ABO : O
Rh D : Positive
Antibody Status : NAD (No Antibodies Detected)
```

Sample 10310057831510 (BLOOD) Collected 18 Dec 2023 22:50 Received 19 Dec 2023 01:25

Automated Antibody Screen

Automated Antibody Screen	Negative

End of report

Baby Labour and Delivery

LEONARD, Baby (CHI: 2212231873 | PMS Number: ?)
DOB: 22 Dec 23 at 17:41 | M | Baby 1 of 1 | 2 WARDS ROAD, BRECHIN, DD9 7AS | 07731805886
Type of Birth: Spontaneous Cephalic | Gestation at Birth: 37+4 | Birthweight: 2700 | Apgar: 1min: 7 5mins: 8 10mins: 9

Baby 1 Key Details

Date of Birth	22 Dec 23 at 17:41	**Gestation at Birth**	37+4
CHI Number	2212231873	**Outcome**	Livebirth
Final Outcome	Livebirth	**Sex of Baby**	Male
Birthweight	2700g	**Birthweight Centile**	22.36
Type of Birth	Spontaneous Cephalic	**Place of Birth**	Ninewells Hospital Maternity
Feeding Type	Formula Only	**Birthweight Centile**	22.36

Baby 1 Vitamin K

Vitamin K

Date and Time Recorded	22 Dec 23 at 18:20
Date and Time Vitamin K Offered	22 Dec 23 at 18:50
Offered By	Adrienne Dye
Vitamin K Offered and Consented by Parent/Guardian	Accepted
Vitamin K Given	0.1ml / 1 mg IM
Date and Time Vitamin K Given	22 Dec 23 at 18:50
Injection site	Left thigh
Given By	Adrienne Dye
Checked By	Tanya Hiles

Baby 1 Apgar Scores

Assessed at 1/60	Yes	**Assessed at 5/60**	Yes
Assessed at 10/60	Yes		

	1 minute	5 minutes	10 minutes	20 minutes
Heart rate	2 100bpm or more	2 100bpm or more	2 100bpm or more	
Respiratory Effort	1 Slow, irregular	1 Slow, irregular	2 Good or crying	
Muscle tone	1 Some flexion of limbs	2 Active	2 Active	
Reflex irritability	2 Cry, active	2 Cry, active	2 Cry, active	
Colour	1 Body pink, extremities blue	1 Body pink, extremities blue	1 Body pink, extremities blue	
Total	7	8	9	

Baby 1 Shoulder Dystocia Details

		Baby Details	
Head Birthed	22 Dec 23 at 17:41	**DoB**	22 Dec 23 at 17:41

Baby 1 Present at Birth

Personnel

Status of Person Assisting Birth	Student Midwife
Person assisting birth is a BadgerNet user	Yes
Birth Assisted By	Tanya Hiles
Birth Assistant's Team	No team assigned
Room number/description	4
Birth Supervised	Yes
Status of Person Supervising Birth	Midwife
Anaesthetist Present	No
Neonatologist Present	No
Other Staff Present	Yes
Other (Personnel) Present at Birth	Adrienne Dye
Baby Received By	Tanya Hiles
Receiver's Team	No team assigned
Rank of Most Senior Person Present (Obstetrician or Midwife)	Midwife
Non Personnel Present At Birth	Partner: steven

First Examination

22 Dec 23 at 18:20

Examination Type	First	**Age at Exam**	Postnatal 0hours
Baby Examined By	Adrienne Dye	**Location Examined**	Delivery Suite
Weight	(Not Recorded)	**Length Measured**	No
Passed Urine	No	**Passed Meconium**	No
Colour	Normal	**Skin**	Normal
Movement	Normal	**Tone**	Normal
Reflexes	Normal	**Fontanelles**	Normal
Head and Skull	Normal	**Face**	Normal
Eyes	Normal	**Mouth**	Unsure: not seen
Sucking Reflex	Present	**Neck and Clavicles**	Normal
Arms and Hands	Normal	**Abdomen**	Normal
Umbilical Cord	Clamp on	**Anus**	Normal
Male Genitalia	Normal	**Legs**	Normal
Feet	Normal	**Spine**	Normal
Additional Notes or Instructions	Baby appears well unable to check eyes as baby would not open them		

LEONARD, STACEY (CHI: 2804880060 | PMS Number: 2804880060)
28 Apr 88 (Age at Birth: 35) | 2 WARDS ROAD, BRECHIN, DD9 7AS | 07731805886 (mobile)
G8 P7+1 | Baby 1 DOB: 22 Dec 23 at 17:41 (37+4/40) | No. of Babies: 1 | Booking BMI: 22.43 | Current BMI: 24.06 | Blood Group: O+ | Hb at 37+4: 134g/L | PN 1hr | Current Care: Hospital

Circle of Care

Delivery plan	Midwife Unit	**Intended Location of Birth**	Ninewells Hospital Maternity
Named Consultant	Greg Caldwell		
GP Practice	Brechin Medical Practice	**GP Name**	MORLEY, TARA
		GP Address	Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN

Ninewells Hospital Maternity

NHS Tayside

Baby Birth Registration

LEONARD, Baby (CHI: 2212231873 | PMS Number: ?)
DOB: 22 Dec 23 at 17:41 | M | Baby 1 of 1 | 2 WARDS ROAD, BRECHIN, DD9 7AS | 07731805886
Type of Birth: Spontaneous Cephalic | Gestation at Birth: 37+4 | Birthweight: 2700 | Apgar: 1min: 7 5mins: 8 10mins: 9

Birth Registration

Birth Details

Outcome	Livebirth	**EDD (Final)**	08 Jan 24
Gestation at Birth	37+4	**Gestation by Examination**	37 weeks
Type of Birth	Spontaneous Cephalic		
Mode of Birth	Normal, spontaneous vertex vaginal birth, occipito-anterior	**Presentation**	Occipito Anterior (OA)
		Birthweight (g)	2700
Ethnic Category	1A. Scottish	**Sex**	Male
Birth Place Type	NHS hospital - Shared (Consultant/GP/Midwife)	**Place of Birth**	Ninewells Hospital Maternity
		Town of Birth	Dundee
Place of Birth (Ward/Location)	Labour Suite	**Abnormalities Suspected**	(Not Recorded)
Apgar Score at 5 Minutes	8		
Abnormalities Confirmed	(Not Recorded)		

Registrar's Office Details

Registrar's Address

Dundee
20 City Square, Dundee, DD1 3BD
Telephone: 01382 435222

Perth
2 High Street, Perth, PH1 5PH
Telephone - 01738 475121

Arbroath
Bruce House, Wellgate, Arbroath, DD11 3TP
Telephone - 03452 777 778

Check your local council website for other registration offices near you.

Once you have registered the birth, you'll be able to buy a short or full certificate for your baby.
* the short version, which contains only the baby's details
* the full version, which also contains the parents' details

Demographic Details

Baby's Information

Address	2 WARDS ROAD, BRECHIN, DD9 7AS	**Telephone Number**	07731805886

Mother's Information

CHI Number	280 488 0060	**DOB**	28 Apr 88 at 00:00
Forename	STACEY	**Surname**	LEONARD
Address	2 WARDS ROAD BRECHIN DD9 7AS	**Home Telephone Number**	01356 622497
		Marital Status	Other (inc Cohabiting and Stable Relationship)
Mobile Telephone Number	07731805886		
		Number of Previous Livebirths	6
Ethnic Category	1A. Scottish		
Number of Previous Stillbirths	0	**Number of Previous ToPs**	1
Number of Previous Miscarriages	0	**Hep B Status**	Negative
Smoker at Birth	Gave up more than 6 weeks ago		

Hospital Details

Site Organisation Code	T101H	**Site Organisation Name**	(Not Recorded)
Registering Authority Code	(Not Recorded)	**Child Health Organisation Code**	(Not Recorded)
Name of Person Requesting NHS Number	Adrienne Dye		

Mother's GP Details

National Code	7042388	**Name**	MORLEY, TARA
Practice Name	Brechin Medical Practice	**Address**	Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN
Telephone Number	01356 624411		
		Practice Code	10498

Baby's GP Details

Ninewells Hospital Maternity

NHS Tayside

National Code	7042388	**Name**	MORLEY, TARA
Practice Name	Brechin Medical Practice	**Address**	Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN
Telephone Number	01356 624411	**Practice Code**	10498

Responsible Clinician

Signature

Date

Patient name: **Stacey Leonard**
Hospital Number: **2804880060**
:

Tayside Diagnostic Services

Printed by adye2 (Adrienne Dye (non-referrer)) at 22 Dec 2023 16:30

Patient name: Stacey Leonard CHI Number: 2804880060 Sex: Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

IMPORTANT: This is a numerical summary of results for a sample (UP TO AND INCLUDING the 'Reported' date if shown in the column header). To see the complete information for a specific result you MUST look in the original report(s) or click on the test name

Note: Results within the same report for the same test, from another investigation, have been added and highlighted to missing values.

			Sample Collected					
			22 Dec	18 Dec	08 Dec	03 Nov	18 Oct	04 Sep
Investigation/Test	**Range**	**Units**	**2023 13:13**	**2023 22:52**	**2023 12:16**	**2023 12:28**	**2023 10:47**	**2023 09:30**
Urea & Electrolytes								
SODIUM	(133 - 146)	mmol/L	136	-	-	-	-	-
POTASSIUM	(3.5 - 5.3)	mmol/L	4.3	-	-	-	-	-
UREA	(2.5 - 7.8)	mmol/L	***2.3**	-	-	-	-	-
CREATININE	(44 - 80)	umol/L	55	-	-	-	-	-
LAMOTRIGINE	(1.0 - 4.0)	mg/L	-	-	-	-	-	1.2
GLUCOSE								
GLUCOSE (preserved tube)	(3.3 - 5.8)	mmol/L	-	-	4.9	-	-	-
HbA1c (IFCC)								
HbA1c IFCC	(>Below 48)	mmol/mol	-	-	26	-	-	-
FBC								
Hb	(120 - 160)	g/L	134	129	126	***99**	***101**	-
WBC	(4.0 - 11.0)	$x10^9$/L	7.9	8.1	8.9	10.1	***11.5**	-
PLT	(150 - 400)	$x10^9$/L	205	205	243	337	329	-
RBC	(3.8 - 4.8)	$x10^{12}$/L	4.51	4.56	4.40	***3.69**	***3.74**	-
HCT	(0.37 - 0.47)		0.399	0.405	0.394	***0.307**	***0.314**	-
MCV	(85 - 105)	fl	88.4	88.8	89.5	***83.1**	***83.8**	-
MCH	(27 - 32)	pg	29.8	28.4	28.5	***26.9**	27.1	-
MCHC	(320 - 360)	g/L	337	320	***319**	323	323	-
NE#	(2.0 - 7.5)	$x10^9$/L	5.9	5.5	7.1	7.3	***9.1**	-
LY#	(1.5 - 4.0)	$x10^9$/L	***1.4**	2.1	***1.4**	2.1	1.8	-
MO#	(0.2 - 0.8)	$x10^9$/L	0.4	0.4	0.3	0.5	0.5	-
EO#	(0.0 - 0.4)	$x10^9$/L	0.06	0.12	0.09	0.21	0.13	-
BA#	(0.0 - 0.1)	$x10^9$/L	0.0	0.0	0.0	0.0	0.0	-

End of report

THB 024SS

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD
(3 WEEK RECORD)

NHS Tayside

DATE OF ADMISSION 20.12.23 RECORD START DATE 20/12/23.

Hospital/Ward: NNU (SSS)	**Patient Name:** STACEY LEONARD
Consultant:	**CHI Number:** 2804880060.
On admission: **Weight:** 54kg **Height:** 1.57m.	**Date of Birth:**
	(Attach printed label here)

Name of Community Pharmacy:	**Daily/Weekly Dispensing** ☐	**TSMS** ☐	
	Compliance Device ☐		
	Contacted on admission: ☐		
Telephone number:	**Contacted on discharge:** ☐		

MEDICINE ALLERGIES/SENSITIVITIES

IF NIL KNOWN TICK HERE THEN DATE & SIGN ☐ .....

MEDICINE	REACTION(S)	MEDICINE	REACTION(S)
1. LATEX	RASH	4.	
2.		5.	
3.		6.	

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
20/12/23	13:00	TRIMETHOPRIM	200mg	ORAL	[illegible]	14.00	J. Moran.
22/12/23		BENZYL PENICILLIN (IF SEPSIS/ACTIVE LABOUR)	3gm	IV	[illegible]	1450	[illegible]
23/12/23	1025.	Sayana Press	104mg	s/cut	MGUB	1130	Eglinton/CRD

OTHER CHARTS IN USE

CHART TYPE	SIGNED	CHART TYPE	SIGNED
INSULIN PRESCRIPTION AND ADMINISTRATION CHART (IPAR)		ANTICOAGULANT	
EPIDURAL/PAIN RELIEF		MENTAL HEALTH ACT	
FLUID		GENTAMICIN	
ANAESTHETIC CHART		SYMPTOMATIC RELIEF CHART	
OTHER			

REGULAR THERAPY

Date: 20/12/23 | 21/12/23 | 22/12/23 | 23/12

Time: 12

OXYGEN

At risk of retention of CO2 ☐

Target O2 Saturation

88-92% ☐ 94-98% ☐

Other ☐

Prescriber Signature | Start date

See NEWS2 chart for further details

6 | 8 | 12 | 14 | 18 | 22

Medicine/Form
Dalteparin

Dose: 5000 units | Route: Subcutanous

Signature | Start Date: 22.12

Further Information: For 10 days

Assess VTE risk. All unwell patients should be on Dalteparin unless there is any of the following BLEEDING risk: Please tick the box

- ☐ Active bleeding
- ☐ Acquired bleeding disorder (including active liver disease)
- ☐ Concurrent use of anticoagulant: fondaparinux/warfarin/ rivaroxaban/edoxaban/apixaban
- ☐ Acute stroke or suspicion of intracranial bleed
- ☐ Uncontrolled hypertension (> 230/120)
- ☐ Thrombocytopenia (<75)
- ☐ Untreated inherited bleeding disorders (e.g. haemophilia)
- ☐ Lumbar puncture /epidural/spinal anaesthesia expected within next 12 hours or done within past 4 hours
- ☐ Neurosurgery/spinal surgery/eye surgery
- ☐ Other procedure with high bleeding risk

Discuss with Senior if bleeding risk is present in a high VTE risk patient

8 | 14 (X X X) | 18

TED Stocking

Signature | Start Date

Further information
All patients must be assessed by a competent practitioner for their risk of VTE and the need for mechanical prophylaxis

Nursing Staff to sign below to indicate that a patient assessment has been undertaken and to confirm that TED stockings are fitted

8

- All patients assessed to be at risk of VTE should be fitted with mechanical prophylaxis unless there is any of the following contraindication

Massive leg oedema | **Pulmonary oedema** | **Major leg deformity**
Peripheral vascular disease | **Peripheral neuropathy** | **Dermatitis**
Ulcers on leg or heel | **Active gout** | **Patient on adrenaline**

- TEDS must be removed on a daily basis for a minimum of 30 minutes for hygiene purposes and to exclude any contraindications and monitor skin integrity (check for discoloured or cold toes, loss of sensation, swelling, skin marking, discolouration or ulceration) and should be refitted following the completion of checks

---

Medicine/Form: TRIMETHOPRIM

Dose: 200mg | Route: ORAL

Signature | Start Date: 20/12/23

Further information

Before admission ☐ | New dose ☐ | New medicine ☑

Reason for change:

Duration:

6 | 8 (X L WEG) | 12 | 14 | 18 | 22 (IF IF)

Medicine/Form: FOLIC ACID

Dose: 5mg | Route: ORAL

Signature | Start Date: 20/12/23

Further information

Before admission ☑ | New dose ☐ | New medicine ☐

Reason for change:

Duration:

6 | 8 | 12 | 14 | 18 | 22 (IF 8)

Post-natal MEWS 23/12/23

REGULAR THERAPY

Date: 20/12/23 | 21/12/23

Time

Before admission ☑ | New dose ☐ | New medicine ☐

Reason for change:

Duration:

Medicine/Form	FLUOXETINE
Dose	60mg
Route	ORAL
Signature	
Start Date	20/12/23
Further information	(POD)

6		
8		
12		
14		
18		
22	8	8

Medicine/Form	LAMOTRIGINE
Dose	150mg
Route	ORAL
Signature	
Start Date	20/12/23
Further information	(POD)

Before admission ☑ | New dose ☐ | New medicine ☐

Reason for change:

Duration:

6		
8		
12		
14		
18		
22	LF	8

Medicine/Form	ARIPIPRAZOLE
Dose	10mg
Route	ORAL
Signature	
Start Date	20/12/23
Further information	(POD)

Before admission ☑ | New dose ☐ | New medicine ☐

Reason for change:

Duration:

6		
8		
12		
14		
18		
22	8	8

Medicine/Form	
Dose	
Route	
Signature	
Start Date	
Further information	

Before admission ☐ | New dose ☐ | New medicine ☐

Reason for change:

Duration:

6		
8		
12		
14		
18		
22		

Medicine/Form	
Dose	
Route	
Signature	
Start Date	
Further information	

Before admission ☐ | New dose ☐ | New medicine ☐

Reason for change:

Duration:

6		
8		
12		
14		
18		
22		

Medicine/Form	
Dose	
Route	
Signature	
Start Date	
Further information	

Before admission ☐ | New dose ☐ | New medicine ☐

Reason for change:

Duration:

6		
8		
12		
14		
18		
22		

CONTINUOUS INFUSIONS

Date	Medicine/Strength	12/24 Hourly Dose	Route	Prescribed By	Date Stopped	Comments
22/12	OXYTOCIN 30unit 0.9% Nacl 500ml	500 APC	IV			

Date	22/12/23																													
Time	1748																													
Initials	ND																													
Initials	HC																													

CONTINUOUS INFUSIONS

Date	Medicine/Strength	12/24 Hourly Dose	Route	Prescribed By	Date Stopped	Comments

Date																														
Time																														
Initials																														
Initials																														

CONTINUOUS INFUSIONS

Date	Medicine/Strength	12/24 Hourly Dose	Route	Prescribed By	Date Stopped	Comments

Date																														
Time																														
Initials																														
Initials																														

CONTINUOUS INFUSIONS

Date	Medicine/Strength	12/24 Hourly Dose	Route	Prescribed By	Date Stopped	Comments

Date																														
Time																														
Initials																														
Initials																														

CONTINUOUS INFUSIONS

Date	Medicine/Strength	12/24 Hourly Dose	Route	Prescribed By	Date Stopped	Comments

Date																														
Time																														
Initials																														
Initials																														

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINES

Never miss a dose of medicine – check ward cupboards, PODs and if unavailable on the ward contact pharmacy (in hours) or stock locator (out of hours) and obtain the medicine as quickly as possible. If there is a valid medical reason for not administering the medicine, initial and enter the appropriate code in the box with a circle drawn around it.

1. Patient refused
2. Patient unavailable
3. No drug available: medical staff/pharmacy informed/stock locator checked
4. Instructions not clear/legal
5. Nil by mouth.
6. Once only/prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient (no circle required)
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. "On Pass"
14. Drug ordered
15. Other .....
16. Other .....
17. Other .....

NHS
Tayside

Medicines Reconciliation

Name:	STACEY LEONARD
CHI:	2804880060
Booking Weight:	55KG

Ante-natal/Post-natal (please circle)

Medications:

- [x] Patient
- [ ] Patient's own medicines
- [ ] Relative / Carer.....
- [x] ECS (check date of last issue)
- [ ] Drug chart from another hospital.....
- [ ] GP Practice (verbal) .....
- [ ] EDD (within last month).....
- [ ] Nursing home prescription
- [x] Other (please specify) BADGER
- [ ] GP referral letter
- [ ] GP Prescriptions

Action Note: unless indicated to stop / hold, medicines should be continued on TPAR / discharge

ADMISSION MEDICATION

Name (generic)	Dose	Frequency	Hold	Stop	Comments (if medicine held / stopped)
FLUOXETINE	60mg	NOCTE			
LAMOTRIGINE	150mg	NOCTE			150mg OD
ARIPIPRAZOLE	10mg	NOCTE			
FOLIC ACID	5mg	MANE			NOT ON PORTAL - GIVEN @ CLINIC
NIL OTC ✱.					

Drug / Substance:	Reaction:
LATEX	RASH

Drug / Substance:	Reaction:

Are you satisfied this **medication history** is complete and accurate? *(please circle):* Yes / No

If "no" what further action is required (i.e. contact GP) .....

Medicines reconciliation on admission completed by:

Name: J KERR **Designation:** PHT2

Signature: **Date:** 20/12/23

PHARMACY TECHNICIAN USE ONLY

Medication History confirmed by: (RUTH BAILEY #3555) Date: 21/12/23.

Medicines reconciliation on admission verified by (if required):

Name: **Designation:**

Signature: **Date:**

THB 024SS

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD
(3 WEEK RECORD)

NHS Tayside

DATE OF ADMISSION 18/12/23 RECORD START DATE 18/12/23

Hospital/Ward: NW	**Patient Name:** Stacey Leonard.
Consultant: G. Caldwell	**CHI Number:** 2804[illegible]0060
On admission: **Weight:** Booking **Height:** 55 kg	**Date of Birth:**
	(Attach printed label here)

Name of Community Pharmacy:	**Daily/Weekly Dispensing** ☐ **TSMS** ☐
	Compliance Device ☐
	Contacted on admission: ☐
Telephone number:	**Contacted on discharge:** ☐

MEDICINE ALLERGIES/SENSITIVITIES

IF NIL KNOWN TICK HERE THEN DATE & SIGN ☐ .....

MEDICINE	REACTION(S)	MEDICINE	REACTION(S)
1. Latex allergy.		4.	
2.		5.	
3.		6.	

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
18/12	22:30 (Gf SROM / active labour)	Benz. Penicillin	3g	IV	Nauna		

OTHER CHARTS IN USE

CHART TYPE	SIGNED	CHART TYPE	SIGNED
INSULIN PRESCRIPTION AND ADMINISTRATION CHART (IPAR)		ANTICOAGULANT	
EPIDURAL/PAIN RELIEF		MENTAL HEALTH ACT	
FLUID		GENTAMICIN	
ANAESTHETIC CHART		SYMPTOMATIC RELIEF CHART	
OTHER			

REGULAR THERAPY

Date / Time

OXYGEN — At risk of retention of CO_2 ☐

Target O2 Saturation

88-92% ☐ 94-98% ☐
Other ☐

Prescriber Signature | Start date

See NEWS2 chart for further details

6 / 8 / 12 / 14 / 18 / 22

Medicine/Form
Dalteparin

Dose | Route: Subcutanous

Signature | Start Date

Further Information

Assess VTE risk. All unwell patients should be on Dalteparin unless there is any of the following BLEEDING risk: Please tick the box

- ☐ Active bleeding
- ☐ Acquired bleeding disorder (including active liver disease)
- ☐ Concurrent use of anticoagulant: fondaparinux/warfarin/ rivaroxaban/edoxaban/apixaban
- ☐ Acute stroke or suspicion of intracranial bleed
- ☐ Uncontrolled hypertension (> 230/120)
- ☐ Thrombocytopenia (<75)
- ☐ Untreated inherited bleeding disorders (e.g. haemophilia)
- ☐ Lumbar puncture /epidural/spinal anaesthesia expected within next 12 hours or done within past 4 hours
- ☐ Neurosurgery/spinal surgery/eye surgery
- ☐ Other procedure with high bleeding risk

Discuss with Senior if bleeding risk is present in a high VTE risk patient

8 / 14 / 18

TED Stocking

Signature | Start Date

Further information
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Massive leg oedema | **Pulmonary oedema** | **Major leg deformity**
Peripheral vascular disease | **Peripheral neuropathy** | **Dermatitis**
Ulcers on leg or heel | **Active gout** | **Patient on adrenaline**

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---

Medicine/Form: LAMOTRIGINE

Dose: 150MG | Route: ORAL

Signature | Start Date: 19/12

Further information

Before admission ☐ | New dose ☐ | New medicine ☐
Reason for change: | Duration:

6 / 8 / 12 / 14 / 18 / 22

Medicine/Form: ARIPIPRAZOLE

Dose: 10MG | Route: ORAL

Signature | Start Date: 19/12

Further information

Before admission ☐ | New dose ☐ | New medicine ☐
Reason for change: | Duration:

6 / 8 / 12 / 14 / 18 / 22

REGULAR THERAPY

Medicine/Form: FLUOXETINE

Dose: 60MG | Route: ORAL

Signature: [signature] | Start Date: 19/12

Further information

Date

Time

Before admission ☐ New dose ☐ New medicine ☐

Reason for change: Duration:

6 ~~8~~ 12 14 18 22

Medicine/Form

Dose | Route

Signature | Start Date

Further information

Before admission ☐ New dose ☐ New medicine ☐

Reason for change: Duration:

6 8 12 14 18 22

Medicine/Form

Dose | Route

Signature | Start Date

Further information

Before admission ☐ New dose ☐ New medicine ☐

Reason for change: Duration:

6 8 12 14 18 22

Medicine/Form

Dose | Route

Signature | Start Date

Further information

Before admission ☐ New dose ☐ New medicine ☐

Reason for change: Duration:

6 8 12 14 18 22

Medicine/Form

Dose | Route

Signature | Start Date

Further information

Before admission ☐ New dose ☐ New medicine ☐

Reason for change: Duration:

6 8 12 14 18 22

Medicine/Form

Dose | Route

Signature | Start Date

Further information

Before admission ☐ New dose ☐ New medicine ☐

Reason for change: Duration:

6 8 12 14 18 22

AS REQUIRED THERAPY

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
Co-Codamol 30/500mg		Date		
		Time		
Dose & Frequency 4-6 hrly	Route PO	Dose		
		Initials		
Prescriber Signature	Start Date 13/12	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
		Initials		

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
		Date		
		Time		
Dose & Frequency	Route	Dose		
		Initials		
Prescriber Signature	Start Date	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
		Initials		

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
		Date		
		Time		
Dose & Frequency	Route	Dose		
		Initials		
Prescriber Signature	Start Date	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
		Initials		

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
		Date		
		Time		
Dose & Frequency	Route	Dose		
		Initials		
Prescriber Signature	Start Date	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
		Initials		

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
		Date		
		Time		
Dose & Frequency	Route	Dose		
		Initials		
Prescriber Signature	Start Date	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
		Initials		

SL

FORD, Lorna (NHS TAYSIDE)

Sun 17/11/2019 20:08

To:LYNCH, Pauline (NHS TAYSIDE) <paulinelynch@nhs.net>;

Hi Pauline, can I have some advice about the following woman who has recently booked please.

Stacey Leonard (Nee Ellis)
2804880060
2 Wards road
Brechin
DD9 7AS
07368227877
GP Brechin

para 4
5/6/08 forceps 6lb 2oz 39 weeks
28/5/11 SVB 6lb 15oz 38+4 weeks
11/7/13 SVB 5lb 2oz 37+4 weeks
15/03/15 SVB 5lb 3oz 37+4 weeks

BMI 18, smoker-co reading 30 at booking, borderline personality disorder, CIN III LLETZ 2017

PRAM completed

meds sertraline

Has had early scan, viable pregnancy, EDD potentially 7/6/19, dating scan booked in Artbroath 28/11/19
I know she will need lots of input re scans etc, but is there anything we need to do just now esp re cx treatment?

Thanks

Lorna Ford
Homebirth and caseload community midwife
Angus Team
Arbroath maternity unit
Rosemount Road
Arbroath
DD11 2AT
01241 822 537
07785718724

NHS Tayside

Quadrivalant Inactivated Vaccine
PATIENT CONSENT FORM /TREATMENT SHEET

A consent/treatment record sheet is required for each individual treated under a Patient Group Direction

1. **PATIENT AND CONSULTATION DETAILS** *(please print)*	
Name of recipient	STACEY LEONARD
Date of Birth /CHI	280488 0060

2. **CRITERIA FOR FURTHER ASSESSMENT** –if any of the following criteria apply, further assessment of suitability to receive the flu immunisation is required.		
Aged under 6 months or over 74 year of age or eligible for the nasal flu vaccine?	Yes	(No)
Confirmed anaphylactic reaction to Inactivated Influenza vaccine or any of its constituents?	Yes	(No)
Confirmed anaphylactic reaction to eggs/egg product or chicken proteins such as ovalbumin?	Yes	(No)
Confirmed anaphylactic reaction to latex?	(Yes)	No
Known bleeding disorder?	Yes	(No)
Currently unwell with an acute febrile infection?	Yes	(No)

Has had flu vaccine before with no problems DW Practice nurse, advised to be available if required but advised to go ahead as its to be in the arm/upper

3. **INFORMATION**		
Does the recipient or carer have any unanswered questions regarding this immunisation?	Yes	No
Information leaflet issued	Yes	No
Advised on management of symptoms following immunisation?	Yes	No

4. ***DECLARATION***
I agree that I as the patient named above / this person in my care *(please delete as appropriate)* can receive inactivated influenza vaccine under the appropriate Patient Group Direction.
Recipient's / Parent's / Carer's Signature X Sleonard. *Date:* 6/11/20
The recipient / parent / carer is unable to give written consent. They have given verbal consent for administration of the Inactivated Influenza Vaccine.
Immunisers Signature: Date:

5. **ACTION TAKEN** *(to be completed by vaccinator)*			
Clinic *(code)*			
The action specified was based on the information available to me and given to me by the patient/parent/carer/guardian and that to the best of my knowledge is correct			
Administered by *(signature)*			
Name of vaccine	Fluceivax Tetra 2019/2020 season 0.5ml Lot: P100120851		
Batch Number *(please use sticker from vaccine)*		Expiry Date	06/20
Administered 0.5ml Inactivated Influenza Vaccine	☑ Yes	Date	6/11/20
Site ☐ Right deltoid ☑ left deltoid ☐ other.....		Route	☐ IM ☐ subcut.

NHS Tayside

The patient is unable to give written consent. The patient/parent/carer/guardian has given verbal consent. Practitioner's Signature: [signature] Date: 6/1/20
The action specified was based on the information available to me and given to me by the patient/parent/carer/guardian and that to the best of my knowledge is correct. Practitioner's Signature: Date:

ACTION TAKEN			
Pertussis containing vaccine (Boostrix®-IPV) given		Yes	No
Batch Number	Boostrix®-IPV Lot: AC39B131BC	Expiry Date	02/21
Site	Left Arm	Right Arm	
Given by	Intramuscular Injection	Sub Cut Injection	

NHS Tayside

PATIENT GROUP DIRECTION PERTUSSIS IMMUNISATION
TREATMENT RECORD SHEET

PATIENT AND CONSULTATION DETAILS	
Patient Name	STACEY LEONARD
Date of Birth/CHI	28 04 88 0060
Place of Issue	LMC MATTY

CRITERIA FOR EXCLUSION		
The patient will be excluded from treatment under this PGD and referred immediately to a medical practitioner if any of the following criteria apply.		
Under 16 week gestation?	Yes	No
Confirmed anaphylactic reaction to a previous dose of diphtheria, tetanus, Pertussis or poliomyelitis containing vaccines or any of its constituents (including latex)?	Yes	No
Experience neurological complications or encephalopathy of unknown aetiology within 7 days of previous immunisation with a Pertussis containing vaccine.	Yes	No
Have received a dose of a diphtheria, tetanus, Pertussis or poliomyelitis containing vaccines within the last month?	Yes	No
Individuals with evidence of current neurological deterioration, including poorly controlled epilepsy.	Yes	No
Acute febrile illness?	Yes	No
No valid consent?	Yes	No

INFORMATION		
Does the patient have unanswered questions regarding this vaccine?	Yes	No
Advised on management of symptoms following immunisation?	Yes	No
Information leaflet issued?	Yes	No

DECLARATION
The above information is correct to the best of my knowledge. I have been informed about the use of this vaccine and understand the advice given to me by the practitioner.
Patient's Signature: Sleonard Date: 6/1/20

Re: SL

FORD, Lorna (NHS TAYSIDE)

Thu 19/12/2019 11:09

To:LINDSAY, Sandra (NHS TAYSIDE) <sandra.lindsay2@nhs.net>;

Hiya,yeah, I think it'll be a decide at the moment one as when I initially went in she was saying no to homebirth, but at the end saying how much she hated Ninewells and that she might well stay at home! So, early days, we can plan for all eventualities!. Thanks for the reply.
have a lovely Christmas and New Year!
Regards,

Lorna Ford
Homebirth and caseload community midwife
Angus Team
Arbroath maternity unit
Rosemount Road
Arbroath
DD11 2AT
01241 822 537
07785718724

From: LINDSAY, Sandra (NHS TAYSIDE)
Sent: 19 December 2019 09:44
To: FORD, Lorna (NHS TAYSIDE)
Subject: Re: SL

Hi Lorna
I was surprised at Stacey considering a homebirth as she said to me she did not wish to have her baby at home.
Stacey actually copes better than she thinks although her other children are very challenging and cause her a lot of stress especially Declan the oldest. I have taken a bit of a step back whilst she was seeing Farah our psychologist.
I do have an appointment with her on 14th Jan.
I cant think of anything specific you could do but I will speak to Farah and see if she has any ideas.
Regards
Sandra Lindsay

Sandra Lindsay
Senior Mental Health Nurse
Montrose and Brechin Community Mental Health Team
Learning Development Centre
Stracathro Hospital

01356 692856

From: FORD, Lorna (NHS TAYSIDE)
Sent: 18 December 2019 17:01
To: LINDSAY, Sandra (NHS TAYSIDE)
Subject: SL

Hi Sandra, Lorna Ford midwife here, I'm looking after Stacey Leonard CHI2804880060. I think I have met her a few times over the years working in Montrose and my colleague booked her for me while I was on AL as she is considering a homebirth which I don't think would be a bad idea for her. I met her properly a couple of days ago. I know she was supposed to meet up with you over the last few days but didn't make her appointment. I'm just wondering from your point of you how you think she is, is there anything else I can
do that you think might help etc? Thanks
Lorna Ford
Homebirth and caseload community midwife
Angus Team
Arbroath maternity unit
Rosemount Road
Arbroath
DD11 2AT
01241 822 537
07785718724

Midwifery / Health Visitor/FNP Handover Mothers Name: Stacey Leonard

CHI: 2804880060

Address: 2 Wards Road, Brechin, DD9 7AS

T - 07368227877

To be completed at the handover of care from community midwife to health visitor and given in addition to Labour and Birth Discharge Summary

Baby's name: Baby Leonard

CHI: 1605205907

OFC: 30.9cm

Length: 48cm

Post natal Day at discharge: Day 8

Day 5 weight: 2290gms

Discharge Weight: 2340gms

Infant feeding:

Bottlefeeding from birth encouraged 3hrly feeds from birth due to birthwieght. Taking avg 3ozs at each feed.

Early history affecting feeding, e.g. baby's condition at birth, skin-to-skin contact, first feed, any admission to NICU.

Bottlefed 3hrly from birth

Feeding progress to date (in particular any problems. If overcome, how. If ongoing, what measures have been/are being taken to overcome?)

As above, mum confident with bottlefeeding 5th baby

Blood Spot test: Y Date: 21/05/20

Vitamin K - IM

Cord : Off clean and dry

Jaundice: No

Treatment required: No

Mother's Emotional / Physical Wellbeing:

I visited Stacey today on day 8 I have never met Stacey prior to this however on visit she reported her mood to be low. She has know personality disorder which she stopped her medication for early pregnancy she has weekly input from CPN and psychiatrist due to call on Thursday however I have encouraged she make contact tomorrow Monday due to her mood today. Staceys partner is returning to work tomorrow and with all children being at home I feel she is anxious re the pressures of same.

On my visit today Stacey reported to have offensive lochia and abdominal tenderness, bloods and vaginal swab obtained and commenced oral antibiotics for 1 wk.

Stacey to attend GP for family planning keen for sterilisation but will consider copper coil due to being unable to take hormone related contraception.

Additional Relevant Information about Mother :

Social work involvement and are aware that Stacey has had her baby.

Midwife: Mcarter Date: 24/05/20

Personal details

Family origin UK

Current religion or faith None

Language used at home English

Help needed with interpreting, communicating or advocacy No ☐ Yes ☑

Cultural requirements/details on the above

Occupation Full time mother

Provide details of social circumstances/family support. Detail any change of partner during pregnancy or the postnatal period

Referrals

/ / To

/ / To

/ / To

Key professionals

Named midwife Lorna

Midwifery team Angus team

Base

✆

Obstetrician Dr Lynch

Clinic

✆

Health Visitor Brechin

Base

✆

Social Worker

Base

✆

Health status

Specific dietary needs No ☑ Yes ☐

Smoking status smoker

At risk of passive smoking No ☐ Yes ☐

Problem alcohol use No ☑ Yes ☐

Problem drug use No ☑ Yes ☐

Details of any of the above

Domestic Abuse/Routine Enquiry

Seen alone at booking No ☐ Yes ☑

Routine enquiry question asked No ☐ Yes ☑

If not asked, document reason why

Abuse disclosed No ☑ Yes ☐

Current ☐ Past ☐

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

If domestic abuse disclosed remember to tick the box in the women held record referring midwives back to summary record (box in special features area).

Comments

Child protection

Issue raised on 17/11/19

Comments PRAM completed c consent

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

General Practitioner Brechin

Base

✆

Practice code

Other

Designation

Base

✆

Other

Designation

Base

✆

Chronology of Significant Events

Please detail below the strengths, assets and challenges faced by women and their families throughout pregnancy, birth and the post-natal period.

The chronology should contain:

- The date and time
- A brief description of the event
- Cross-reference to other records e.g. computerised records
- Each entry must be signed

Date/ Time	Event	Action/Outcome	Signature

Planned place of birth and Pathway for antenatal care red or green

Std babies, Smoker. BPD BMI 18.

Lead professional Dr P Lynch

Designation Consultant.

Change(s) to Planned place of birth and Pathway for antenatal care red or green

Reason

Signed

Booking completed by SDon Print S.DEVAC Designation RM

Date 12/11/19 Gestation 10+2 weeks Location LHC

Date	Gestation	BP	Urinalysis	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry. Please use 24 hour clock				
12/11/19	10+2	a2/6A	MSSV.	Diet & exercise advice given. Currently charged with assault - no conviction at present. To discuss further +/- PRAM referral. c/c Sue Simpson/Social Work. Borderline personality disorder. Stopped meds - aware of support available. —SDon
17/11/19				N° CIN III Hetz 2017, smoker, BMI 18, N° SGA - email sent to Dr Lynch ? treatment to Rx ? extra length scan. Police concern report received re Stacey assaulting son. Phonecall to discuss consent for PRAM. Verbal consent given. PRAM completed. LROAD

Date	Further information/details of maternity care
	Remember to sign each entry
16/12/19	15+4. AN generally well. Mood variable. Seeing CMHT tomorrow. Has stopped all meds & knows to see GP if feels has concerns. Unsure if wants MB. Given MH notes & bloods explained. GIMFB discussed & would like referral - closer scan & ANC review requested. Phoned SW re: referral so I have not heard anything. DN Lynsey Smith - No info. She will investigate & phone me back.
18/12/19	CMHT Sandra Lindsay - phoned for update. Sandra is finished for today - Stacey did not make the meeting she had scheduled with her yesterday. Email sent to Sandra to discuss Stacey's care & ensure there is nothing extra that may help. Email Sandra.Lindsay2@nhs.net.
6/1/20	18+ wks pregnant. Vacc. 5 x 2 yo requested. Forgot MH notes. Boostrix-IPV Lot: AC39B131BC Fluvelvax Tetra 2019/2020 season 0.5ml Lot: P100120851
17/2/20	24+5 AN well. Reports SW have been in touch, no CP meeting planned. Cx length good placental.
1/3/20	28 wks Reports well. Bloods consent. Stressed at present - feels is on suicide watch due to son harming himself, cutting etc. SW aware. He has carers meets, is currently not at school & Stacey feels she is not getting enough support. Offered booster Advised to speak to SW again, reports. Happy to do so
30.4.20	Spoke to duty SW in Montrose team. WBB Leonard closed to SW - no further input. Baby to be monitored by named person.
4.5.20	Birth response completed today and sent to confidential file

41725

Folic acid ✓ on track Notes Req on Protos

Maternity Summary Record

Please use black ink

Confidential

Personal details

CHI 280488 Age 31

Previous surname

Likes to be called

Home ✆

Other ✆ 07368227877

Change of details

Your address

Postcode

Home ✆

Other ✆

Partner/supporter details

Please tick if emergency contact ☐

Name Steven Grant

Date of Birth 15.6.85

Relationship Partner

Address S/A.

Postcode

Home ✆

Other ✆ 07368227877

Alternative/emergency contact

Name

Relationship

Address

Postcode

Home ✆

Other ✆

Named midwife Susanne Lorna

GP Brechin H/c

Affix label here or complete by hand

Unit No Leonard 2804880060
Stacey Louise
Surname/fam 2 Wards Road
First name(s) BRECHIN
Date of birth DD9 7AS
Address 2 SM Rooney

Parity 4 +

Agreed EDD 4/6/20 LMP / / 7+1 21.10.19

Blood group OPOS

Irregular antibodies Yes ☐ No ☑

Thrombosis risk factors

☐ Previous DVT ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other Smoker VTE score (2)

Allergies latex

Height 157.5cm Weight 44kg 10st BMI 18
Gestation BMI calculated

Special features

CIN III LLETZ 2017 placenta/aw
Smoker
BMI 18
Borderline personality disorder
PRAM

Smoker Y N
Wishing referral Y N
Homebirth Y N

interested but unsure if able due to issues with cervix, removed some due to CIN3

Directions to home

	Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1	05/06/08	FORCEPS	M	6lb 2oz	39	Ninewells	Declan GBB2
2	28/05/11	SVB	M	6lb 15oz	38+4	Montrose	Riley
3	11/07/13	SVB	M	8lb 2oz	37+4	Ninewells	Bentley - GBS
4	15/03/15	SVB	F	5lb 3oz	37+4	Montrose	Lisa.
5							
6							
7							
8							

My Birthplace App

My Birthplace

http://mybirthplace.org/tayside

Access information about NHS Tayside Maternity services and the choices available. The risks and benefits of planned place of birth for women having their first baby and subsequent babies is discussed.

NHS SCOTLAND

Your Combined Pregnancy and Postnatal Record

Confidential

****IMPORTANT****

If you have an emergency, in pain, bleeding, reduction/change of baby's movements, please phone **ANGUS BIRTH UNIT** on **01241 822537** to talk to a midwife.
If you have a general enquiry, eg, change appointment then please phone or email your midwife

****

After Booking, do these notes require Obstetric review? YES / NO

MW S. Dewar Sign ..... Date 12/11/19

Obs ..... Sign ..... Date 9/12

Please bring your record to all healthcare appointments and hospital admissions.

If found please return this record to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

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 below 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

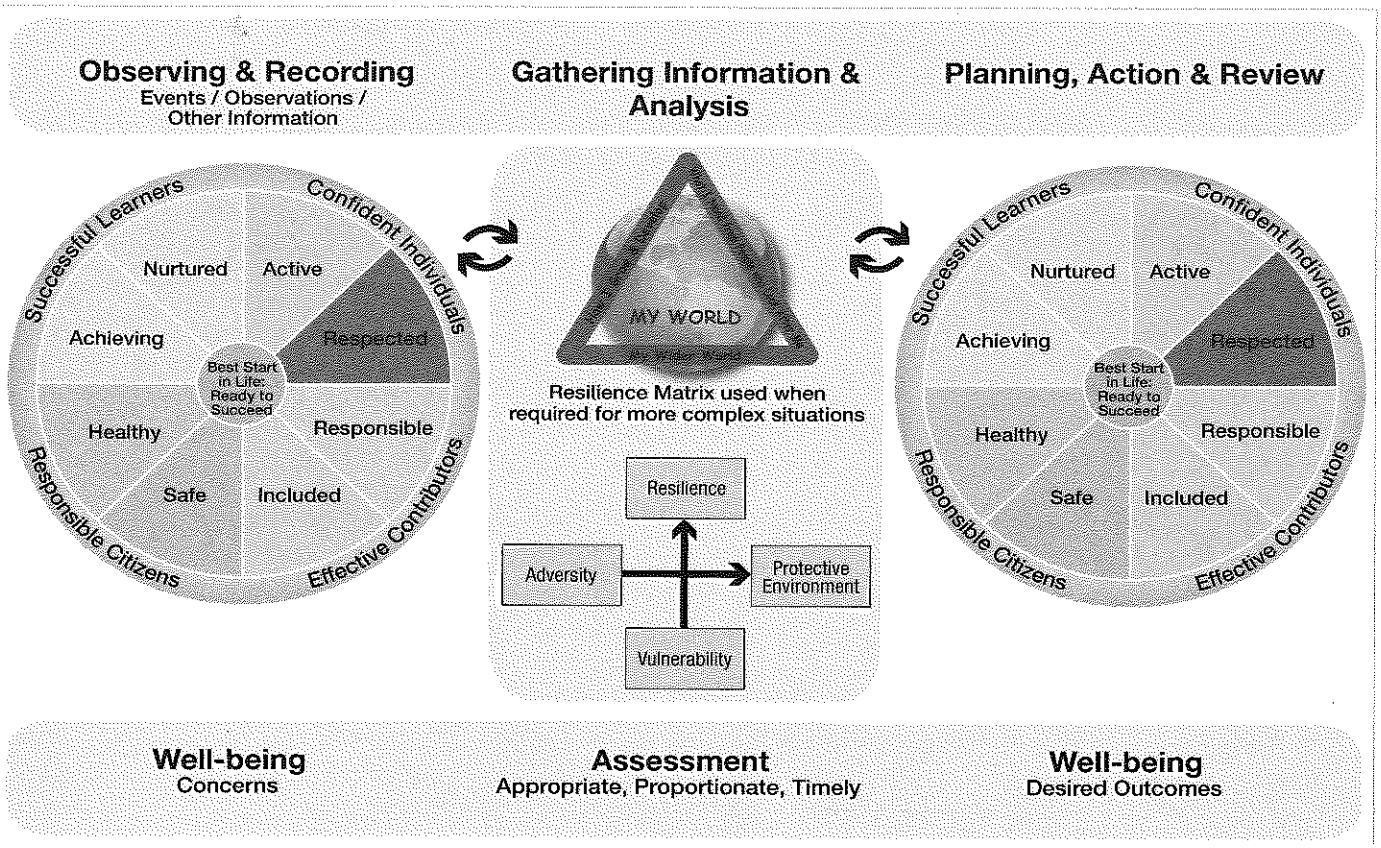
- The use of the wellbeing indicators – Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included – to determine appropriate assessment using the My World Triangle.
- The My World Triangle assessment considers the strengths and pressures for the woman and family around the three 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, multi-agency 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 well-being?
- 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 below

The National Practice Model



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

Outcome of referral: Health Plan Indicator allocated (circle as appropriate): core additional

Gestation at allocation

Health Visitor/Public Health Nurse details –

Name

Date

Your combined pregnancy and postnatal record

This is your pregnancy/postnatal 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 combined pregnancy/postnatal 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 you see this symbol:

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 sav.

Help and advice

Please use the following services

✆ .....

Contact details

Maternity unit Angus Birth Unit

✆ 01241 822537 - see

✆ front of notes

Antenatal clinic .....

✆ .....

Delivery suite .....

✆ .....

Ultrasound department .....

✆ .....

Health Visitor Brechin

Base .....

✆ .....

Lorna Ford
Midwife
Email : lorna.ford@nhs.net
Mob : 07785 718724
Unit : 01241 822537

Named midwife

Midwifery team non emergency number only

Base .....

✆ .....

General Practitioner Brechin

Address .....

.....

✆ ..... Practice code .....

GP informed of pregnancy ☑ Date 12/11/19

Obstetrician Dr Lynch

Base .....

✆ .....

Domestic Abuse Helpline: 0800 027 1234 (24 hours)
Scottish Women's Aid: www.scottishwomensaid.co.uk
NHS 24: 08454 24 24 24

Rape Crisis Scotland Helpline: 08088 01 03 02 (free number) , 6pm to midnight
Email: info@rapecrisisscotland.org.uk

BLUE TEAM

Natalie	[ ]	Maddie	[ ]
Julie	[ ]	Laura	[✓]
Jo	[ ]	Susan	[ ]
Ali	[✓]	Lorna	[ ]

v, e.g. antenatal clinic times, breastfeeding support groups and

who have undertaken additional education and training to
es develop and maintain safe practice to ensure protection of
f the supervisor see www.nmc-org.uk. To contact a supervisor of

.....

.....

.....

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.

Plan of care for your pregnancy

This chart is used to record a plan of care for your pregnancy. Your midwife or doctor will tick the boxes to show when an appointment is due, where it will take place, and whether a blood test or ultrasound scan is planned. Details of each appointment can be written below.
If this is your first baby you will usually have 10 appointments, if you have had a baby before you will usually have 7 appointments. The first appointment may be sometime between 8 and 12 weeks.

Week number	8		10		12		14		16		18		20		22		24		26		28		30		32		34		36		38		40	41	42
Health centre/surgery																																			
Maternity unit																																			
Home																																			
Blood tests																																			
Ultrasound																																			

Your appointments

Day	Date	Time	Where & who with	Things you want to discuss
	6/1/20	12^{00}	Lorna LUC	
	17/2/20	11am	Lorna Home	
	11/3/20	1130	Lorna Home.	

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. Women allocated Amber status only whilst awaiting a further opinion from a member of the maternity team.

Booking Status: GREEN/RED (Please Circle)					
Date/ Location of booking	Gestation	Agreed Pathway	Reason e.g. Previous LUSCS	Booked With Midwife/Obstetrician Name	Signature
12/11/19	10+2	Additional.	CLEFT & CINIII SMOKER. MENTAL HEALTH	Dr P. Lynch	
Subsequent Changes					
Date/ Location	Gestation	Pathway Change e.g. green to red, red to green	Reason for transfer to different pathway e.g. raised BP	Care transferred to e.g. Midwife to Obstetrician, obstetrician to Midwife. Insert Name	Signature

Important information

Affix la Leonard 2804880060
Unit n Stacey Louise
2 Wards Road
BRECHIN
CHI DD9 7AS
SM Rooney

Surname/ family name

First name(s)

Previous surname

Likes to be called

Date of birth 28/04/1988

Your address

Postcode

Home ✆

Other ✆ 07368227877.

Occupation Full Time Mother.

Change of address/phone details

Postcode

Home ✆

Other ✆

Planned place of birth	
Home	
Hospital	
CMU	
Other	

Lead professional

~~L Ford~~ Sdcm
Dr. P. Lynch.

Your partner/supporter for this pregnancy

Name Steven Grant

Occupation Storeman.

Relationship to you Partner.

Partner's date of birth 15/06/85

Address S/A.

Postcode

Home ✆

Other ✆ 07706187077

Emergency contact person/next of kin
Who would you like contacted in an emergency?

☑ **Your partner/supporter** ☐ **Alternative person:**

Name

Relationship to you

Address

Postcode

Home ✆

Other ✆

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.

Date of the first day of bleeding of your last menstrual period (LMP)? 04/09/19.

How sure are you of this date? ☐ sure ☑ fairly sure ☐ not sure

Average number of days between the first day of each period (monthly cycle) Irregular

Have you had any vaginal bleeding since your last menstrual period? ☑ No ☐ Yes

Had you been using any contraception? ☑ No ☐ Yes

Type

Date stopped / /

History taken by

Date of Booking Appointment 12/11/19.

Agreed EDD 4/6/20

Use this EDD in all communication

Your body mass index (BMI) 18

(weight [kg]/height [m]²)

Weight at booking 49. kg Height 157.5 m

Comments/details 10+2 on 12/11/19 - had early USS

Provisional EDD based on LMP and monthly cycle 06/06/20

EDD using dating scan 4/6/20

Agreed by Signed

Your previous pregnancies

Is current pregnancy with a new partner No ☑ Yes ☐ Para 4 + 0

Full name Declan Ellis. Boy ☑ Girl ☐ Date of birth 05/06/08 Type of birth ~~SV~~ forceps.

Place of birth Nirwells. Birthweight (g) 6lb 2oz Gestation 39.

Labour onset Spontaneous ☑ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☑ General ☐

3rd stage Normal ☑ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☑ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☑ Formula ☑

Further relevant information

Problems A/N

P/N PN infection to eps. Declan sleep apnoea.

Psychological

Full name Riley Ellis. Boy ☑ Girl ☐ Date of birth 28/05/11 Type of birth SVB.

Place of birth Montrose Birthweight (g) 4lb 15oz Gestation 38+4.

Labour onset Spontaneous ☑ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☑ Epidural/Spinal ☐ General ☐

3rd stage Normal ☑ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☑ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☑

Further relevant information

Problems A/N

P/N

Psychological

Full name Bentley Grant. Boy ☑ Girl ☐ Date of birth 11/07/13 Type of birth SVB.

Place of birth Nirwells Birthweight (g) 5lb 15oz SD 2oz Gestation 37+4.

Labour onset Spontaneous ☑ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☑ Epidural/Spinal ☐ General ☐

3rd stage Normal ☑ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☑ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☑

Further relevant information

Problems A/N P.V. bleeds Gp B Strep.

P/N

Psychological

Early Pregnancy Losses (less than 24 weeks)

Year	Gestation	Nature of loss	Comments

Your previous pregnancies

Full name Ailsa Grant Boy ☐ Girl ☑ Date of birth 15/03/15 Type of birth SVB.

Place of birth Montrose Birthweight (g) 5Lb 3oz. Gestation 37+4.

Labour onset Spontaneous ☑ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☑ Epidural/Spinal ☐ General ☐

3rd stage Normal ☑ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☑ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☑

Further relevant information

Problems A/N

P/N

Psychological

Full name Boy ☐ Girl ☐ Date of birth Type of birth

Place of birth Birthweight (g) Gestation

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐

Further relevant information

Problems A/N

P/N

Psychological

Full name Boy ☐ Girl ☐ Date of birth Type of birth

Place of birth Birthweight (g) Gestation

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐

Further relevant information

Problems A/N

P/N

Psychological

Full name Boy ☐ Girl ☐ Date of birth Type of birth

Place of birth Birthweight (g) Gestation

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐

Further relevant information

Problems A/N

P/N

Psychological

Your health – Have you ever had, or do you currently have, any of the following:

Allergies - Please document in special features

	No	Yes	Details
Operations	☑	☐	
Problems with anaesthetics	☑	☐	Consider anaesthetic review
Admission(s) to intensive care	☑	☐	
Difficulties accessing your veins	☑	☐	
Asthma or lung problems	☑	☐	
High blood pressure	☑	☐	
Heart problems	☑	☐	
Diabetes/thyroid disorders	☑	☐	
Epilepsy/neurological problems	☑	☐	
Blood transfusions	☑	☐	
Blood clots/clotting problems	☑	☐	
Kidney or urinary problems	☑	☐	
Liver problems or hepatitis	☑	☐	
Gastro-intestinal disorders	☑	☐	
Problems with fertility or your reproductive system*	☐	☑	Endometriosis.
Vaginal infections	☐	☑	Prone to B.V. & Thrush.
Chicken pox?	☐	☐	Unsure. aware to discuss with midwifery staff in direct contact
Genetic disorder	☑	☐	
Date of your last cervical smear (month/year)	☑		/2017 Result -ve Next smear due Postnatally.
Referred for colposcopy?	☐	☑	Treatment CIN III - LLETZ.
Cancer of any kind	☑	☐	
Problems with bones or joints	☑	☐	
Is there anything else about your health which you feel is important for your care providers to know?	☑	☐	

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

Family health – Does anyone in your immediate family, or your baby's father or his immediate family, have a history of the following:

	No	Yes	Don't know	Details
Family history of anaesthetic complications	☑	☐	☐	
Asthma or allergies	☐	☑	☐	Eldest son.
Diabetes	☑	☐	☐	
Genetic disorders/attending a genetics clinic	☑	☐	☐	
Pre-eclampsia	☑	☐	☐	
Blood clots (thrombosis)	☑	☐	☐	
Recent/active Tuberculosis (TB)	☑	☐	☐	
Hip problems detected at birth or shortly afterwards	☑	☐	☐	
Abnormalities present at birth	☑	☐	☐	
Family history of twins or multiple births	☑	☐	☐	
Learning disabilities	☑	☐	☐	
Permanent hearing loss	☑	☐	☐	
Are you and your baby's father blood relatives?	☑	☐	☐	

Family Origin Questionnaire (If mixed, tick more than one box)

How do you describe your ethnic group 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.

	You	Baby's father
A African or African Caribean (Black)		
1 Caribbean Islands	☐	☐
2 Africa (excluding North Africa)	☐	☐
3 Any other African or African-Caribbean family origins. Please write in		
B South Asia (Asian)		
1 India or African-Indian	☐	☐
2 Pakistan	☐	☐
3 Bangladesh	☐	☐
C South East Asia (Asian)		
1 China including Hong Kong, Taiwan, Singapore	☐	☐
2 Thailand, Indonesia, Burma	☐	☐
3 Malaysia, Vietnam, Philippines, Cambodia, Laos	☐	☐
4 Any other Asian family origins (eg Caribbean-Asian) Please write in		
D Other non-European (Other)		
1 North Africa, South America etc	☐	☐
2 Middle East (Saudi Arabia, Iran etc)	☐	☐
3 Any other Non-European family origins Please write in		
E Southern and Other European (White)		
1 Sardinia	☐	☐
2 Greece, Turkey, Cyprus	☐	☐
3 Italy, Portugal, Spain	☐	☐
4 Any other Mediterranean country	☐	☐
5 Albania, Czech Republic, Poland, Romania, Russia etc	☐	☐
F *United Kingdom (White) refer to guidance on FOQ		
1 England, Scotland, N Ireland, Wales	☑	☑
G *Northern European (White) refer to guidance on FOQ		
1 Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2 Scandinavia, Switzerland etc	☐	☐
3 Any other European family origins, (eg Australia, N America, S Africa) Please write in		

*Hb Variant Screening may be requested by parents in low risk groups

Higher risk for alpha zero thalassaemia

Don't know (incl. pregnancies with donor egg/sperm) ☐

Declined to answer ☐

Declined screening ☐

For more information on the use of the FOQ see www.nsd.scot.nhs.uk

What language do you usually use at home? English

Do you need help with interpreting, communicating? No ☑ Yes ☐ Details

What is your current religion or faith, if any? None

Is blood transfusion acceptable to you? No ☐ Yes ☑

Details

Female genital cutting or piercing No ☑ Yes ☐

Details

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? No ☑ Yes ☐

Details

Are you a refugee or an asylum seeker? No ☑ Yes ☐

Details

Have you had a full medical examination since arriving in the UK? N/A No ☐ Yes ☐

If no refer to GP

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

TB risk questions:

	No	Yes
Has either parent or any grandparents been born in a high prevalence area (40 per 100,000)?	☑	☐

Details

Is family likely to live for more than 3 months in a high prevalence area? ☑ ☐

Details

Baby requires BCG ☐ ☐

Details

- If yes to any of these questions please document need for neonatal BCG on the baby's special features box 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 ☑ Yes ☐

Other health-related questions to be discussed with maternity team staff

	No	Yes	Details of information given		
Have you been taking folic acid?		advised	☐ Pre-conception ☐ Before 12 weeks ☐ After 12 weeks	Dose of folic acid	400mcg 5mg
Vitamin D (10 mcg/day),		advised	Healthy Start vitamins No ☐ Yes ☐	Other vitamins/supplements No ☐ Yes ☐	
What do you know about healthly eating during pregnacy?		discussed	Do you have any special dietary needs?		
Dietetic referral made		✓			

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		discussed	Advice given Further information is available from www.takelifeon.co.uk
Do you go to the dentist regularly?		✓	FWS given.

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?		✓	Advice given www.hse.gov.uk
What do you know about drinking alcohol in pregnancy?	discussed		
How many units of alcohol did you drink each day before you were pregnant? Number 0	How many units of alcohol a day are you drinking now? Number 0 How many units of alcohol do you drink in an average week? Number 0 If drinking where are you drinking, at home, in clubs/pubs		

The Chief Medical Officer for Scotland's current guidance is to avoid alcohol completely if pregnant or trying to conceive.
One unit of alcohol = half a pint of 3.5% beer or lager or one 25ml measure of spirits. One small (125ml) glass of average strength (12% wine) contains 1.5 units.
If unsure of units - ask type and amount of alcohol drunk e.g. wine, spirits, beers, alcopops

Consider delivering brief intervention. Refer to Alcohol brief interventions antenatal professional pack

What do you know about smoking in pregnancy?

Have you smoked in the 12 months prior to pregnancy?		✓	CO level 30 ppm. Date 05/11/19	Former smokers: date stopped
Do you or anyone in the household currently smoke?	✓		We encourage you to keep your baby smoke free before and after birth	
Are you interested in getting help to stop?	partner has seen pharmacist		Current smokers: cigarettes smoked per day Number 20	
Referral made to smoking cessation service			Consider delivering brief intervention will consider CWFB referral	
Have you used any street drugs, gas or glue in the last year?	✓		Substances used	
If yes, are you currently using any street drugs, gas or glue?	✓			
Have you ever injected drugs?	✓			
Does your current partner use any street drugs, gas or glue or inject drugs?	✓			
Referral for advice on substance abuse	✓			
Do you currently or have you ever attended an addiction service? (including smoking and alcohol)	✓			
Does your partner currently or has s/he attended an addiction service	✓			
Self harm	✓			
Overdose	✓			

Medication

	No	Yes
Are you taking any medication prescribed to you by a doctor, or have you stopped any medication recently?	☐	☑
Are you taking any 'over the counter' preparations or medications not prescribed to you? (If yes, include indications)	☑	☐

Prescribed medication	Dose	Frequency	Route	Duration
Olanzapine	7.5mg	Stopped early preg.		
Sertraline	150mg			

Details .....

Your mental health	No	Yes
1. Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness? Details Mother, Grandmother.		✓
2. Do you have a history of bipolar disorder (manic depression), puerperal psychosis, schizophrenia or other serious mental illness? Borderline personality Disorder.		✓
3. During the past month, have you often been bothered by feeling down, depressed or hopeless?		✓
4. During the past month, have you often been bothered by having little interest or pleasure in doing things?		✓
5. If "yes" to questions 3 or 4 then ask: 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 CPN (see below) Therapist		
Are they aware of current pregnancy?		✓
Referral needed Details Aware support available & who to contact.	✓	
Home circumstances and support needs		
Are you still in school?	✓	
Are you living in or leaving looked after care services?		✓
Do you feel that you have someone to support you through your pregnancy?		✓
Are you in temporary housing?	✓	
Do you need further advice on finances, benefits or housing issues?	✓	
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?		✓
If no, who looks after them?	✓	
Does your current partner have any other children?	✓	~~N/A~~
If yes, who looks after them?		N/A
Have you ever needed social work assistance? Eldest son has input for ASD		✓
Have you or your partner ever been involved in the Criminal Justice System? Pending charge		✓
Do you need support with reading or filling in forms	✓	
Do you consider yourself to have a disability, either physical, mental or do you have any learning difficulties	✓	
Do you get support or have you ever had support with independent living?	✓	
Referral needed Details To discuss with social work if further input needed. Stacy consents for discussion (* or Sue Gleeson)		✓

Other support and professionals, (social worker, smoking cessation, substance misuse team, etc)

Name (job title) Sandra Lindsay (CPN).

Contact no. ✆ .....

Address Montrose/Brechin CMHT.

Name (job title) .....

Contact no. ✆ .....

Address .....

Other involved workers
(family support, learning support worker, guidance teacher etc)

.....

See Maternity summary record ☐

Special Features

Name Stacey Leonard

Age 31 Parity 4+0

Agreed EDD 4/6/20

Blood group OPos

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other smoker.

Allergies latex-rash NKDA

BMI 18 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**
CIN III - LLETZ - 2016	Growth - USS TVS (20)
Borderline personality Disorder	
Early pregnancy CO Level 30ppm	
BMI 18	
Previous SGA babies	Growth (32) (36)
PLAM	Placenta low

Routine Enquiry asked Yes ☑ Date 12/11/19

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.

Flu vaccine accepted/declined

Date administered / /

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

I have received the information leaflet *'Your Guide to Screening Tests 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.

- ☑ **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: Sleonard. **Date** 12/11/19

Witness: [signature] **(Health professional)**

Designation: R/M **Date** 12/11/19

Please complete the "Whose Signature" page at the back of the record

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
If requires ELLWCS	wishes sterilisation	
IOL 36-37 .37-38		
Consider Cop. Cerl. @ 4wks.		

Does this baby require BCG Immunisation?

YES (NO)

(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

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
- ☐ 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: Sleonard. Date 12/11/19

Witness: SD (Health professional)

(Please sign and print name)

Designation: E/M. Date 12/11/19.

For more information on the national screening programmes see www.nsd.scot.nhs.uk

See Maternity summary record ☐

Special Features

Name Stacey Leonard

Age 31 Parity 4+0

Agreed EDD 4/6/20

Blood group OPos

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other Smoker

Allergies latex - rash NKDA

BMI 18 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**
CIN III - LLETZ - 2016	Growth - VSSTVS (20)
Borderline personality Disorder	
Early pregnancy CO Level 30ppm	
BMI 18	
Previous SCN babies	Growth (32) (36)
PRAM	Placenta low

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	Date taken indicate if declined	Results/Action
Blood Group at booking	10	12/11/19	OPos no ants
Antibody screen - 28 weeks	27+6	11/3/20	
Full Blood Count - booking	10	12/11/19	Hgb 136 plts 275
28 weeks	27+6	11/3/20	
36 weeks			
Rubella status			
Syphillis	10	12/11/19	neg
Hepatitis B	10	—"—	neg
HIV	10	—"—	neg
Haemoglobinopathy - sickle cell and thalassaemia -document outcome in baby's special features box and baby record			
Screening ☐ Fetal anomalies ultrasound ☐ Down's Syndrome			
Random blood glucose			
Couple's Haemoglobinopathy result if performed			
Mid stream urine specimen for bacteriology	10	12/11/19	NAD
CVS please include indication for procedure			
Amniocentesis please include indication for procedure			
CO results			
Other			

If you have RhD Negative blood this section applies to you ☐

Your blood is RhD Negative. 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

Discussions/plans Signed ..... / /

Prophylactic 'Anti-D' given 28 weeks Dose ..... Signed ..... Date given / /

Please complete the "Whose Signature" page at the back of the record

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
If requires ELLWCS	wishes sterilisation	
IOL ~~36-37~~ 37-38		
Consider Copp. Coil. PPIUCD.		

Does this baby require BCG Immunisation?

YES (NO) (If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Conversations in pregnancy: Key points

Remember: explore what parents already know → accept → offer relevant information*

Encouraging parents to connect with their baby	Taking time out to connect: talking to baby, noticing and responding to movements
Skin contact	The value of skin contact What this means for mother and baby
Responding to baby's needs	How closeness, comfort and love can help baby's brain develop Responsive feeding
Feeding	Value of breastfeeding as protection, comfort and food How to get off to a good start

Confirmation that a conversation has taken place to cover relationship building, responsiveness and feeding, as per mother's needs

	Signature:	Date:	Comments:
1		16/12/19	
2		17/2/20	Choosed to AF, declines further BF info.
3			

*refer to the health professionals' guide for more information

See Maternity summary record ☐

Special Features

Name Stacey Leonard

Age 31 Parity 4+0

Agreed EDD 4/6/20

Blood group OPos

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other Smoker

Allergies latex - rash NKDA

BMI 18 Smoker No ☐ Yes ☒

Pregnancy	
Special features	**Plans for care**
CIN III - LLETZ - 2016	Growth - USS TVS (20)
Borderline personality Disorder	
Early pregnancy CO Level 30ppm	
BMI 18	
Previous SGA babies	growth (32) (36)
PRAM	Placenta low

Infant feeding - Antenatal Checklist

All of the following should be discussed with each pregnant woman by 34 weeks of pregnancy.

	Discussed (or note if mother declined discussion)	Signed	Date
Getting your baby off to a good start			
Importance of early skin-to-skin contact (keeps baby warm and calm, promotes bonding, helps with breastfeeding)	☐		/ /
Baby-led feeding and feeding cues (to ensure adequate milk intake and supply)	☐		/ /
Rooming in / keeping baby near (for baby-led feeding and reduction of risk of SIDS)	☐		/ /
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.	☐		/ /
Benefits for the mother Reduced risk of breast cancer, ovarian cancer and osteoporosis	☐		/ /
Making breastfeeding work			
Effective positioning and attachment (to ensure adequate milk intake and pain-free feeding)	☐		/ /
Effect of teats, dummies, nipple shields (may interfere with breastfeeding)	☐		/ /
No other food or drink needed for 6 months (for maximum health benefits)	☐		/ /
'From bump to breastfeeding' DVD given (for later discussion, see below)	☐		/ /
Further discussion			
Leaflets given and discussed:			
'From bump to breastfeeding' DVD discussed (suggest between 28 and 34 weeks)	☐		/ /

Antenatal checklist reproduced with permission of UNICEF baby friendly initiative.

Consider need to refer to HV/PHN for HPI

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
If requires ELWCS	wishes sterilisation	
IOL ~~37-39~~ 37-38		
Consider Copp. Ceil. ? 4wks		

Does this baby require BCG Immunisation?

YES (NO)

(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Notes

See Maternity summary record ☐

Special Features

Name Stacey Leonard

Age 31 Parity 4+0

Agreed EDD 4/6/20

Blood group OPos

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other Smoker

Allergies latex-rash NKDA

BMI 18 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**
CIN III - LLETZ - 2016	Growth - USS TVS (20)
Borderline personality Disorder	
Early pregnancy CO Level 30ppm	
BMI 18	
Previous SGA babies	Growth (32) (36)
PPAM	Placenta low

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results
12/11/19 LHC	92/64	NSU	—	10+2	—	—	—	—	—	—	FBC BTS Urology
28/11/19 ACI				13+0							
16/12/19	100/60	NAD	NIL	15+4							
16/1/2020		✓		20+0			Ultrasound FNV				

Consider need to refer to HV/PHN for HPI

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
If requires ELLWCS	wishes sterilisation	
IOL ~~37-39~~ 37-38		
Consider Cesp. Ceil. PC 4wks.		

Does this baby require BCG Immunisation?

YES (NO)

(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Weight in late pregnancy ..... kg

Date ../../..

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.

Other information/plans/referrals etc	Return in (weeks)	Signature
Has had early USS Has discontinued meds - discussed benefits/risks has regular CPN/Therapy input may discuss further with them regarding usage if feels mood slipping.	6	(OBSTRIC) KIM
17/11 phoned, consent for PRAM requested & given. Seeing CPN & psychologist, mood fairly good. Email sent to Dr Lynch re ↗treatment. Will contact if any change to care. Dating Scan 28/11 AM. Well on red pathway.	USED	
DECLINED NT. 20 WEEK USS REQUEST TO N/W FOR LMP 13/01/20		
Note - TVS CX length with anomaly scan (20) No need TVS if CL > 25mm - Growth (32) (36) (plac SWB / smoker)		DR PAULINE LYNCH MBCHB MRCOG NINEWELLS HOSPITAL DUNDEE DD1 9SY GMC: 3265123
- ensure enjoy CMHT support. - May continue olanzapine & sertraline during pregnancy & P/N.		
Generally well. Constipation/diarrhoea. Declines antiemetics. Stopped meds for MH, feels okay now. Has CMHT support & happy to contact GP/CMHT if needs support. Noted ↗ blood results, BF, vaccines, place of birth, plan of care. Smoking discussed. Requests GWFB. Has not heard from SW, will phone later. Has 20 wk scan booked.		
Attended following scan:- low lying placenta - repeat 34/40. Well. No concerns.		PMitchell S/N

Please complete the "Whose Signature" page at the back of the record

See Maternity summary record ☐

Special Features

Name Stacey Leonard

Age 31 Parity 4+0

Agreed EDD 4/6/20

Blood group OPos

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other Smoker

Allergies latex-rash NKDA

BMI 18 Smoker No ☐ Yes ☒

Pregnancy	
Special features	**Plans for care**
CIN III - LLETZ - 2016	Growth USS TVS (20)
Borderline personality Disorder	
Early pregnancy CO Level 30ppm	
BMI 18	
Previous SGA babies	Growth (32) (36)
PPROM	Placenta low

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results
16/1/2020		cont'd									
17/2/20	100/60	NAD	NIL	24+5	fetal pmts felt			FMM 160	FMF		
11/3/20	90/60	NAD	NIL	27+6	26	3breech	long free	FMM	FMF plenty		hgb plts Group
9/4/20	98/48	NAD				Cep		SCa			

Consider need to refer to HV/PHN for HPI

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
If requires ELLCS	wishes sterilisation	
IOL ~~36~~ 37-38		
Consider Corp. Cerl. C 4wks.		

Does this baby require BCG Immunisation?

YES (NO)

(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Weight in late pregnancy ..... kg

Date ../../..

normal pattern, phone unit, SB limit discussed ★

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. ★ ★

Other information/plans/referrals etc	Return in (weeks)	Signature
S. Mason - 574 P4 20wks previous SGA. Well. feeling FMs. Off all medication → excellent support from family / ptl CPN. Smoking 20/day. USS - placenta low otherwise (N) Discussed delivery → consider ARM if all well (keen to avoid ARM) Discussed contraception - wishes sterilisation, risks/benefits ✓ will think about IUD/IUS PL - USS + ANC (32) (36)		
Generally well. Nausea continues. Declines antiemetics. Cx scan NAD. Scans booked in future. Placenta noted to be low. Mood good. Keen for NB if all well. Movements mattered, ongoing discussed. 3F2 baby box discussed. SW discussed. Well on red pathway.		S Mason 574
Generally feeling well. Feels that baby has dropped. Other info points. Scans planned. Smoking discussed. Stressed at present. Declines referral. Well on red pathway. Co reading 22		
(N) anc (4) + Anc + gne date of IOL ~37 →	Parent education.	

Please complete the "Whose Signature" page at the back of the record

Special Features

Name Stacey Leonard

Age 31 Parity 4+0

Agreed EDD 4/6/20

Blood group OPos

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other Smoker

Allergies Latex-rash NKDA

BMI 18 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**
CIN III - LLETZ - 2016	Growth - VSS TVS (20)
Borderline Personality Disorder	
Early pregnancy CO Level 30ppm	
BMI 18	
Previous SGA babies	Growth (32) (36)
PPROM	Placenta low

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
If requires ELWCS	wishes sterilisation	
IOL ~~36-37~~ 37-38		
Consider Copp. Ceil. C 4wks.		

Does this baby require BCG Immunisation?

YES (NO)

(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
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Special Features

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Age 31 Parity 4+0

Agreed EDD 4/6/20

Blood group OPos

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☐ Parity >4 ☐ Other Smoker

Allergies latex-rash NKDA

BMI 18 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**
CIN III - LLETZ - 2016	Growth - USS TVS (20)
Borderline Personality Disorder	
Early pregnancy CO Level 30ppm	
BMI 18	
Previous SGA babies	Growth (32) (36)
PPROM	Placenta low

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
If requires ELLCS	wishes sterilisation	
IOL ~~37-39~~ 37-38		
Consider Copp. Coil. PGuhn.		

Does this baby require BCG Immunisation?

YES (NO)

(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

Special Features

Name Stacey Leonard

Age 31 Parity 4+0

Agreed EDD 4/6/20

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BMI 18 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**
CIN III - LLETZ - 2016	Growth - USS TVS (20)
Borderline Personality Disorder	
Early pregnancy CO Level 30ppm	
BMI 18	
Previous SGA babies	growth (32) (36)
PRAM	Placental low

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
If requires ELLWCS	wishes sterilisation	
IOL ~~37-38~~ 37-38		
Consider Cop. Ceil. @ 4wks,		

Does this baby require BCG Immunisation?

YES NO

(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

See Maternity summary record ☐

Special Features

Name Stacey Leonard

Age 31 Parity 4+0

Agreed EDD 4/6/20

Blood group OPos

Thrombosis risk factors

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Pregnancy	
Special features	**Plans for care**
CIN III - LLETZ - 2016	Growth USS TVS (20)
Borderline personality Disorder	
Early pregnancy CO Level 30ppm	
BMI 18	
Previous SGA babies	Growth (32) (36)
PPROM	Placental low

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results
07/05/20	116/73	NAD	Nil	36.					USS:		

Consider need to refer to HV/PHN for HPI

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
If requires ELWCS	wishes sterilisation	
IOL ~~37-38~~ 37-38		
Consider Epi. Ceil. C 4th.		

Does this baby require BCG Immunisation?

YES (NO)

(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Weight in late pregnancy ..... kg

Date ../../..

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.

Other information/plans/referrals etc	Return in (weeks)	Signature
Attended ANC following USS. IOL booked @ 41+6 Induction 15th May ~~CCKS~~ balloon. consent ✓	15/05/20	JSm JStr SpR

Please complete the "Whose Signature" page at the back of the record

See Maternity summary record ☐

Special Features

Name Stacey Leonard

Age 31 Parity 4+0

Agreed EDD 4/6/20

Blood group OPos

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other Smoker

Allergies latex-rash NKDA

BMI 18 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**
CIN III - LLETZ - 2016	Growth - USS TVS (20)
Borderline personality Disorder	
Early pregnancy CO Level 30ppm	
BMI 18	
Previous SGA babies	Growth (32) (36)
PLAN	Placenta low

Antenatal Care

Infant feeding - Antenatal Checklist

All of the following should be discussed with each pregnant woman by 34 weeks of pregnancy.

	Discussed (or note if mother declined discussion)	Signed	Date
Getting your baby off to a good start			
Importance of early skin-to-skin contact (keeps baby warm and calm, promotes bonding, helps with breastfeeding)	☐		/ /
Baby-led feeding and feeding cues (to ensure adequate milk intake and supply)	☐		/ /
Rooming in / keeping baby near (for baby-led feeding and reduction of risk of SIDS)	☐		/ /
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.	☐		/ /
Benefits for the mother Reduced risk of breast cancer, ovarian cancer and osteoporosis	☐		/ /
Making breastfeeding work			
Effective positioning and attachment (to ensure adequate milk intake and pain-free feeding)	☐		/ /
Effect of teats, dummies, nipple shields (may interfere with breastfeeding)	☐		/ /
No other food or drink needed for 6 months (for maximum health benefits)	☐		/ /
'From bump to breastfeeding' DVD given (for later discussion, see below)	☐		/ /
Further discussion			
Leaflets given and discussed:			
'From bump to breastfeeding' DVD discussed (suggest between 28 and 34 weeks)	☐		/ /

Antenatal checklist reproduced with permission of UNICEF baby friendly initiative.

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
If requires ELLWCS	wishes sterilisation	
IOL ~~37-41~~ 37-38		
Consider Copp. Ceit. PPH,		

Does this baby require BCG Immunisation?

YES NO
(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

Special Features

Name Stacey Leonard

Age 31 Parity 4+0

Agreed EDD 4/6/20

Blood group OPos

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other Smoker

Allergies latex - rash NKDA

BMI 18 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**
CIN III - LLETZ - 2016	Growth - USS TVS (20)
Borderline personality Disorder	
Early pregnancy CO Level 30ppm	
BMI 18	
Previous SGA babies	Growth (32) (36)
PLAN	Placenta Lat

Breech Presentation at 36 weeks

Date

External Cephalic Version discussed and information given ☐ No ☐ Yes ../../..

External Cephalic Version offered ☐ No ☐ Yes ../../..

External Cephalic Version offer accepted ☐ No ☐ Yes ../../..

Details of ECV procedure

Fetal heart checked and recorded ☐ No ☐ Yes

Record of cervical stretch and membrane sweep for postmaturity

Date ../../.. Time ..:.. Gestation ....

Record of discussion prior to the procedure

Abdominal examination

Fundal height .... cm Lie ....

Presentation .... Position ....

Presenting part - 5th palpable ....

Fetal heart rate (pre VE) .... Maternal pulse ....

Fetal heart rate (post VE) ....

Comments ....

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

Cervical examination

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

* Relative to the ischial spines

Comments ....

Plans following procedure

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
If requires ELLWCS	wishes sterilisation	
IOL 37-38		
Consider Epp. Ceil. C 4wks.		

Does this baby require BCG Immunisation?

YES (NO)

(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Information for you

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

Forms — **Date received**

- 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) ../../..

Benefits and Entitlements

- Parent's Guide to Money
- 'A Guide to Maternity Benefits' NI 17A www.dwp.gov.uk ../../..
- 'Pregnancy and work: what you need to know as an employee' www.bis.gov.uk ../../..

Screening tests in pregnancy

- 'Your guide to screening tests during pregnancy' ../../..

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.scottishcotdeathtrust.org ../../..
- 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' www.healthscotland.com ../../..
- 'Breastfeeding and Returning to Work' www.healthscotland.com ../../..
- 'Your Guide to Newborn Screening Tests' ../../..
- 'Your Baby's Hearing screen' www.healthscotland.com ../../..
- '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

Others

- Antenatal education sessions discussed Yes ☐ No ☐ ../../..
  Booked to attend Yes ☐ No ☐

Your ultrasound scans

Details of any ultrasound scans that you may choose to have will be entered below or the computer print out results of your scans will be attached.

Dating Scan +/- NT measurement

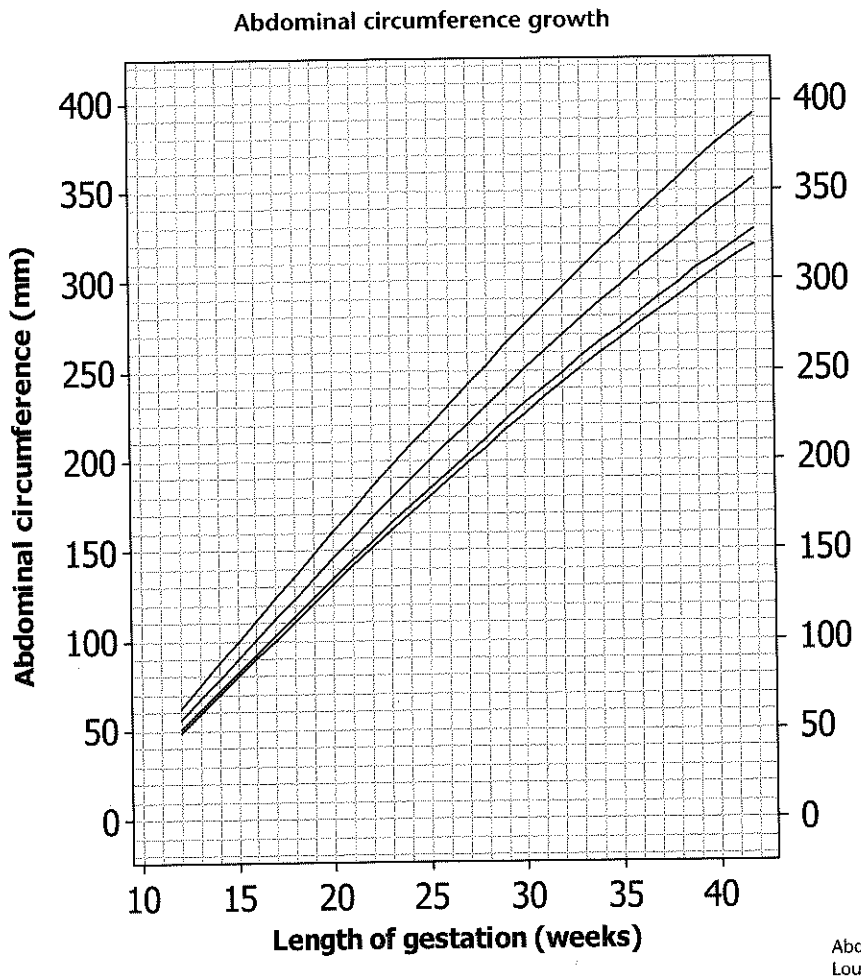
Date	Gestation	EDD by scan	Fetal heart	NT measurement if performed	Signature
			No ☐ Yes ☐		
Details					

Detailed Scan/ Fetal Anomaly Scan delete as appropriate

Date	Summary of findings	Signature
	Base Menu completed No ☐ Yes ☐	

Other Scans

Date	Gestation	Amniotic Fluid Index (AFI) Oligo/normal/ polyhydramnios	Growth Within Normal Limits/<5th Centile/>95th Centile	Fetal presentation (Cephalic, breech, transverse)	Fetal movement/ heart activity	Placental position	Doppler	Signature

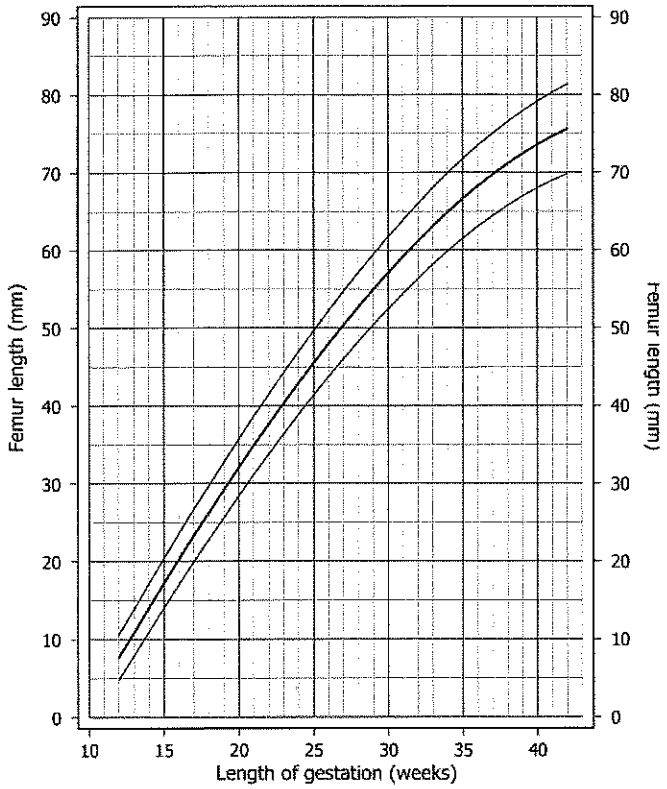


Abdominal circumference growth chart adapted from Loughna et al. Ultrasound, August 2009, Vol 17, Number 3 (lines show 5th, 10th, 50th, 95th centiles)

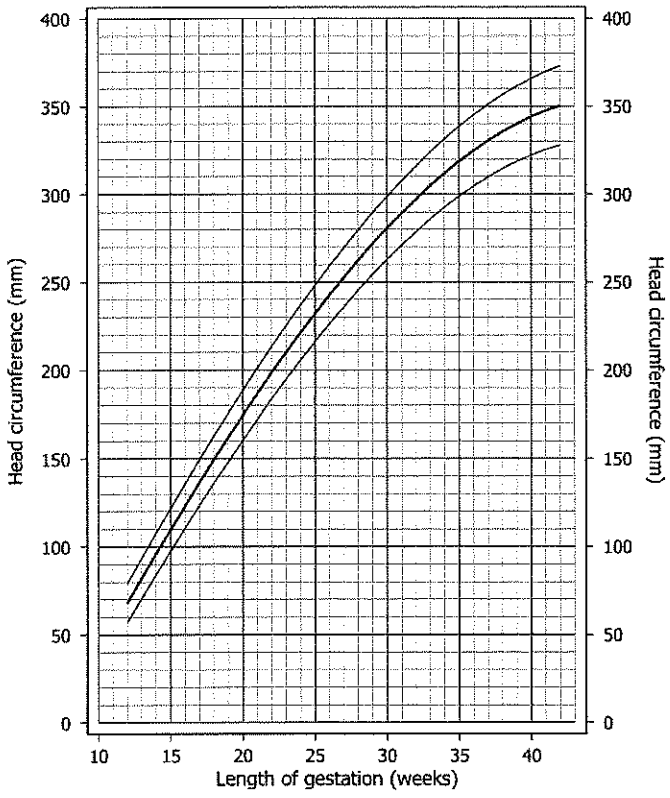
Your ultrasound scans (continued)

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

Femur length



Head circumference growth



Growth charts supplied by the British Medical Ultrasound Society (lines show 5th, 50th and 95th centiles)

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 labour/contractions?
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 mitts, 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 notes and questions

Please use this page to write down any notes or questions

Your notes and questions (continued)

Please use this page to write down any notes or questions

Your postnatal care

The chart below is used to plan your postnatal care. Your midwife (and sometimes other members of your maternity team) will discuss and arrange your care with you, according to your needs and your baby's needs. Maternity staff will explain the reasons for each appointment or visit, as well as where it will take place, who with and when.

Hand hygiene is particularly important after childbirth. Please wash your hands in warm soapy water before and after changing your sanitary towel and after every trip to the toilet.
You should be alert to signs of infection after childbirth. You should seek advice from your midwife, general practitioner or maternity hospital if you have any of the following:-

- High temperature/feeling feverish/flu like symptoms
- Sore throat – especially if other members of the family also have sore throats
- Breathlessness
- Abdominal or chest pain
- Diarrhoea and/or vomiting
- Severe headache

Studies have shown that the safest place for your baby to sleep is on their back, in a cot, in your room for the first 6 months. Side-sleeping or prone (tummy) sleeping is not advised (unless there is a medical reason for doing so). This is the most important thing you can do to reduce the risk of cot death. For further information speak to a member of the maternity team, ensure you have a copy of the leaflet "Reduce the Risks of Cot Death" or look online at www.scottishcotdeathtrust.org

Your postnatal appointments

Day	Date	Time*	Reason for visit/appointment	Where & who with

*For some home visits an approximate time or 'morning' or 'afternoon' visit may be given.

Your notes

Please use this space to jot down any notes or questions about your care or your baby's care.

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal discharge summary

Discharged from .....

To (address) ..... ✆ .....

GP ..... at ..... ✆ .....

Named caseload holder as per KCND Pathways for Maternity Care

Obstetrician P. Lynch Midwife Longford Paediatrician .....

GIRFEC lead professional .....

Labour, birth and postnatal period

☐ Gravida ☐ Para

Onset of labour ☐ Spontaneous ☑ Induced: indication social induction

Mode of delivery SVD on Sat day 16/05/20 at 1126 Sex girl

Indication ..... Presentation Cephalic Position ..... Location Livite

Livebirth/Stillbirth Gestation 37+2 Birthweight 2340 g Blood loss 200 mls

APGARs ☑ 1 minute ☑ 5 minutes ☐ 10 minutes Placenta/membranes Complete/Complete

Perineum/abdominal wound grazes Sutures —

Haemoglobin 109 g/dl on 16/05/20 Repeat ☐ Not needed ☐ done due on ../../..

Blood group POS Irregular antibodies ☐ Yes ☐ No anti-D needed ☐ No ☐ Yes anti-D given on ../../..

Blood transfusion ☐ Yes ☐ No

Rubella status ✓ Vaccination needed ☐ No ☐ Yes Vaccinated on ../../..

Contraception/sexual health needs discussed ☐ No ☐ Yes

Details .....

Cervical smear due ☐ No ☐ Yes: due in ..... (month) 20 .....

Discharge medication ☐ No ☐ Yes: details .....

Postnatal check with ..... Arranged for ../../.. Mother to arrange ☐

Problems identified during pregnancy, labour/birth

Problems in the postnatal period/referrals, investigations or results pending including recommendation to seek pre-pregnancy counselling prior to planning any subsequent pregnancies

Signed ..... Designation .....

Please complete the "Whose Signature" page at the back of the record

Normal pulse range 50-100bpm: Normal Temp range 36-38°c: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus
		T P BP RR	Revised postnatal thrombosis risk		
~~1~~ 16/5/20		feeling well tired effects of anaesthetic	mobile VTE=2 Fragmin 10 days	Soft	ftc ~~20~~
1	17/5/20 1230	T 36.5°C. P 78. BP 90/60 RR	Feels fine. Will get analgesia for serenity. Good Mood Tired.	fragmin - discussed. administering.	soft	ftc ~~b4FB~~.
5	21/5/20	T P BP RR	Feeling well. Mood good. Comfortable Eating & drinking well. Getting some sleep.	mobile Legs NAD Fragmin - 1/52 most days. Advised to ambulate.	full tender	NP
8	24/5/20	T 36 P 78bpm BP 110/58 R 16rpm	Feeling mood Appetite normal* Tired +	mobile legs AMD. Declines Fragmin.*	improving comfortable	NAD no uterus palpated but tenderness noted

Please complete the "Whose Signature" page at the back of the record

Observations outwith this range seek advice from a multi-professional colleague

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
EBL 200mls	grazes	R/V ① 380mls	Routine Care	[illegible]
average rubra	tender ? haemorrhoids	PU - accused re pelvic floor & ? haemorrhoids	Phone homevisit D3 for baby wt. <2.5kg.	Fluid Run
red/brown ave no clots	tender haemorrhoids	PUV BOV	Routine care.	LFORD
minimal Pink lochia no clots *but offensive	comfortable	PUV BOV Pelvic floor exercises encouraged.	*FBC + CRP * Commence ciclo 625mg tds IVC.	MCARTAN MBAZZER

Your progress

Normal pulse range 50-100bpm: Normal Temp range 36-38°c: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots Revised postnatal thrombosis risk	Breasts	Fundus

Please complete the "Whose Signature" page at the back of the record

Observations outwith this range seek advice from a multi-professional colleague

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Please use 24 hour clock and sign each entry.
Remember to complete the 'Whose signature?' section on the back cover of the record

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care
14/5/20 S/	SVD 1126 EBL 200mls #day Intact grazed only PV'd ✓ EBL 200mls Baby girl 2340g apgars 9, 9 1 5 cord around neck slipped over at birth Amuk as prescribed bottle feeding options
B/	Id social reason / ?SGA (scans normal) ABM IC / 0170 / fingertip 0640 1cm 0850 2cms SVD 1126
	37+2 latex allergy (rash) bkr 2016 FDX SVDX3 pcvsGA former smoker ~~Bmi 18~~ wt ~~44kgs~~ hb 109 16/5/20 OPBs
	med hx / personality disorder olanzapine / Sertraline stopped early pregn good family support PRAM NAD
A/	PV'd x1 post feeding news stable fundus firm + central Fragmn lochia x 200ml no HO initiated
P/	Routine PN care encourage feeding with baby wishes early discharge home if feel well, baby feed well BP check, keep Secamp date HMPA

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care
16/5/20 1500	Admitted to ward 38S for postnatal care. Oriented to ward. Bed and buzzer systems shown. Refreshments given. Stacey wishes early discharge - Parents aware check due after 17.30. SC Gunnell RN
1800	Postnatal check satisfactory. MEWS = 0. Stacey reports no concerns with self. Good FH support re mental health. CH1 placed. PRAM referral closed. Fundus F+C. Lochia - normal rubra. PU - good control. Legs NAD. Fragmin script given. Partner will self administer. For Stacey. Declined hormonal contraception discussed other options with Dr Lynch. Aware to see GP ASAP. Fit for home. SC Gunnell RN
24/5/20	Day 8 PN check. (S) Offensive lochia, abdominal tenderness & low mood.
	(B) P5I0. IOL SGA. SVD uneventful. Grazes only. EBL 200ml. Social work involvement - aware of birth BMI 18 NKDA Smoker. CINNI + LLETZ 2017. Requires PN smear. H/o Endometriosis. Borderline Personality Disorder - stopped medication early pregnancy CPN + Physiologist support WKly.
	(A) MEWS = 0. Abdomen tender on palpation - Uterus not palpable. Lochia pink/brown - offensive +. Reports mood low/weepy/anxious re partner back to work tomorrow. PTO

Please use 24 hour clock and sign each entry.

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care
24/5/20	(A) WKLY CPN support ongoing no medication ? If Stacey feels need to recommend same.
	(R) FBC + CRP obtained ICC consent LVS obtained PIW Dr Campbell - to commence TTO Co amoxiclav 625mg for 1/52 Partner to collect same from ~~ward~~ triage. Stacey to contact CPN for support re CMH. Will follow up bloods/LVS HV handover. aware of triage number if ~~MCA~~ concerns.

Please complete the "Whose Signature" page at the back of the record

Conversations in the postnatal period: Key points

Remember: explore what parents already know → accept → offer relevant information*

After birth

All mothers are offered support with
- Unhurried skin contact
- Recognising early feeding cues
- Offering the first feed in skin contact

Signature:	Date:	Comments:

Postnatal

All mothers are offered support to
- Appreciate the importance of closeness and responsiveness for mother/baby wellbeing
- Hold their baby for feeding
- Understand responsive feeding

Breastfeeding mothers are offered support to
- Hand express
- Value exclusive breastfeeding
- Understand how to know their baby is getting enough milk
- Access help with feeding when at home

Mothers who formula feed are offered support to
- Sterilise equipment and make up feeds
- Feed their baby first milks
- Limit the number of people who feed their baby

Signature:	Date:	Comments:
1		
2		
3		

Breastfeeding Assessments

Breastfeeding assessments carried out using the breastfeeding assessment form (minimum of two in the first ten days) and an appriopriate plan of care made. This may include referral for additional/specialist support.

Signature:	Date:	Comments:
1		
2		
3		

*refer to the health professionals' guide for more information

Breastfeeding your baby

Breastfeeding your baby may be a new experience for you, or you may already have skills and confidence. This section contains items for discussion, observation and support as you breastfeed your baby. Your midwife and maternity care team will support you. When you and your midwife feel you are confident with the items, you can then sign them off to mark your progress.

Your copy of 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' provides sound advice that you and your partner can refer to. Please let your midwife know if you need another copy. Or visit www.healthpromotionagency.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding	...../...../.....	...../...../.....
Positioning my baby for breastfeeding	...../...../.....	...../...../.....
Principles of good attachment	...../...../.....	...../...../.....
How to recognise that my baby is feeding well including effective milk transfer	...../...../.....	...../...../.....
My baby's feeding and sleeping patterns for the first few days	...../...../.....	...../...../.....
'Baby led' feeding	...../...../.....	...../...../.....
When my milk 'comes in'	...../...../.....	...../...../.....
Rooming in at the maternity unit	...../...../.....	...../...../.....
Sharing a bed with my baby - the risks discussed further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"	...../...../.....	...../...../.....
Winding my baby	...../...../.....	...../...../.....
My baby's needs (exclusive breastmilk for around the first six months of life)	...../...../.....	...../...../.....
Why dummies or teats should not be used	...../...../.....	...../...../.....
How to hand express my breastmilk	...../...../.....	...../...../.....
Expressing breastmilk a) washing & dry storing equipment	...../...../.....	...../...../.....
b) safe storage	...../...../.....	...../...../.....
Signs that my baby is feeding well and thriving	...../...../.....	...../...../.....
Monitoring for wet and dirty nappies	...../...../.....	...../...../.....
Breastfeeding support in my community	...../...../.....	...../...../.....

Breastfeeding support is available from the following organisations:-
The Breastfeeding Network 0300 100 0210 www.breastfeeding network.org.uk
National Breastfeeding Helpline 0300 100 0212 www.feedgoodfactor.org.uk
NCT – 0300 330 0771 7 days 0800 -2200 www.nct.org.uk
La Leche League - 0845 120 2918 www.laleche.org.uk

Information on alcohol consumption and breastfeeding	...../...../.....	...../...../.....

Other things that I want to ask about: .....

.....

.....

Formula feeding your baby

As with general baby care, you may already be skilled in making up formula feeds and formula feeding your newborn baby, or it may be a new challenge. Your midwife and maternity care team will support you. The list below can be used to check that you feel confident formula feeding your baby. Please sign off the items when you feel ready.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Using bottled milk/disposable teats in the maternity unit	...../...../.....	...../...../.....
The importance of good hand hygiene	...../...../.....	...../...../.....
Sterilising equipment	...../...../.....	...../...../.....
Making up a formula feed correctly and safely (always following the manufacturer's instructions)	...../...../.....	...../...../.....
Making up each feed as required, use of whey based milks for first 12 months and one to one demonstration if required	...../...../.....	...../...../.....
Giving a formula feed correctly and safely	...../...../.....	...../...../.....
Winding my baby	...../...../.....	...../...../.....
My baby's feeding and sleeping patterns for the first few days	...../...../.....	...../...../.....
'Baby led' feeding	...../...../.....	...../...../.....
'Rooming in' at the maternity unit	...../...../.....	...../...../.....
Sharing a bed with my baby - the risks discussed	...../...../.....	...../...../.....

Further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"

Choosing the right type of milk for my new baby (whey based)	...../...../.....	...../...../.....
Signs that my baby is feeding well and thriving	...../...../.....	...../...../.....

Further information on preparing formula feeds can be found at www.babyfriendly.org.uk Including information in different languages.

Other things about feeding that I want to ask about: .....

.....

.....

.....

.....

.....

.....

Feeling confident with your baby

Whether you are a first time parent, or if you have experience of looking after new babies, there may be things that you want to discuss and practice with maternity care staff. The list below can be used as a starting point to ensure that you feel confident meeting your baby's needs. Please sign off the items when you feel ready. Remember there can be lots to learn, and it can be quite normal for this to take a while.

Don't forget that your 'Ready, Steady, Baby!' book contains useful advice and information that you and your partner/supporter can refer to. Or visit www.readysteadybaby.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Baby communication and attachment (skin to skin, touch or massage, talking to baby, eye contact, responding to non-verbal cues, instinctive skills and how babies learn etc)	...../...../.....	...../...../.....
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	...../...../.....	...../...../.....
Social support	...../...../.....	...../...../.....

Other things I want to ask about: .....

.....

.....

.....

.....

.....

Information for you (indicate when received) ☐ ..../...../.....

Do you still have your copy of 'Ready, Steady, Baby!' ☐ No ☐ Yes

Easy Read Versions of Ready Steady Baby are available from NHS Health Scotland free of charge please contact 0131 536 5500

.....

.....

.....

Please remember that some health advice changes over time. Friends and relatives may be unaware of new guidance about preventing cot death. Please share your information with them to help keep your baby safe.

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful. The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

How I feel I am coping

My mood and emotions

How I feel I am doing as a parent

Not liking my baby at the moment

Difficulties with my baby's feeding

Managing my tiredness

Questions about my baby

Coping with my baby's crying

My anxieties

Relationships with my family

Thinking about your pregnancy, labour and birth

Pregnancy, labour, birth and the time afterwards are unique experiences. They can have a powerful effect on how you feel and your relationships with your baby, partner, family and your maternity care team.

Your midwife will ask you about your experiences in the early days following the birth. You may have questions that you want to ask or issues to discuss – or you may not. You may find it helpful to think about your experiences of maternity care so far, and discuss events with your partner or the person supporting you. Please use the space below to jot down any questions or issues to discuss.

Please remember that you can talk to any member of your maternity care team (such as your midwife, General Practitioner or obstetrician) about your experiences *at any time after the birth*. Some women wish to do this a few weeks, or even many months after the birth, or if they are thinking about becoming pregnant again.

Your health after the birth

Blood tests/other tests and results				
Date	**Time**	**Investigation**	**Indication**	**Result/actions**

Discharge from midwifery care

Date 21/5/20 Days postnatal 5

Special features identified (please sign and date each entry)

AN// SFD med // CiNII, borderline personality disorder, PRAM weekly contact ± CPN ± psychiatrist - feels is supportive. SW in contact aware of birth

BP ...../.....

General wellbeing and mental health

Mood good at present.

Current smoker? ☐ No ☑ Yes ..... /day

Has risk of passive smoking to baby been explained? ☐ No ☐ Yes

Don't smoke or allow anyone else to smoke in the same room as your baby.

It's best if nobody smokes in the house, including visitors.
Anyone wishing to smoke should go outside.

Do not smoke or allow anyone to smoke in a car your baby is travelling in.

For further information about alcohol consumption following the birth.
See www.readysteadybaby.org.uk

Contraception

Longer acting contraception (LAC) discussed Yes ☑ No ☐

Reversible contraception discussed Yes ☑ No ☐

Has LAC contraception been provided Yes ☐ No ☑

It is recommended that you commence a reliable method of contraception by Day 21

Sexual health (www.sexualhealthscotland.co.uk)

Physical Exercise and Healthy Lifestyle Advice

Importance of healthy eating and maintaining a healthy weight discussed Yes ☑ No ☐

	Any problems		Details
Passing urine	☑ No	☐ Yes	
Pelvic floor	☑ No	☐ Yes	
Bowel function	☑ No	☐ Yes	
Breasts	☑ No	☐ Yes	
Perineum/abdomen	☑ No	☐ Yes	
Lochia/menstruation	☑ No	☐ Yes	
Cervical smear due	☐ No	☑ Yes	PN - will follow up.

Concerns

Handover to health visitor completed ☑ No ☐ Yes Details .....

Health Plan Indicator allocated (circle as appropriate): core additional **Include in handover to health visitor**

Six week follow-up appointment discussed/arranged ☐ No ☑ Yes Details .....

Signed ..... Print name LORD Designation MW

Please complete the "Whose Signature" page at the back of the record

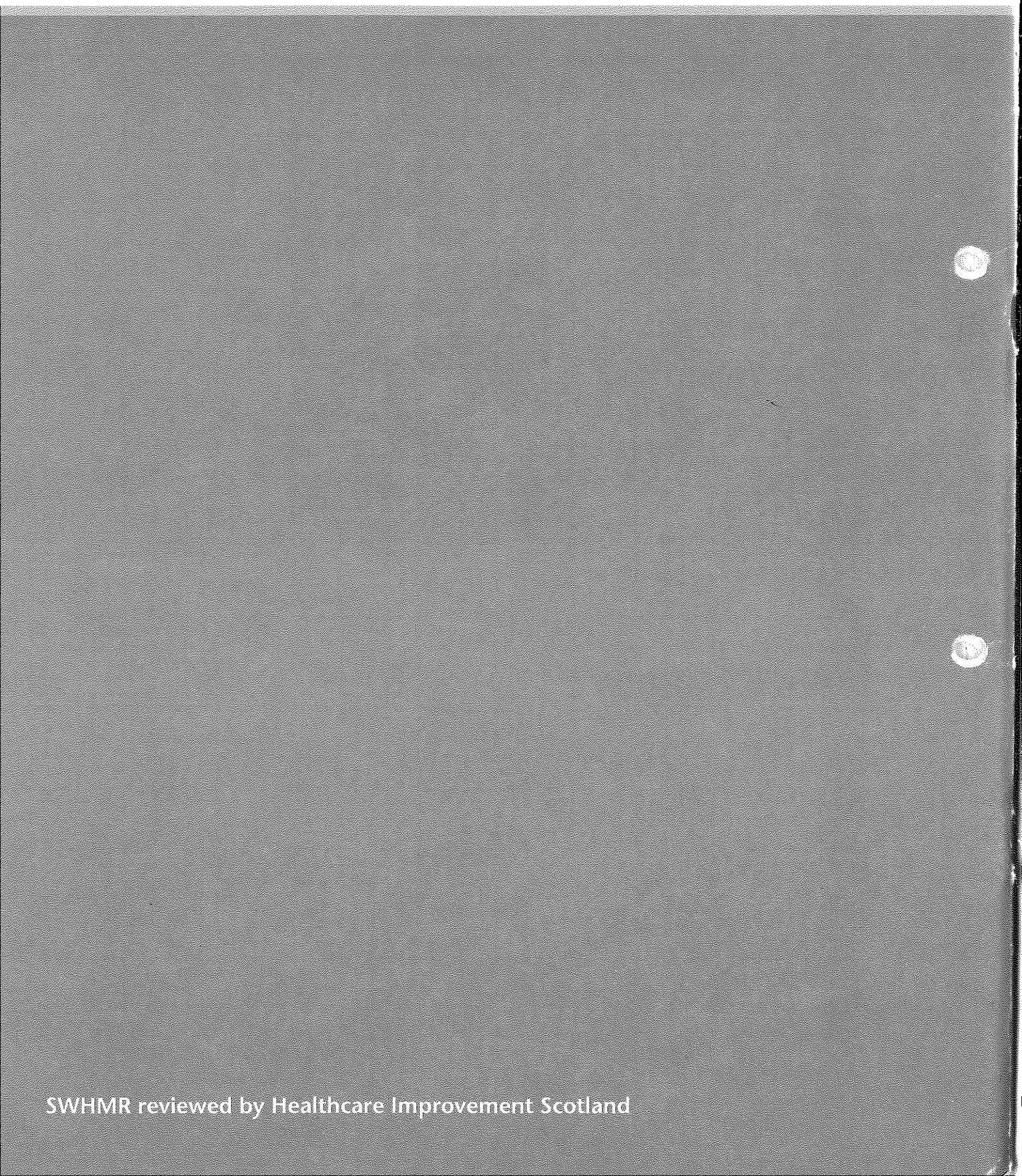
Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
LORNA FORD		MW
DEDE STEELE		HCA
Hannah Kipps		MW
SHONA SMITH		MW
FIONA MINEHAN		MW
Michelle CARTER		MW

Version 6A

41667



SWHMR reviewed by Healthcare Improvement Scotland

Your baby's care

Please use 24 hour clock and sign each entry.
Remember to insert your details in the "Whose Signature?" section on the inside back cover.

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode
16/5/20 1500	Baby admitted for postnatal care with mum. Mum keen for 6hr discharge. Baby check to be done after 17.30. D/W mum need for thermal regulation at home and regularly bottle feeding 3hrly due to low birth weight. Mum aware to buzz with any requests SC Bunnell RN
21/5/20	Feeding assessment, a feeding observed. No concerns. Review of BW, for day 8 wk. Mum encouraged to continue to feed regularly 3hrly + encourage good latch. RNW
24/5/20	PM check for baby NAD NAT & HV handover arranged Social work already aware of plan of baby HV handover ✓

Your baby's care (continued)

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode

Your baby's care (continued)

Please use 24 hour clock and sign each entry.
Remember to insert your details in the "Whose Signature?" section on the inside back cover.

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if formula feeding) and condition of mouth
(8)	21/5/20	Baby appears well, Pink & well perfused good tone alert well hydrated/Fontanelles NAD	Clear x2	AF 3-4° 30z's. Mouth clean + moist
Temperature ..... Route				
Temperature .....°C Route				
Temperature .....°C Route				
Temperature .....°C Route				
Temperature .....°C Route				
Temperature .....°C Route				
Temperature .....°C Route				
Temperature .....°C Route				

Your baby's care (continued)

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode

Your baby's care (continued)

Please use 24 hour clock and sign each entry.
Remember to insert your details in the "Whose Signature?" section on the inside back cover.

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if formula feeding) and condition of mouth
X	Wed	Baby appears well Pink well perfused Fontanelles NAD	Clear x2	Mouth clean + moist Bottlefeeding Hypoallergenic Aptamil - aiming for 3hrly feeds 10-30mls.
Temperature 36.6°c Route Axx				
0	Thurs 20	pink, cosy fontanelles NAD	clear x2	mouth clean/moist
Temperature 37 °c Route Axx				
3	19/5/20	Tinge jaundice Alert well baby Fontanelles normal	Both clear	40ml 1-3hrly feeding well Small yellow area on mucous membrane - appears very slight jaundice
Temperature °c Route				
(5)	21/5/20	Pink, warm & settled. Fontanelles NAD.	clear x2	30-50mls 1-3° Aptamil 1st milk Mouth clear & moist.
Temperature 36.8 °c Route Axx				
		Wt 10g. Wt day 8		

Breast feeding assessment form

If any responses in the right hand column are ticked: watch a full breastfeed, develop an action plan including revisiting positioning and attachment and/or refer to specialist practitioner. Any additional concerns should be followed up as needed.

What to observe/ask about	Answer indicating effective feeding	✓	Answer suggestive of a problem	✓
Urine output	At least 5-6 heavy wet nappies in 24 hours*		Fewer than 5-6 wet nappies in 24 hours, or nappies that do not feel heavy*	
Appearance and frequency of stools	2 or more in 24 hours; normal appearance (i.e. at least £2 coin size, yellow, soft/runny)*		Fewer than 2 in 24 hours or abnormal appearance*	
Baby's colour, alertness and tone	Normal skin colour; alert; good tone		Jaundiced worsening or not improving; baby lethargic, not waking to feed; poor tone	
Weight (following initial post-birth loss)	If re-weighed not lost more than 10% of birth weight – see Weight Guidelines		Weight loss greater than 10%	
Number of feeds in last 24 hours	At least 8 feeds in a 24 hour period*		Fewer than 8 feeds in last 24 hours*	
Baby's behaviour during feeds	Generally calm and relaxed		Baby comes on and off the breast frequently during the feed, or refuses to breastfeed	
Sucking pattern during feed	Initial rapid sucks changing to slower sucks with pauses and soft swallowing*		No change in sucking pattern, or noisy feeding (e.g. clicking)*	
Length of feed	Baby feeds for 5 - 30 minutes at most feeds		Baby consistently feeds for less than 5 minutes or longer than 40 minutes	
End of the feed	Baby lets go spontaneously, or does so when breast is gently lifted		Baby does not release the breast spontaneously, mother removes baby	
Offer of second breast?	Second breast offered. Baby feeds from second breast or not, according to appetite		Mother restricts baby to one breast per feed, or insists on two breasts per feed	
Baby's behaviour after feeds	Baby content after most feeds		Baby unsettled after feeding	
Shape of either nipple at end of feed	Same shape as when feed began, or slightly elongated		Misshapen or pinched at the end of feeds	
Mother's report on her breasts and nipples	Breasts and nipples comfortable		Nipples sore or damaged; engorgement or mastitis	
Use of dummy / nipple shields / formula?	None used		Yes *(state which)* Ask why: Difficulty with attachment? Baby not growing? Baby unsettled?	

Breastfeeding assessment form

If any responses in the right hand column are ticked: ***watch a full breastfeed, develop an action plan*** *including revisiting positioning and attachment and/or refer to specialist practitioner. Any additional concerns should be followed up as needed.*

Baby's name: Baby's age: Date of birth:	Birth weight: Gestation: Current weight:		Assessment carried out by: Date:	
What to observe/ask about	**Answer indicating effective feeding**	✓	**Answer suggestive of a problem**	✓
Urine output	At least 5-6 heavy wet nappies in 24 hours*		Fewer than 5-6 wet nappies in 24 hours, or nappies that do not feel heavy*	
Appearance and frequency of stools	2 or more in 24 hours; normal appearance (i.e. at least £2 coin size, yellow, soft/runny)*		Fewer than 2 in 24 hours or abnormal appearance*	
Baby's colour, alertness and tone	Normal skin colour; alert; good tone		Jaundiced worsening or not improving; baby lethargic, not waking to feed; poor tone	
Weight (following initial post-birth loss)	If re-weighed not lost more than 10% of birth weight – see Weight Guidelines		Weight loss greater than 10%	
Number of feeds in last 24 hours	At least 8 feeds in a 24 hour period*		Fewer than 8 feeds in last 24 hours*	
Baby's behaviour during feeds	Generally calm and relaxed		Baby comes on and off the breast frequently during the feed, or refuses to breastfeed	
Sucking pattern during feed	Initial rapid sucks changing to slower sucks with pauses and soft swallowing*		No change in sucking pattern, or noisy feeding (e.g. clicking)*	
Length of feed	Baby feeds for 5 - 30 minutes at most feeds		Baby consistently feeds for less than 5 minutes or longer than 40 minutes	
End of the feed	Baby lets go spontaneously, or does so when breast is gently lifted		Baby does not release the breast spontaneously, mother removes baby	
Offer of second breast?	Second breast offered. Baby feeds from second breast or not, according to appetite		Mother restricts baby to one breast per feed, or insists on two breasts per feed	
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Shape of either nipple at end of feed	Same shape as when feed began, or slightly elongated		Misshapen or pinched at the end of feeds	
Mother's report on her breasts and nipples	Breasts and nipples comfortable		Nipples sore or damaged; engorgement or mastitis	
Use of dummy / nipple shields / formula?	None used		Yes *(state which)* Ask why: Difficulty with attachment? Baby not growing? Baby unsettled?	

*This assessment tool was developed for use on or around day 5. If the tool is used at other times:

Wet nappies:
Day 1-2 = 1-2 or more
Day 3-4 = 3 or more, heavier
Day 7+ = 6 or more, heavy

Stools:
Day 1-2 = 1 or more, meconium
Day 3-4 = 2 or more changing stools

Feed frequency:
Day 1 at least 3-4 feeds Sucking pattern:
Swallows may be less audible until milk comes in day 3-4

Used with permission of UNICEF UK Baby Friendly Initiative

UNICEF UK Baby Friendly Initiative 2010. Adapted from checklists used in the Oxford Radcliffe NHS Trust and East Lancashire Hospitals NHS Trust

Discharge of baby from midwifery care

Date 21/5/20 Baby's age 5 days Assessed by LORD

Weight chart

Postnatal day	Date	Time	Weight: g	Details: including percentage of birth weight lost
	16/5/20	*	2540g	
3			2280	2280
5	21/5/20		2290g	↑10g.
8	24/5/20	8.	2340gms	↑50gms

Vitamin K

Vitamin K ☑ IM ☐ Oral ☐ Declined

Oral vitamin K – professional or parent administration

Repeat oral doses given on ../../.. By ..... ☐ Declined

../../.. By ..... ☐ Declined

Feeding

☐ Breast ☑ Formula ☐ Mixed ☐ Supplementary feeds given

Details .....

Vaccinations

BCG vaccination needed ☑ No ☐ Yes BCG given on ../../..

Hepatitis B vaccination needed ☑ No ☐ Yes Hepatitis B vaccination given on ../../..

Hepatitis B Immunoglobulin ☑ No ☐ Yes Hepatitis B Immunoglobulin given on ../../..

Further information on immunisations is available at www.immunisationscotland.org.uk

Screening

Newborn Blood Spot Screening done on 21/5/20 By LORD ☐ Declined

Newborn hearing screening done on ../../.. By Ninewells pass ☐ Declined

Any significant risk/diagnosis of a haemoglobinopathy should be written on the comment section of the Newborn Blood Spot card

Any problems identified

Jaundice ☐ No ☑ Yes ☐ SBR taken Highest SBR .....

Other .....

Protect Your Baby's Natural Head Shape Leaflet Discussed ☐ No ☑ Yes see www.scotland.gov.uk

Hand over to health visitor/public health nurse complete ☑ No ☐ Yes

Hand overover to other named person i.e. GIRFEC lead ☑ No ☐ Yes SW already aware. baby book

Follow-up appointments required ☐ No ☑ Yes Details Hip USS

Provide details of follow up required, who to and why

Other .....

Signed: ..... Date 21/5/20.

Oral Health

It is recommended that you register your baby with a dentist around the age of 6 months. Many dentists participate in the Childsmile Programme. More information is available at www.child-smile.org.uk

Consent for Newborn Blood Spot Screening

I have received and read the information leaflet "Your guide to newborn screening tests" 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 healthcare professionals.

Note to healthcare professional – all relevant information needs to be recorded on the Newborn Blood Spot Card

Baby's Name Aria Leonard Date of birth 16/5/20

CHI Number 160520 5907

☑ **I wish** ☐ **I do not wish** my baby to be tested for Phenylketonuria

☑ **I wish** ☐ **I do not wish** my baby to be tested for Congenital Hypothyroidism

☑ **I wish** ☐ **I do not wish** my baby to be tested for Cystic Fibrosis

☑ **I wish** ☐ **I do not wish** my baby to be tested for Sickle Cell Disorders

☑ **I wish** ☐ **I do not wish** my baby to be tested for MCADD

☑ **I wish** ☐ **I do not wish** my baby to be tested for GIMOS

☐ **I wish** ☐ **I do not wish** my baby to be tested for .....

I understand that the Newborn Blood Spot Screening Programme needs to obtain my permission to store the newborn blood spot card beyond the initial 12 month testing period and to use any of the blood spots left over after testing is complete for anonymised research, such as the development of new screening tests. If any research was proposed in which the researcher would be able to identify me or my baby, a member of staff from the Newborn Blood Spot Screening Programme would always contact me again to seek my approval.

☑ **I agree** ☐ **I do not agree** for the storage of my baby's blood spot sample beyond the initial 12 month testing period.

☐ **I agree** ☐ **I do not agree** to the use of any left over blood spots for anonymised research

Signature: ..... **(Parent) Date** 21/5/20

Signature: ..... **(Witness: Health professional)**

Designation: ..... **Date** 21/5/20

Consent for Newborn hearing screening

I have received and read the information leaflet "Your guide to newborn screening tests" and have had an opportunity to discuss the newborn hearing screening 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 healthcare professionals. I also understand that even with a clear response from the screen, my baby could have a later hearing loss.

☐ **I wish** my baby to have a hearing test ☐ **I do not wish** my baby to have a hearing test

Signature: ..... **(Parent) Date** ../../..

Signature: ..... **(Witness: Health professional)**

Designation: ..... **Date** ../../..

Please complete the "Whose Signature" page at the back of this record

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal summary

Discharged from .....

Place of birth Home/Hospital/CMU circle as appropriate

To (address) ..... ✆ .....

GP ..... at ..... ✆ .....

Obstetrician P.Lynch Midwife ..... Paediatrician Dommi

GIRFEC lead professional if relevant e.g. Social Worker .....

Named Caseload Holder as per KCND Pathways .....

Labour, birth and postnatal period

Onset of labour ☐ Spontaneous ☑ Induced: indication 25Gt / social

Mode of delivery SVD on day 16/5/20 at 1127 Sex girl

Indication ..... Presentation Cephalic Location 9 suite RMS

Gestation 37+2 Birthweight 2340 g

APGARs 9 1 minute 9 5 minutes ☐ 10 minutes .....

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

Baby

CHI ..... Discharged home with mother No ☐ Yes ☐ Feeding: type/comments .....

OFC 30-9cm Discharge Weight ..... g length = 48cm .....

Follow-up required ☐ No ☐ Yes: details .....

Nipuss to follow

Admitted to neonatal unit ☐ No ☐ Yes: details .....

Discharge medication .....

Further details, including problems identified/referrals, investigations or results pending: .....

Signature: ..... **Designation** .....

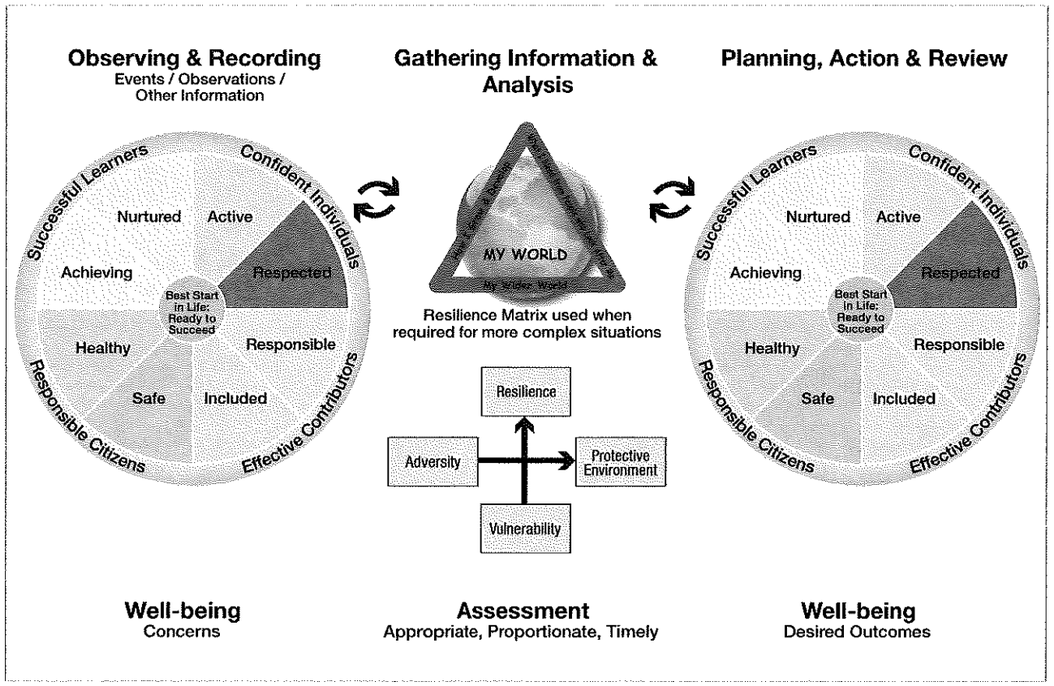
Please complete the "Whose Signature" page at the back of this record

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
Hannah Kidd	H Kidd	RM
FIONA MILLIKEN	Millikin	RM
LORNA KERR		MW
Michelle CARSON	MC	MW

The National Practice Model



Version 6A
41659

SXH
C.O

NHS
SCOTLAND

Baby Record -
Midwifery Care

Confidential

PLEASE USE BLACK INK

Baby Leonard
160520

BABY'S LABEL
Insert Name and CHI

Stacey Leonard
2804880060

MOTHER'S LABEL
Insert Name and CHI

If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

This booklet will document the care given to your baby in the first days in hospital and at home. When you and your baby are discharged from community midwifery care, the booklet will be returned to the baby's hospital medical record.

SWHMR reviewed by Healthcare Improvement Scotland 2011

Patient name: **Stacey Leonard**
Hospital Number: **2804880060**
:

Tayside Diagnostic Services

Printed by bmcstea (Bernadette McStea (non referrer)) at 25 Sep 2021 04:03

Patient name: Stacey Leonard CHI Number: 2804880060 Sex: Female
Date of birth: 28 Apr 1988 :
Address: 2 WARDS ROAD, BRECHIN DD9 7AS

IMPORTANT: This is a numerical summary of results for a sample (UP TO AND INCLUDING the 'Reported' date if shown in the column header). To see the complete information for a specific result you MUST look in the original report(s) or click on the test name

Note: Results within the same report for the same test, from another investigation, have been added and highlighted to missing values.

Investigation/Test	Range	Units	Sample Collected 24 Sep 2021 23:51	01 Sep 2021 14:26	19 Aug 2021 17:04	05 Aug 2021 08:28	08 Jul 2021 09:14	05 Jul 2021 11:04
Urea & Electrolytes								
SODIUM	(133 - 146)	mmol/L	-	-	135	-	-	-
POTASSIUM	(3.5 - 5.3)	mmol/L	-	-	3.8	-	-	-
UREA	(2.5 - 7.8)	mmol/L	-	-	2.7	-	-	-
CREATININE	(44 - 80)	umol/L	-	-	56	-	-	-
Liver Function Tests (LFT)								
BILIRUBINS	(0 - 21)	umol/L	-	-	18	-	-	-
ALKALINE PHOSPHATASE	(30 - 130)	U/L	-	-	***142**	-	-	-
ALBUMIN	(35 - 50)	g/L	-	-	***29**	-	-	-
FERRITIN	(13 - 150)	ug/L	-	-	-	-	***6**	-
Coagulation Screen								
Prothrombin Time	(9.5 - 14.0)	secs.	-	-	10.7	-	-	-
PT Ratio:			-	-	0.9	-	-	-
APTT	(21.6 - 30.3)	secs.	-	-	22.2	-	-	-
APTT Ratio			-	-	0.9	-	-	-
B12/FOLATE								
B12	(200 - 940)	ng/l	-	-	-	-	316	-
Serum Folate	(3.1 - 17.5)	ug/l	-	-	-	-	***1.5**	-
FBC								
Hb	(120 - 160)	g/L	***115**	***92**	***99**	***102**	***98**	***101**
WBC	(4.0 - 11.0)	$x10^9/L$	***12.0**	10.7	11.0	9.7	10.0	8.8
PLT	(150 - 400)	$x10^9/L$	260	296	263	223	297	251
RBC	(3.8 - 4.8)	$x10^{12}/L$	4.37	***3.71**	***3.72**	***3.76**	***3.67**	***3.70**
HCT	(0.37 - 0.47)		***0.363**	***0.298**	***0.300**	***0.333**	***0.312**	***0.317**
MCV	(85 - 105)	fl	***83.0**	***80.3**	***80.7**	88.6	***84.9**	85.6
MCH	(27 - 32)	pg	***26.4**	***24.8**	***26.5**	27.0	***26.7**	27.3
MCHC	(320 - 360)	g/L	***318**	***310**	328	***305**	***315**	***319**
NE#	(2.0 - 7.5)	$x10^9/L$	***8.7**	***7.7**	***8.3**	6.8	6.9	6.0
LY#	(1.5 - 4.0)	$x10^9/L$	2.5	2.2	2.0	2.2	2.3	1.9
MO#	(0.2 - 0.8)	$x10^9/L$	0.7	0.7	0.6	0.5	0.5	0.5
EO#	(0.0 - 0.4)	$x10^9/L$	0.13	0.13	0.10	0.16	0.23	0.34
BA#	(0.0 - 0.1)	$x10^9/L$	0.0	0.0	0.0	0.1	0.0	0.0

End of report

TAYSIDE NEWBORN HEARING SCREENING RESULTS

BABY'S NAME: Odin Grant

BABY'S DATE OF BIRTH: 24 09 21 0872

MOTHER'S NAME: Stacey Leonard

RISK FACTORS KNOWN TO HEARING SCREENER

Family history of permanent hearing loss from early childhood (Parents and siblings only) YES/ (NO)

SCBU/NICU Protocol with no clear response on bilateral OAE's despite clear response on AABR YES/ NO

OVERALL OUTCOME OF HEARING SCREEN **PASS** ☑ **REFER** ☐

Screeners I.D. D. Watkins

Date 25/09/21

IF BABY HAS BEEN IN WARD 40(NICU/SCBU) - ADDITIONAL RISK FACTORS ARE TO BE ASSESSED BY PAEDIATRIC/NURSING STAFF

THB 024SS

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD
(3 WEEK RECORD)

NHS Tayside

DATE OF ADMISSION 24/9/21 RECORD START DATE 24/9/21

Hospital/Ward: 38 NW	**Patient Name:** Stacey Leonard
Consultant: DR Lynch	**CHI Number:** 2804880060
On ~~admission~~: Booking **Weight:** 51kg **Height:** 159cms BMI = 20.1	**Date of Birth:** 28/4/88
	(Attach printed label here)

Name of Community Pharmacy:	**Daily/Weekly Dispensing**	☐	**TSMS** ☐
	Compliance Device	☐	
	Contacted on admission:	☐	
Telephone number:	**Contacted on discharge:**	☐	

MEDICINE ALLERGIES/SENSITIVITIES

IF NIL KNOWN TICK HERE THEN DATE & SIGN ☐ .....

MEDICINE	REACTION(S)	MEDICINE	REACTION(S)
1.		4.	
2.		5.	
3.		6.	

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
24/9/21	21.53	Syntometrine	1ml	IM	ME	21.53	BM Hea

AS REQUIRED THERAPY

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
PARACETAMOL		Date	25/9/21	
		Time	0200	
Dose & Frequency	Route	Dose	1gm	
1g QDS	O	Initials	BM	
Prescriber Signature	Start Date	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
QDS.		Initials		

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
DIHYDROCODEINE		Date	25/9/21	
		Time	0200	
Dose & Frequency	Route	Dose	1gm	
30-60mg	O	Initials	BM	
Prescriber Signature	Start Date	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
QDS		Initials		

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
		Date		
		Time		
Dose & Frequency	Route	Dose		
		Initials		
Prescriber Signature	Start Date	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
		Initials		

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
		Date		
		Time		
Dose & Frequency	Route	Dose		
		Initials		
Prescriber Signature	Start Date	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
		Initials		

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
		Date		
		Time		
Dose & Frequency	Route	Dose		
		Initials		
Prescriber Signature	Start Date	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
		Initials		

THB 024SS

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD
(3 WEEK RECORD)

NHS Tayside

DATE OF ADMISSION _____ RECORD START DATE _____

Hospital/Ward: NIWells	**Patient Name:** STACEY LEONARD
Consultant: PL	**CHI Number:** 2804880060
On admission: **Weight:** **Height:**	**Date of Birth:** 28-4-88
	(Attach printed label here)

Name of Community Pharmacy:	**Daily/Weekly Dispensing** ☐	**TSMS** ☐
	Compliance Device ☐	
	Contacted on admission: ☐	
Telephone number:	**Contacted on discharge:** ☐	

MEDICINE ALLERGIES/SENSITIVITIES

IF NIL KNOWN TICK HERE THEN DATE & SIGN ☐ .....

MEDICINE	REACTION(S)	MEDICINE	REACTION(S)
1. LATEX		4.	
2.		5.	
3.		6.	

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By

OTHER CHARTS IN USE

CHART TYPE	SIGNED	CHART TYPE	SIGNED
INSULIN PRESCRIPTION AND ADMINISTRATION CHART (IPAR)		ANTICOAGULANT	
EPIDURAL/PAIN RELIEF		MENTAL HEALTH ACT	
FLUID		GENTAMICIN	
ANAESTHETIC CHART		SYMPTOMATIC RELIEF CHART	
OTHER			

REGULAR THERAPY

Date / Time

OXYGEN — At risk of retention of CO2 ☐

Target O2 Saturation

88-92% ☐ 94-98% ☐
Other ☐

Prescriber Signature | Start date

See NEWS2 chart for further details

6 / 8 / 12 / 14 / 18 / 22

Medicine/Form
Dalteparin

Dose | Route: Subcutanous

Signature | Start Date

Further Information

Assess VTE risk. All unwell patients should be on Dalteparin unless there is any of the following BLEEDING risk: Please tick the box

- ☐ Active bleeding
- ☐ Acquired bleeding disorder (including active liver disease)
- ☐ Concurrent use of anticoagulant: fondaparinux/warfarin/ rivaroxaban/edoxaban/apixaban
- ☐ Acute stroke or suspicion of intracranial bleed
- ☐ Uncontrolled hypertension (> 230/120)
- ☐ Thrombocytopenia (<75)
- ☐ Untreated inherited bleeding disorders (e.g. haemophilia)
- ☐ Lumbar puncture /epidural/spinal anaesthesia expected within next 12 hours or done within past 4 hours
- ☐ Neurosurgery/spinal surgery/eye surgery
- ☐ Other procedure with high bleeding risk

Discuss with Senior if bleeding risk is present in a high VTE risk patient

8 / 14 / 18

TED Stocking

Signature | Start Date

Further information
All patients must be assessed by a competent practitioner for their risk of VTE and the need for mechanical prophylaxis

Nursing Staff to sign below to indicate that a patient assessment has been undertaken and to confirm that TED stockings are fitted

8

- All patients assessed to be at risk of VTE should be fitted with mechanical prophylaxis unless there is any of the following contraindication

Massive leg oedema | **Pulmonary oedema** | **Major leg deformity**
Peripheral vascular disease | **Peripheral neuropathy** | **Dermatitis**
Ulcers on leg or heel | **Active gout** | **Patient on adrenaline**

- TEDS must be removed on a daily basis for a minimum of 30 minutes for hygiene purposes and to exclude any contraindications and monitor skin integrity (check for discoloured or cold toes, loss of sensation, swelling, skin marking, discolouration or ulceration) and should be refitted following the completion of checks

---

Medicine/Form: FERROUS FUMARATE

Dose: 210mg | Route: ORAL

Signature | Start Date: 19/8/21

Further information

Before admission ☐ New dose ☐ New medicine ☐
Reason for change: Duration:

6 / 8 / 12 / 14 / 18 / 22

Medicine/Form: FOLIC ACID

Dose: 5mg | Route: ORAL

Signature | Start Date: 19/8/21

Further information

Before admission ☐ New dose ☐ New medicine ☐
Reason for change: Duration:

6 / 8 / 12 / 14 / 18 / 22

AS REQUIRED THERAPY

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
CO - CODAMOL 30/500		Date		
		Time		
Dose & Frequency	Route	Dose		
1 TAB 4°	ORAL	Initials		
Prescriber Signature	Start Date	Date		
	14/8/21	Time		
Indication/Max Dose	Pharmacy	Dose		
MAX QDS		Initials		

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
		Date		
		Time		
Dose & Frequency	Route	Dose		
		Initials		
Prescriber Signature	Start Date	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
		Initials		

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
		Date		
		Time		
Dose & Frequency	Route	Dose		
		Initials		
Prescriber Signature	Start Date	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
		Initials		

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
		Date		
		Time		
Dose & Frequency	Route	Dose		
		Initials		
Prescriber Signature	Start Date	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
		Initials		

Medicine/Form		Before admission ☐ Reason for change:	New dose ☐	New medicine ☐
		Date		
		Time		
Dose & Frequency	Route	Dose		
		Initials		
Prescriber Signature	Start Date	Date		
		Time		
Indication/Max Dose	Pharmacy	Dose		
		Initials		

SONICAID FM820E TREND V3.0.11

NINEWELLS HOSPITAL

DATE: 19/08/2021

TIME: 22:03

GESTATION:

34+1

BASELINE: (BPM) 60 MIN.
15 MIN.

STV: (MS) 60 MIN.

DECEL: (BEATS) 60 MIN.
15 MIN.

CONFIDENCE (H,M,L)

NOT VALID DURING THE SECOND STAGE OF LABOUR.

4704

4704

Edd 2 4 4 2

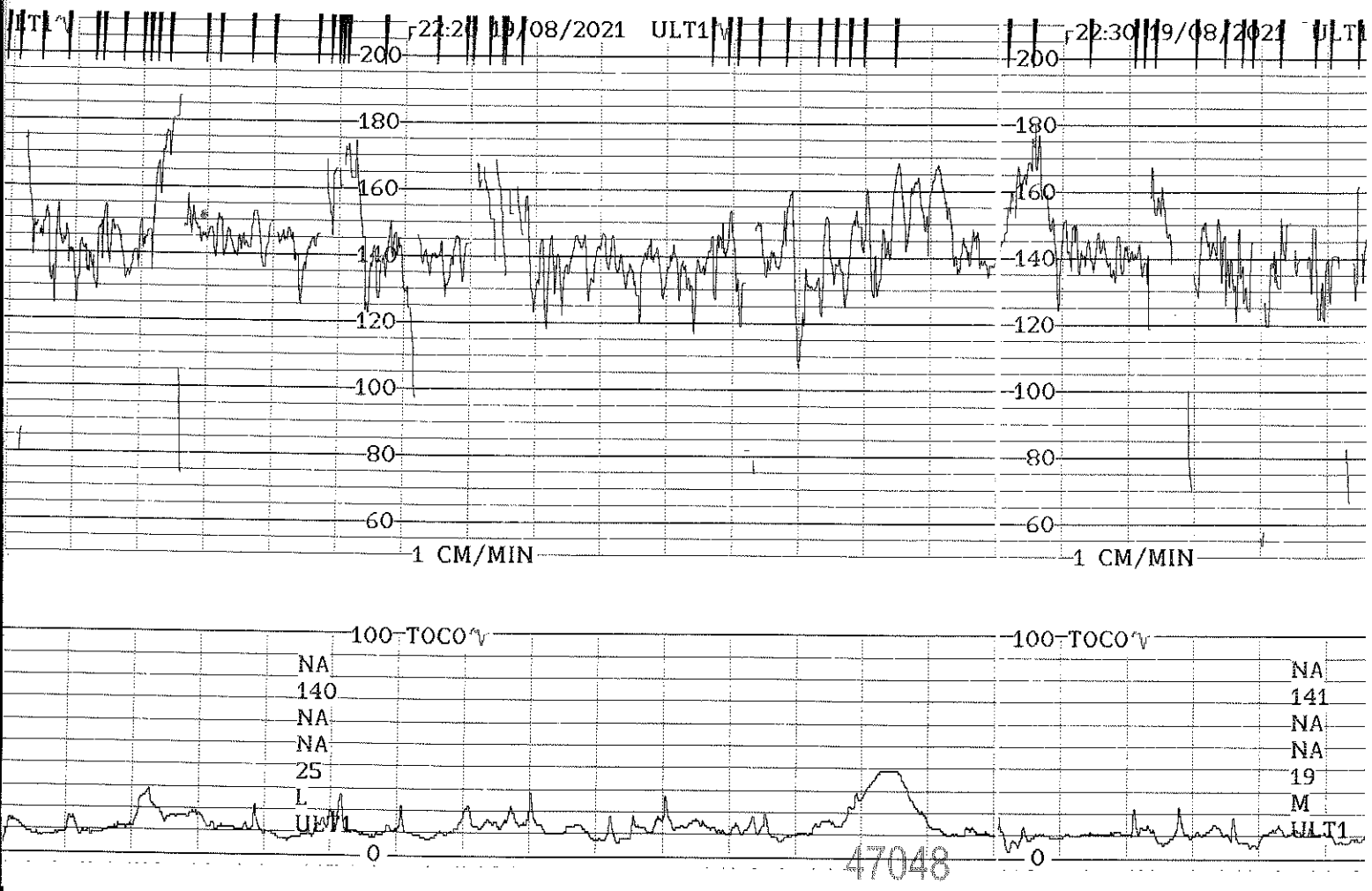
Stacey

Leonard

Joiatec Code

P14

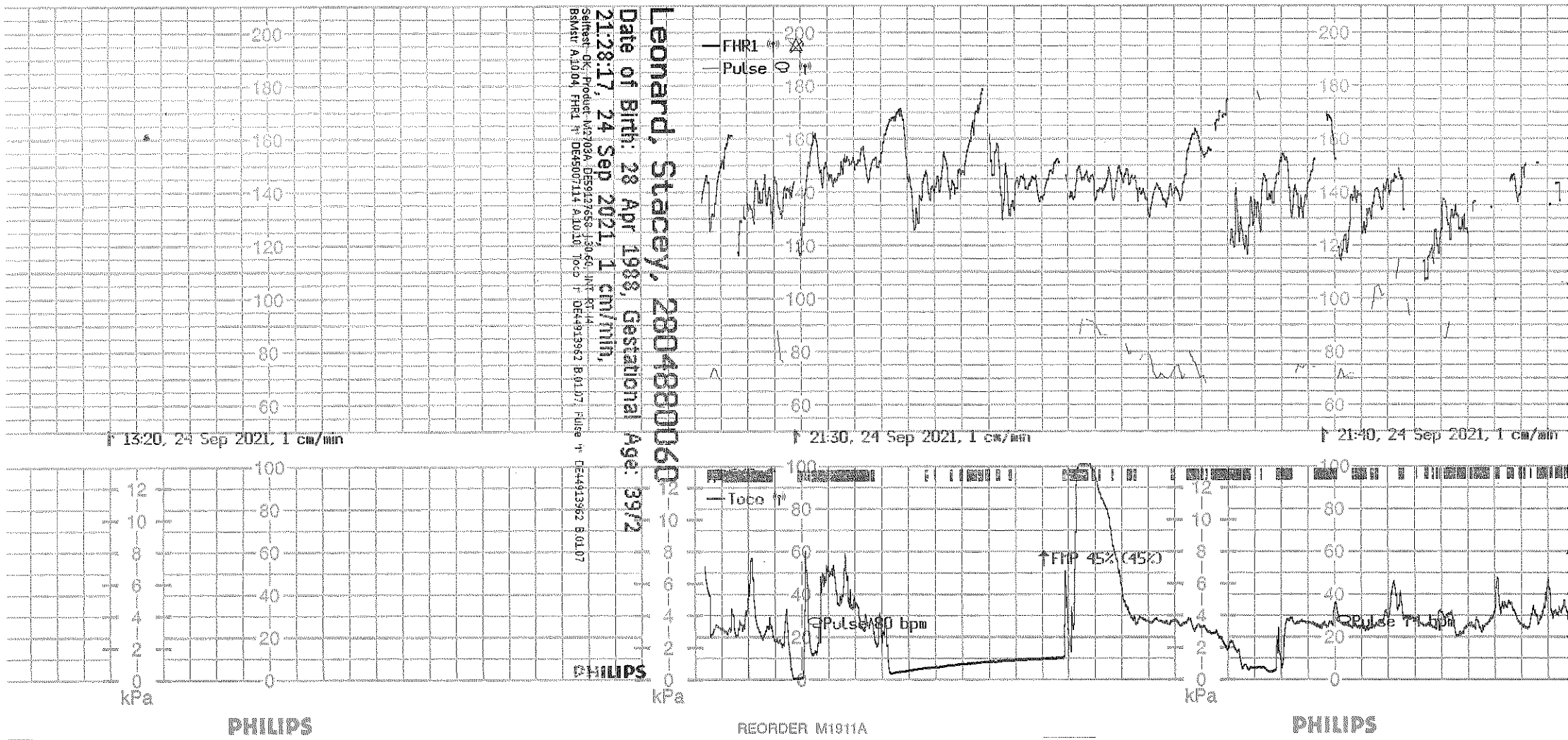
(2)



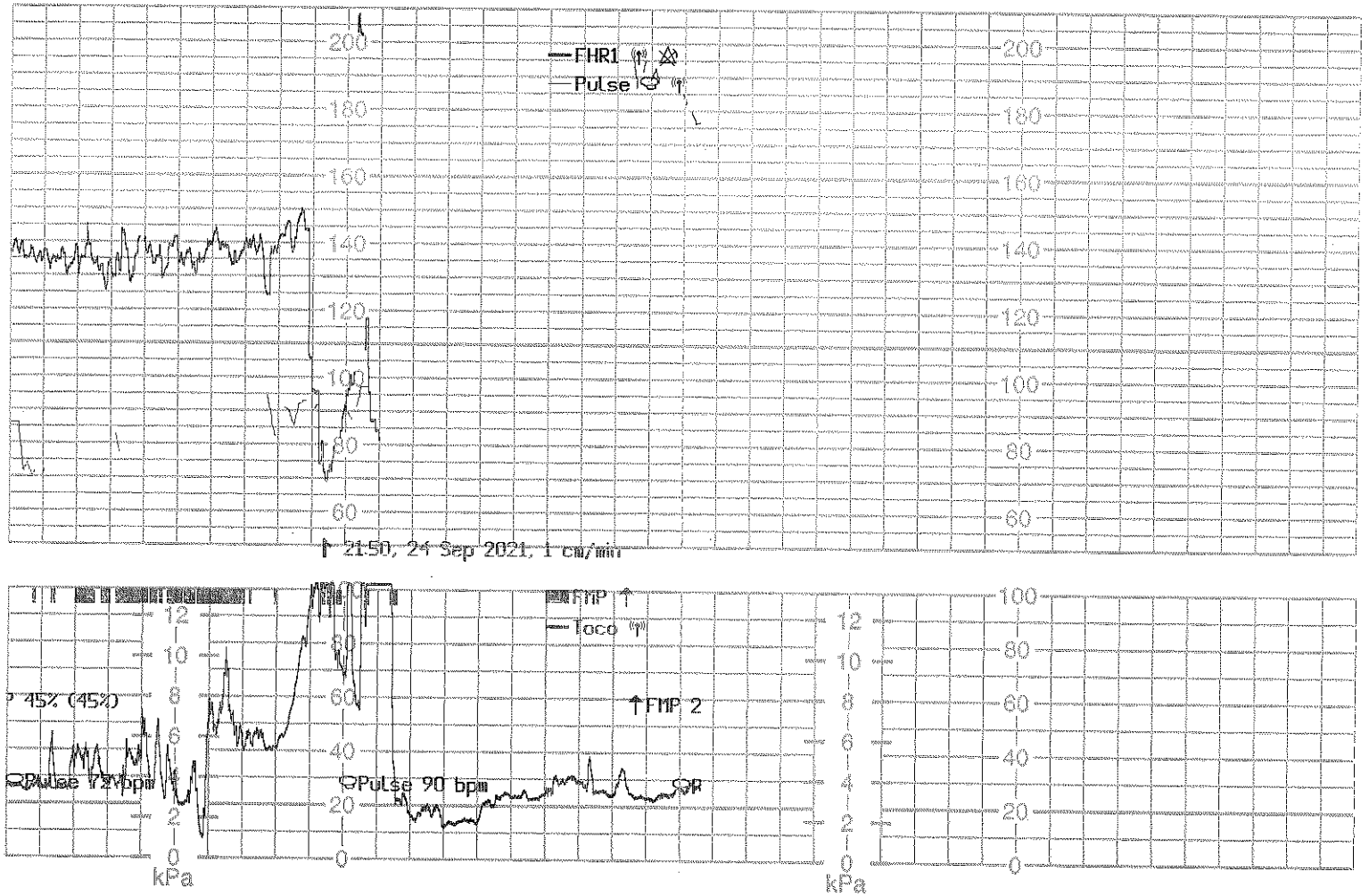
47048

cs Badgu

47049

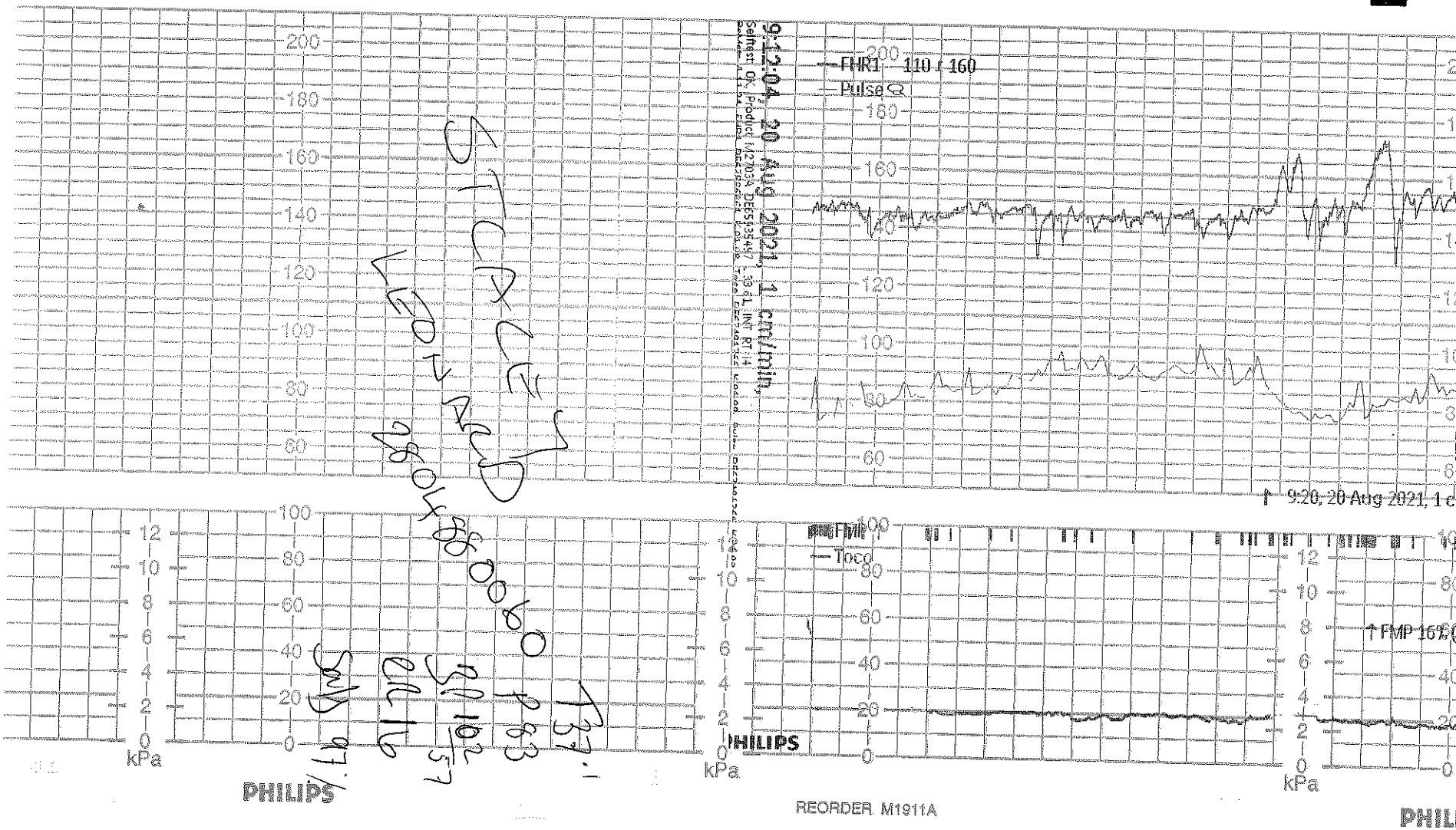


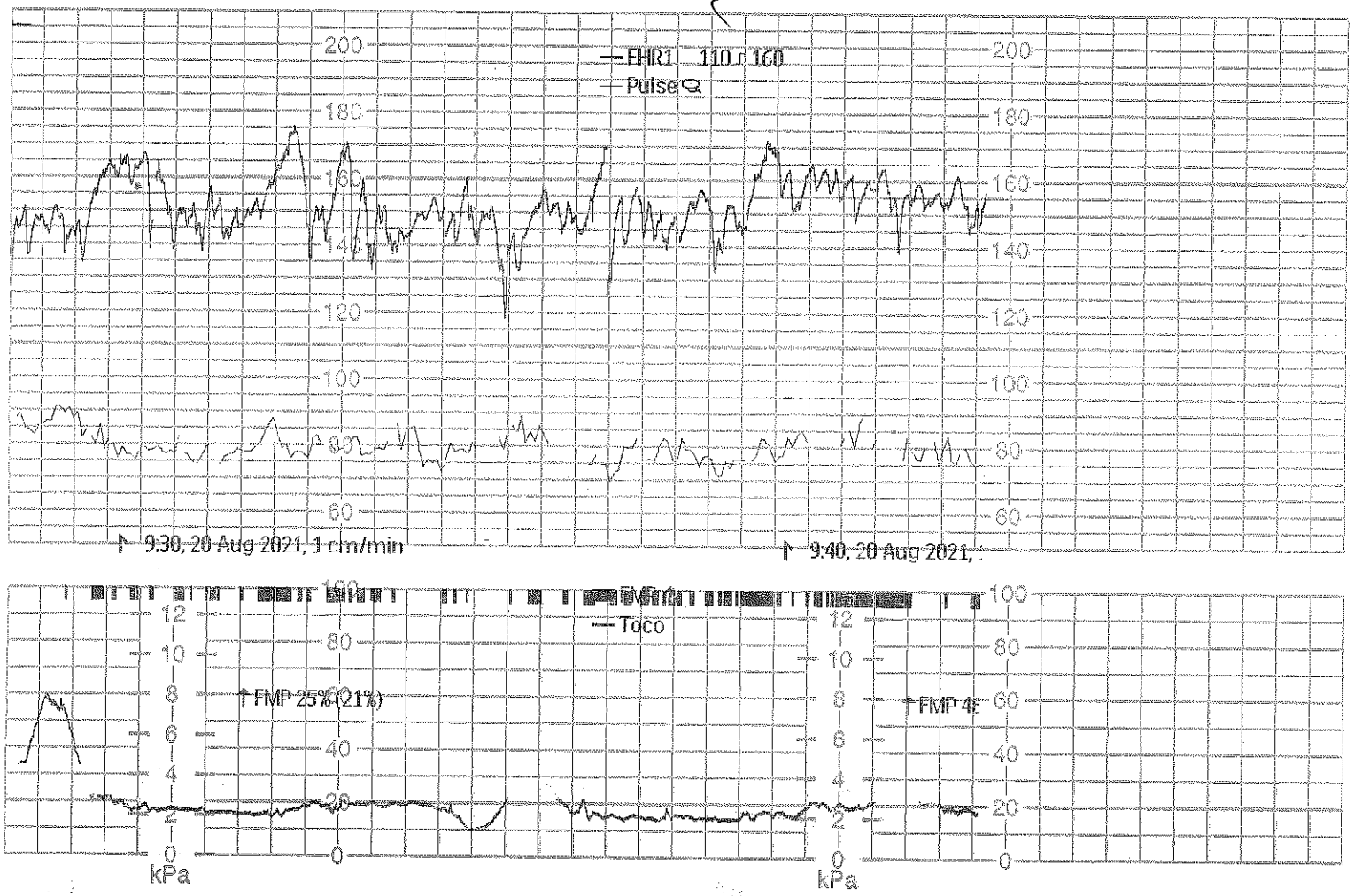
REORDER M1911A



REORDER M1911A

PHILIPS


FHR1 110 / 160
Pulse
9:20, 20 Aug 2021, 1 c
FMP
Toco
FMP 167
PHILIPS
kPa
REORDER M1911A

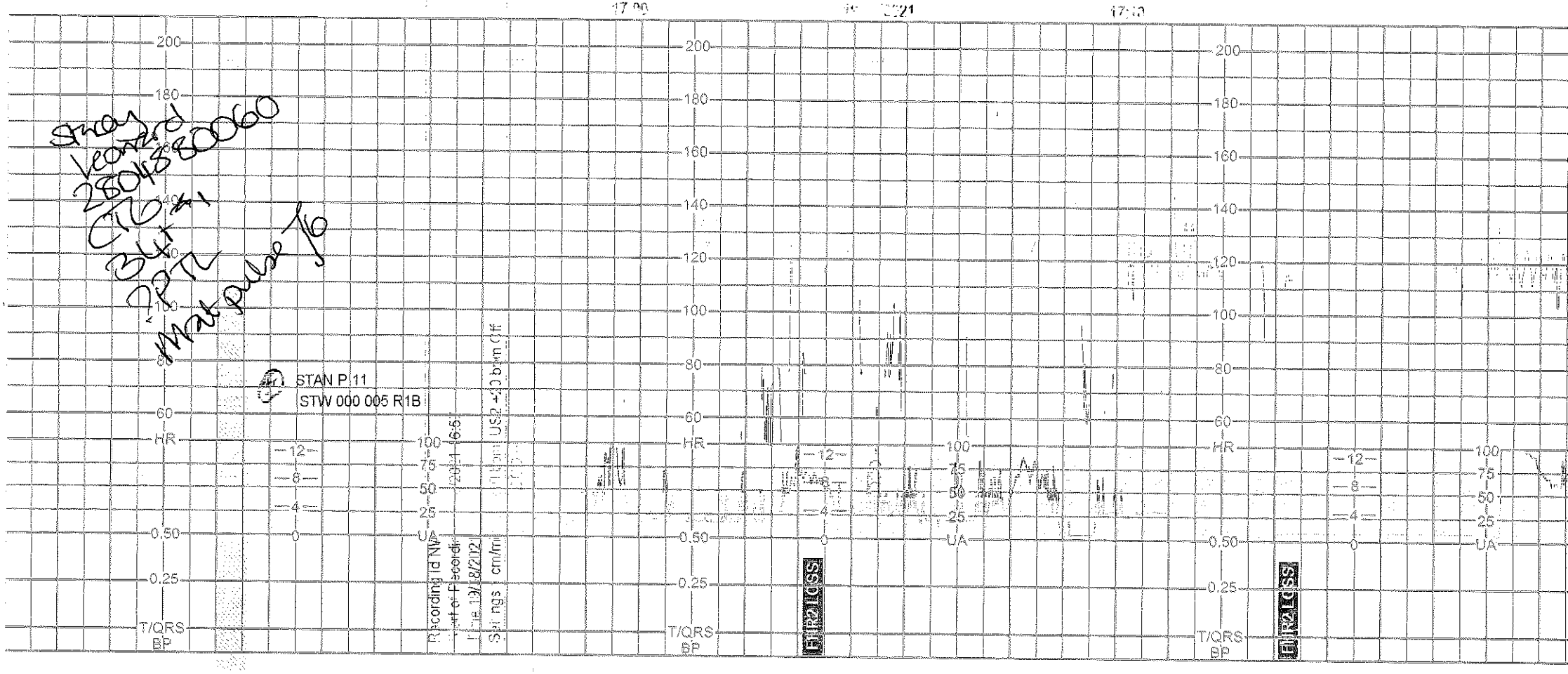


REORDER M1911A

PHILIPS

21074 B 30 R

Stacy Vearrd 2804380060 CTO #1 3LY #1 TPTL Mat Pulse 16



106 PAGES REMAINING

neoventa

00051

105 PAGES REMAINING

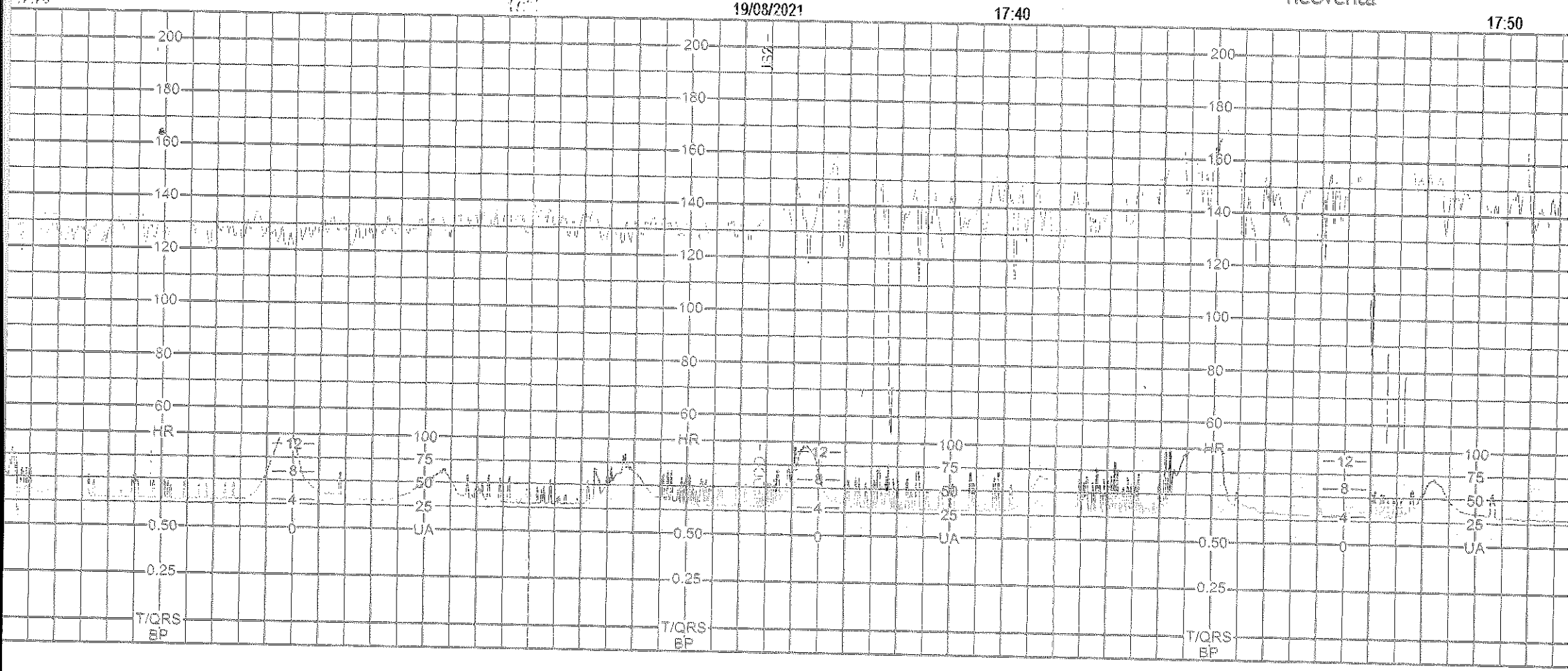
neoventa

00052

104 PAGES REMAINING

neoventa

00053



STAN P 11

CNS 000 005/1 R1E

STAN P 11

CNS 000 005/1 R1E

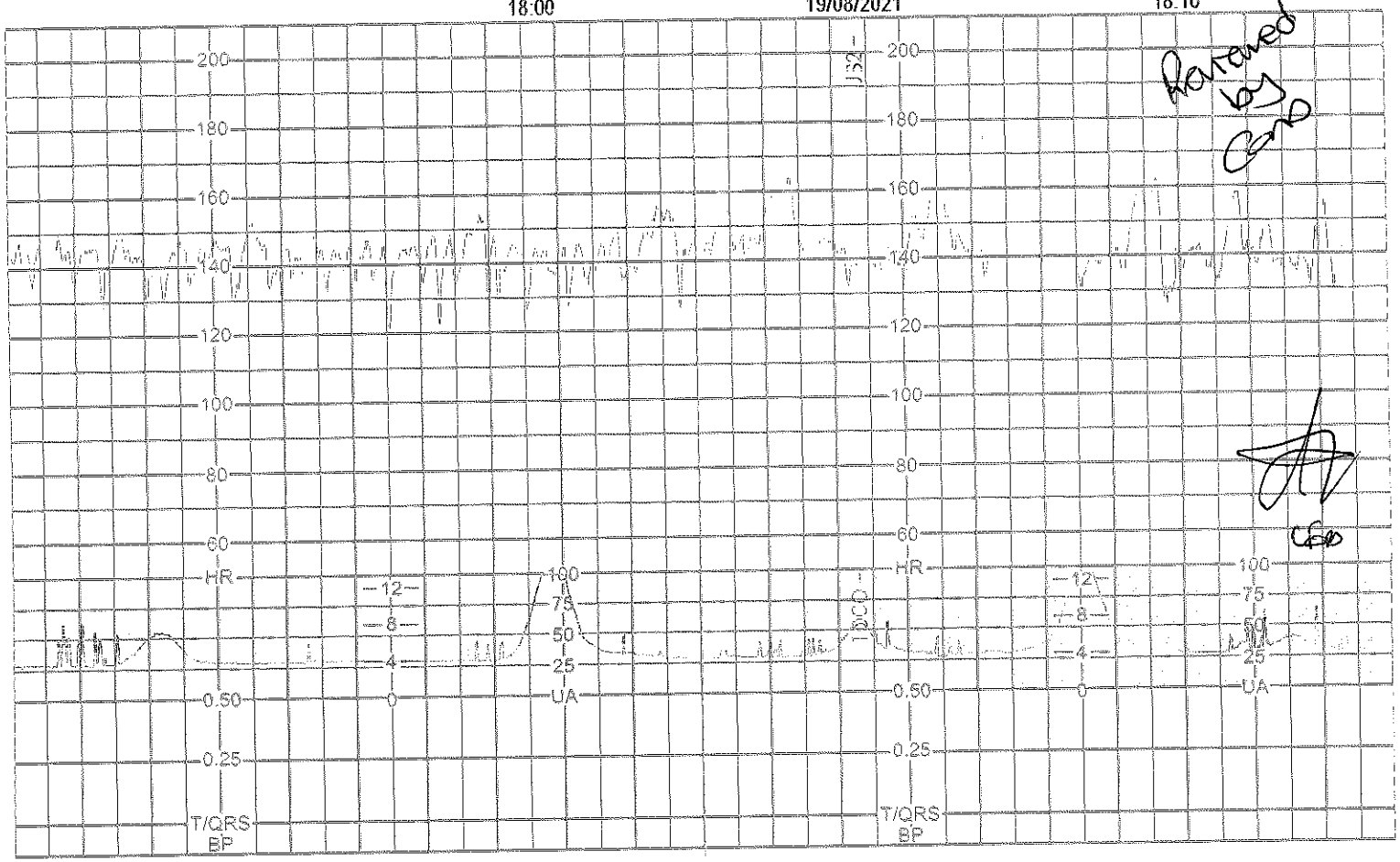
STAN P 11

CNS 000 005/1 R1E

neoventa

neoventa

18:00 19/08/2021 18:10



Reviewed by CMD

STAN P 11 CNS 000 005/1 R1E

LOGO

Consent for Screening tests offered in pregnancy

During your pregnancy, you will be offered several tests to check on our baby's health. These include ultrasound scans for the growth and development of your baby. You will also be offered a blood test to screen for Down's syndrome, Edwards syndrome and Patau's syndrome.

These are all optional and you should only consent to them if you have received enough information to make an informed choice. Your midwife will explain them to you.

Should the initial screening for Down's syndrome, Edwards syndrome and Patau's syndrome show a higher chance of your baby having one of the conditions, you will then be offered further information from a specialist midwife and the offer of do nothing or further testing. These will include Non invasive prenatal testing (NIPT), Chorionic villus sampling or amniocentesis. More information will be shared with you if this happens. By far the majority of women who receive a higher chance result will have a baby who **does not** have one of the conditions screened for.

The ultrasound scans you will be offered routinely are: Please tick as appropriate

- [x] Dating scan
- [x] Nuchal translucency (see options below)
- [x] Fetal anomaly scan – around 20 weeks
- [x] Growth scans as required
- [x] Placental site as required
- [x] Other

Staceyleonard
2804880060

I wish to be screened for:

- [ ] Down's syndrome
- [ ] Edwards syndrome and Patau's syndrome
- [ ] Down's syndrome, Edwards syndrome and Patau's syndrome
- [x] None of the above

Signature Sleonard Date

Witness –(health professional) – sign and print name LRoo

Designation MW Date 16/12/21

For more information on the national screening programmes, see www.nsd.scot.nhs.uk

Consent for PRAM referral Stacey Leonard 2804880060

The purpose of using and sharing information has been explained to me. I give my consent for information to be obtained from and shared with the agencies represented at the PRAM.

Signature ..S.Leonard..... date.....16/2/21.....

Signature..... date.....

Name of referrer LORNA REO.....

Agency.....MW.....

Contact address

ARBROATH MATERNITY UNIT, ROSEMOUNT RD, ARBROATH

Screening for Haemoglobinopathies
Family Origin Questionnaire (FOQ)

NHS SCOTLAND

13038

Hospital Name ARB MAT
CHI No. 2804680060
Estimated Delivery Date 29/4/21
Surname LOGAN
Forename SIMEY
Date of Birth 280468
Address 1 2 WAVERLEY
Address 2 BECKHAM
Postcode DD4 7BS

Screening test declined ☐

What are your family origins?

Please tick all boxes in ALL sections that apply to the woman and the baby's father

		Woman	Baby's father
A.	**AFRICAN OR AFRICAN CARIBBEAN (BLACK)**		
1/	Caribbean Islands	☐	☐
2/	Africa (excluding North Africa)	☐	☐
3/	Any other African or African-Caribbean family origins (please write in…)		
B.	**SOUTH ASIAN (ASIAN)**		
1/	India or African-Indian	☐	☐
2/	Pakistan	☐	☐
3/	Bangladesh	☐	☐
C.	**SOUTH EAST ASIAN (ASIAN)**		
1/	China including Hong Kong, Taiwan, Singapore	☐ #	☐ #
2/	Thailand, Indonesia, Burma	☐ #	☐ #
3/	Malaysia, Vietnam, Philippines, Cambodia, Laos	☐ #	☐ #
4/	Any other Asian family origins (eg Caribbean-Asian) (please write in…)		
D.	**OTHER NON-EUROPEAN (OTHER)**		
1/	North Africa, South America etc	☐	☐
2/	Middle East (Saudi Arabia, Iran etc)	☐	☐
3/	Any other Non-European family origins (please write in….)		
E.	**SOUTHERN & OTHER EUROPEAN (WHITE)**		
1/	Sardinia	☐ #	☐ #
2/	Greece, Turkey, Cyprus	☐ #	☐ #
3/	Italy, Portugal, Spain	☐	☐
4/	Any other Mediterranean country	☐	☐
5/	Albania, Czech Republic, Poland, Romania, Russia etc	☐	☐
F*	**UNITED KINGDOM (WHITE) refer to guidance at the back**		
1/	England, Scotland, N Ireland, Wales	☐	☐
G*	**NORTHERN EUROPEAN (WHITE) refer to guidance at the back**		
1/	Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2/	Scandinavia, Switzerland etc	☐	☐
3/	Any other European family origins, refer to chart (eg Australia, N America, S Africa) (please write in…)		
	*Hb Variant Screening Requested by F and/or G *(ie request from low risk group)*	☐	☐
	# Higher risk for alpha zero thalassaemia		
H.	**DON'T KNOW (incl. pregnancies with donor egg/sperm)**	☐	☐
I.	**DECLINED TO ANSWER**	☐	☐
J.	**ESTIMATED DELIVERY DATE (please write in if not above)**		
K.	**GESTATION AT TIME OF TEST**		

OFFER haemoglobin variant screening to all women if they or their baby's father have answers in a shaded box

Signed _____ Print Name LOGAN

Job Title MW Contact Tel No 01241822537 Date 16/2/21

(By Health Care Professional completing the form)

This form must be attached securely to the haematology laboratory request form with the antenatal blood samples. A second copy of the form should be added to the patient's maternity record. (A third copy can be added to the hospital records if applicable). The completion of this form is an ESSENTIAL part of the screening process.

INFLUENZA VACCINE (QIV)
PATIENT CONSENT FORM /TREATMENT SHEET 2020-2021

NHS Tayside

A patient treatment record sheet is required for each individual treated under a Patient Group Direction (PGD)

The data collection on the reverse of the form should be completed for Staff Flu.

1. PATIENT AND CONSULTATION DETAILS *(please print)*	
Name of recipient	Stacey Leonard
Date of Birth /CHI	2804880060
Address	2 WARDS RD BRECHIN
Postcode	DD9 7AS
Name of GP	BRECHIN

2. CRITERIA FOR FURTHER ASSESSMENT – if any of the following criteria apply further assessment of suitability to receive the flu immunisation is required.

Aged under 6 months, eligible for the nasal flu vaccine or over 65 years?	Yes	(No)
Confirmed anaphylactic reaction to Inactivated Influenza vaccine or any of its constituents?	Yes	(No)
Confirmed anaphylactic reaction to eggs/egg product or chicken proteins such as ovalbumin?	Yes	(No)
Confirmed anaphylactic reaction to latex? (where vaccine is not latex free)	Yes	(No)
Known bleeding disorder?	Yes	(No)
Currently unwell with an acute febrile infection?	Yes	(No)

3. INFORMATION

Does the recipient or carer have any unanswered questions regarding this immunisation?	(Yes)	No
Information leaflet is available?	(Yes)	No
Advice on management of symptoms following immunization is available?	Yes	(No)

4. DECLARATION

I agree that I as the patient named above / this person in my care (please delete as appropriate) can receive inactivated influenza vaccine under the appropriate Patient Group Direction.

Recipient's / Parent's / Carer's Signature: S Leonard Date: 16/2/21

The recipient / parent / carer has given verbal consent for administration of the Inactivated Influenza Vaccine.

Immunisers Signature: Date:

5. ACTION TAKEN *(to be completed by vaccinator)*

Fluceivax Tetra 2020/2021 season 0.5 ml Lot: P100253416	Venue	MAIN ARB

The action specified was based on the information available to me and given to me by the patient/parent/carer/guardian and that to the best of my knowledge is correct

Administered by (signature) (print name) LEAD

Name of vaccine	
Batch Number (please use sticker from vaccine)	Expiry Date 06/21
Administered 0.5ml Inactivated Influenza Vaccine ☑ Yes	Date
Site ☐ Right deltoid ☑ left deltoid ☐ other	Route ☑ IM ☐ subcut

SBAR

19

Midwife :
Team : Blue
Date : 28-05-20

Name Stacey Leonard CHI 2804880060

SITUATION	Day 12 - Bloods/swab results checked in diary
BACKGROUND	P5/0 Day 12 SVD Swab/bloods taken day 8, due to offensive lochia
ASSESSMENT	Stacey still reports offensive lochia and occasional sharp abdo pain. Bloods + swab renewed by Reg Stacey feeling well, lochia minimal On antibiotics: Coamox - 1 day left
RECOMMENDATIONS	Reg reccomends visit tomarrow (29-5) for Rpt FBC + CRP and palpation. - Stacey to finish Abx and take analgesia as required. - Aware to phone triage if pain worsens / any concerns in meantime

Discussed with Reg (5400) Date 28/5/20 Time 14⁰⁰

Signed MMcNally

SBAR

Midwife : Lana F.
Team : Blue
Date : 24/05/20

Name Stacey Leonard CHI 280488 0060

SITUATION	Day 8 Ottawa lochia
BACKGROUND	P5/0 Day 8 SVD Uneventful ante/ntr. ↑VTE declines Fragmin CPN & Physiological input
ASSESSMENT	NEWS = 0 Abdominal tenderness noted CRP + FBC ✓ chaser 1-VS
RECOMMENDATIONS	Please chase LVD Bloods NAD On Co-amoxiclav 625mg for 1/52 Abs given

Discussed with Dr Campbell Date 24/5/20 Time 13:00

Signed

FOR PHARMACY USE

Checked by:

.....

Clinical Pharmacist

Patient Counselled:

.....(Initials)

Medicines Required On Ward

Date.....

Time.....

.....2nd Fold.....

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

.....Hosp./Inf.

To Dr. .....

.....

.....

HOSPITAL: ..... WARD/CLINIC: .....

Leonard
Stacey

St 2 Wards Road

Fi

A Brechin
DD9 7AS

2804880060 Y

C.H.I. No.

..... M. State

SM Rooney

ALWAYS USE BALLPOINT PEN

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor)

Date Placed on Waiting List: ..... Date of Admission: .....
(if appropriate)

** Delete as appropriate*

Type of Admission: Elective /Emergency / Urgent / Transfer

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT

When Medicines are to be dispensed **All** copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: UTI = 2 i.v. (Flucl)

PRINCIPAL OPERATION / PROCEDURES: Xday SVD mucke (Rob)

OTHER CONDITIONS:

OTHER OPERATIONS / PROCEDURES:

1, ...
2. .....
3. .....

Days	MEDICINE TREATMENT ON DISCHARGE: NAME OF MEDICINE	DOSE	Times of Administration (Mark √): 8 10 12 14 16 18 20 22 24	DURATION OF TREATMENT	DISPENSED BY PHARMACY: Number	Brand Names (for information only)
	Dalteparin	200u	✓	10 days		

....1st Fold....

7 days supply will be dispensed unless stated otherwise in box provided

DISCONTINUED MEDICINE	REASON DISCONTINUED
1.	
2.	
3.	
4.	

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge

INFORMATION / ADVICE TO PATIENT	☐ YES ☐ NO IF YES, SPECIFY	KNOWN ALLERGIES:
CARE ARRANGEMENTS ON DISCHARGE (TICK BOX)	NONE ☐ DISTRICT NURSE ☐ SOCIAL WORK ☐ HOME HELP/ RELATIVES ☐	

FOLLOW-UP APPOINTMENT	DATE	TIME	CLINIC	DELETE AS APPROPRIATE: GIVEN / TO BE SENT	RESULTS AWAITED: YES ☐ NO ☐ IF YES, SPECIFY:.....

FOR FURTHER INFORMATION CONTACT: ..... (NAME) ..... (STATUS) .....(TEL NO)

Signature: ..... Status: .....

.... Consultant Date: .....

Dispensed By: .....

Checked By: .....

Date: .....

Final Distribution:

WHITE - GP
PINK - Pharmacy
YELLOW - Case Records
BLUE - Audit/Coding

THB(MR)26
4 Part Set

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
16/05/20		- Vx @ 6p - 2, no caput/moulding
		~~Pain~~ Difficult to communicate with, distressed ++ with contractions but declines further analgesia
		Plan - continue - repeat VE in 4 hours unless caesar - aim to ↑ Syto following further analgesia
		Discussed SW #1400
		analgesia discussed Stalyn not keen on tens epidy discussed, washing of/comfortable position/drink

Name: Stacey Leonard	Date/Time: 16/05/20 0900	
Determine **R**isk Factors	Reason for CTG:	Gest: MatPulse: 78.
	Liquor colour:	Cx Dilation: Oxytocin? 2 ml/hr
Contractions	Rate 2 in 10 mins	Coordinate / Uncoordinate / Hypertonic
	Duration ...../seconds	

Feature	Reassuring 0	Non-reassuring 1	Abnormal 2
Baseline **RA**te	110-160 120bpm	100-109 or 161-180	<100 or >180
Variability	5 – 25 bpm	<5bpm for 30-50 min or >25 for 15-25mins	<5bpm for >50 min or >25bpm for >25 mins or Sinusoidal pattern
Accelerations	Present (>15bpm from baseline)	**Absent** (Presence of accelerations, even with reduced variability, is generally a sign that the baby is healthy)	
Decelerations	None or Early **Variable decelerations** with no concerning characteristics* for < 90 mins	**Variable decelerations** with no concerning characteristics* for ≥ 90 mins **Variable decelerations** with any concerning characteristics* in up to 50% of contractions for ≥ 30 mins *Concerning Characteristics: lasting > 60 seconds; reduced variability within the deceleration; no return to baseline; biphasic shape; no shoulders	**Variable decelerations** with any concerning characteristics* in over 50% of contractions for ≥ 30 minutes **Late decelerations** for 30 minutes (or less if any maternal or fetal clinical risk factors) **Acute bradycardia**, or a single prolonged deceleration lasting 3 minutes or more
Overall	0 = Normal	1 = Suspicious	2 = Pathological
Plan	Continue/observe	Conservative measures: e.g. lateral position, IV fluids, treat pyrexia, consider ↓ oxytocin	Further measures: e.g. FBS or expedite delivery if signs of fetal hypoxia; FBS not possible
Signature	1.	2.	

Labour and birth summary - mother page 1

	Date	Onset	Duration		Print name	Designation
First stage	16/05/20	09:00.	2h 23	Delivered by PIN Number of delivering Midwife	H KIPPEN	MW
Second stage	16/5/20	11:23	00.03		R SWANSTON	MW
Third stage	16/5/20	11:26		Also present		
End of third	16/5/20	11:37.		**Type of delivery** (If operative delivery, ensure that operative delivery pages are completed)		
Total duration of labour				SVB.		
SRM / ARM	16/05/20	01:40				

Induction of labour ☐ No ☑ Yes — Oxytocin Commenced 0413
Indication S9A / social reason
Augmentation of labour ☐ No ☐ Yes
Indication .....
Presence of meconium liquor ☐ 1st stage ☐ 2nd stage

Description of meconium .....
Maternal pyrexia in labour ☑ No ☐ Yes
Maternal antibiotics given ☑ No ☐ Yes
Details .....
Shoulder dystocia at birth ☑ No ☐ Yes
Maternal bloods taken ☐ No ☑ Yes
Indication IOL

One-to-one midwifery care received throughout labour & childbirth ☐ No ☑ Yes
Comments .....

Labour & birth discussed ☐ No ☑ Yes
Preferences for labour & birth met ☐ No ☑ Yes
Comments .....

Signature: Swanston Date 16/05/20

Analgesia in labour (tick all that apply)
☐ T.E.N.S. ☑ Nitrous oxide & oxygen
☐ Birth pool ☑ IM opiates
☐ Epidural ☐ Water Birth
Other .....

Analgesia for birth/third stage complication
☐ Spinal ☐ Epidural ☐ Pudendal block
☐ Combined spinal epidural ☐ General
Other .....

Instruments Tracking Label

Please complete the "Whose Signature" page at the back of the record

Labour and birth summary - mother page 2

Placenta, cord & membranes

Delivery: ☑ Controlled cord traction

☐ Maternal effort ☐ Manual removal

Placenta appears ☑ Complete ☐ Incomplete

Membranes appear ☑ Complete ☐ Incomplete

Number of umbilical cord vessels: 3

Sent to pathology ☑ No ☐ Yes

Indication .....

Comments .....

Perineum

☐ Intact ☑ Grazes

☐ 1st degree tear ☐ 2nd degree tear

☐ 3rd degree tear ☐ 4th degree tear

☐ Episiotomy ☐ Labial tear

(If 3rd or 4th degree, document in 3rd stage complications pages)

Perineal suturing

Suture material .....

Anaesthesia .....

Technique .....

.....

Rectal exam prior to suturing ☐ No ☐ Yes

Haemostasis achieved ☐ No ☐ Yes

Rectal exam following suturing ☐ No ☐ Yes

Swabs correct ☐ No ☐ Yes

Needles correct ☐ No ☐ Yes

Tampon used ☐ No ☐ Yes

Tampon removed ☐ No ☐ Yes

Instruments correct ☐ No ☐ Yes

Checked by .....

and .....

Advised on perineal care ☐ No ☐ Yes

Sutured by .....

Routine Oxytocic drug administered	Dose	Route
Syntometrine	1amp	IM

Blood loss 200 ml

Blood transfusion/products received ☐ No ☐ Yes

Details .....

Post delivery

Maternal observations

First set on ../../.. at ..:..

Temperature ..°C Pulse .. BP ../..

Pain/analgesia MEWS

Fundus Aget Lochia comma

Second set on ../../.. at ..:..

Temperature ..°C Pulse .. BP ../..

Pain/analgesia .....

Fundus ..... Lochia .....

Urinary function .....

.....

Revised thrombosis risk after birth

☐ Low ☐ Moderate ☑ High

Actions Required: VTE-2

Mother transferred on ../../.. at ..:..

To .....

Reason .....

.....

Perineal repair diagram

Please complete the "Whose Signature" page at the back of the record

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
1604		Ongoing term, cephalic, 1/5 ↓ PP large bladder, mobility impaired on ward d/w ed reg, mobilise, catheter consent to perform at home
	0810	Mat catheter 450ml clear urine
	0815	FHR 135bpm (CTG tracing 3-4in10 good resting tone,
	0840	WR ST7 Cooper BMI 18 later allergy
		P4 (forceps, SVD x3), 37+2
		Social IOL - note (LET) since last delivery
		Progress: 0140 - Cx 1cm, ARM
		0415 - oxytocin
		0630 - Cx 1cm
		Copious clear liquor seen
		CTG normal, mat obs stable (see below) ⇓
	0845	FHR 129bpm
		Stale/distressed using evenor steps passed ↑ visible ↓ specimen (commenced) 2/10 Contractions variable 2-3in10 difficult/assisted/Mgpe
		WR early continued
		TWSS performed ⇒ confirmed cephalic presentation
		Sterile VE ↑ cautent:
		- Cx posterior, almost fully effaced, 2cm dilated, feels thready + massaged gently with generous sweep

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
160520		[A] Obs as per NEWS - NAD Clear/ pink liquor Not communicating well Refused to try to pee
		[R] Continue mirapexin cervo Oxytocin needs increased Recommend further analgesia
1600		

| | | |

Details of operative delivery

Type of delivery .....

Indication(s) .....

.....

.....

.....

.....

.....

.....

Operator .....

Decision made / / :

Procedure started / / :

Time of delivery / / :

Procedure concluded / / :

Location .....

RCA/RCOG classification of urgency of caesarean *

Assistant ..... Anaesthetist .....

Pre-operative delivery findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

** 1 **Emergency:** immediate threat to life of woman or fetus; **2 urgent:** maternal or fetal compromise which is not immediately life threatening; **3 Scheduled:** needing early delivery but no maternal or fetal compromise; **4 Elective:** at a time to suit the patient and maternity team*

Please complete the "Whose Signature" page at the back of the record

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
160520		Still doesn't wish further pain relief. Pain is all in back. FH- 128 bpm. Donal Mellett
	0720	Stacey has not pe'd since 0230hrs. Asked her to try to pe. Bedpan on a chair ah side of the bed. Mellett
		[S] Stacey + Steve 10C. - social/SGA. in early labour. Very distressed. Using entonox. Does not wish any further analgesia.
		[B] Para 4/ EDD:- 040620 37² Pos. NKDA. LATEX ALLERGY - RASH Smoker (Co 2 - 30ppm) Wt 44kg ah booking BMI-18
		MED HX LLETZ - 2016 Borderline personality disorder - Stopped med PRAM. - NAD. LATEX ALLERGY
		OBS Hx x 1 FORCEP DELIVERY x3 SVD's. Previous SGA babies.
		IOL - ? Social ? SGA (Scans - NIL)
160520	0030	Admitted H/S
	0140	ARM - Clear liquor, (Con dilated
	0415	OXYTOCIN INFUSION
	0515	ENTONOX COMMENCED

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
160520	0000	FH - 176bpm
		Obs as documented on MEWS chart
		score 0.
		Stacey still distressed but not wishing
		further pain relief
	0635	Stacey very distressed. Unable to be still
		on the bed. Requesting further pain relief.
	0645	FH - 144bpm, mp - 77bpm Donal
	0655	BLOOD RESULTS Hb 109 Na 135
		WCC 13·3 K 4·5
		PLT 333 Urea 3·3
		Creat. 45
	0700	Obs as documented on MEWS chart.
		Score 0. Donal
	0715	Stacey slightly calmer but still quite distressed. Using entonox constantly.

Name: S. LENNARD Date/Time: 160520 0700

Reason for CTG: IOL Gest: 37+2 MatPulse: 87

Determine Risk Factors — Liquor colour: clear Ox Dilation: 1 Oxytocin? 2 mls/hr

Contractions — Rate 3 in 10 mins; Duration 30 seconds — Coordinate / Incoordinate / Hypertonic

Feature	Reassuring 0	Non-reassuring 1	Abnormal 2
Baseline RATE	110-160	100-109 or 161-180	<100 or >180
Variability	6 – 25 bpm	<5bpm for 30-50 min or >25 for 15-25mins	<5bpm for >50 min or >25bpm for >25 mins or Sinusoidal pattern
Accelerations	Present (>15bpm from baseline)	Absent (Presence of accelerations, even with reduced variability, is generally a sign that the baby is healthy)	
Decelerations	None or Early	Variable decelerations with no concerning characteristics* for ≥ 90 mins Variable decelerations with any concerning characteristics* in up to 50% of contractions for ≥30 mins Variable decelerations with any concerning characteristics* in over 50% of contractions for < 30 min Late decelerations in over 50% of contractions for: < 30 mins, with no maternal or fetal clinical risk factors	Variable decelerations with any concerning characteristics* in over 50% of contractions for 30 minutes Late decelerations for 30 minutes (or less if any maternal or fetal clinical risk factors) Acute bradycardia, or a single prolonged deceleration lasting 3 minutes or more
	*Concerning Characteristics: lasting > 60 seconds; reduced variability within the deceleration; no return to baseline; biphasic shape; no shouldering		
Overall	0 = Normal	1 = Suspicious	≥ 2 = Pathological
Plan	Continue/observe	Conservative measures: e.g. lateral position, IV fluids, treat pyrexia, consider ↓ oxytocin	Further measures: e.g. FBS or expedite delivery if signs of fetal hypoxia. FBS not possible

Signature C. A Mccorley

Operation procedure and findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Operative delivery (continued)

Perineum

☐ Intact
☐ Grazes
☐ 1st degree tear
☐ 2nd degree tear
☐ 3rd degree tear
☐ 4th degree tear
☐ Episiotomy

(For 3rd or 4th degree tear please complete Third Stage complications page)

Perineal suturing Suturing material .....

Anaesthesia .....

Technique .....

.....

.....

Rectal exam prior to suturing	☐ No	☐ Yes
Haemostasis achieved	☐ No	☐ Yes
Rectal exam following suturing	☐ No	☐ Yes
Swabs correct	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes
Tampon used	☐ No	☐ Yes
Tampon removed	☐ No	☐ Yes
Advised on perineal care	☐ No	☐ Yes

Sutured by .....

Supervised by .....

Estimated blood loss ..... ml

Please see attached anaesthetic record for further details

Antacids ☐ Sodium citrate ☐ Ranitidine ☐ Other .....

Anaesthesia ☐ Spinal ☐ Epidural ☐ Combined spinal/epidural ☐ General ☐ Pudendal block ☐ Other .....

Blood transfusion ☐ No ☐ Yes

Blood transfusion/products received ☐ No ☐ Yes

Details .....

Routine Surveillance of Infection Care Bundle

If at all possible avoid hair removal; if hair removal is necessary, avoid the use of razors

	Yes	No
Were clippers used		
Were Prophylactic antibiotics prescribed as per local antibiotic policy/SIGN guideline, for the specific operation category.		
Were the antibiotics administered within 60 minutes prior to the operation.		
Was the patient's body temperature normal throughout the operation (excludes cardiac patients).		
Was the patient's blood glucose level normal throughout the operation (diabetic patients only).		

Post-operative instructions

Ensure all relevant prescribing undertaken

Revised thrombosis risk

☐ Low ☐ Moderate ☐ High

Actions required

.....

Catheter ☐ In/Out ☐ Indwelling

Details

.....

Postoperative care

☐ Ward ☐ High dependency
☐ Intensive care ☐ Transfer to other hospital

Other

.....

Oxytocics

Details .....

.....

Antibiotics

☐ Prophylactic ☐ Other ☐ None

Details .....

.....

Analgesia

Details

.....

.....

Details completed & relevant prescribing by ..... Print name

Swabs correct	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes

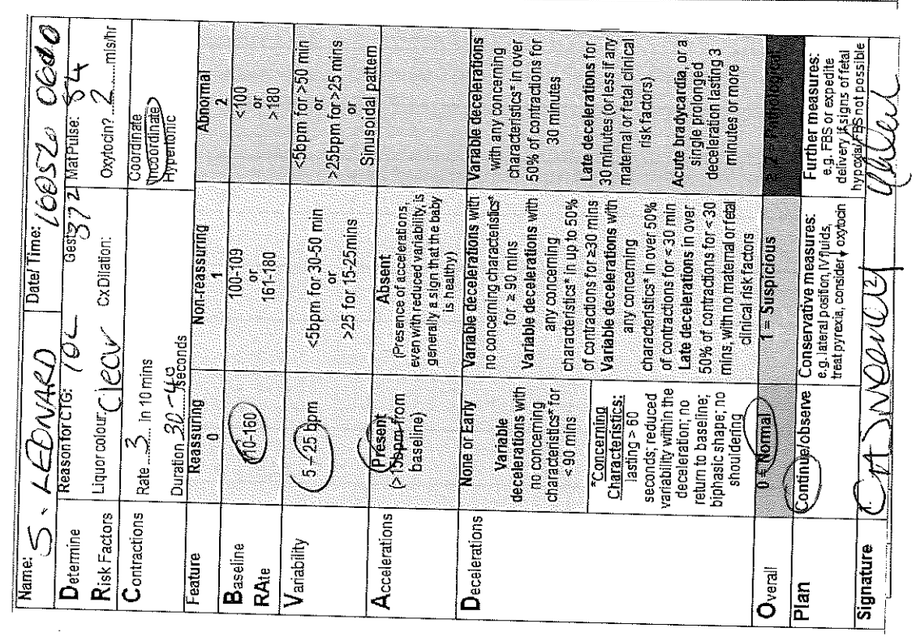
Signed (scrub staff) ..... Signed (floor staff) .....

Comments .....

.....

Please complete the "Whose Signature" page at the back of the record

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
160520	0510	Stacey getting uncomfortable. Offered entonox and accepted. Instructed how to use. Gallagher
	0525	Pads on bed changed, clear liquor seen. Clean sheets put on bed. Donal
	0530	IV Hartmanns prescribed. 125ml/hr (grp O commenced) due to Stacey not drinking enough fluids. Gallagher Donal
	0545	FH - 131bpm. MP - 80bpm Gallagher Donal
	0550	Stacey coping well with the entonox. Very tired resting in between each contraction. Donal Gallagher
	0604	Lots of LOC. Repositioned. Donal Gallagher
	0608	Stacey very distressed. Using entonox Claims she needs to push. Buzzer pressed for assistance. Donal Gallagher
	0610	Stacey still distressed. Donal Gallagher
	0620	Stacey pushing VE to Assess with consent Cx 1cm dilated FSE attached as ++ LOC on CTG. FH 150bpm POSITIVE Gallagher



ASSESSMENT AND PLAN PRIOR TO USE OF SYNTOCINON					
Date 16/5/20 16/5	Time	0115.	Syntocinon	Induction/augmentation	
Gestation 37+2.	Parity	4.	Indication for IOL		
Maternal Assessment					
For multiples in 1st Stage and all women in the 2nd Stage review by Obstetrician is required					
Risk Factors					
Abdominal palpation:	Lie: long.	presentation: Cephalic	position:	...../5 palpable	
Contractions	...../10 none		Mild/Moderate/Strong		
Last VE	Dilation	Station	Position		
Fetal Assessment					
Risk Factors					
Fetal Heart	Normal/Suspicious/Pathological (please circle)				
Plan					
For reassessment at 0 hrs **or** 4 hrs after contracting 3-4:10 following start of syntocinon **For reassessment by**: obstetrician / midwife * *Syntocinon dose and frequency of increase as per NHST syntocinon guideline* * *Reduce syntocinon if contracting more than 4 in 10 and **obstetric review if CTG suspicious*** * *Stop syntocinon and for obstetric review if CTG pathological*					
Comments					
Discussion with the woman and verbal consent given: **Yes** (please circle)			**Prescribed: Yes** (please circle)		
Assessment and plan made by:	Sign:		Print: GALLAGHER.		
Discussed with (if applicable):	Sign:		Print:		

	0430	FH-134bpm mp-81bpm, contracting 2:10 moderate, incoordinate. Donal Wallace
	0450	Contractions irregular and mild. -
	0500	Oxytocin INFUSION ↑ 2mls/hr Wallace spn

Name: S. KEENAN	Date/ Time: 160520 0520	Gest: 37+3	MatPulse: 79bpm
Determine **R**isk Factors	Reason for CTG: IOL	Cx Dilation: 1cm	Oxytocin? ....2....mls/hr
Contractions	Liquor colour: Clear		
	Rate 1 ~ 2 in 10 mins		Coordinate / Incoordinate / Hypertonic
	Duration ..... /seconds		

Feature	Reassuring 0	Non-reassuring 1	Abnormal 2
Baseline **RA**te	110-160	100-109 or 161-180	<100 or >180
Variability	5-25 bpm	<5bpm for 30-50 min or >25 for 15-25mins	<5bpm for >50 min or >25bpm for >25 mins or Sinusoidal pattern
Accelerations	Present (>15bpm from baseline)	Absent (Presence of accelerations, even with reduced variability, is generally a sign that the baby is healthy)	
Decelerations	None or Early Variable decelerations with no concerning characteristics* for < 90 mins	Variable decelerations with no concerning characteristics* for ≥ 90 mins Variable decelerations with any concerning characteristics* in up to 50% of contractions for ≥30 mins Variable decelerations with any concerning characteristics* in over 50% of contractions for < 30 min Late decelerations in over 50% of contractions for < 30 mins, with no maternal or fetal clinical risk factors	Variable decelerations with any concerning characteristics* in over 50% of contractions for 30 minutes Late decelerations for 30 minutes (or less if any maternal or fetal clinical risk factors) Acute bradycardia, or a single prolonged deceleration lasting 3 minutes or more
	*Concerning Characteristics: lasting > 80 seconds; reduced variability within the deceleration; no return to baseline; biphasic shape; no shouldering		
Overall	0 = Normal	1 = Suspicious	2 = Pathological
Plan	Continue/observe	Conservative measures: e.g. lateral position, IV fluids, treat pyrexia, consider ↓ oxytocin	Further measures: e.g. FBS or expedite delivery if signs of fetal hypoxia/FBS if possible
Signature	1.	2.	

Operation procedure and findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Details of third stage complications

Complication(s) please tick all that apply

- ☐ Repair of episiotomy - specify ☐ Extended (Document uncomplicated suturing of non-extended episiotomy or 2nd degree tear on birth summary)
- ☐ Repair of tear - specify degree ☐ 3a ☐ 3b ☐ 3c ☐ 4th ☐ Cervical
- ☐ Manual removal of placenta & membranes
- ☐ Primary post partum haemorrhage - due to .....
- ☐ Other - please specify .....

Anaesthesia Please see attached anaesthetic record for further details

Antacids ☐ Sodium citrate ☐ Ranitidine ☐ Other .....

Anaesthesia ☐ Spinal ☐ Epidural ☐ Pudendal block

☐ Combined spinal/epidural ☐ General ☐ Other .....

Location of management .....

Decision made / / :

Procedure started / / :

Procedure concluded / / :

Details of findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Manual removal of placenta and membranes

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
	0324	Stacey aware of contractions 1:10. Breathing through them. Resting inbetween, left alone. Vonal.
	0330	FH-151bpm. Vonal.
	0335	Bria Stacey aware of more regular contractions. 3:10 currently. Will observe closely. ?labour starting. Vonal
	0345	FH-150bpm MP-87bpm. Stacey resting. Vonal.
	0355	Contractions mild and incoordinate. Would benefit from oxytocin infusion. Vonal
	0400.	Decelerations seen on CTG. Stacey changed position, now semi-recumant. Contractions incoordinate. Vonal.

| | | |

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
	0235.	Pads on bed changed. Clear liquor noted. Vonal-
		Stacey returned from toilet shaking. Temp rechecked - 36.4°c. irregular. Vonal.
	0242.	Stacey aware of tightenings, breathing through them. Happy to stay on the bed. Vonal.
	0245.	FH - 127bpm, MP - 86bpm. Vonal
	0250	Loss of contact, repeat repositioned. Vonal.
	0300.	Obs as documented on MEOS chart.
		Score - 0. Stacey on bed, relaxing. Vonal

Name: Stacey Leonard Date/Time: 16/5/20 0300

		Reason for CTG: IOL	Gest: 37+2	Mat Pulse: 87	
Determine Risk Factors		Liquor colour: Clear	Cx Dilation:	Oxytocin? ..... mls/hr	
Contractions		Rate: 1 in 10 mins		Coordinate / Uncoordinate / Hypertonic	
		Duration: 30-40 seconds			
Feature	Reassuring 0	Non-reassuring 1		Abnormal 2	
Baseline RAte	110-160	100-109 or 161-180		<100 or >180	
Variability	≥ 25 bpm	<5bpm for 30-50 min or >25 for 15-25mins		<5bpm for >50 min or >25bpm for >25 mins or Sinusoidal pattern	
Accelerations	Present (≥15bpm from baseline)	Absent (Presence of accelerations, even with reduced variability, is generally a sign that the baby is healthy)			
Decelerations	None or Early	Variable decelerations with no concerning characteristics* for ≥ 90 mins	Variable decelerations with any concerning characteristics* in up to 50% of contractions for ≥30 mins	Variable decelerations with any concerning characteristics* in over 50% of contractions for < 30 min	Late decelerations for 30 minutes (or less if any maternal or fetal clinical risk factors)
	Variable decelerations with no concerning characteristics* for < 90 mins		*Concerning Characteristics: lasting > 60 seconds; reduced variability within the deceleration; no return to baseline; biphasic shape; no shouldering	Late decelerations in over 50% of contractions for < 30 mins, with no maternal or fetal clinical risk factors	Acute bradycardia, or a single prolonged deceleration lasting 3 minutes or more
Overall	0 = Normal	1 = Suspicious		2 = Abnormal	
Plan	Continue/observe	Conservative measures: e.g. lateral position, IV fluids, treat pyrexia, consider ↓ oxytocin			Further measures: e.g. FBS or expedite delivery if signs of fetal hypoxia/FBS not possible
Signature	1.	2.			

0312.	Observed deceleration down to 108bpm. Asked staff midwife K Wallace to check over CTG. Recommended Stacey to move onto left side, obliged. FH back up to 145bpm. Vonal
0315	FH - 143bpm.

Continuation notes for third stage complication

Signature: ..... Date / / :

Overall estimated blood loss ..... ml

Instructions following management of complication *Ensure all relevant prescribing undertaken*

Thrombosis risk

☐ Low ☐ Moderate ☐ High

Actions required .....

Antibiotics .....

Analgesia .....

Oxytocics .....

Laxatives .....

Site of care ☐ Ward ☐ High dependency unit ☐ Intensive care ☐ Transfer to other hospital

Other .....

Details completed & relevant prescribing by ..... Print name .....

Please complete the "Whose Signature" page at the back of the record

Details of perineal repair 3rd and 4th degree tear

Analgesia .....

Third degree Injury to perineum involving the anal sphincter complex:

- 3a: Less than 50% of EAS thickness torn. ☐
- 3b: More than 50% of EAS thickness torn. ☐
- 3c: Both EAS and IAS torn. ☐

Fourth degree Injury to perineum involving the anal sphincter complex (EAS and IAS) and anal epithelium. ☐

PV examination after completing repair	☐ No	☐ Yes
PR examination after completing repair	☐ No	☐ Yes
Swabs correct	☐ No	☐ Yes
Tampon used	☐ No	☐ Yes
Tampon removed	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes

Checked by ..... and .....

Advised on perineal care	☐ No	☐ Yes
Follow-up clinic appointment arranged	☐ No	☐ Yes

Performed by ..... designation .....

Space for visual documentation of repair if required

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
160520		Inserted by: ..... FILE IN MEDICAL NOTES Ward /department: KFS Reason inserted: LOC. Insertion date & time: 160520, 0150. Gauge 16 Position: left wrist Hand hygiene performed: YES NO Skin cleansed with 2% chlorhexidine in 70% IPA & left to dry prior to insertion: YES NO Aseptic technique throughout YES NO Dressing dated & timed: YES NO FBC, UE's and Cp x same taken and sent as urgent to the labs ✓ allella
		Brief chat about VE and ARM. Consent given for same. Stacey very anxious about VE. Tried to reassure. Offered entonox for
	0140	VE. Accepted. Instructed how to use. Legs in lithotomy with consent.
		Vulva and vagina normal
		Cervix posterior, to maternal right, 2cm long
		Os admits a fingertip. Sweep given with consent. Firm edge of Cx (LLETZ?)
		Vx well applied to Cx. 2 spines - membranes felt. ARM with amnihook. - pink stained liquor seen draining
		Nil else felt.
		Ext post VE 152bpm.
		findings discussed with Stacey & Steve. ✓ allella
	0205	Stacey aware of irregular tightenings ✓ allella
	0215.	Obs to be documented on MEWS chart.
		Score 0. Vonal
	0227	Stacey wishes to go to the toilet. Vonal
	0229	Up to the toilet - 170ml + blood
	0230	FH - 144bpm, MP - 98bpm. Vonal

Consideration should be given to pressure area care. Risks include Immobility, moisture and poor nutrition.

For further advice see www.healthcareimprovementscotland.org for SSKIN care bundle.

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
/		With consent as IOL for SGA. Monal: Ice water and coffee provided. Monal
16/5/20	0115	GRW13BX ODT.
		31 yo. P4 4x SVD. BMI 18 Renas UCS. Rash-latex Renas SGA. Gwn C.
		IOL at 37+2. as request.
		O/E. Cephn. 2/5. APH score 2. CTG BL 130 V>5 A yes Dec Cns O=REASSURING
		Plan/ VE + ARM If Vx well applied + time to machine If Vx & remains poorly applied after ARM + admin Syntocinon Syntometrine 3rd Stage. GRW13BX STS 5400

Details of Shoulder Dystocia at Birth

Date and time of delivery of head ../../.. ..:..

Position of woman before and during birth .....

	Action	Yes	No	Time	Effect
H	Call for help				
	Assistance Arrived				
E	Evaluate for episiotomy				
L	Legs: McRoberts Position				
P	Suprapubic Pressure				
E	Enter: rotational Manoeuvre				
R	Remove posterior arm				
R	Roll onto all fours				
	Other Manoeuvres				

Time of delivery of rest of baby ..:..

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Details of Post Partum Haemorrhage management

Minor PPH – 500-1000mls, Moderate PPH 1000 - 2000mls, Severe PPH over 2000mls **Please circle as appropriate**

				Details
Blood bank and haematologist informed	☐ No	☐ Yes	time ..... :	.....
Facial Oxygen 15 litres per min	☐ No	☐ Yes	time ..... :	.....
IV Access Line 1	☐ No	☐ Yes	time ..... :	.....
IV Access Line 2	☐ No	☐ Yes	time ..... :	.....
IV fluids Crystalloids	☐ No	☐ Yes	time ..... :	(3.5 litres max prior to blood products)
IV fluids Colloids	☐ No	☐ Yes	time ..... :	.....
Syntocinon IV	☐ No	☐ Yes	time ..... :	
Syntocinon IM	☐ No	☐ Yes	time ..... :	
Ergometrine	☐ No	☐ Yes	time ..... :	
Misoprostol (PGE Subscript 1) PR	☐ No	☐ Yes	time ..... :	
Haemabate number of doses	.....			
Bi-Manual Compression	☐ No	☐ Yes	time ..... :	
Transfusion Total Units	Number ☐		time ..... :	.....
Cross matched blood Total Units	Number ☐		time ..... :	.....
	Crystalloids Total number ☐			
	Colloids Total number ☐			

Note keeper appointed ☐ No ☐ Yes name ..... designation .....

Overall estimated blood loss ..... ml

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

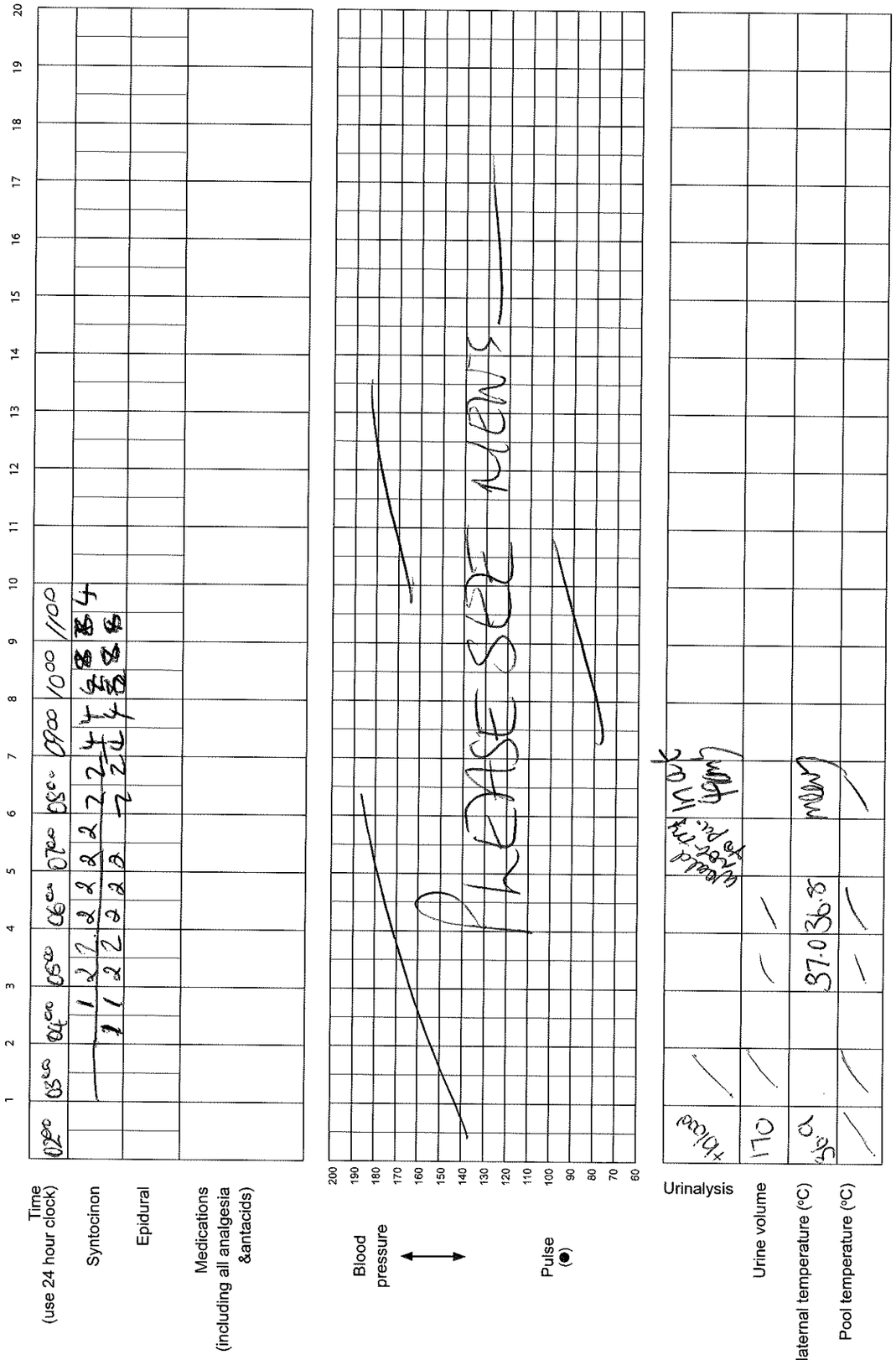
Lead professional ..... designation .....

Assisted by ..... designation .....

Other professionals involved .....

.....

.....



Progress of 1/2cm per hour is acceptable as per KCND Pathways for Maternity Care

Active Labour Partogram

Date

160520

Hours of labour

02 03 04 05 06 07 08 7 8 9 10 11 12 13 14 15 16 17 18 19 20

200 190 180 170 160 150 140 130 120 110 100 90 80 70 60

- [x] Continuous electronic monitoring
- [ ] Intermittent monitoring
- [ ] Fetal Scalp Electode
- [ ] Handheld Doppler
- [ ] Pinard stethoscope

SVD 1/12 mpgoss 9/11

N-NIL
C-CLEAR
P-PINK

Fetal pH
Liquor
Capit/moulding
Position

C C C

Labour and birth summary - baby, multiple birth

Number of infants .....

	Infant 1
Mode of delivery (if LSCS or assisted vaginal birth, please also complete the appropriate delivery sheets)	
Date of birth	
Time of birth	
Sex	
Indication for mode of delivery	
Presentation	
Live birth/stillbirth	
Gestation	
Antenatal steroids given	
Birthweight (kg)	
OFC (cm)	
APGAR 1 min	
APGAR 5 min	
APGAR 10 min	
Cord PH results Venous/Arterial/Base excess	
Further cord blood taken	
Resuscitation Time to first breath	
Resuscitation performed by	
Baby identification checked and correct by	
Baby transferred to and time	
Signed	

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Induction/Augmentation of labour (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover		
14/5/20	1145	MDAU.
		Attended for IOL - balloon.
		SFD. Procedure explained. Consent
		Well today. Very active baby
		- no concerns.
		AN exam ans. on page 4.
	1155	VE with consent to assess
		BSG Amble.
		PH(16) post. VE 1478pm.
		To phone L/D 8am tomorrow.
		To phone today if any
		concerns meantime.
		COC
16/5/20	0050	As Entered into Labour Ward from
		home for IOL for SGA. Care provided
		by staff midwife Karen Wallace and
		myself, introductions made. Partner
		Steve also in room. Discussion had
		about IOL procedure.
		Obs - BP 113/72, P88, O_2 97%, temp 36.7°C
		resps - 14.
		fetal movements felt by Stacey.
		Some old brown stained show.
		Palpation - Long lie, cephalic presentation,
		4/5th palpable.
		Onto CTG monitor FH 128bpm.
		PPH risk - 2
		External Continous Monitoring commenced

Labour and birth record: Induction/Augmentation of labour (continued)

Initial method of induction

☐ Prostaglandins Dose .....

☐ Other Name .....

Type ..... Route .....

Prescribed by .....

Administered by .....

Administered on ... / ... / ... at ... : ...

Oxytocin infusion

Commenced on ... / ... / ... at ... : ...

Comments/details .....

.....

.....

Amniotomy

Fetal heart rate before .....

Performed by .....

Performed on ... / ... / ... at ... : ...

Liquor volume normal / excessive / reduced / nil

Liquor colour .....

Fetal heart rate after .....

Cord/Limbs felt ☐ No ☐ Yes

Comments .....

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Signed .... / ... / ...

Discussion of preferences for labour and birth, comments and details of any revised preferences

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Signed ..... Print .... / ... / ... at ... : ...

Plans for continued process of induction following discussion with the woman (including monitoring)

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Signed ..... Print .... / ... / ... at ... : ...

Please complete the "Whose Signature" page at the back of the record

Labour and birth summary - baby, multiple birth continued

Infant 2	Infant 3

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Labour and birth record: Induction/Augmentation of labour

Date 14/5/23 Time 11:35 Gestation 37+ Location MDAU

Induction authorised by Dr Lynch. Explanation/Indications ..... Advice given ☐ No ☐ Yes

Designation/grade Consultant History of contractions ☐ No ☐ Yes

Indication for induction

☐ Post-dates pregnancy (Refer to KCND Pathways for Maternity Care).

☑ Obstetric complication: specify SFD

☐ Membranes swept ☐ No ☐ Yes Date / /

☐ Pre-labour rupture of membranes (> 72 hours)

☐ Other: specify .....

Initial assessment

Uterine activity ☑ No ☐ Yes Details .....

Membranes ☑ Intact ☐ Unsure ☐ Ruptured on / / at :

Liquor colour ..... Other vaginal loss Nil

Pulse 87 BP 131/63 Temp 36.8 °C Urinalysis NAD

Oedema Nil Fetal movements Active baby No concerns

Abdominal examination

Fundal height 36 cm Lie long

Presentation Ceph. Position .....

Presenting part - 5th palpable Attain.

Fetal heart rate (pre VE) 142 Maternal pulse 87

Fetal heart rate (post VE) 147

Comments .....

Cervical scoring

Total score 6		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/anterior	-	-

* Relative to the ischial spines

Comments Amniotic Sweep with consent

Signature: GCarty Date 15/5/2023

Concerns/Risks/Significant Factors from antenatal period/social history/medical history

Please document here .....

Please complete the "Whose Signature" page at the back of the record

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Labour and birth record: Initial assessment for **spontaneous labour**

Date / / Time : Gestation Location

Referred from Referred by

History of contractions

Current contractions ☐ per 10 minutes Strength Duration seconds

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on / / at :

Liquor colour Other vaginal loss

Pulse BP / Temp °C Urinalysis

Oedema Fetal movements

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Other observations/information on assessment

Signature: Date / / :

Vaginal examination

Indication

Procedure explained and verbal consent given ☐

Cervix: position consistency

effacement/ length

dilatation

Presenting part:

relation to ischial spines

position caput

moulding

Membranes ☐ Intact ☐ Ruptured

Liquor seen ☐ No ☐ Yes Colour

Fetal heart after examination

Comments

Signature: Date / / :

Concerns/ Risks/ Significant Factors from antenatal period/social history/medical history

Please document here

Please complete the "Whose Signature" page at the back of the record

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
LAURA DONACHIE	Donal	Student midwife
KAREN MACCACG-		midwife
CSMITH		S/M
Rebecca Swanston		midwife
R VARNEY		MW.
Hannah Kipp		mw

Version 6
41656

NHS SCOTLAND

LS 632140
Triage 632075

Labour and Birth Record

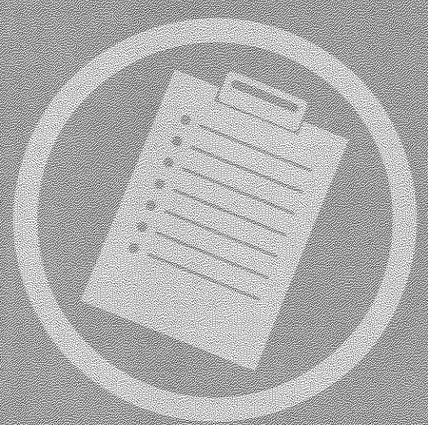
Confidential

PLEASE USE BLACK INK

Leonard
Stacey Louise
2 Wards Road
BRECHIN
DD9 7AS

2804880060

SM Rooney



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

SWHMR reviewed by Healthcare Improvement Scotland

HISTORY/CONTINUATION SHEET

Labour Suite UNIT/WARD/DEPT.

Ward/Clinic/Hosp. Nevercliffs Cons.

D D M M Y Y
28 04 88 0060 C.H.I. No.

Surname Leonard

First Name Stacey M. State

Address Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

DATE

Page

0905 Diamorphine 5mg administered IM on left thigh 125mg administered with Cesarean to left thigh

0915 Stacey appears slightly more relaxed now FHR 136bpm
briefly very deep breathing at 1815pm
Quiet no self care carer at bedside
for next 30mins will observe closely

0930 clear/pink liquor draining pv
Continue 5 hourly entonox
MP 87 bpm
FHR 136bpm
CTG overall normal
on palpation contraction variable 2-3 in 10
as Stacey has more comfortable with Diamorphine, cannot put oxytocin
30/500 IVI to 125mls/hr Gaken

0935 Oxytocin 30/500 IV 4mls/h
Will monitor V/A closely
foley removed as not draining pv/A
FHR 120bpm Hupke

0945 FHR 125bpm
Stacey continues to use entonox to breath through contractions
and resting in between not exhausted from contractions appear more relaxed/ sleepy/ comfortable Hupke

1000 FHR 115bpm MP 92bpm
pink liquor draining pv pads changed

THB.(MR)3A

DATE
16/05/2020

1002 Sen Band pt 37+2 10L due to SGA/Social Concerns 1x forceps 3x SVDs. Adm @ 0140 (Labour ward 2016) 0414 Oxytocin commenced, currently at 4mU/hr, contractions 2-3:10 slightly irregular. Has been very distressed + less responsive to pain relief. Observations stable. CTG overall normal. Baseline 125bpm reassuring 155bpm. Accelerations present throughout most recently 0500, quiet & reactive normally. Recent VE by Registrar @ 0345 2cm/50%/-2 cervix massaged x 2 + artificial membranes swept by Registrar. Some clear fluid noted. Pt now requesting epidural. Recent bloods taken 0515, awaiting results. Plan: Keep 12L

Name:	Date/ Time:		
Determine **R**isk Factors	Reason for CTG:	Gest:	Mat Pulse:
	Liquor colour:	Cx Dilation:	Oxytocin? ..... mls/hr
Contractions	Rate..... in 10 mins		Coordinate Incoordinate Hypertonic
	Duration ..... /seconds		
Feature	**Reassuring** 0	**Non-reassuring** 1	**Abnormal** 2
Baseline **RA**te	110-160 12 5	100-109 or 161-180	<100 or >180
Variability	5–25 bpm	<5bpm for 30-50 min or >25 for 15-25mins	<5bpm for >50 min or >25bpm for >25 mins or Sinusoidal pattern
Accelerations	Present (≥15bpm from baseline)	**Absent** (Presence of accelerations, even with reduced variability, is generally a sign that the baby is healthy)	
Decelerations	None or Early	**Variable decelerations** with any concerning characteristics* in over 50% of contractions for 30 minutes **Late decelerations** for 30 minutes (or less if any maternal or fetal clinical risk factors) **Acute bradycardia**, or a single prolonged deceleration lasting 3 mins or more	
	Variable decelerations with no concerning characteristics* for < 90 mins	**Variable decelerations** with any concerning characteristics* for ≥ 90 mins **Variable decelerations** with any concerning characteristics* in up to 50% of contractions for ≥30 mins	
	*Concerning Characteristics: lasting > 60 seconds; reduced variability within the deceleration; no return to baseline; biphasic shape; no shouldering	**Variable decelerations** with any concerning characteristics* in over 50% of contractions for < 30 min **Late decelerations** in over 50% of contractions for < 30 mins, with no maternal or fetal clinical risk factors	
Overall	0 = Normal	1 = Suspicious	2 = Pathological
Plan	Continue/observe	Conservative measures: e.g. lateral position, IV fluids, treat pyrexia, consider ↓ oxytocin	Further measures: e.g. FBS or expedite delivery if signs of fetal hypoxia/ FBS not possible
Signature	1.	2.	

1010 epidural 8ml/hr as contracts 1 Allergies 3 Drug Name & Dose 4 Route 5 Frequency good resting tone accelerations variable decels FHR 110bpm FHR

HISTORY/CONTINUATION SHEET

NW Suite UNIT/WARD/DEPT.

Ward/Clinic/ Hosp. NW Suite P/C Cons.

Surname Leonard C.H.I. No. 280488 0660

First Name Stacey M. State

Address Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

DATE

Page

1015 FHR - 120bpm

1030 maternal obs 99th consent new:-0
PAK liquor draining ++ pads changed
FHR - 112bpm
CTG overall reassuring/normal HW
Mrs Pinches ophan discussed
Stacey Read HW

1045 Tea break relief by SM R Swanston
introductions made to Stacey and
partner. Stacey using entonox with
good effect resting inbetween no requests
at present. CTG reassuring no concerns
11.00 CTG interpretation as follows.

Name: Stacey Leonard	Date/Time: 16/05/20 11:00					
Determine Risk Factors	Reason for CTG: IOL Gest 37+2	Mat Pulse: 74				
	Liquor colour: Clear Cx Dilation: 2cm	Oxytocin? 8 mls/hr				
Contractions	Rate 3 in 10 mins	Coordinate/Uncoordinate/Hypertonic				
	Duration 40 seconds					
Feature	Reassuring 0	Non-reassuring 1		Abnormal 2		
Baseline RAte	110-160 120bpm	100-109 or 161-180		<100 or >180		
Variability	5 < 25 bpm	<5bpm for 30-50 min or >25 for 15-25mins		<5bpm for >50 min or >25bpm for >25 mins or Sinusoidal pattern		
Accelerations	Present (>15bpm from baseline)	Absent (Presence of accelerations, even with reduced variability, is generally a sign that the baby is healthy)				
Decelerations	None or Variable decelerations with no concerning characteristics* for < 90 mins	Variable decelerations with no concerning characteristics* for ≥ 90 mins Variable decelerations with any concerning characteristics* in up to 50% of contractions for ≥30 mins	*Concerning Characteristics: lasting > 60 seconds; reduced variability within the deceleration; no return to baseline; biphasic shape; no shouldering	Variable decelerations with any concerning characteristics* in over 50% of contractions for 30 minutes Late decelerations for 30 minutes (or less if any maternal or fetal clinical risk factors) Acute bradycardia, or a single prolonged deceleration lasting 3 minutes or more		
Overall	0 = Normal	1 = Suspicious		2 = Abnormal		
Plan	Continue/observe	Conservative measures: e.g. lateral position, IV fluids, treat pyrexia, consider ↓ oxytocin		Further measures: e.g. FBS or expedite delivery if signs of fetal hypoxia/FBS not possible		
Signature	R Swanston 2.					

Undecided re - how she wants to proceed
with analgesia as feels "too soon"
options discussed aware re further
diamorphine or epidural. R Swanston
11.15 Stacey requesting IM Diamorphine agreeable
to same. R Swanston
11.20 IM Diamorphine 5mg administered as per

THB.(MR)3A

DATE
16/05/20

(cont) Kardex with consent — Frances
11.23 Sudden strong urge to push show PV. rapid advance of LX. FH 176bpm.
11.26 SVD of live mature female infant cord around neck removed at perineum to skin to skin — Jess
11.28 IM Syntometrine/amp administered with consent as per kardex. — Jess
11.30 Cord clamped and cut — Maire
11.37 Placenta and Membranes delivered by controlled cord traction perineum inspected with consent small 1sided grazing noted and small graze noted ~~on~~ perineum. Cx visible on inspected & grazed, not bleeding. Dr Cooper asked to review to confirm finding. Cx reviewed by Dr Cooper AMP. Patient for discharge no follow up required. PV loss normal colour. Fundus firm + central at umbilicus.
1145 mum = O. Fed bottle baby skin to skin with dad. — HK/PB
1215 Toast served. Baby bottle fed by mum (Aptamil) whilst mum continues skin to skin. HK/PB
Privacy given to mum as baby has finished placenta inspected. Placenta appears complete membranes appear complete x2 x3 vessels
EBL measured 200mls — H/Kuffa
1315 PV loss normal + blood. Fundus firm + central. baby bottle fed 20mls
1335 Baby weighed at 2340g. Observations done HR 130 RR 42 pain controlled and asked to assess recovery. — Kuffa

HISTORY/CONTINUATION SHEET

Lisle UNIT/WARD/DEPT.

Ward/Clinic/
Hosp. PL Cons.

D D M M Y Y
28 04 48 C C C C C.H.I. No.

Surname Leonard
First Name Stacey M. State
Address Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

DATE

Page

Ass & Perm new
new = 0
fundus ptc
cp to toilet to empty loaded
will have shower later
from admin Rx esomep 40mg
noted to NK reviewed

Tayside University Hospitals NHS Trust - PRI MATERNITY UNIT

Baby	**Baby Leonard**	Other number		Date of Birth	**16/5/2020**
Address	**2, Wards Road, Brechin, DD9 7AS**	Sex	**Female**	GP	**Im Mahon Brechin Health Centr Infirmary Street Brechin DD9 7AN**
		Hospital Number	**M76907**		
		Birth Order	**1 of 1**		
		Midwife	**Susan Robertson**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone	**07368227877**	Paediatrician	**Dr F Drimmie**	Telephone	**01356624411**

BABY'S DISCHARGE SUMMARY (Printed 16 May 2020)

Weight	**2340 grams**	Sex	**Female**
Delivery	**Spontaneous - Vertex**	Birth Order	**1 of 1**
Indication			
Gestation	**37 weeks**	Paediatric Estimate	**Same**
Method of Resuscitation	**None**	Spont. respiration	**Within one minute**
Drugs Administered	**Not administered**		
Apgar Scores	**9 at 1 min, 9 at 5 mins**		
Umbilical Vessels	**Normal**	Cord Round Neck	**Yes, slipped over at birth**
Baby Length	**48 cm**	Head Circumference	**30.9 cm**
Neonatal transfer at birth	**No**		

Livebirth Baby: 1 11:26 Saturday 16 May 2020

Mother	**Stacey Leonard**	Born	**28/4/1988 (32 years)**	Hospital Number	**2804880060**
Marital Status	**Single**	Social history		Smoking Status at Delivery	**Smoker**

Later Neonatal Unit Admission **No**

Risk Factors Noted

Hip Dislocation risk — **Scan Not done. for hip appointment to be aranged**

Examination Problems

Hip **Normal**

Jaundice	**Absent or Insignificant**		
Vitamin K given	**Intramuscular (1 mg)**	Metabolic Screen (PKU)	**Not Done**
Hearing test	**Normal**	Hip screening	**Normal**
Diagnosis	**1) None Recorded 2) 3)**	Abnormality	**1) None Recorded 2) 3)**
Discharge Weight	**Not Recorded**	Weight Change	**Not calculated**
Method of feeding	**Artificial**	Feeding pattern	**Regular**
Feeding problems	**None Recorded**		
Urine passed	**None Recorded**	Bowels opened	**None Recorded**
Eyes	**Normal**	Umbilicus	**Cord attached**
Problems			

Discharge plan **Not discharged - Document prepared on 16/05/2020**

Follow up arrangements **Hip screen appointment requried please**

Referrals **No**

Recommendations **Yes, Baby appears welll on discharge. IM vit K given as prescribed (adjusted for birth weight). Formula feeding well. Discussed with mum bottle feeding regularly due to babies weight - aim for 3 hrly feeds. Mum is a confident bottle feeder and happy with baby care. Aware to contact the unit with any concerns with baby**

Discharge Assessment completed by (sign)..... Status..... Date..16/05/20

COPY FOR

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Leonard**	Other number		Date of Birth	**28/4/1988**
Address	**2, Wards Road, Brechin, DD9 7AS**	Sex	**Female**	GP	**Im Mahon Brechin Health Centr Infirmary Street Brechin**
		Hospital Number	**2804880060**		
		Midwife	**Susan Robertson**		**DD9 7AN**
		Obstetrician	**Dr Pauline Lynch**		
Telephone	**07368227877**	Paediatrician	**Dr F Drimmie**	Telephone	**01356624411**

MOTHER'S DISCHARGE SUMMARY (Printed 16 May 2020)

Social history	**Single**	Obstetric History	
Smoking Status	**Not Recorded at booking Smoker at delivery**	Onset	**Induced by ARM, Syntocinon. Social**
Augmentation	**Not applicable**	Membrane To Birth	**09:46**
Delivery (most significant method)	**Spontaneous - Vertex**	First Stage	**02:23**
		Second Stage	**00:03**
Intrapartum Problems	**No**		
Third Stage Management	**Controlled Cord Traction Primary Oxytocic :** Syntometrine i/m.	Third Stage	**00:11**
Tubal Ligation	**No**		
Pain Relief	**Labour:** Self Administered Inhalation, Diamorphine		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**	Postpartum Problems	**No**
Perineum	**Other tear (grazing only) No Sutures**		

Livebirth Baby: 1 11:26 Saturday 16 May 2020

Baby	**Baby Leonard (Female)**	Other number			**Livebirth at 37 weeks**
Birth Order	**1 of 1**	Hospital Number	**M76907**		**2340 grams**

Blood Group	**Not Known**	Rhesus Group	**Not Known**
Mother's HB	**10.9 g/dl (16/5/2020)**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Unknown**
Feeding	**Artificial**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharge Examination	**16/5/2020 at 18:00 from Ward 38, with baby**	Postnatal Stay	**Not Recorded**
Family Planning	**Discussed, Planned method IUCD**		
Postnatal Smear	**Recommended**		
Medication	**Not Recorded**		
Follow Up	**Postnatal check at Health Centre/Surgery.**		
Recommendation	**Yes, Stacey appears well on discharge. Aware to contact the unit with any concerns. D/W protocol for postnatal visits - happy with this. Good support systems in place with CPN and psychologist. Stacey keen to avoid hormonal methods of contraception, will make GP appointment in the next couple of weeks to discuss options. TTO of fragmin not available - pharmacy closed due to weekend hours. Blue script given Stacey aware to pick this up as soon as possible. First dose given today. Partner will administer, please explain administration proceedure on postnatal visit. Stacey did not want explanation today**		
Discharged To	**Not Recorded**		

ASSESSED FIT FOR DISCHARGE Name: **Shona Shinwell** Status: **Student Midwife** Signed: Shona Shinwell Date: 16/05/20

WRITE OR ATTACH LABEL

Surname LEONARD Sex F

Forename STACEY

DOB and CHI 280488C06

HOSPITAL/AREA N/Wells

WARD/AREA L/S

NHS Tayside

If **>60 years** of age -30mls /kg x body weight per day

If **18-60 years** of age - 35mls/kg x body weight per day

PRESCRIPTION & FLUID BALANCE CHART

DATE: 160520 TIME: _____ CURRENT WEIGHT: _____ DAILY FLUID TARGET/RESTRICTION: _____ mls

(other information): _____

REASON FOR COMMENCEMENT: _____

REASON FOR DISCONTINUATION: _____ PREFERRED DRINK: _____ (if applicable)

PRESCRIPTION CHART

TIME OF PRESCRIPTION	BAG NO.	FLUID TYPE	AMOUNT (MLS)	RATE OF FLOW PER HR	ROUTE	ADDITIONS	PRESCRIBED BY	BATCH NO.	START (24 HOUR CLOCK)	FINISH	ADMINISTERED BY
	1	0.9 Sodium Chloride 500		As directed	IV	Oxytocin 30iu	TPAR	39710615 2006	0115		KW
	②	HARTMANNS	500	125	IV		TO		0530	0945	KW
		HARTMANNS	500	125	IV		TO		0945		KW

FLUID BALANCE CHART

TIME	ORAL	IV/SC FLUIDS/ RATE	IV OTHER	IV DRUGS	FLUSH	NG/NJ/ PEG	JEJ FEED	RUNNING TOTAL	URINE	STOOL	STOMA	VOMIT	ASPIRATE	DRAIN ( )	DRAIN ( )	DRAIN ( )	OTHER ( )	OTHER ( )	RUNNING TOTAL	INITIALS
07.00																				
08.00																				
09.00																				
10.00																				
11.00																				
12.00																				
13.00																				
[illegible]																				
[illegible]																				
16.00																				
17.00																				
18.00																				
19.00																				
20.00																				
21.00																				
22.00																				
23.00																				
24.00									70mls		(NAD)								70	KW
01.00	SIPS																			
02.00									170		+ BLOOD								240	LO
03.00																				
04.00																				
05.00																				
06.00																				
FINAL TOTALS																				

INSTRUCTIONS:

TOTAL INTAKE (A)	TOTAL OUTPUT (B)	BALANCE (A minus B)
_____ mls	_____ mls	_____ mls

Risk Factor Flow Chart

Are any of the following risk factors relevant for this patient?

- Diarrhoea
- High output stoma
- Large open wound/vac therapy
- Excessive vomiting/high NG output

- Renal Function
- Pulmonary Oedema
- Heart Failure
- Fluid Restriction
- Dehydration

Prescribed:
- IV/SC Fluids
- IV Drug Therapy
- Parenteral/Enteral nutrition

- Elevated NEWS
- SEPSIS
- Concern for patient intake / output
- Fluid Challenge

Patient has undergone major surgery and requires accurate fluid balance

Concern
- Requires assistance to eat and drink or swallowing problems and requires Intake Monitoring either use fluid balance chart/
- Hydration Card

Accurate
Urine volumes are required for patient monitoring (may not be required for long term catheters)

If NO or N/A → Go to Daily Assessment Flow Chart

If YES or 1 or more risk factors → Commence Fluid Balance Chart within 1 hour

If patient commences fluid balance chart

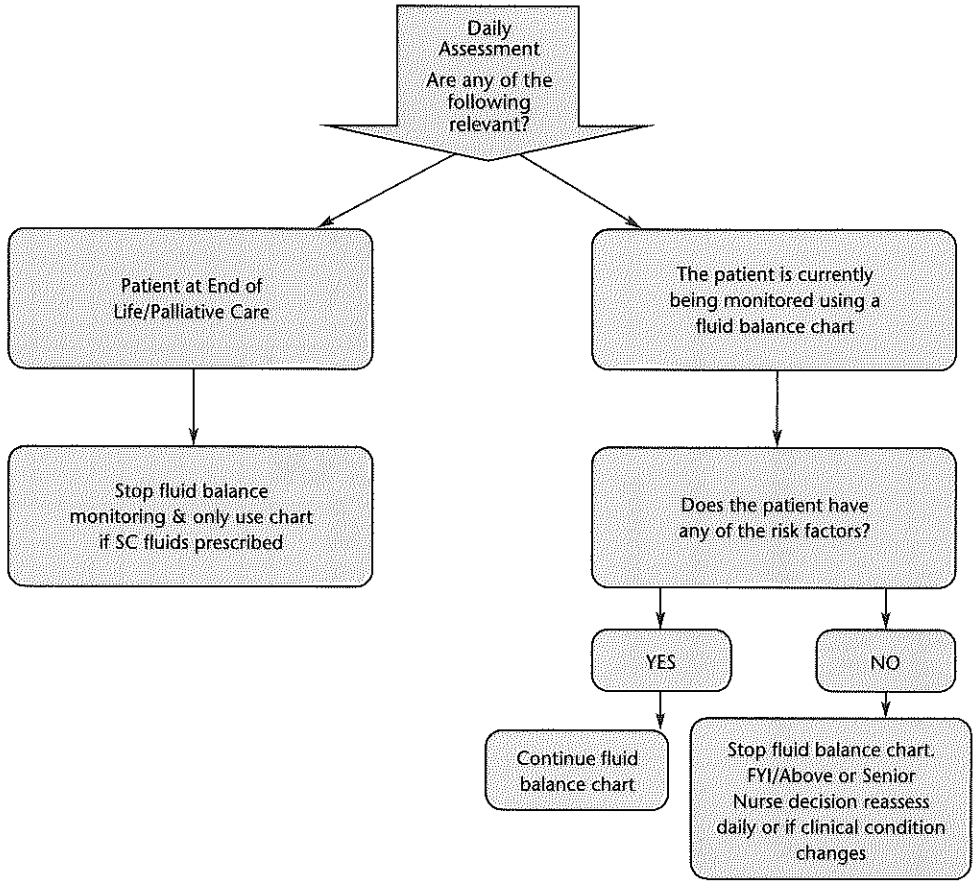
Shift by shift assessment of patients condition

Use flow charts to determine the need for active fluid balance monitoring

Documentation must include:
- Reason for commencement/ discontinuation
- All interventions/treatment/care given
- Evidence of review

This must be recorded within the Ongoing Nursing Record of Care & Multidisciplinary Notes

Daily Assessment Flow Chart



Tips to Better Fluid Prescribing

1. Use oral route whenever safe and clinically appropriate to do so
2. If fluids required, document reasons
3. If significant fluid resuscitation required, refer to specific guidelines e.g. major haemorrhage, sepsis, DKA

Volume 30-40ml/kg/day
Na+ 1-2mmol/kg/day
K+ 1mmol/kg/day

4. Calculate normal maintenance
5. Take into account estimates of deficit and ongoing losses (e.g. stoma, NG, diarrhoea).
6. Monitor electrolytes with daily U&E's (more frequently if large volumes infused).
7. Avoid prescribing more than 24 hours in advance.

WRITE OR ATTACH LABEL

Surname Leonard Sex F

Forename Stacey Jane

DOB and CHI 28/04/00 00/60

HOSPITAL/AREA .....

WARD/AREA .....

NHS Tayside

If>**60 years** of age -30mls /kg x body weight per day

If **18-60 years** of age - 35mls/kg x body weight per day

PRESCRIPTION & FLUID BALANCE CHART

DATE: _____ TIME: _____ CURRENT WEIGHT: _____ DAILY FLUID TARGET/RESTRICTION: _____ mls

(other information): _____

REASON FOR COMMENCEMENT: IOL / labour

REASON FOR DISCONTINUATION: _____ PREFERRED DRINK: water (if applicable)

PRESCRIPTION CHART

TIME OF PRESCRIPTION	BAG NO.	FLUID TYPE	AMOUNT (MLS)	RATE OF FLOW PER HR	ROUTE	ADDITIONS	PRESCRIBED BY	BATCH NO.	START (24 HOUR CLOCK)	FINISH (24 HOUR CLOCK)	ADMINISTERED BY

FLUID BALANCE CHART

TIME	ORAL	IV/SC FLUIDS/ RATE	IV OTHER	IV DRUGS	FLUSH	NG/NJ/ PEG	JEJ FEED	RUNNING TOTAL	URINE	STOOL	STOMA	VOMIT	ASPIRATE	DRAIN ( )	DRAIN ( )	DRAIN ( )	OTHER ( )	OTHER ( )	RUNNING TOTAL	INITIALS
07.00																				
08.00									450											
09.00	200	500						700												
10.00																				
11.00																				
12.00																				
13.00									350ml	RUQ	Pesticolve									
15.00																				
16.00																				
17.00																				
18.00																				
19.00																				
20.00																				
21.00																				
22.00																				
23.00																				
24.00																				
01.00																				
02.00																				
03.00																				
04.00																				
05.00																				
06.00																				
FINAL TOTALS																				

INSTRUCTIONS:

TOTAL INTAKE (A)	TOTAL OUTPUT (B)	BALANCE (A minus B)
_____ mls	_____ mls	_____ mls

Risk Factor Flow Chart

Are any of the following risk factors relevant for this patient?

- Diarrhoea
- High output stoma
- Large open wound/vac therapy
- Excessive vomiting/high NG output

- Renal Function
- Pulmonary Oedema
- Heart Failure
- Fluid Restriction
- Dehydration

Prescribed:
- IV/SC Fluids
- IV Drug Therapy
- Parenteral/Enteral nutrition

- Elevated NEWS
- SEPSIS
- Concern for patient intake / output
- Fluid Challenge

Patient has undergone major surgery and requires accurate fluid balance

Concern
- Requires assistance to eat and drink or swallowing problems and requires Intake Monitoring either use fluid balance chart/
- Hydration Card

Accurate
Urine volumes are required for patient monitoring (may not be required for long term catheters)

If NO or N/A → Go to Daily Assessment Flow Chart

If YES or 1 or more risk factors → Commence Fluid Balance Chart within 1 hour

If patient commences fluid balance chart

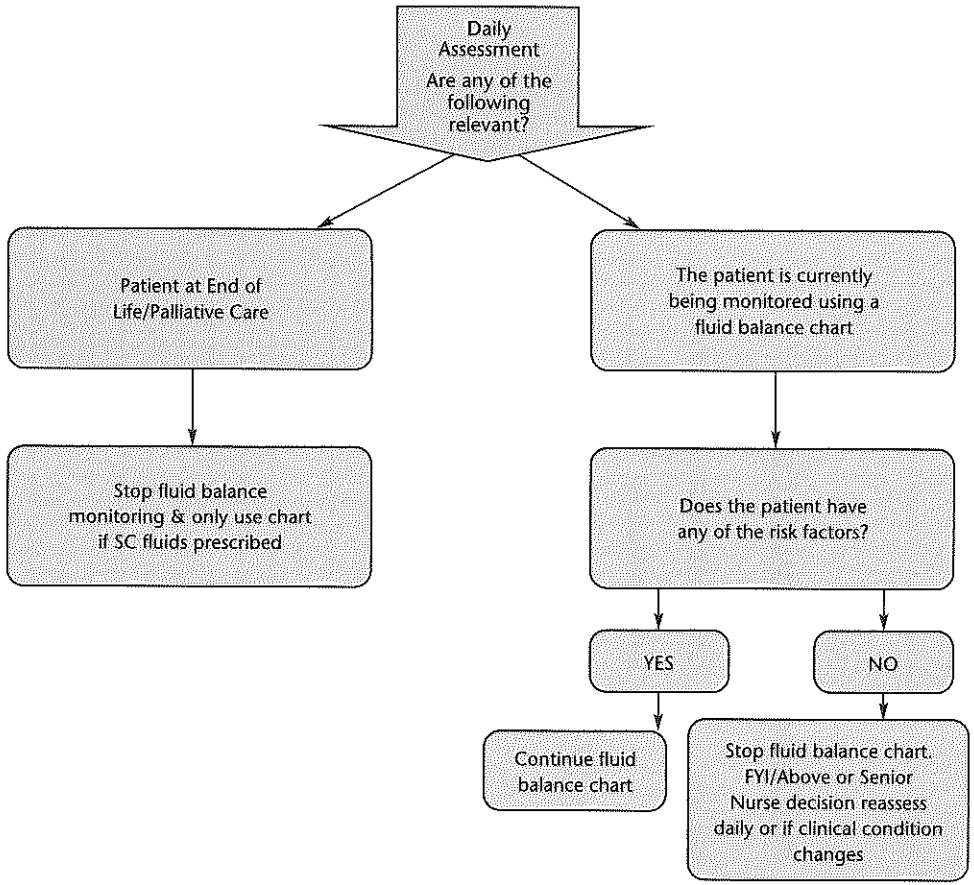
Shift by shift assessment of patients condition

Use flow charts to determine the need for active fluid balance monitoring

Documentation must include:
- Reason for commencement/ discontinuation
- All interventions/treatment/care given
- Evidence of review

This must be recorded within the Ongoing Nursing Record of Care & Multidisciplinary Notes

Daily Assessment Flow Chart



Tips to Better Fluid Prescribing

1. Use oral route whenever safe and clinically appropriate to do so
2. If fluids required, document reasons
3. If significant fluid resuscitation required, refer to specific guidelines e.g. major haemorrhage, sepsis, DKA

Volume 30-40ml/kg/day
Na+ 1-2mmol/kg/day
K+ 1mmol/kg/day

4. Calculate normal maintenance
5. Take into account estimates of deficit and ongoing losses (e.g. stoma, NG, diarrhoea).
6. Monitor electrolytes with daily U&E's (more frequently if large volumes infused).
7. Avoid prescribing more than 24 hours in advance.

THB 024SS

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD
(3 WEEK RECORD)

NHS Tayside

DATE OF ADMISSION 160520 RECORD START DATE

Leonard
2804880060

Hospital /Ward: NW LS.
Consultant: LYNCH.
On admission:
Weight: 44kg Height: 157.5cm
BMI-18

Pat Stacey Louise
2 Wards Road
CHI BRECHIN
DD9 7AS

SM Rooney

Dat

(Att

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

MEDICINE ALLERGIES/ SENSITIVITIES

IF NIL KNOWN TICK HERE THEN DATE & SIGN ☑ .....

1.	2.	3.	4.
latex → rash.			

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
16/05/20		Diamorphine	5mg	IM	(ME)	09.05	Hughes/Johnston
16/05/20		Stemetil	12.5mg	IM	(ME)	09.05	Hughes/Johnston
16/05/20		DIAMORPHINE	5mg	IM	(ME)	11.20	Johnston/Kemp

OTHER MEDICINE CHARTS IN USE

Chart Type	Signed		Signed
1. Insulin		4. Anticoagulant	
2. Epidural/Pain relief		5. Mental Health Act	
3. Fluid		6. Other	

AS REQUIRED THERAPY

Medicine / Form		Date	16/5/20								
CYCLIZINE		Time	1340								
Dose & Frequency: 50mg 8°	Route: PO	Dose	50mg								
Signature: [signature]	Start Date: 16/5/20	Route	PO								
Indication / Notes: N+V	Pharmacy	Initials	HK								

Medicine / Form		Date									
PARACETAMOL		Time									
Dose & Frequency: 1g 4-6°	Route: PO	Dose									
Signature: [signature]	Start Date: 16/5/20	Route									
Indication / Notes: Pain	Pharmacy	Initials									

Medicine / Form		Date									
IBUPROFEN		Time									
Dose & Frequency: 400mg 8°	Route: PO	Dose									
Signature: [signature]	Start Date: 16/5/20	Route									
Indication / Notes: Pain	Pharmacy	Initials									

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
Signature	Start Date	Route									
Indication / Notes	Pharmacy	Initials									

NOTES FOR USERS

For Prescribers:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:
   Milligram = mg **Gram = g** **Millilitre = ml** **Microgram: to be written in full**
   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml
5. Method of administration should be abbreviated as follows:
   Intravenous = IV **Inhalations = INH** **Intramuscular = IM** **Oral = Oral** **Topical = TOP** **Vaginal = PV**
   Subcutaneous = S Cut **Sublingual = S Ling** **Intradermal = ID** **Per rectum = PR** **Nasogastric = NG**

For Nurses:

1. The 'Regular' and 'As Required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the coding system.

REGULAR THERAPY

Date 16/5/20

Time

OXYGEN		Continuous/ PRN
Target O_2 Saturation 88 – 92% 94 – 98%		
Signature	Start Date	

6	
8	
12	
14	
18	
22	

THROMBOPROPHYLAXIS	
Dalteparin S Cut injection	TEDS
	None
Dose 2500units 5000units	
Signature	Start Date 16/5/20

AK

6	
8	
12	
14	
18	
22	

Medicine / Form	
Dose	Route
Signature	Start Date
Further Information	

6	
8	
12	
14	
18	
22	

Medicine / Form	
Dose	Route
Signature	Start Date
Further Information	

6	
8	
12	
14	
18	
22	

Medicine / Form	
Dose	Route
Signature	Start Date
Further Information	

6	
8	
12	
14	
18	
22	

DRUG DOSAGE CALCULATIONS

CONTINUOUS INFUSIONS

Date	Drugs	12/24 Hourly Dose	Route	Prescribed By	Date Stopped	Comments
16/5/20	30 units SYNTOCINON in 500ml 0.9% NaCl	As Rx per protocol	IV	GRUMBER		
Date	16/5/20					
Time	04:30					
Initials	KW					
Initials	CAS					

Date	Drugs	12/24 Hourly Dose	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Initials						
Initials						

Date	Drugs	12/24 Hourly Dose	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Initials						
Initials						

Date	Drugs	12/24 Hourly Dose	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Initials						
Initials						

Date	Drugs	12/24 Hourly Dose	Route	Prescribed By	Date Stopped	Comments
Date						
Time						
Initials						
Initials						

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINES

If a dose is not administered, initial and enter the appropriate code in the box with a circle drawn round it:

1. Patient refused
2. Patient unavailable
3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth.
6. Once only / prn given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. "On Pass"
14. Other .....
15. Other .....
16. Other .....

General Comments

NHS
Tayside

Maternity Early Warning Chart

Stacey Louise
Leonard.

Patient Sticker

2804880060

Contact Doctor For Early Intervention If Patient Triggers One Red Or Two Yellow Scores At Any One Time

Scoring References

Pain Score

0 No pain at rest, not aware of contractions
No pain on movement

1 No pain at rest, aware of contractions
Slight pain on movement

2 Intermittent pain on rest,
Mild/moderate painful contractions
Moderate pain on movement

3 Continuous pain at rest,
Severe painful contractions
Severe pain on movement

Motor Block

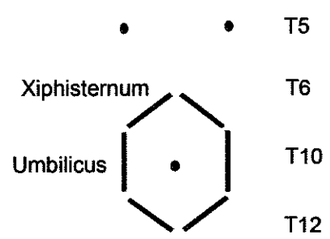
0 No paralysis, full flexion hips, knee & ankle

1 Unable to raise extended leg but able to flex knee

2 Unable to flex knee but able to flex ankle

3 Inability to move knee & ankle

Sensory Height



EPIDURAL COMMENCED ON

..... / ..... / ..... AT ..... : ..... HRS

PCEA:

Local anaesthetic.....%

Opioid.....mcg/ml

Bolus.....mls Lockout.....min

Starting volume.....mls

SPINAL DIAMORPHINE 0.3MG OR EPIDURAL DIAMORPHINE 3MG GIVEN ON

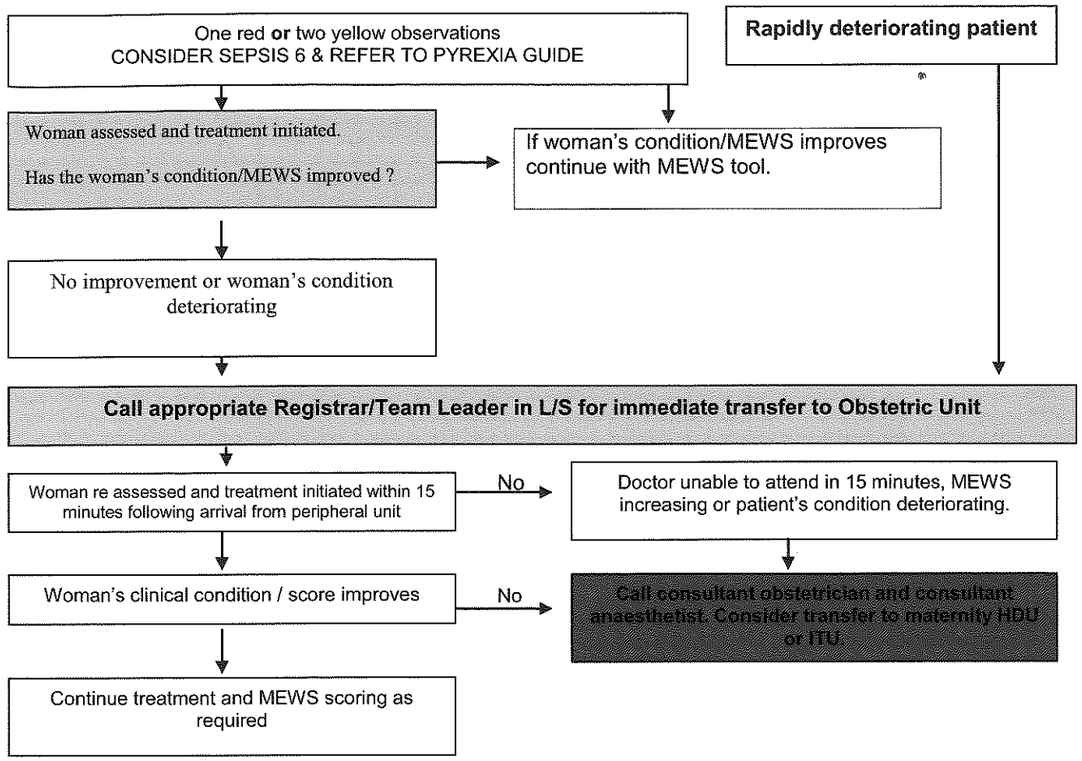
..... / ..... / ..... AT ..... : ..... HRS

RECORD THE FOLLOWING:

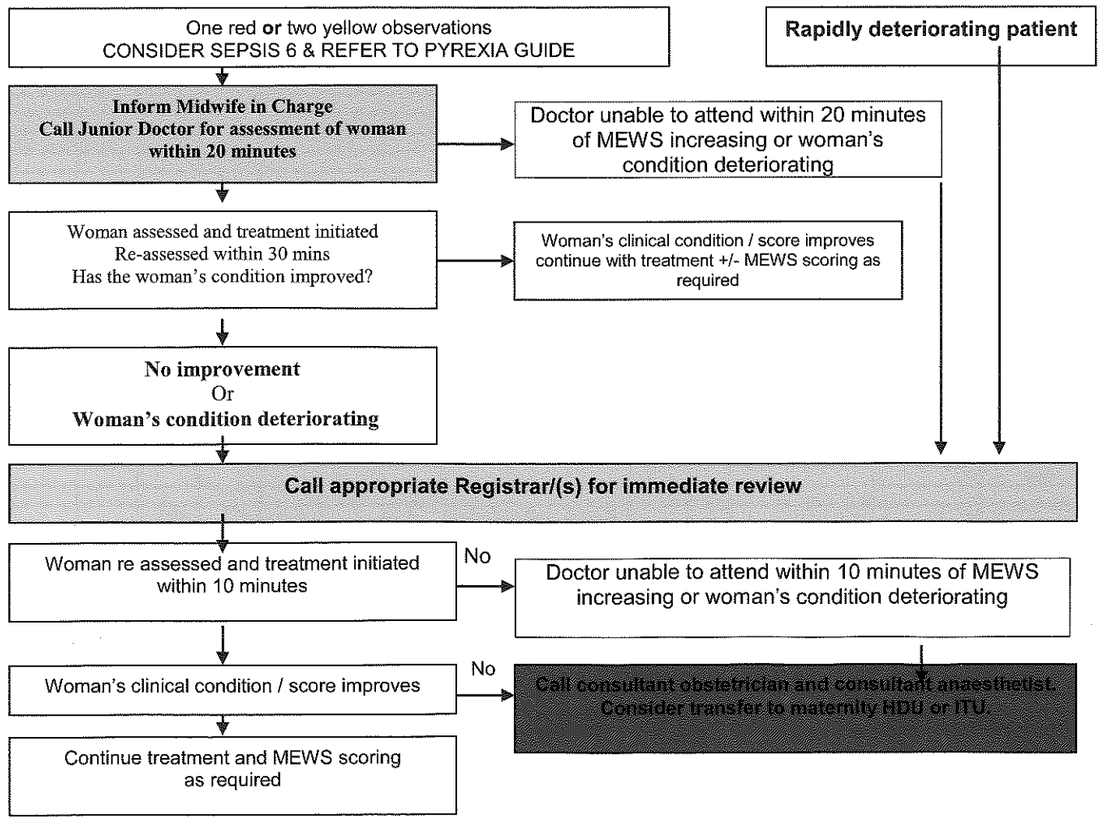
AVPU, RESP RATE, SpO2, PULSE AND BP
EVERY 5 MIN FOR 30 MINS;
IF STABLE, EVERY 30 MINS FOR 2 HRS;

IF STABLE, EVERY HOUR FOR 9 HRS.

Escalation for women in midwifery unit



Escalation for woman in obstetric unit



CLINICAL AREA: 1 Suite

Date:		16/5/20									PN 16/5/20		
Time:		0030	0210	0500	0410	0500	0630	0700	0820	0930	1030	1145	1800
RESP (No.)	> 30												
	21 – 30												
	11 – 20	14	16	14		16			17	11	16	17	16
	0 – 10												
Saturations (%)	95-100%	96	95	96	96	95	95	95	96	98	98	99	98
	< 95%												
Administered O_2 (L/min.)		Air	Air	Air	Air	Air	Air	Air	2	2	2	2	2

Temp •

39 / 38 / 37.5 / 37 / 36

Heart Rate •

170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40

Systolic blood pressure ↑

190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40

Diastolic blood pressure ↓

130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40

Epidural bolus administered													
NEURO RESPONSE (√)	Alert	A	A	A	A	A	A	A	X		A	A	X
	Voice												
	Pain												
	Unresponsive												
Sensory Block	≥ T4												
	≤ T5												
Motor Block	3												
	0-2												
Pain Score	3												
	0-2	0	0	0		0-1	1-2	1-2	2		1	0	0
Urine	< 100ml in 4 hrs												
Proteinuria	Protein ++												
	Protein >++												
Lochia	Normal												
	Heavy/Offensive												
Blood sugar	Level												
	< 4 or > 10												

Total Yellow Scores		0	0	0	0	0	0	0	0		0	0	0
Total Red Scores		0	0	0	0	0	0	0	0		0	0	0

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE RED OR TWO YELLOW SCORES AT ANY ONE TIME

NHS Tayside

NHS Tayside Obstetric Risk Assessment For Venous Thromboembolism

Patient Name	Leonard Stacey Louise 2 Wards Road BRECHIN DD9 7AS	2804880060
CHI:		
EDD:		SM Rooney

Patient provided with 'Preventing Blood Clots In Pregnancy and After Birth' leaflet ✓

Assess the patient's VTE risk against the factors listed below and arrange appropriate thromboprophylaxis according to their overall score. Assess at the following intervals:

- at booking
- at each antenatal review
- antenatal admission (reassess every 48hrs until discharge)
- within 24 hours of delivery (reassess every 48hrs until discharge)

SCORE	PRE-EXISTING RISK FACTORS
4	Previous VTE (unprovoked, oestrogen related, provoked, single or recurrent)
1	Family history of unprovoked or oestrogen related VTE in 1st degree relative
3	Known high risk thrombophilia – antithrombin deficiency, antiphospholipid syndrome with previous VTE, homozygous factor V Leiden/compound heterozygote, protein C or S deficiency
1	Known low-risk thrombophilia (no VTE) – prothrombin gene mutation or factor V Leiden
3	Any medical disorder e.g. heart/lung disease, active SLE, cancer, inflammatory polyarthropathy or inflammatory bowel disease, nephrotic syndrome, Type 1 diabetes with nephropathy, sickle cell disease, current IVDU.
1	Age >35 years
2	Obesity BMI ≥40
1	Obesity BMI ≥30
1	Parity ≥3
1	Smoker
1	Gross varicose veins (symptomatic or above knee or associate phlebitis/oedema/skin changes)

OBSTETRIC RISK FACTORS

SCORE	ANTENATAL
1	Pre-eclampsia in current pregnancy
1	Multiple pregnancy
1	Assisted Reproduction (antenatally only)

SCORE	POSTNATAL
2	Caesarean section
1	Mid-cavity or rotational forceps delivery
1	Prolonged labour (>24hours)
1	PPH (>1L or transfusion)
1	Preterm birth <37weeks
1	Stillbirth in current pregnancy

SCORE	TRANSIENT RISK FACTORS
4	Antenatal admission
4	Long-distance travel during pregnancy > 4hours
3	Any surgical procedure in pregnancy or puerperium (except immediate repair of perineum)
3	Hyperemesis
4	Ovarian Hyper-stimulation Syndrome (1st trimester only)
1	Current systemic infection
1	Immobility or dehydration

CONTRAINDICATIONS TO DALTEPARIN

(anti-embolism stockings can be used as an alternative means of thromboprophylaxis)

- Labour or admission for induction of labour
- Active bleeding or risk of major haemorrhage
- Thrombocytopenia (platelets < $75x10^9$/L)
- Known bleeding disorder (haemophilia, von Willebrand's disease or acquired coagulopathy)
- Uncontrolled hypertension (Systolic BP >200mmHg or Diastolic BP >120mmHg)
- Severe liver disease (prolonged prothrombin time or known varices)
- Planned or recent surgery or intervention with high bleeding risk. Seek expert advice.
- Epidural/spinal/Lumbar puncture expected within the next 12 hours or carried out in the previous 4 hours.
- Acute stroke in previous 4 weeks
- Severe renal disease (GFR <30ml/min/$1.73m^2$)

	SCORE		THROMBOPROPHYLAXIS
ANTENATAL	Booking	≥ 4	• Consider LMWH from 1st trimester • Urgent referral to Consultant Antenatal Clinic and standard LMWH letter to GP • 6 weeks postnatal LMWH
		≥ 3	• Consider LMWH from 28 weeks • Refer notes for review by consultant • Consider 6 weeks postnatal LMWH
		< 3	• Mobilisation and avoidance of dehydration
	Admission or new transient risk factor	≥ 3	• Daily LMWH unless contraindication, consider prolonged use if persistent risk factors • TED stockings • Mobilisation and avoidance of dehydration
POSTNATAL	≥ 4		• At least 6 weeks prophylactic LMWH
	≥ 2		• Prophylactic LMWH for at least 10 days (consider extending if on antenatal LMWH or ongoing risk factors)
	< 2		• Mobilisation and avoidance of dehydration

ANTENATAL AND POSTNATAL DALTEPARIN DOSING PROTOCOL

Booking or recent weight (kg)	Dalteparin dosing
< 50kg	Dalteparin 2500 units subcutaneously once daily
50kg - 90kg	Dalteparin 5000 units subcutaneously once daily
> 90kg -130kg	Dalteparin 7500 units subcutaneously once daily
> 130kg -170kg	Dalteparin 5 000 units subcutaneously TWICE daily
>170kg	Dalteparin 75 units/kg/day (Discuss with pharmacist)

EARLY PREGNANCY AND ANTENATAL ASSESSMENT

Assess at booking, with reassessments at each antenatal review, if admitted antenatally, and every 48 hours until discharged

Date	Gestation	Score	Comments	Signature & Designation
12/11/19	10+	2	Hydration & mobilisation advice given.	
16/12/19	15+4	<3	" " "	
17/2/20	24+5	<3	" "	
1/3/20	27+6	<3	" "	
16/5/20	37+2	2		

POSTNATAL ASSESSMENT

Assess following delivery and at least every 48 hours during admission

Date	P/N Day	Score	Comments	Signature & Designation
16/5/20	X	2	Dalteparin 10days (2500IU)	HKippen MW

NHS Tayside

ADVICE FOR THROMBOPROPHYLAXIS ASSESSMENT

To be used in conjunction with NHS Tayside Obstetric Risk Assessment For Venous Thromboembolism

- All women should undergo a documented risk assessment of risk factors for venous thromboembolism (VTE) on at least three occasions using the above assessment tool;
  - At booking, with review at each antenatal visit
  - On antenatal admission, with review every 48 hours or as the clinical condition changes
  - Immediately following delivery, with review every 48 hours while remains an inpatient

- Every woman should be given the leaflet 'Preventing Blood Clots In Pregnancy and After Birth' at booking.
- Women at high risk of VTE in pregnancy should be offered pre-pregnancy counselling and a prospective management plan for thromboprophylaxis in pregnancy. Those who become pregnant before receiving such counseling should be referred to a consultant obstetrician early in the pregnancy.
- Women with a known thrombophilia should be referred for early consultant review. Management is dependent on the particular thrombophilia and the presence of any other risk factors. Women with high risk thrombophilias (including antithrombin deficiency and antiphospholipid syndrome) should be considered for thromboprophylaxis with higher doses of LMWH. Please see full thromboprophylaxis guideline for full details.
- If there is a family history of an unprovoked or oestrogen related VTE, in a 1st degree relative aged <50 years, with no personal history or risk factors for VTE, consider performing a thrombophilia screen.

THROMBOPROPHYLAXIS

- Women for whom pharmacological prophylaxis is indicated should have a clinical assessment of bleeding and bleeding risk before starting treatment.
- Low molecular weight heparins (LMWH) are the agents of choice for thromboprophylaxis. Women with renal impairment (eGFR < 20mls/min) should receive unfractionated heparin.
- Women receiving antenatal LMWH should be advised that, if they have any vaginal bleeding or once labour begins, they should not inject further LMWH. They should seek medical advice urgently. Re-assessment should occur on admission to hospital.
- LMWH should not be given for 4 hours after use of a spinal anaesthetic or after removal of an epidural catheter.
- If risk factors for VTE are identified patients should be assessed for anti embolism stockings.
- Intermittent pneumatic compression boots can also be used if LMWH is contraindicated in high risk women.

Abbreviations : VTE Venous Thromboembolism, **SLE** Systemic Lupus Erythematosus, **BMI** Body Mass Index, **IVDU** Intravenous Drug User, **PPH** Postpartum haemorrhage, **GFR** glomerular filtration rate, **LMWH** Low Molecular Weight Heparin, **GP** General Practitioner.

Local guidance adapted from: Reducing the Risk of Thrombosis and Embolism during Pregnancy and the Puerperium Royal College of Obstetricians and Gynaecologists Green Top Guideline No. 37, April 2015. Scottish Intercollegiate Guidelines Network (SIGN) Guideline 122 (2010) Prevention and Management of Venous Thromboembolism Edinburgh: SIGN December 2010. Postnatal Risk Assessment Tool for VTE. NHS Grampian 2013. Postnatal Risk Assessment Tool for VTE. NHS Aryshire & Arran 2014. Booking Risk Assessment Tool for VTE. NHS Forth Valley

NHS Tayside

PPH Risk Assessment

STRUCTURED CHECKLIST

Complete on admission for IOL, C Section, Augmentation or in Spontaneous Labour

Woman's ID
STACEY LOUISE 2804880060.

- Four to six hourly throughout the first stage of labour **Or** if situation changes
- Hourly in the 2nd stage of labour
- Following the 3rd stage of labour
- **Enter Yes, No or Not applicable (N/A)**

DATE 160520 TIME:	0215	0811	1200				
Most recent Hb	109	109	109				
Does it require to be repeated?	No.	NO	NO				
Group and save required?	YES		NO				
Active group and saved sample taken? (within 72 hours)	YES	Achrl	active				
Are there antibodies present?	AWAITING RESULTS		–				
Consider cross matching if antibodies are present	?						
IV fluids required?	No.	Yes	NO				
Iv syntocinon required?	No.	YES	NO				
Progress in labour reviewed?	WILL BE	YES	delivered				
Any known drug allergies?	NKDA	latex	latex				
Refusal of blood transfusion / products?	No.	NO	NO				
PPH Risk Assessment completed?	YES		YES				
Plan for 3rd stage GREEN / AMBER / RED	GREEN	green	green				
VTE checklist completed (P/N)	N/A						
VTE prophylaxis required?	No						
Ongoing management plan documented	YES	YES					
Initials	QW	HO	HK				

NHS
Tayside

PPH Risk Assessment

Complete on admission in labour, for IOL or augmentation of labour.
Complete prior to second stage and following delivery

ANTENATAL RISK FACTORS	POINTS
Placenta Praevia/Accreta	10
Placenta Abruption / Significant	10
Multiple Pregnancy	6
Current Hb ≤85	6
Intrauterine Death	2
Severe pre-eclampsia	4
Maternal Clotting Disorder	3
Previous PPH or Retained Placenta	3
Parity >4	3
Parity ≥6	6
Current BMI >40	2
Uterine Fibroids	2
Recurrent APH (minor)	2
Elective or previous Caesarean section or Emergency C-section (not in labour)	2
Antenatal Score	0

PERINATAL RISK FACTORS	POINTS
Induction of labour / Augmentation of labour	2
Sepsis /Pyrexia in labour	2
Prolonged 1st stage of labour >12 hours (active)	2
>12 hours of Syntocinon	2
Prolonged 2nd stage of labour >4 hours	2
Operative Vaginal Delivery	2
Emergency Caesarean section (in labour)	6
Perinatal Score	2
Antenatal + Perinatal	2

Retained placenta	6
Suspected Baby >4 Kg	2
Postnatal Score	
Total Score (Antenatal plus Perinatal)	

Management of 3rd stage and following delivery – alternative plans documented in the notes

Score less than 6	Score 6 - 9	Score 10 or more
Active management recommended Syntometrine 1 amp IM at delivery **OR** Syntocinon 10iu IM/5iu IV Measure all blood loss Routine postnatal observations	Follow Green action PLUS IV access – Grey venflon, Group & save FBC **Syntocinon infusion** - 40iu/500ml 0.9% saline @125mls/hr **OR** 30u/500ml at 166 ml/hr Continue **MOEWS** and record observations at least every 30 minutes for 2 hours Consider further uterotonic drugs - **EARLY**	Follow Amber action PLUS 2nd Grey Venflon Give second Syntometrine Or syntocinon Or Ergometrine IM/IV Or Haemabate IM **Cross match in advance if there are antibodies present**

BE AWARE OF THE CONTRA-INDICATIONS FOR USING ERGOMETRINE

APPENDIX

T368.

NHS Tayside

INDUCTION OF LABOUR IN NHS TAYSIDE

Induction of Labour – Information for Women and Their Families

Introduction

This leaflet has been provided to help answer some of the questions you and your family may have about induction of labour (IOL) and to help you make an informed decision about your IOL.

This information is based on a national evidence-based clinical guideline on induction of labour ('NICE' – National Institute for Clinical Excellence – Guidelines 2008).

What is Induction of Labour?

Labour is a natural process which usually starts on its own. Sometimes however labour needs to be started artificially, this is called Induction of Labour.

Why might I be offered Induction of labour?

A doctor or midwife may offer you induction of labour if it benefits you or/and your baby.

Common reasons include

- Prolonged Pregnancy

This is when the pregnancy lasts 42 weeks or longer (14 days or longer than your due date). This is the most common reason for induction. The placenta is where the oxygen is transferred from the mother's blood to the baby's blood and where the food passes from mother's blood to the baby's blood during pregnancy. This may become less efficient with prolonged pregnancy and result in stillbirth, although the overall risk of stillbirth remains low. There is no precise way to identify those pregnancies at risk of stillbirth, induction of labour is currently recommended to all women by 42 weeks if there labour has not started naturally.

- Concerns about babies wellbeing

If you or your baby's wellbeing is causing concern and inducing your labour to achieve an earlier birth may be beneficial in certain circumstances, such as diabetes, high blood pressure, growth problems of the baby, and other conditions.

What Are The Risks or Disadvantages of IOL?

Induction promotes birth before your body is ready for labour. Therefore, compared to natural labour some interventions are more common. These include:-

- Increased length of labour
- Increased need for pain relief including an epidural
- May provoke too many or prolonged contractions, which can diminish your baby's oxygen supply and lower your baby's heart rate - very rare (less than 1%)
- Increased need for an instrumental birth (10% for spontaneous labour versus 15% for induced labour nationwide.)

If the process of IOL does not work, we will discuss other options with you, one of which is a caesarean section delivery. Therefore, IOL is only recommended if the benefits outweigh the risks.

What Happens If I Need To Be Induced?

Your midwife or obstetrician will explain in detail the reasons why they recommend induction of labour. It is important that you understand the IOL process and ask any questions you might have.

Your assessment will include examination of your tummy (abdomen) to see how your baby is lying in your womb, and listening to your baby's heart beat. Following this, you will most likely be offered an internal examination to assess your cervix (neck of the womb), and a 'membrane sweep'. We will then arrange a date of IOL for you.

What is Membrane Sweeping?

You will be offered a membrane sweep to help you go into labour naturally before 42 weeks. This involves your obstetrician or midwife placing a finger into your cervix and making a circular, sweeping movement to separate the membranes that surround your baby, or massaging your cervix if this is not possible.

Membrane sweeping does not cause any harm to you or your baby although it may cause some discomfort, pain or bleeding. It may stimulate the natural production of prostaglandins (hormones), which might promote softening of the cervix and in time trigger active labour.

You will be offered a membrane sweep at 40 weeks at your antenatal appointments to reduce the need for induction of labour. If labour does not start after this, you can ask for additional membrane sweeps.

How Long Should IOL Last?

It is different for each pregnant woman and depends on how ready the neck of your womb and your baby are for birth. It is important to be aware that the Induction of labour process can be lengthy sometimes taking 4-5 days to get labour started. In general, if this is your first pregnancy (you have not given birth before) and the neck of your womb is not ready (cervix is closed and firm), it may take longer than in second or subsequent births. If you are in hospital for this process please ensure you bring books, magazines, tablets to keep you entertained.

How will I be induced?

Induction of labour can be a long process requiring one or all of the below actions.

Softening and shortening of your cervix called cervical ripening. This is usually achieved by the ripening balloon or prostaglandins (hormones) placed into the vagina

Breaking the waters around your baby in the womb (if they have not broken already during ripening). This is called artificial rupture of membranes (ARM)

Using an oxytocin infusion drip to enhance the contractions to widen your cervix. This is called cervical dilatation

Your labour might start after cervical ripening by the hormones or balloon and you may not need the following two steps. However, if this is your first pregnancy or the neck of your womb is not ready at all, you are more likely to go through all steps as above which can take several days.

In NHS Tayside women will usually first be offered induction with a Cervical ripening balloon

The cervical ripening catheter allows your cervix to be dilated mechanically thus permitting artificial rupture of your membranes. It is inserted into your cervix and inflated using normal saline. You and your baby's wellbeing will be monitored closely for the first hour after the procedure and regularly after the procedure. **You may experience mild discomfort on insertion of the catheter for which we will offer pain relief as you require.**

The balloon remains in place for 24 hours and gently opens the cervix. The benefit of the balloon is that there are no drugs used to start your labour and the risk of complications to baby or yourself is small. Some women may be able to go home following insertion of the balloon and return the following day your midwife or obstetrician will discuss this with you.

A hormone pessary

This a slow release prostaglandin (hormone) which is inserted into your vagina once and works over 24 hours . It prepares the neck of the womb for labour. You may also get contractions during this process.

We will advise you to keep the pessary in for 24 hours. The pessary may need to be removed if:

- You are in real labour (which is when you have regular, (three or four) contractions every ten minutes and the neck of your womb is opened 3 cm or more)
- You are having too many contractions (five or more contractions every ten minutes)
- You are having too long contractions (one contraction lasting about two minutes)
- Your baby's heart rate pattern is of concern
- You start bleeding. It is normal to get a tiny amount of blood with some mucousy discharge after an interna examination

Artificial Rupture of the Membranes (ARM)

This is also known as 'breaking the waters' and can be used if the cervix has started to ripen. A small hole is made in the membranes using a slim disposable sterile plastic instrument during an internal examination performed by the midwife or obstetrician. Having your membranes broken should encourage more effective contractions.

Use of Oxytocin

Sometimes prostaglandins and/or breaking the waters is sufficient to start a labour, but many women require oxytocin. This drug is only given on labour ward using a drip into a vein in the arm. It causes the womb to contract, and is usually used after the membranes have broken either naturally or artificially. The dose can be adjusted according to how your labour is progressing. The aim is for the womb to contract regularly until you give birth.

When using this method of induction, it is recommended that you have your baby's heart rate monitored continuously using a cardiotocograph machine (CTG). The contractions can feel quite strong with this type of induction – the midwife will ask you how you are coping and tell you about different methods of pain management.

Can I be induced and still have a home birth or go to the birth centre?

If your labour is induced it would be recommended that you have your baby in a hospital. If you go into labour following just the balloon or pessary you can have your baby on the Dundee Midwifery unit if your pregnancy is otherwise uncomplicated which is our alongside midwifery led unit. You should discuss place of birth with your midwife or obstetrician when booking induction.

What Happens if Induction Does Not Work?

If you do not go into labour after induction, your midwife and obstetrician will discuss your options with you and check you and your baby thoroughly. This happens in about 5-10% of women having IOL. Depending on your wishes and circumstances, we may offer you:

- Another method of IOL
- Defer the IOL for a later date if circumstances allow
- Caesarean section delivery

Can I Choose Not To Be Induced?

Your obstetrician will explain in detail the reasons why he/she recommends IOL. However, if you do not wish to be induced at this time, you should tell your midwife or obstetrician. We will then ask you to come to the hospital for monitoring so that we can check how you and your baby are. We will test your baby's heart beat using a CTG and a scan to check babies wellbeing.

Please note that these methods are not very reliable to show us which pregnancies are at high risk for stillbirth. Because of these limitations, we offer IOL to all pregnancies by 42 weeks gestation (two weeks after your expected date of delivery).

Why might my induction be delayed?

We understand that when your induction is delayed, this can make you feel distressed and upset. However, the midwife or obstetrician will give you reassurance and try to keep you informed about arrangements for your induction. The arrangements are dependent on your individual circumstances and those of the labour ward.

Your induction may be delayed if all midwives are busy caring for other patients at that time and/or there is no bed available. Birth is unpredictable and we have women arriving as emergencies 24 hours a day. We, as midwives and obstetricians, have a responsibility to care for mothers and babies on our unit and ensure safe deliveries. This may impact on the plan for your IOL, either delaying the start of your induction or delaying the progress of your induction if t has already started. If you are unhappy at any time, please ask to speak to the senior midwife on duty.

To book IOL please call Labour Suite Ninewells:

01382 632141/632140

NAME: Stacey Leonard

CHI: 2804880060

TELEPHONE NUMBER: 07368822877

DATE: 07.05.20

PARITY: 4/0

GESTATION: 37+1

CONSULTANT: PL

IOL ARRANGED BY: BMcMason

ADMISSION DETAILS

Please attend (circle as appropriate): **Maternity Assessment** / **Ward 38 North** / **Labour Suite**

ANC - Delivery

Date of admission: 15.05.20 Time of admission: 0830

INDICATION FOR INDUCTION OF LABOUR (Please list reasons in order of priority):

1- Stacey Leonard PRAM

2- Previous SFD, PRAM.

3-

14th-21st 37+1 - 15th fav

Going home

Your midwife or obstetrician will advise you whether it is appropriate for you to go home during the Induction process.
Please return to **NINEWELLS** Labour ward 24 hours following insertion of the cervical ripening balloon at:

Date:	Time
__/__/__	08:__ am/pm

During the time you are at home, you can do things as you would do normally, for example showering, bathing, and walking. However, please avoid intercourse.
If you have any:

- Bleeding
- Contractions
- Concerns about the baby's movements
- You feel unwell
- The waters around the baby breaks
- The balloon falls out.
- Any concerns

You should call Maternity Triage immediately (24 hours a day).

Woman's Signature	**MW/Dr Completing discussion signature**
J Sheonard.	

12.40

PATIENT NAME Stacey Leonard DATE OF BIRTH / CHI 2804880060

Telephone / Face to Face Screening Questions for Outpatient Booked Appointments & Triage Services during COVID-19 outbreak

Prior to ANY hospital face to face appointment

Patients need to be contacted / in contact within 48 hours of appointment and asked the following questions:

"Because of the Covid-19 Global Pandemic, we are contacting you to undertake some checks before your planned hospital attendance.

Within the past two weeks:

1. Have you displayed any of the following: (If YES, please self isolate and follow advice on NHSInform. Please rebook for after 14 days)

   i) high temperature **Yes / (No)** **Record temp at Face to Face Screen** 36.3 **°C**

   ii) new continuous cough or new shortness of breath **Yes /** (No) or

   iii) new loss of sense of smell **Yes /** (No)

2. Have you been in recent contact with anyone displaying these symptoms or confirmed positive for Covid 19? **Yes /** (No) *(If YES, please self isolate and follow advice on NHSInform. Please rebook for after 14 days)*

3. Have travelled abroad or from another area in the last 2 weeks? **Yes /** (No) *YES – please self isolate for 14 days, and rebook for after 14 days are complete*

4. Are you currently isolating, or been advised in writing to "Shielding" for a period of 12 weeks?

   1. **YES** - due to symptoms of COVID or a positive COVID test – Please complete recommended isolation period, we will be back in touch

   2. **YES** - for protection only, no covid risks - fine for admission ✓

   3. **YES** for shielding - then clinician to be advised for decision

5. Are you aware that you must attend you appointment alone, without children, friends or family? (Yes) / **No**

If postponed, do you have transport arranged for your appointment, please contact them if you do to let them know your appointment has been postponed.

Please make sure that from now on you strictly follow the government advice on Social Distancing. If you start to feel unwell before the appointment, please let us know before coming to the hospital."

These questions should also be asked by recipient of telephone referrals that leads to a hospital attendance.

2. **At hospital attendance**

Prior to entry to the outpatient clinic area:

1) Please ask questions 1, 2 & 3.
2) Check the patient's temperature

If YES or patient temperature >38c do not allow entry to clinic, inform responsible clinician so patient can be rebooked and advised to return home and self isolate immediately.

CONTINUOUS PUMP INFUSION PRESCRIPTION (GENERAL)

Ward/Clinic/ Hosp. N/wells P/L Cons.

D D M M Y Y C.H.I. No. 2 8 0 4 8 8 0 0 6 0

Surname Leonard

First Name Stacey M. State

Address Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

Date 16th May '20

KNOWN DRUG SENSITIVITY or ADVERSE REACTION (1) NKDA (2)

Total Intake =

Total Output =

Balance =

Time 24 hr clock	Type of Fluid and Strength / Additive and Strength	Volume Prescribed	Strength of Additive per ml. of Vehicle	Rate ml/h	Prescribed by Signature	Prepared by Signature	Batch Nos.	Reading after Filling	Volume given in 1 h	Total Volume given in ml	Initials (Given)	Blood Glucose (mmol/l)	Thrombin Time Prolongation (sec)	Haematologist's Comment
0445	OXYTOCIN	30u		1ml/h	TPAR	[illegible]	3971019	500	—	—	[illegible]			
	0.9% SALINE	500					20305351							
0500	〃 〃	〃		↑ 2mls/h	〃	〃	〃	499.3	0.7	0.7	KW			
0600	〃 〃	〃		2mls/h	〃	〃	〃	497.0	2.3	3.0	LO.			
0700	〃 〃	〃		〃	〃	〃	〃	495.2	2.5	4.8	LO.			
0800	〃							493	2.8					
0900	〃 〃							491	2	9	HK			
1000	〃 〃	〃		4	〃	〃								
1100	〃	〃	〃	Stopped	〃	〃		481.1			RJ			
	TOTALS													

DOCTORS "FLOATING SCALE" INSULIN INSTRUCTIONS

HEPARIN OR OTHER THERAPY INSTRUCTIONS

THB(MR) 30

Date ..... Signature .....

Date ..... Signature .....

NHS
Tayside

Hospital no.: 2804880060
Our reference no.: 41468
Exam Date: 09.04.2020

Patient: **Stacey Leonard**, DOB 28.04.1988
2 Wards Road, Brechin DD9 7AS

Indication:
3rd trimester (>24 weeks)Growth scan.

History:
Maternal age: 31 years, pre-pregnancy weight 44.0 kg, height 157.5 cm, BMI 17.7.

EDD by ultrasound: 04.06.2020.
Gestational age: 32 weeks + 0 days.

Fetal Wellbeing Scan:
Fetal Measurements (plotted in relation to the normal mean and 5th to 95th centile).

Abdominal Circumference (AC)	263.4	mm	-

Heart action present. Presentation cephalic. Amniotic fluid: deepest pool 4.9 cm.
Placenta: anterior not low.
Doppler:

Umbilical Artery:	PI	1.14
	Enddiastolic flow: positive	

Diagnosis:
> 24 weeksGrowth - see charts.

We recommend a further ultrasound scan in 4 weeks.
Active baby. Has placental site USS in 2 weeks which can be cancelled, needs a growth scan in 4 weeks to be sent out.

Operator: LC

Maternity Risk Assessment Pathway

NHS Tayside

CHI No / add	Leonard Stacey Louise 2 Wards Road BRECHIN DD9 7AS	2804880060 SM Rooney

NB: All women attending a consultant clinic must have their medical and previous obstetric notes.

ANC = Consultant Antenatal Clinic with woman's own consultant.

Medical History	Plan	Tick if appropriate
• All Cardiac Disease	Urgent ANC after booking.	
• Solid Organ Transplant	Urgent ANC after booking.	
• Known haemoglobinopathy or other haematological disease e.g. ITP or Von –Willebrands disease	Urgent ANC after booking. Anaesthetic clinic 34 wks if appropriate	
• Anaphylaxis	Consultant notes review. Anaesthetic referral by 20 weeks.	
• Anticoagulant therapy / thrombosis	Urgent ANC after booking.	
• Hypertension on treatment	Urgent ANC after booking. Aspirin letter, if appropriate, to GP.	
• Significant gastrointestinal disorders e.g. Crohn's	Consultant notes review & plan Hb 28 and 34 weeks.	

• Epilepsy or Neurological Disease (MS)	Epilepsy ANC before 20 weeks. Folic acid letter to GP if on anti-convulsant medication.	
• Diabetes (including previous gestational diabetes)	Ensure woman has been seen or has an appointment at combined diabetic clinic. Give patient details to Diabetic Nurse Specialist.	
• Malignancy including previous molar pregnancy	Consultant notes review. ANC 20 – 24 weeks.	
• Severe Asthma	Consultant notes review. ANC 20 – 24 weeks. Anaesthetic referral. Recommend early pregnancy asthma review & repeat at 36 weeks for all asthma	
• Renal Disease	U&E's; Urgent ANC after booking. Aspirin letter, if appropriate, to GP.	
• Auto-immune Disease (e.g. Lupus)	Urgent ANC after booking. Aspirin letter, if appropriate, to GP.	
• Thyroid Disease	Place Guideline: Thyroid disease in Pregnancy in SWHMR. Send standard letter to GP, if appropriate.	
• Known fibroids	ANC 20 – 24 weeks.	
• Pelvic surgery, female genital cutting / circumcision	ANC 20 – 24 weeks.	
• Other current or previous medical conditions	Discuss care with Consultant.	
• Patient with HIV or Hepatitis B or C	Urgent ANC after booking. Use HIV Care Pathway or Hepatitis B/C checklist. HCV & HBV PCR.	

Mental Health History	Plan	Tick if appropriate
• Previous history of mental health problem e.g. Bipolar Disorder: Psychotic Depression; Schizophrenia; Puerperal Psychosis	Consultant notes review. ANC 20 – 24 weeks. PNMH Pathway.	✓
• Maternal family history of Bipolar Affective Disorder, first degree relative	PNMH Pathway.	✓
• Mild Depression	Standard letter to GP.	

Current Pregnancy	Plan	Tick if appropriate
• BMI 30 – 34	Discuss the significance of having a raised BMI and managing weight gain in pregnancy and give optiMUM leaflet. Green Pathway.	
• BMI >35	Discuss the significance of having a raised BMI and managing weight gain in pregnancy and give optiMUM leaflet. Assess VTE. Obesity guideline.	
• BMI >40	Discuss the significance of having a raised BMI and managing weight gain in pregnancy and give optiMUM leaflet. Assess VTE. Obesity guideline. Consultant clinic at 20 weeks.	
• Age over 40 years at booking	Consultant notes review. ANC 20 – 24 weeks. Growth scan 32 & 36 weeks	
• Age 16 years or under	Consultant clinic 20 – 24 weeks. Maternity care pathway .	
• IVF / ICSI pregnancy	Consultant notes review & planning.	
• Late booker after 20 weeks	Consultant notes review & planning.	
• Multiple pregnancy	Scans as NHST guidelines. Twin clinic 16 – 20 weeks.	

• Women who refuse the administration of blood or blood products e.g. Jehovah 's Witness	Transfusion refusal pack in casenotes & SHWMR. Follow checklist.	
• Continues to smoke or if cannabis disclosed	Tailored package, UBBP, NHSTSM.	
• Partner has HIV or Hepatitis	Consultant notes review & planning.	
• Hospitalised outside Scotland in last 12 months	Refer to Carbapenemase Producing Enterobacteriaceae (CPE toolkit). Rectal swab required	

Poor support and isolation are important risk factors for maternal death. Involvement of Social Worker, CPN, Health Visitor or Voluntary Agencies may be the most appropriate source of support and route of referral.

Past Obstetric History	**Plan**	**Tick if appropriate**
• Mid trimester loss (14 – 24 weeks)	Urgent ANC after booking and relevant past case notes.	
• Previous pre term birth	Consultant notes review. ANC 20 – 24 weeks.	
• Previous intrauterine death	Consultant notes review. ANC 20 – 24 weeks.	
• Previous baby with congenital abnormality	Consultant notes review. ANC 20 – 24 weeks	
• Previous baby less than 10th centile or 2.5kg at term	Consultant notes review & monitoring plan.	
• Previous macrosomic baby >4.5kg	Glucose Tolerance Test (GTT) 28 weeks.	
• Previous Sudden Infant Death Syndrome	Consultant notes review and referral to Neonatal Consultant at 28 weeks for discussion..	
• Significant illness or death in a sibling	Consultant notes review.	
• Previous caesarean section	Consultant notes review. ANC 20 – 24 weeks to plan birth. BAC checklist.	
• Previous shoulder dystocia or 3° / 4° tear	ANC 20 – 24 weeks.	

• Previous obstetric haemorrhage	Consultant notes review & plan.	
• Previous proteinuric hypertension, eclampsia and HELLP	Consultant notes review & plan.	
• Previous isoimmunisation (e.g. Rhesus, Kell)	Consultant notes review. Insert national monitoring guidelines in SHWMR	
• 3 or more consecutive miscarriages	Consultant notes review.	

Family History	**Plan**	**Tick if appropriate**
• Family History of genetic disorder (discuss with Geneticist or Consultant at Booking)	Name of affected individual, name of disorder & relationship to couple is essential.	

Anaesthetic Risks	**Plan**	**Tick if appropriate**
• Previous anaesthetic problems or previous difficult intubation or facial abnormalities. • Spinal injury, disease or spinal surgery	Anaesthetic clinic 34 weeks. Use referral form.	
• Severe Respiratory Disease which required admission to ITU	Anaesthetic clinic 34 weeks. Use referral form.	
• Family history of Suxamethonium Apnoea or Malignant Hyperpyrexia • Previous anaesthetic reaction	Anaesthetic clinic 34 weeks. Use referral form.	
• CNS disorders e.g. MS , Myasthenia Gravis, CVA, brain or back injury	Anaesthetic clinic 34 weeks. Use referral form.	
• BMI >40	Anaesthetic clinic 34 weeks. Use referral form.	
• Cardiovascular Disease (e.g. Angina, Arrhythmias, cardiac surgery)	Anaesthetic clinic 34 weeks. Use referral form.	

Social Risk Factors	Plan	Tick if appropriate
• Age under 16	FNP referral.	
• Current / previous social work involvement	Multi agency assessment referral.	
• Social problems (e.g. woman is a carer, unsupported pregnancy.	Multi agency assessment referral if appropriate	
• Social isolation/ refugee or immigrant; English not first language status	Consider joint HV /CMW visit.	
• Disability: deaf, blind, hearing impairment	Good multidisciplinary liaison	
• Poor engagement with services	Good multidisciplinary liaison	
• Gender based violence (document elsewhere)	Women Affected by Gender Based Violence Maternity Pathways	
• Alcohol or substance misuse. Past and present, including cocaine use	Substance Misuse Pathway.	
• Substance misuse partner	Multi agency assessment referral.	
• Woman / partner in criminal justice system	Multi agency assessment referral.	

Date 12/11/19 Signature

NHS
Tayside

Hospital no.: 2804880060
Our reference no.: 41468
Exam Date: 28.11.2019

Patient: **Stacey Leonard**, DOB 28.04.1988
2 Wards Road, Brechin DD9 7AS

Indication:
1st Trimester (<14 weeks)Dating - declined NT screen.

History:
Maternal age: 31 years, pre-pregnancy weight 44.0 kg, height 157.5 cm, BMI 17.7.

EDD by ultrasound: 04.06.2020.
Gestational age: 13 weeks + 0 days.

First Trimester Ultrasound:
Transabdominal US with GE Voluson E6. Ultrasound view: good.
Fetal heart action present.

Crown-rump length (CRL)	66.6	mm	-

Nuchal translucency scan declined
Nasal bone present
Fetal anatomy: **skull/brain** not examined, **heart** not examined, **spine** appears normal, **abdomen** appears normal, **stomach** visible, **bladder** visible, **hands** both visible, **feet** both visible.

Maternal Structures:
Normal uterus and adnexae.

Summary of ultrasound findings: normal intrauterine pregnancy.
Declined NT screening. aware of 20 week scan and happy to have.

Diagnosis:
< 14 weeks1st trimester scan.

We recommend a further ultrasound scan in 7 weeks.

Operator: FMcI

Screening for Haemoglobinopathies
Family Origin Questionnaire (FOQ)

NHS SCOTLAND

14527

Hospital Name GHC
CHI No. 2309880060
Estimated Delivery Date
Surname
Forename
Date of Birth
Address 1
Address 2
Postcode

Screening test declined ☐

What are your family origins?

Please tick all boxes in ALL sections that apply to the woman and the baby's father

		Woman	Baby's father
A.	**AFRICAN OR AFRICAN CARIBBEAN (BLACK)**		
1/	Caribbean Islands	☐	☐
2/	Africa (excluding North Africa)	☐	☐
3/	Any other African or African-Caribbean family origins (please write in…)		
B.	**SOUTH ASIAN (ASIAN)**		
1/	India or African-Indian	☐	☐
2/	Pakistan	☐	☐
3/	Bangladesh	☐	☐
C.	**SOUTH EAST ASIAN (ASIAN)**		
1/	China including Hong Kong, Taiwan, Singapore	☐ #	☐ #
2/	Thailand, Indonesia, Burma	☐ #	☐ #
3/	Malaysia, Vietnam, Philippines, Cambodia, Laos	☐ #	☐ #
4/	Any other Asian family origins (eg Caribbean-Asian) (please write in…)		
D.	**OTHER NON-EUROPEAN (OTHER)**		
1/	North Africa, South America etc	☐	☐
2/	Middle East (Saudi Arabia, Iran etc)	☐	☐
3/	Any other Non-European family origins (please write in….)		
E.	**SOUTHERN & OTHER EUROPEAN (WHITE)**		
1/	Sardinia	☐ #	☐ #
2/	Greece, Turkey, Cyprus	☐ #	☐ #
3/	Italy, Portugal, Spain	☐	☐
4/	Any other Mediterranean country	☐	☐
5/	Albania, Czech Republic, Poland, Romania, Russia etc	☐	☐
F*	**UNITED KINGDOM (WHITE) refer to guidance at the back**		
1/	England, Scotland, N Ireland, Wales	☑	☑
G*	**NORTHERN EUROPEAN (WHITE) refer to guidance at the back**		
1/	Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2/	Scandinavia, Switzerland etc	☐	☐
3/	Any other European family origins, refer to chart (eg Australia, N America, S Africa) (please write in…)		
	*Hb Variant Screening Requested by F and/or G *(ie request from low risk group)*	☐	☐
	# Higher risk for alpha zero thalassaemia		
H.	**DON'T KNOW (incl. pregnancies with donor egg/sperm)**	☐	☐
I.	**DECLINED TO ANSWER**	☐	☐
J.	**ESTIMATED DELIVERY DATE (please write in if not above)**	10+	
K.	**GESTATION AT TIME OF TEST**	22/06/20	

OFFER haemoglobin variant screening to all women if they or their baby's father have answers in a shaded box

Signed [signature] Print Name S OGWARO

Job Title KSM Contact Tel No 01241 522557 Date 12/11/19

(By Health Care Professional completing the form)

This form must be attached securely to the haematology laboratory request form with the antenatal blood samples. A second copy of the form should be added to the patient's maternity record. (A third copy can be added to the hospital records if applicable). The completion of this form is an ESSENTIAL part of the screening process.

MOUNT SHEET

Note: Remove strip to reveal gummed area.
Attach reports from bottom to top.
Please set them accurately.

MISCELLANEOUS

IP 8267

12	12
11	11
10	10
9	9
8	8
7	7
6	6
5	5
4	4

MOUNT SHEET

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : LEONARD, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD9 7AS

Clinician:Dr Pauline LYNCH
Links HC Ante-natal

Venous blood

Specimen Number 19V023758
Date Taken 12 Nov 2019

Syphilis total antibody	Negative
Hepatitis B (HBsAg) screen	Negative
HIV1&2 Antigen/Antibody	Negative

For enquiries or any additional tests please contact TAY-UHB.Virology@nhs.net

Date of Report: 13 Nov 2019
LHCAN LYNP1H

REPORT RECEIVED

DOCTOR'S INITIALS

DOCTOR'S INITIALS

MICROBIOLOGY

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: Dr Pauline LYNCH
DoB : 28 Apr 1988 Sex: F Links HC Ante-natal
Post Code: DD9 7AS

Symptoms of UTI?: Yes Antibiotic Therapy: NK Antibiotic allergies: NK Known
CKD?: No Routine antenatal booking screen M/W Lorna
19B263006 Date/Time of Specimen: 12 Nov 2019 12:36
Midstream Urine

Urine Culture:
No Significant Bacteriuria

Date of Report: 13 Nov 2019 AUTH:
LHCAN LYNP1H

REPORT RECEIVED

DOCTOR'S INITIALS

MOUNT SHEET

MOUNT SHEET

HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: H197482338

Links HC Ante-natal Clinician: Dr Pauline LYNCH LHCAN LYNP1H

HGB	136	g/L	(120-160)	WBC	11.6	H x10^9/L	(4.0-11.0)
RBC	4.30	x10^12/L	(3.8-4.8)	NE#	8.2	H x10^9/L	(2.0-7.5)
HCT	0.404		(0.37-0.47)	LY#	2.6	x10^9/L	(1.5-4.0)
MCV	94.0	fl	(85-105)	MO#	0.5	x10^9/L	(0.2-0.8)
MCH	31.7	pg	(27-32)	EO#	0.14	x10^9/L	(0.0-0.4)
MCC	338	g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	275	x10^9/L	(150-400)

ANC BOOKING BLOODS NOT REQUIRED.

Lab.Comments: Based on FBC and Family Origin Questionnaire, no need for Haemoglobinopathy or partner screening.

Sample is blood unless otherwise stated

Sample Date/Time
12 Nov 2019 12:36

Clin.Details: Routine antenatal booking screen M/W Lorna

REPORT RECEIVED

NHS
Tayside

Hospital no.: 2804880060
Our reference no.: 41468
Exam Date: 07.05.2020

Patient: **Stacey Leonard**, DOB 28.04.1988
2 Wards Road, Brechin DD9 7AS

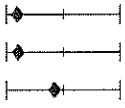
Indication:
3rd trimester (>24 weeks)Growth scan.

History:
Maternal age: 32 years, pre-pregnancy weight 44.0 kg, height 157.5 cm, BMI 17.7.

EDD by ultrasound: 04.06.2020.
Gestational age: 36 weeks + 0 days.

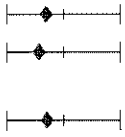
Fetal Wellbeing Scan:
Transabdominal US with GE Voluson E10. Ultrasound view: good
Fetal Measurements (plotted in relation to the normal mean and 5th to 95th centile).

Occipitofrontal Diameter (OFD)	107.9	mm	-
Head Circumference (HC)	308.7	mm	-
Abdominal Circumference (AC)	301.6	mm	-



Heart action present. Presentation cephalic. Amniotic fluid: AFI. Amniotic fluid index: 16.0 cm, deepest pool 6.3 cm.
Placenta: anterior not low.
Doppler:

Umbilical Artery:	PI	0.82	
	RI	0.54	
	Tamx	23.79	cm/s
	SD ratio	2.18	



Enddiastolic flow: positive

Diagnosis: normal fetal bloodflow

Diagnosis:
> 24 weeksGrowth - see charts.

For review in ANC today.
Active fetus, AC plotting on the 26th centile on intergrow.
Stomach and bladder seen today.
Normal AFI & UAPI.

ECG reviewed by Dr Urquhart

Operator: TKB

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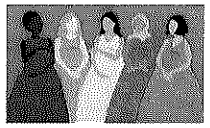
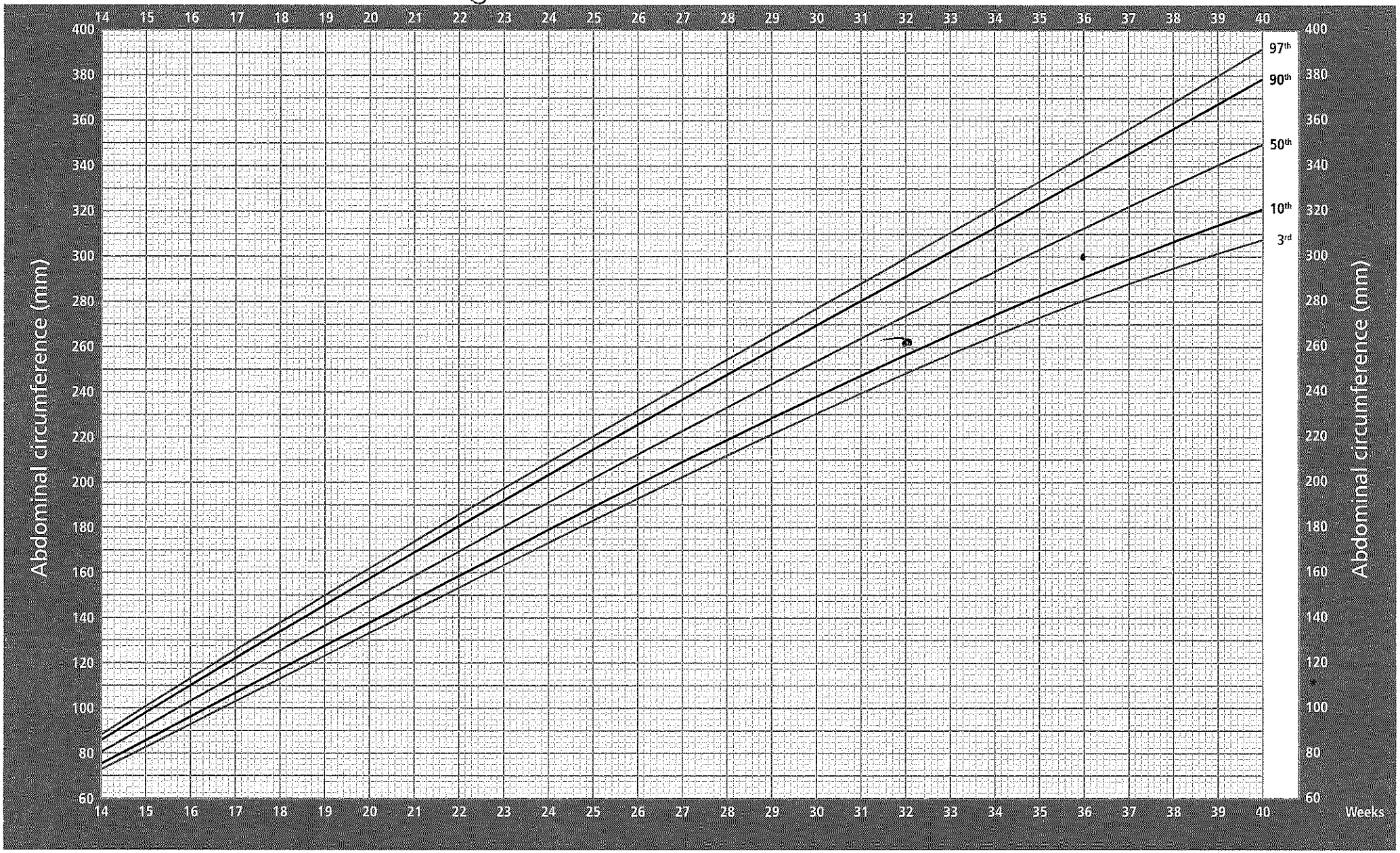
International Fetal Growth Standards
Abdominal Circumference

INTERGROWTH-21st



Sherylann · 2807880060



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Papageorghiou et al. *Lancet* 2014;384:869-79

NHS
Tayside

Hospital no.: 2804880060
Our reference no.: 41468
Exam Date: 16.01.2020

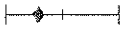
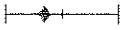
Patient: **Stacey Leonard**, DOB 28.04.1988
2 Wards Road, Brechin DD9 7AS

Indication:
2nd trim(14 to 24 weeks)routine anomaly scan.

History:
Maternal age: 31 years, pre-pregnancy weight 44.0 kg, height 157.5 cm, BMI 17.7.

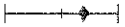
EDD by ultrasound: 04.06.2020.
Gestational age: 20 weeks + 0 days.

Anomaly Scan:
Transabdominal and transvaginal US with GE Voluson E8. Ultrasound view: restricted byfetal position.
Fetal Measurements (plotted in relation to the normal mean and 5th to 95th centile).

Head Circumference (HC)	168.4	mm	-	
Abdominal Circumference (AC)	148.5	mm	-	
Femur Length (FL)	30.9	mm	-	

Heart action present. Fetal movements visible. Presentation breech extended legs. Amniotic fluid: normal.
Placenta: anterior low.
Fetal anatomy:
The following were visualised and appear normal:
head, brain, face, spine, neck and skin, chest, four-chamber view and great vessels, abdominal wall, gastro-intestinal tract, kidneys and bladder, extremities, skeleton

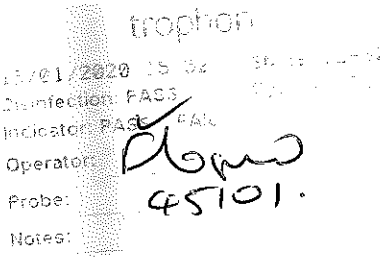
Cervix length 51 mm.

Doppler:
R.Uterine Artery:	PI	0.86	
	no notch		

Diagnosis:
14 to 24 weeksRoutine screen - No obvious fetal defect.

We recommend a scan for placental localisation at 34 weeks.
Cervix appears long and closed, no funnelling.

Operator: FA



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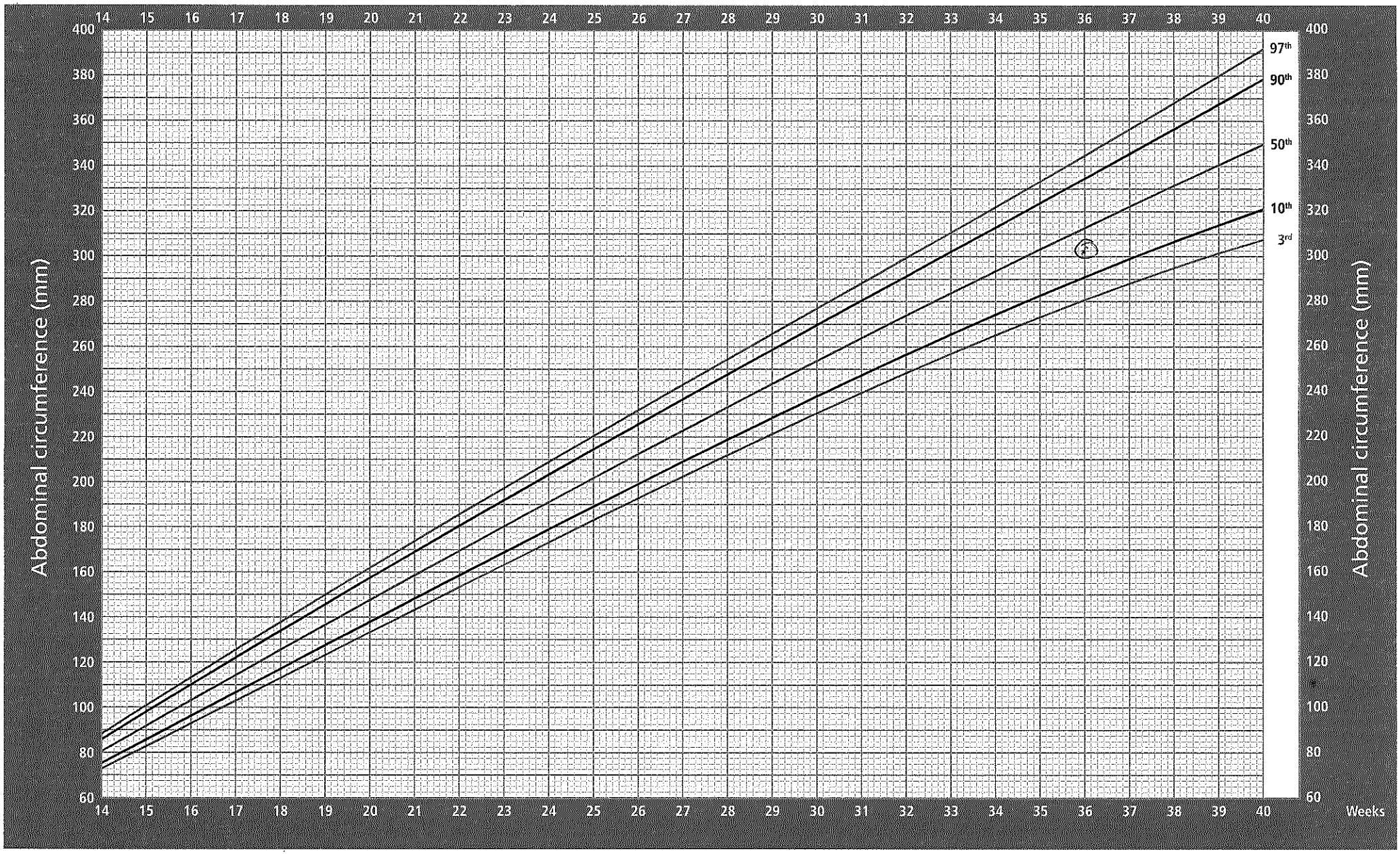
International Fetal Growth Standards
Abdominal Circumference

INTERGROWTH-21st



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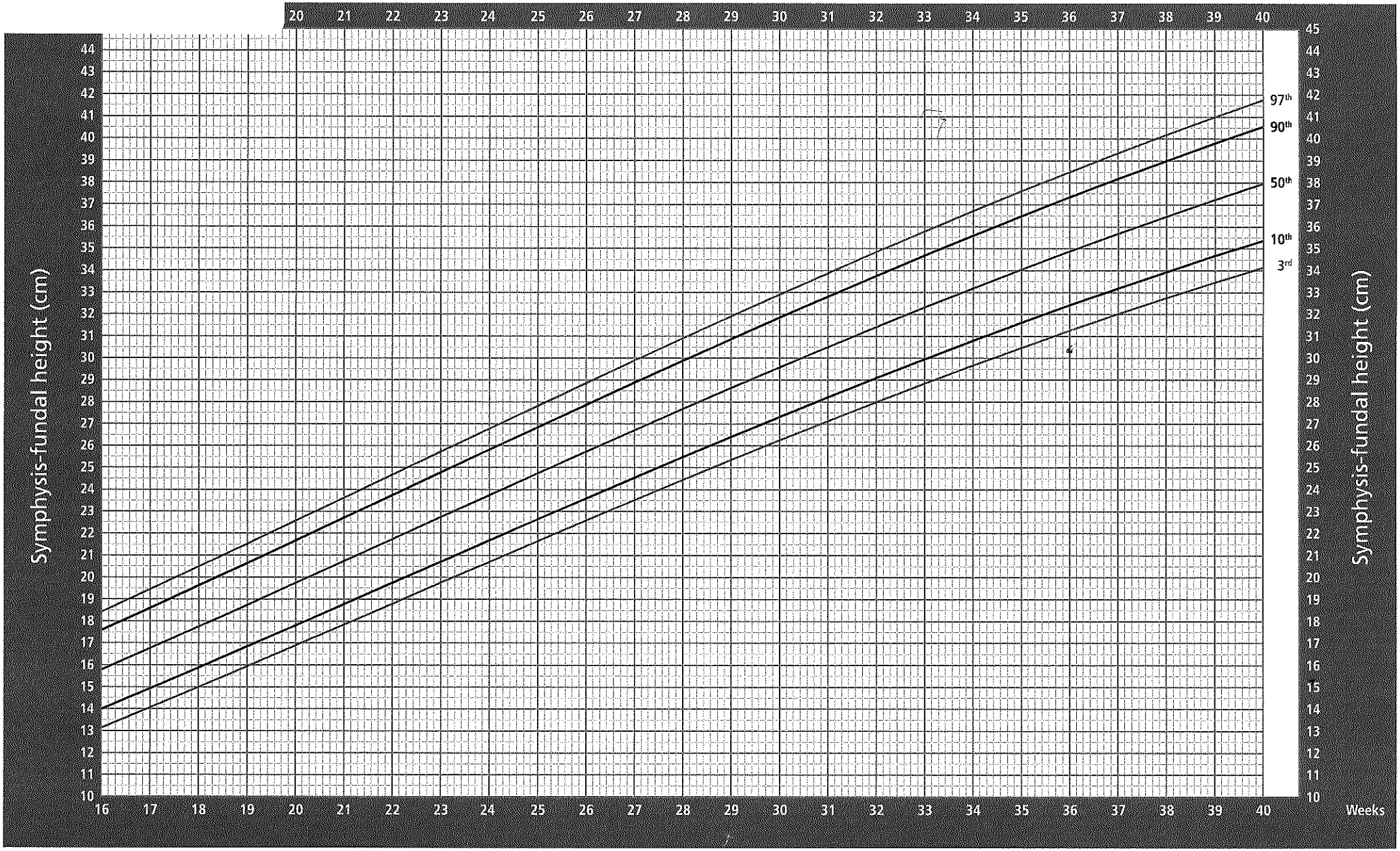
Leonard
Stacey Louise
2 Wards Road
BRECHIN
DD9 7AS

2804880060

SM Rooney

INTERGROWTH-21st

ternational Symphysis-Fundal Height Standards



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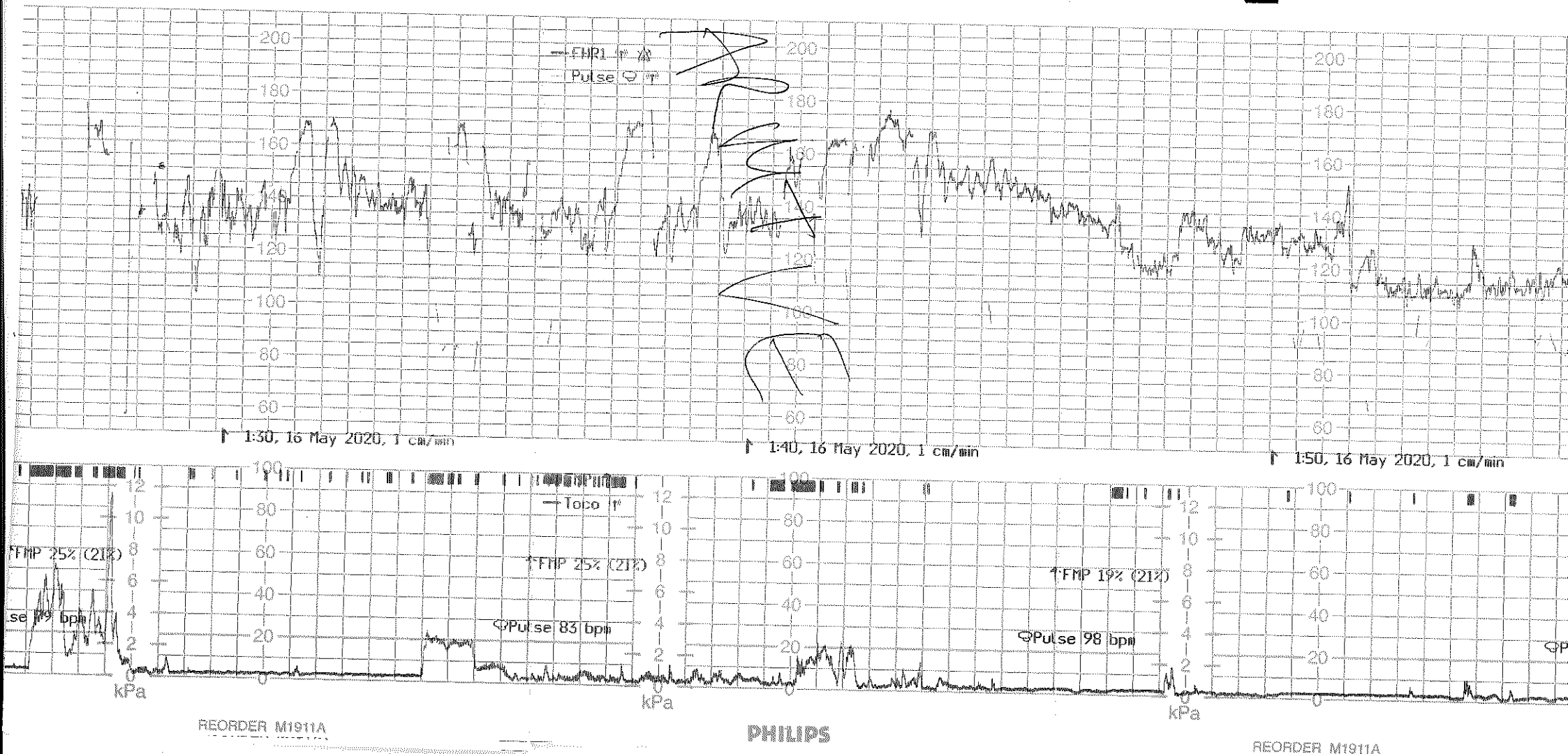
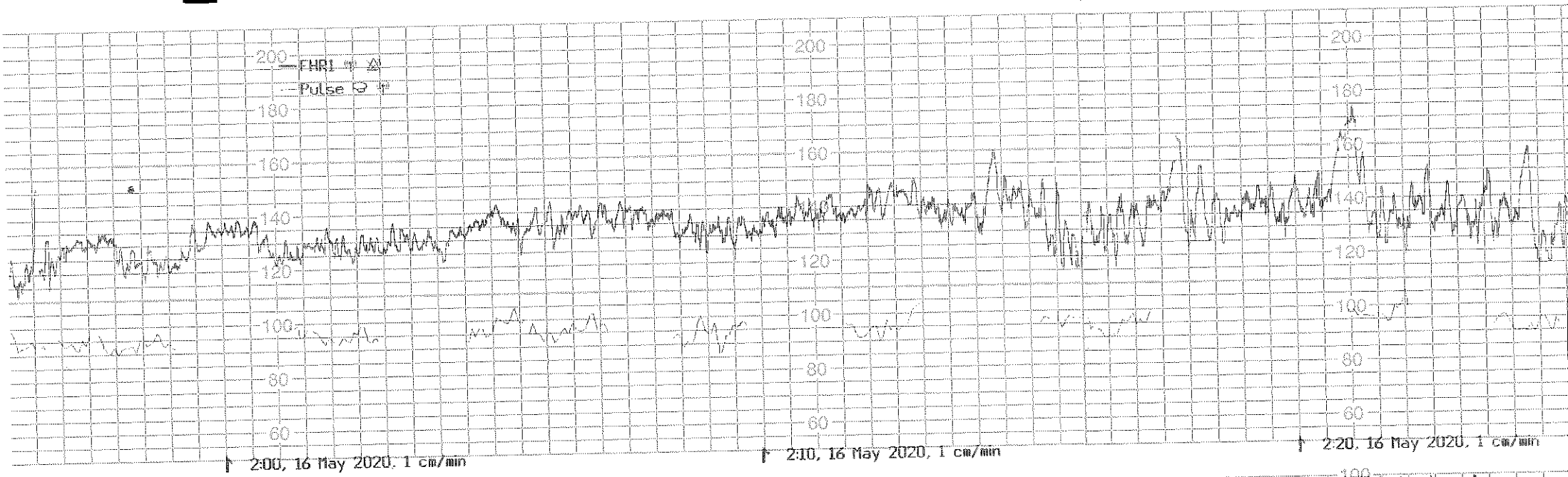
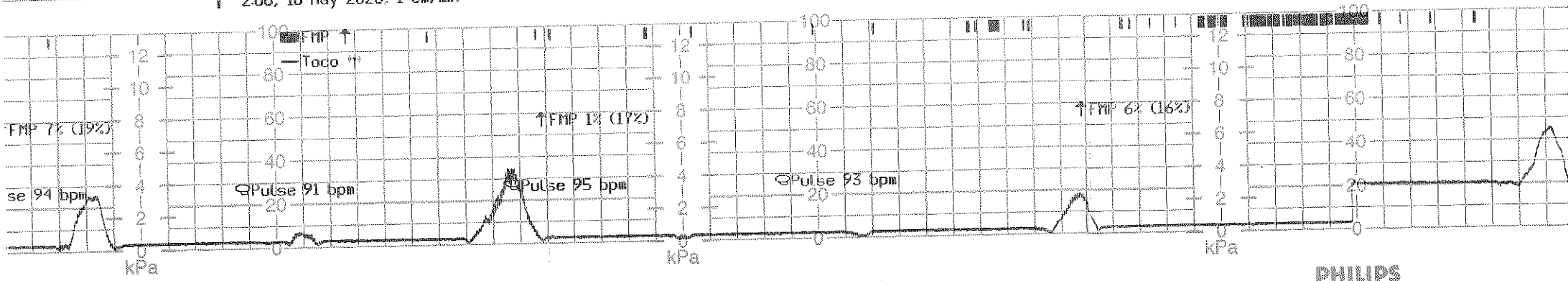
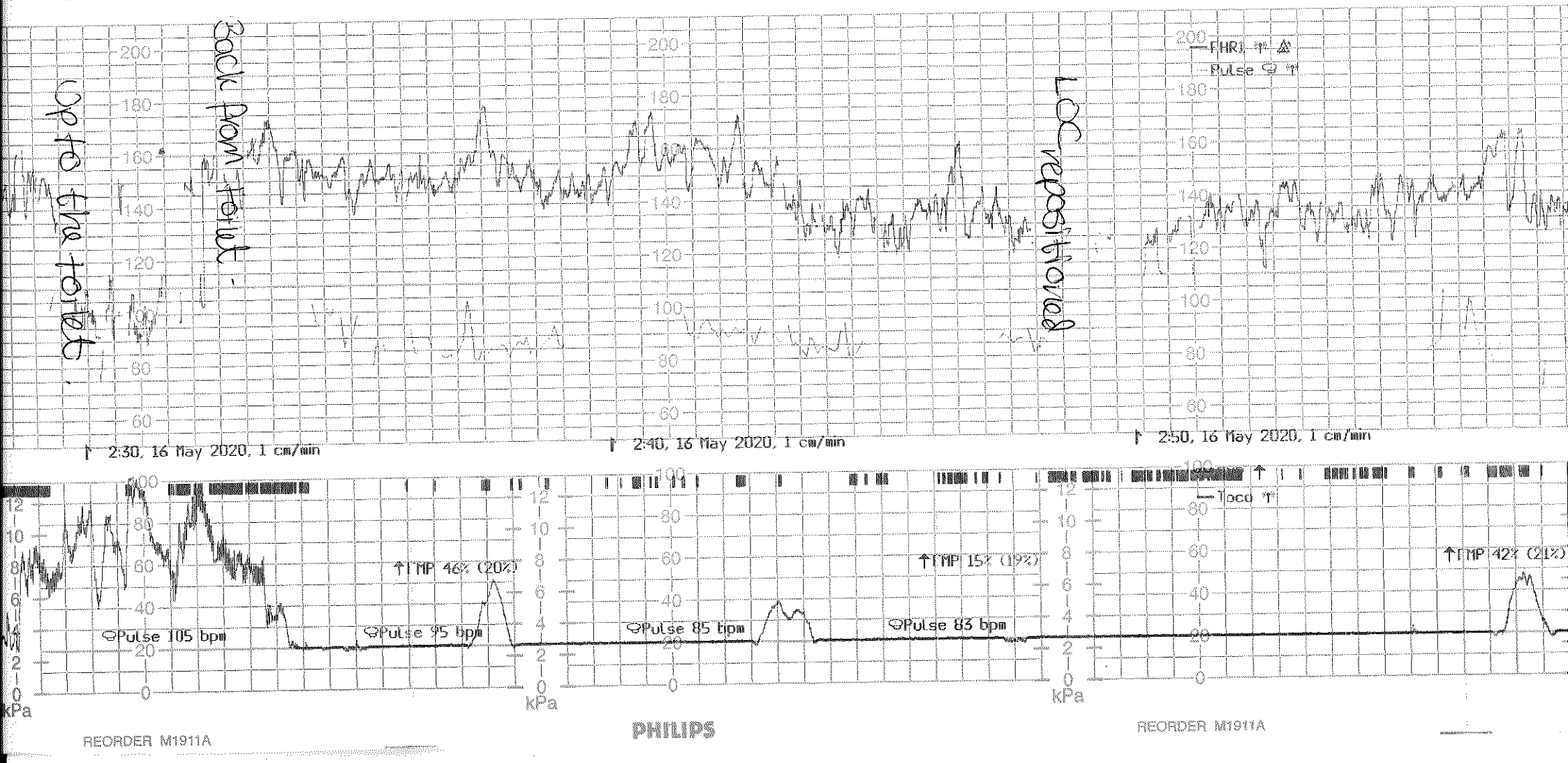
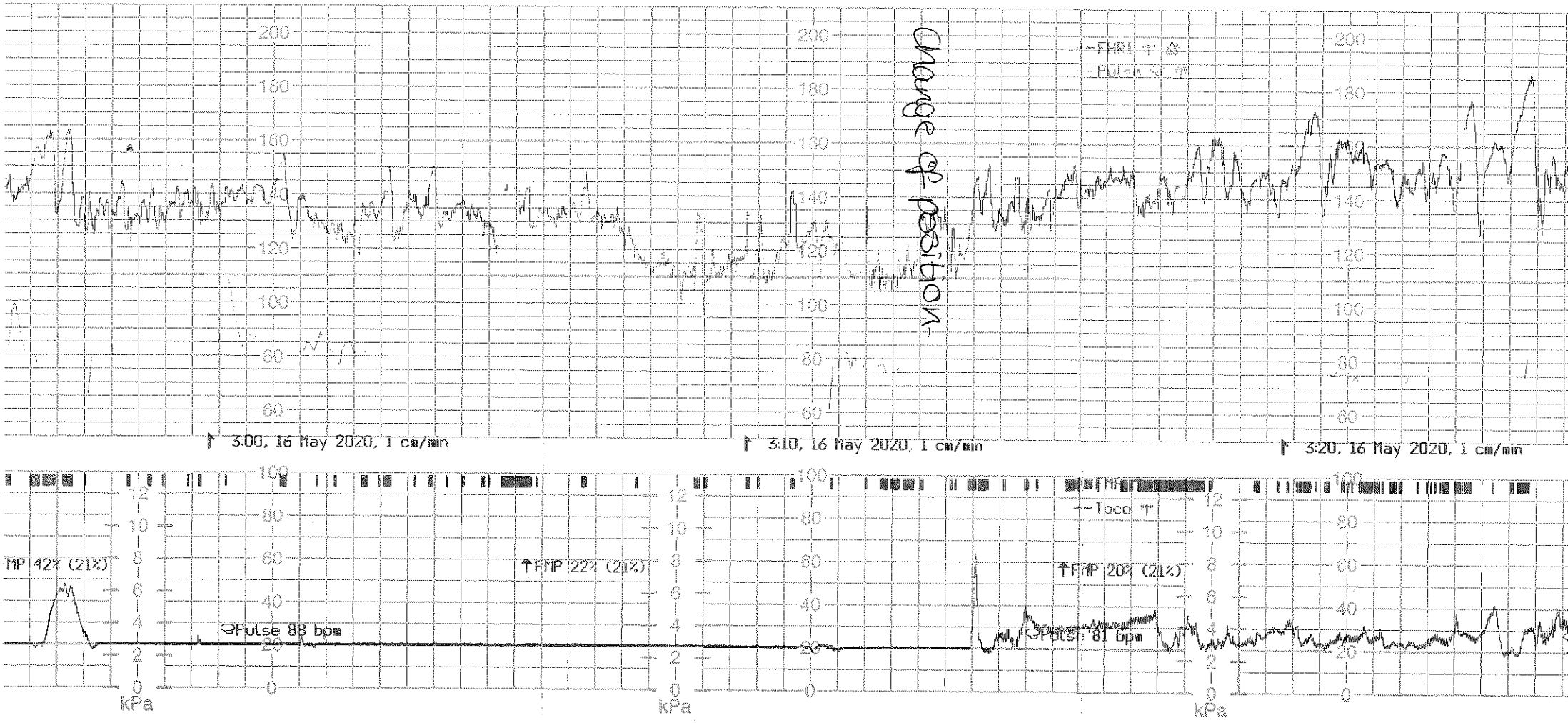
Papageorghiou et al. *BMJ* 2016;355:i5662

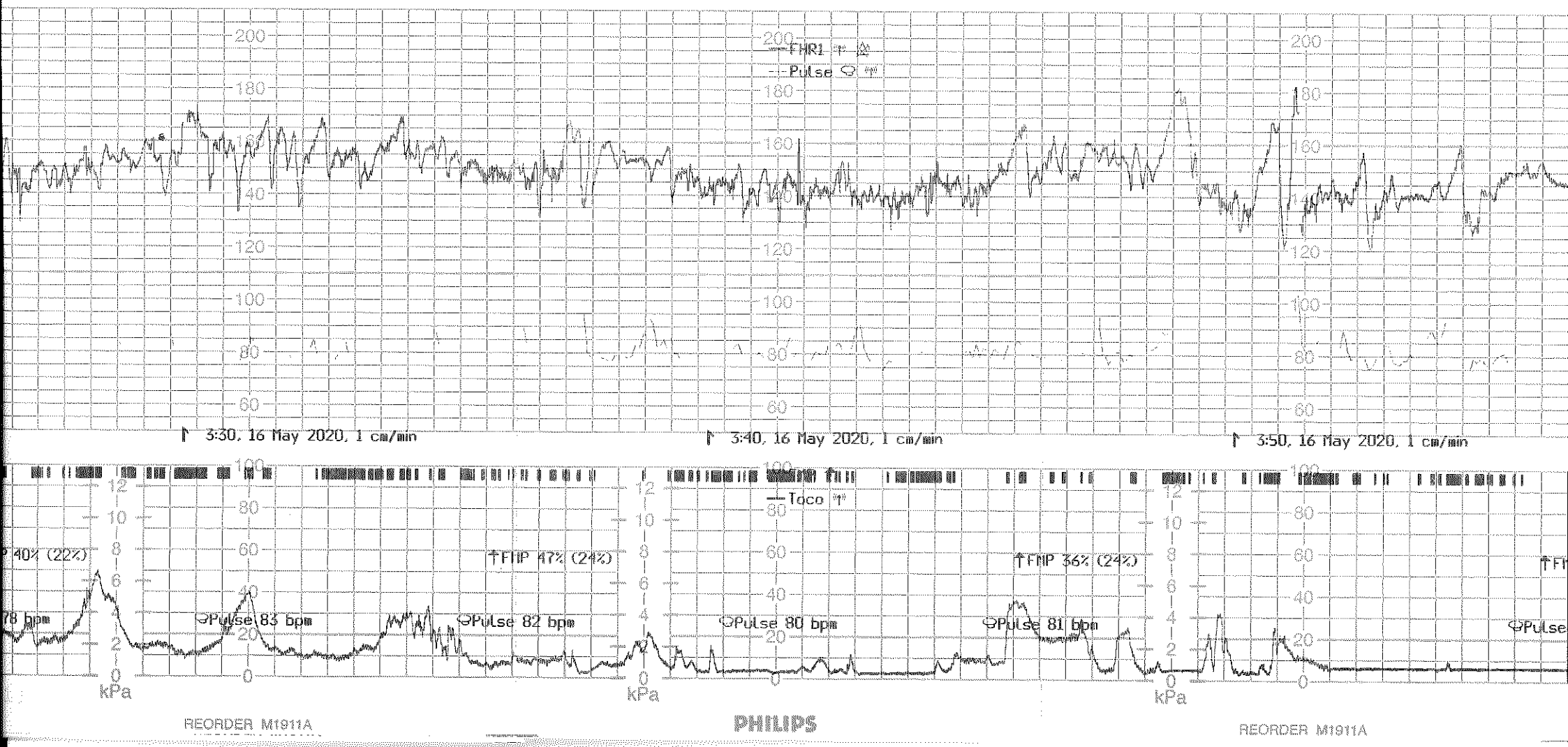

FHR1
Pulse
1:30, 16 May 2020, 1 cm/min
1:40, 16 May 2020, 1 cm/min
1:50, 16 May 2020, 1 cm/min
Toco
FMP 25% (21%)
Pulse 83 bpm
FMP 19% (21%)
Pulse 98 bpm
kPa
REORDER M1911A
PHILIPS
REORDER M1911A

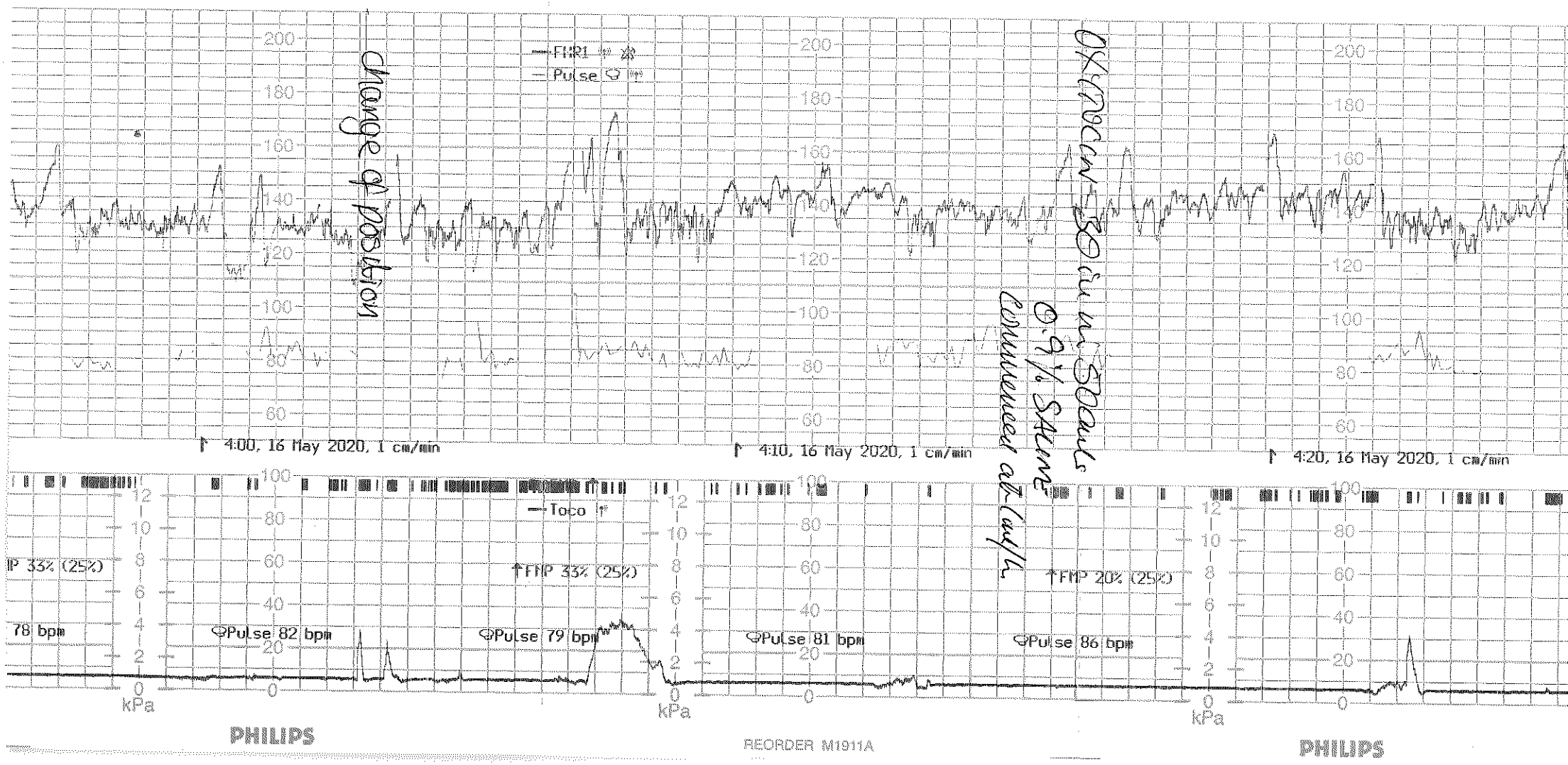

FHR1
Pulse
2:00, 16 May 2020, 1 cm/min
2:10, 16 May 2020, 1 cm/min
2:20, 16 May 2020, 1 cm/min

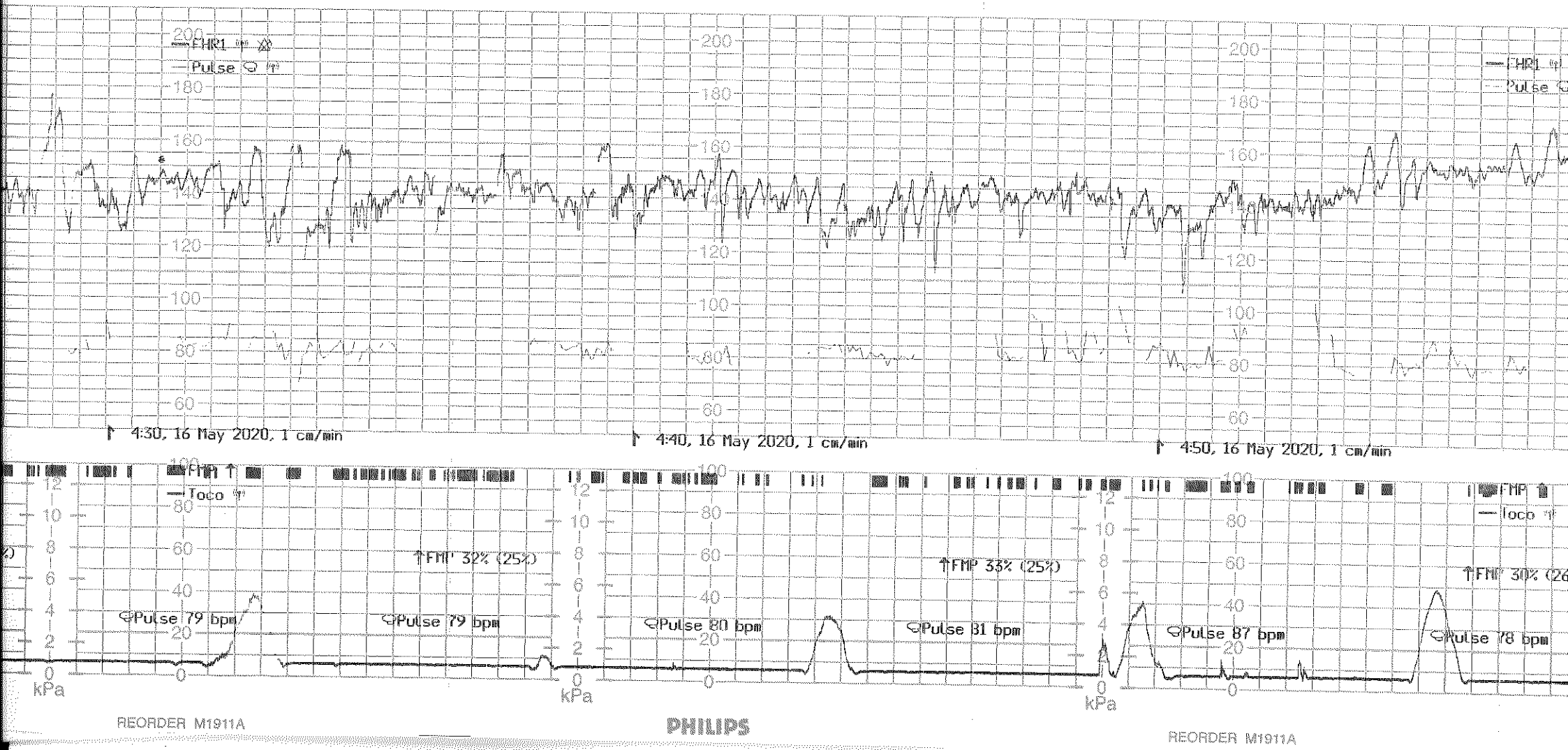

FMP
Toco
FMP 7% (19%)
se 94 bpm
Pulse 91 bpm
FMP 1% (17%)
Pulse 95 bpm
Pulse 93 bpm
FMP 6% (16%)
kPa
PHILIPS
REORDER M1911A
PHILIPS


Up to the toilet.
Back from toilet.
LOC responding
FHR1
Pulse
2:30, 16 May 2020, 1 cm/min
2:40, 16 May 2020, 1 cm/min
2:50, 16 May 2020, 1 cm/min
TOCO
TMP 46% (20%)
TMP 15% (19%)
TMP 42% (21%)
Pulse 105 bpm
Pulse 95 bpm
Pulse 85 bpm
Pulse 83 bpm
kPa
REORDER M1911A
PHILIPS
REORDER M1911A

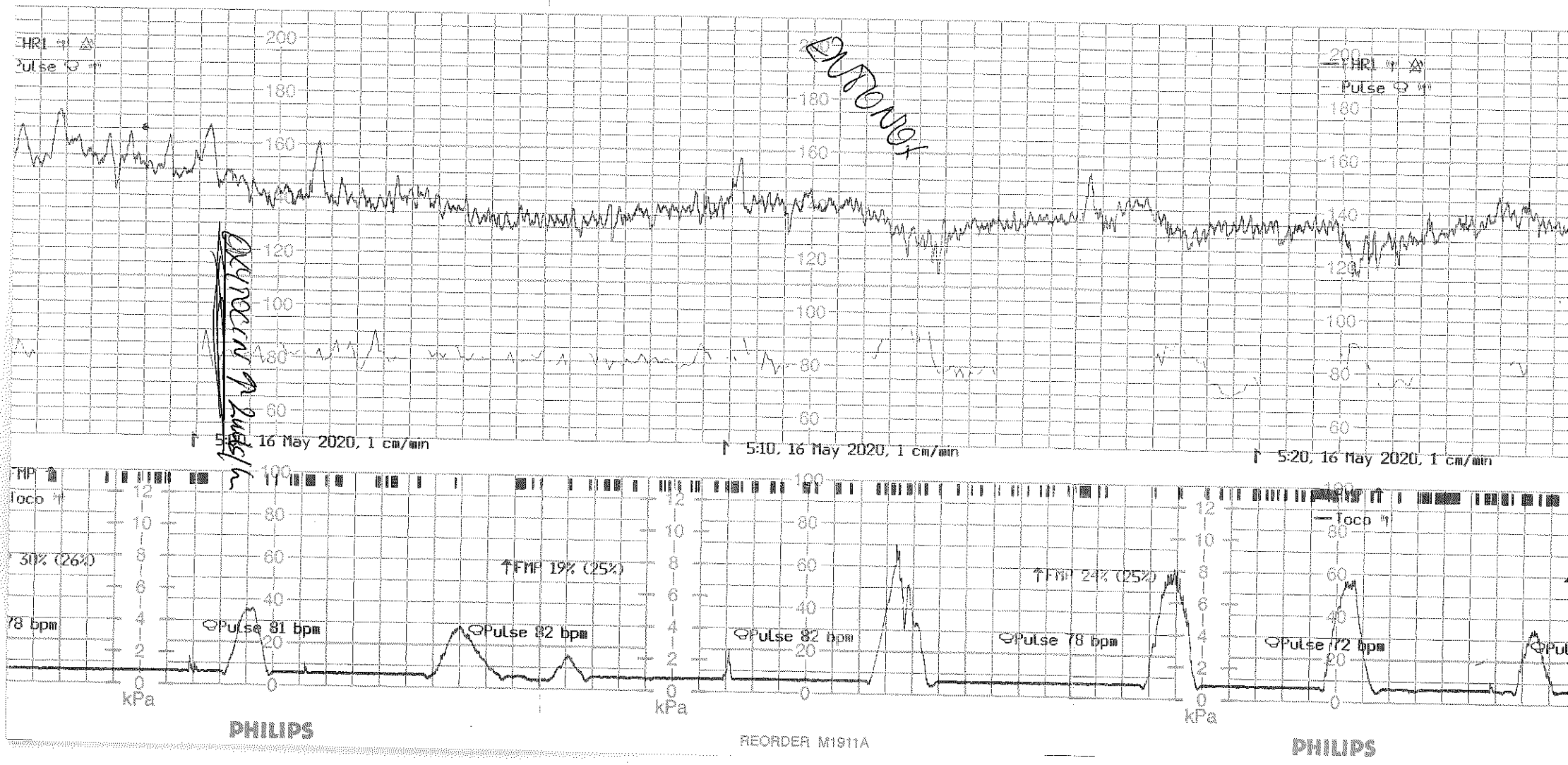

Change of position
3:00, 16 May 2020, 1 cm/min
3:10, 16 May 2020, 1 cm/min
3:20, 16 May 2020, 1 cm/min
FMP 42% (21%)
FMP 22% (21%)
FMP 20% (21%)
Pulse 88 bpm
Pulse 81 bpm
kPa
PHILIPS
REORDER M1911A
PHILIPS

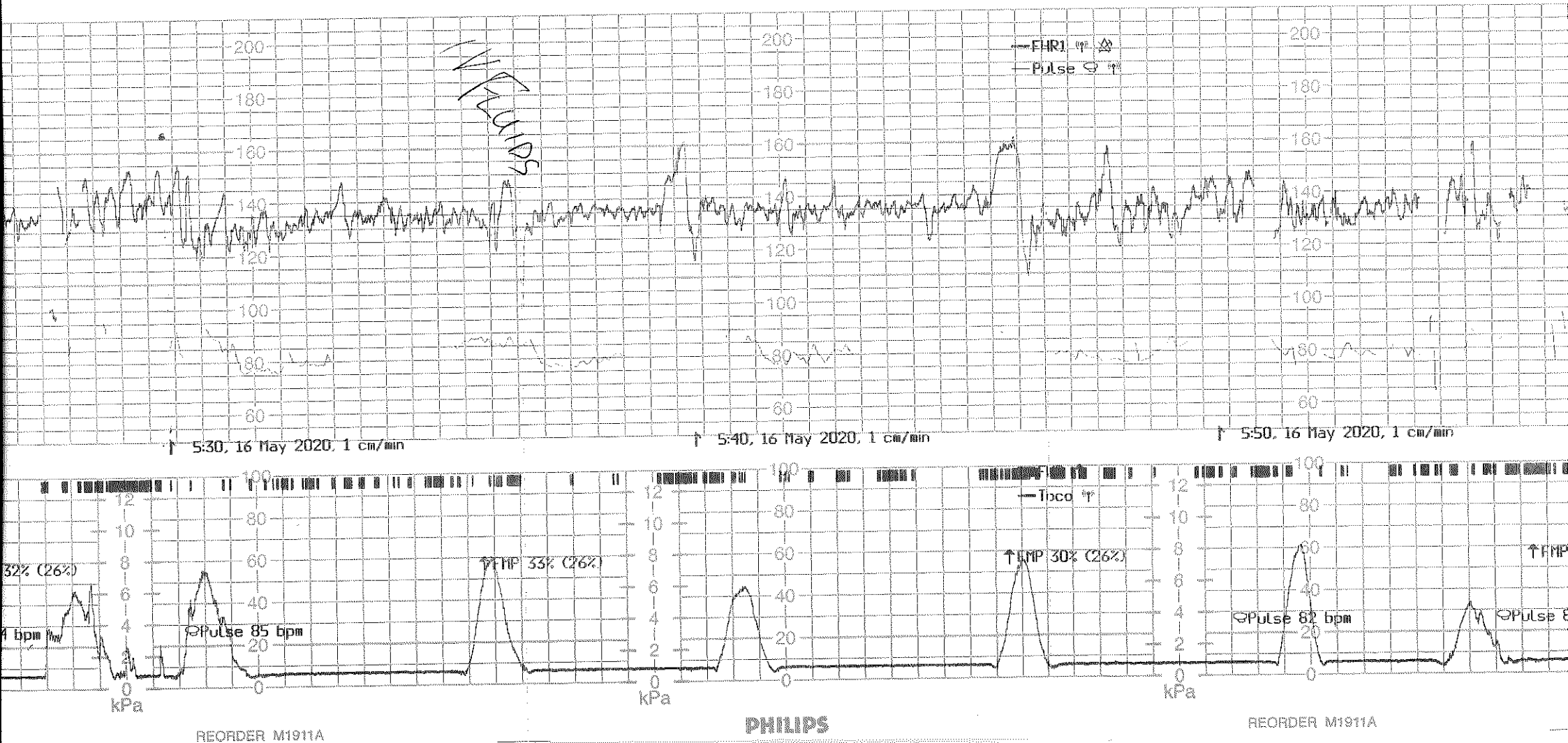

FHR1
Pulse
3:30, 16 May 2020, 1 cm/min
3:40, 16 May 2020, 1 cm/min
3:50, 16 May 2020, 1 cm/min
Toco
FMP 47% (24%)
FMP 36% (24%)
Pulse 83 bpm
Pulse 82 bpm
Pulse 80 bpm
Pulse 81 bpm
kPa
REORDER M1911A
PHILIPS
REORDER M1911A

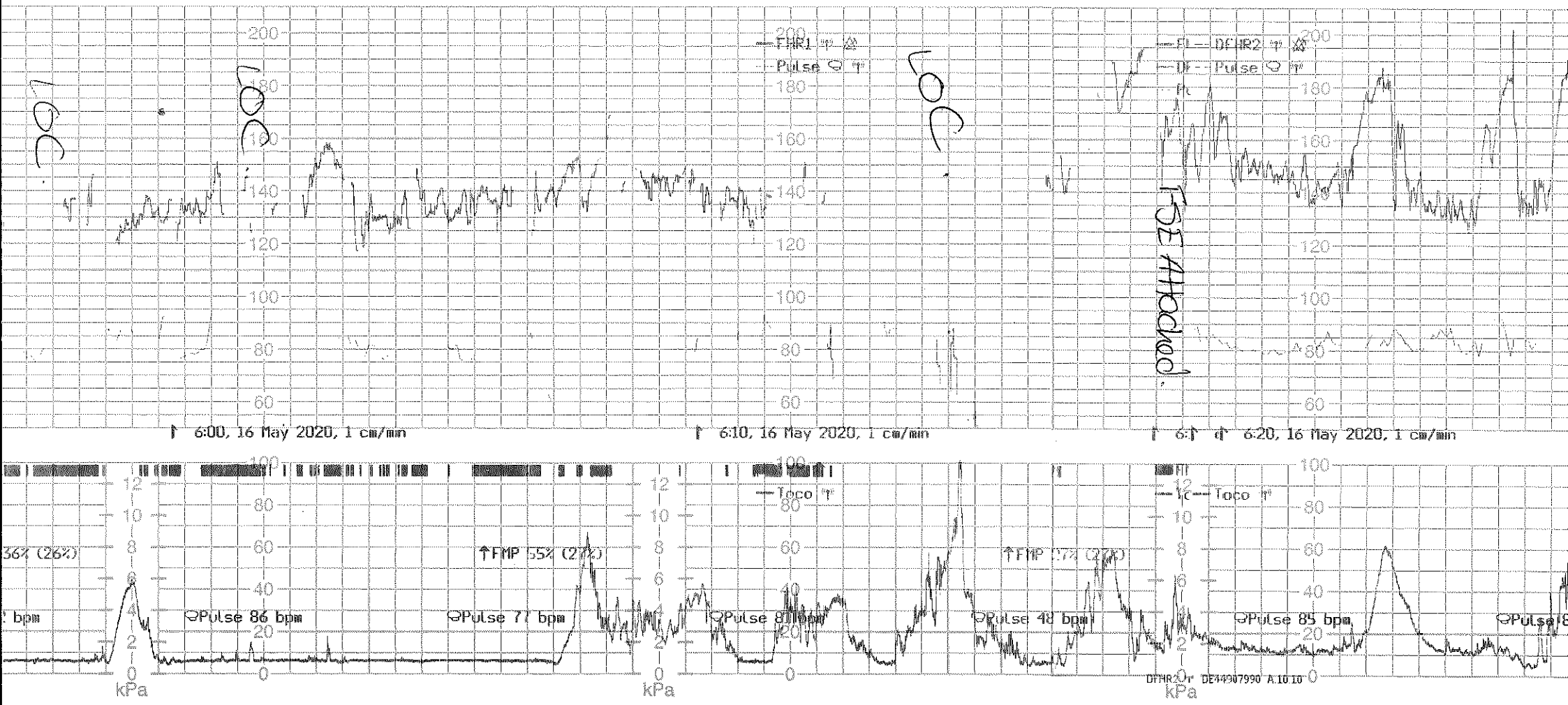

FHR1
Pulse
Toco
change of position
oxytocin 30 units
0.9% saline
continued at 4l/h
4:00, 16 May 2020, 1 cm/min
4:10, 16 May 2020, 1 cm/min
4:20, 16 May 2020, 1 cm/min
IP 33% (25%)
FMP 33% (25%)
FMP 20% (25%)
78 bpm
Pulse 82 bpm
Pulse 79 bpm
Pulse 81 bpm
Pulse 86 bpm
kPa
PHILIPS
REORDER M1911A
PHILIPS

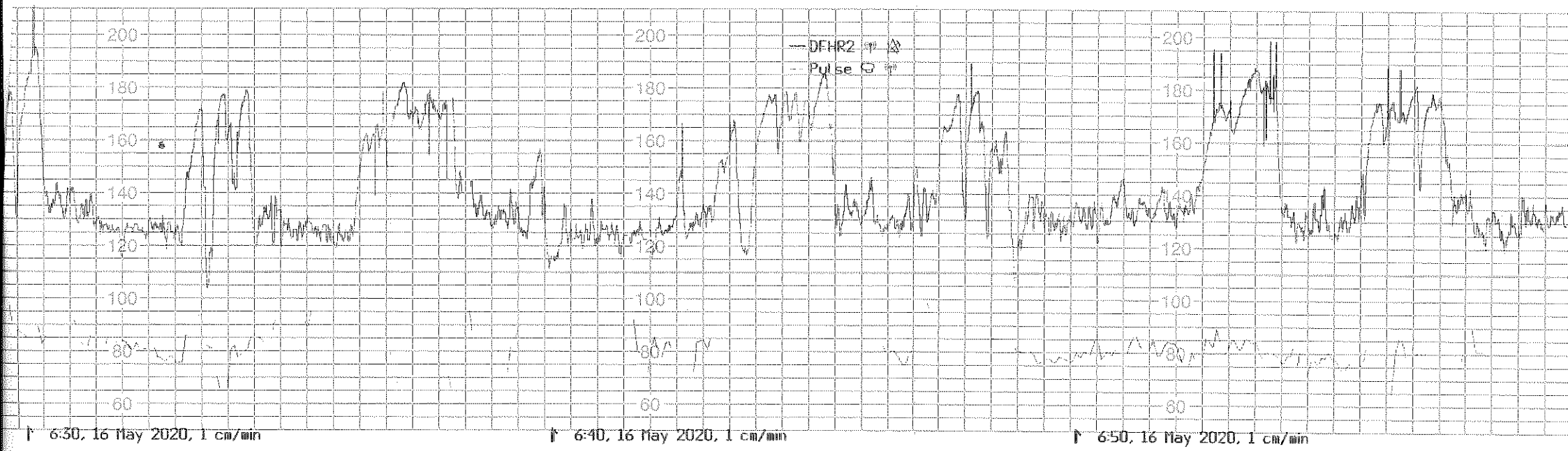

FHR1
Pulse
4:30, 16 May 2020, 1 cm/min
4:40, 16 May 2020, 1 cm/min
4:50, 16 May 2020, 1 cm/min

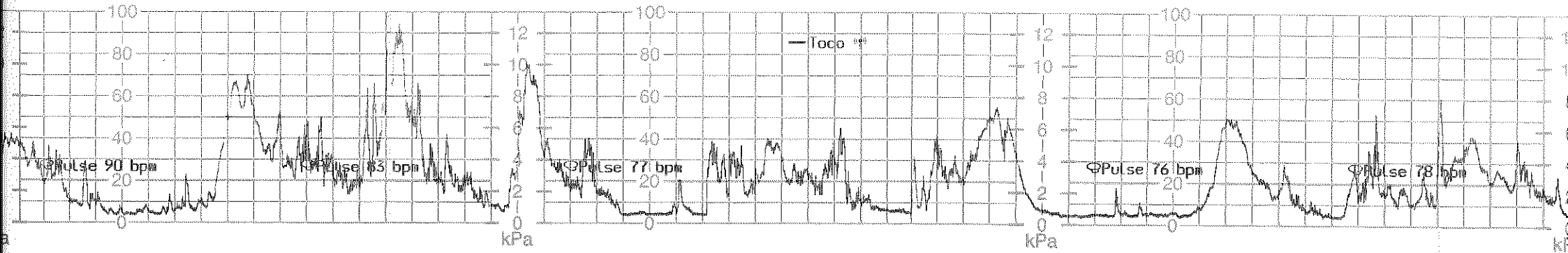
FMP
Toco
FMP 32% (25%)
FMP 33% (25%)
Pulse 79 bpm
Pulse 79 bpm
Pulse 80 bpm
Pulse 81 bpm
Pulse 87 bpm
Pulse 78 bpm
kPa
REORDER M1911A
PHILIPS
REORDER M1911A


HR1
Pulse
5:00, 16 May 2020, 1 cm/min
5:10, 16 May 2020, 1 cm/min
5:20, 16 May 2020, 1 cm/min
Toco
30% (26%)
FMP 19% (25%)
FMP 24% (25%)
78 bpm
Pulse 81 bpm
Pulse 82 bpm
Pulse 82 bpm
Pulse 78 bpm
Pulse 72 bpm
kPa
PHILIPS
REORDER M1911A
PHILIPS


FHR1
Pulse
5:30, 16 May 2020, 1 cm/min
5:40, 16 May 2020, 1 cm/min
5:50, 16 May 2020, 1 cm/min
Toco
32% (26%)
Pulse 85 bpm
TMP 33% (26%)
TMP 30% (26%)
Pulse 82 bpm
kPa
REORDER M1911A
PHILIPS
REORDER M1911A


FHR1
Pulse
Toco
FHR2
Pulse
Toco
6:00, 16 May 2020, 1 cm/min
6:10, 16 May 2020, 1 cm/min
6:20, 16 May 2020, 1 cm/min
FMP 55% (2%)
Pulse 86 bpm
Pulse 77 bpm
Pulse 81 bpm
Pulse 48 bpm
Pulse 85 bpm
kPa
DE44907990 A.10.10
PHILIPS
REORDER M1911A
PHILIPS





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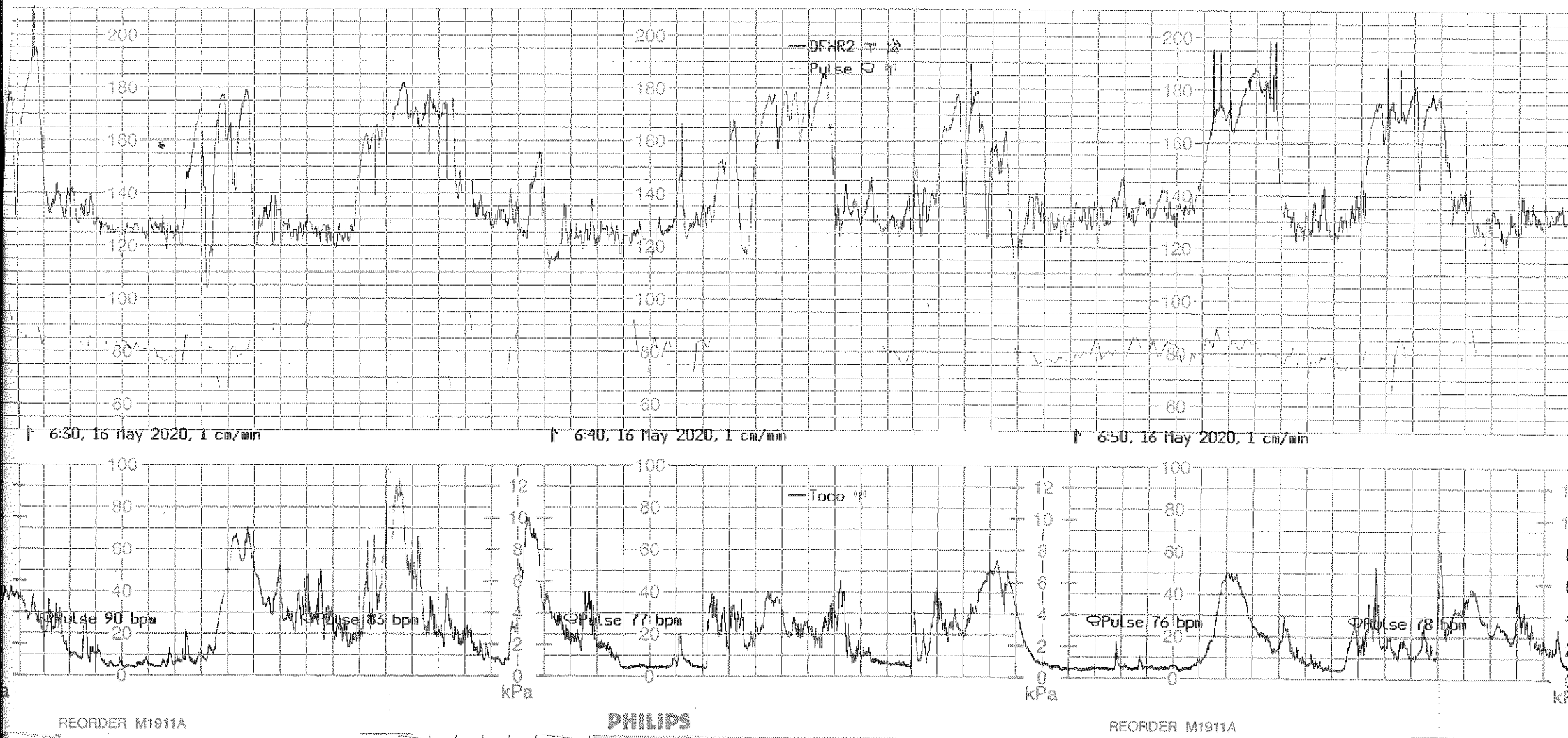
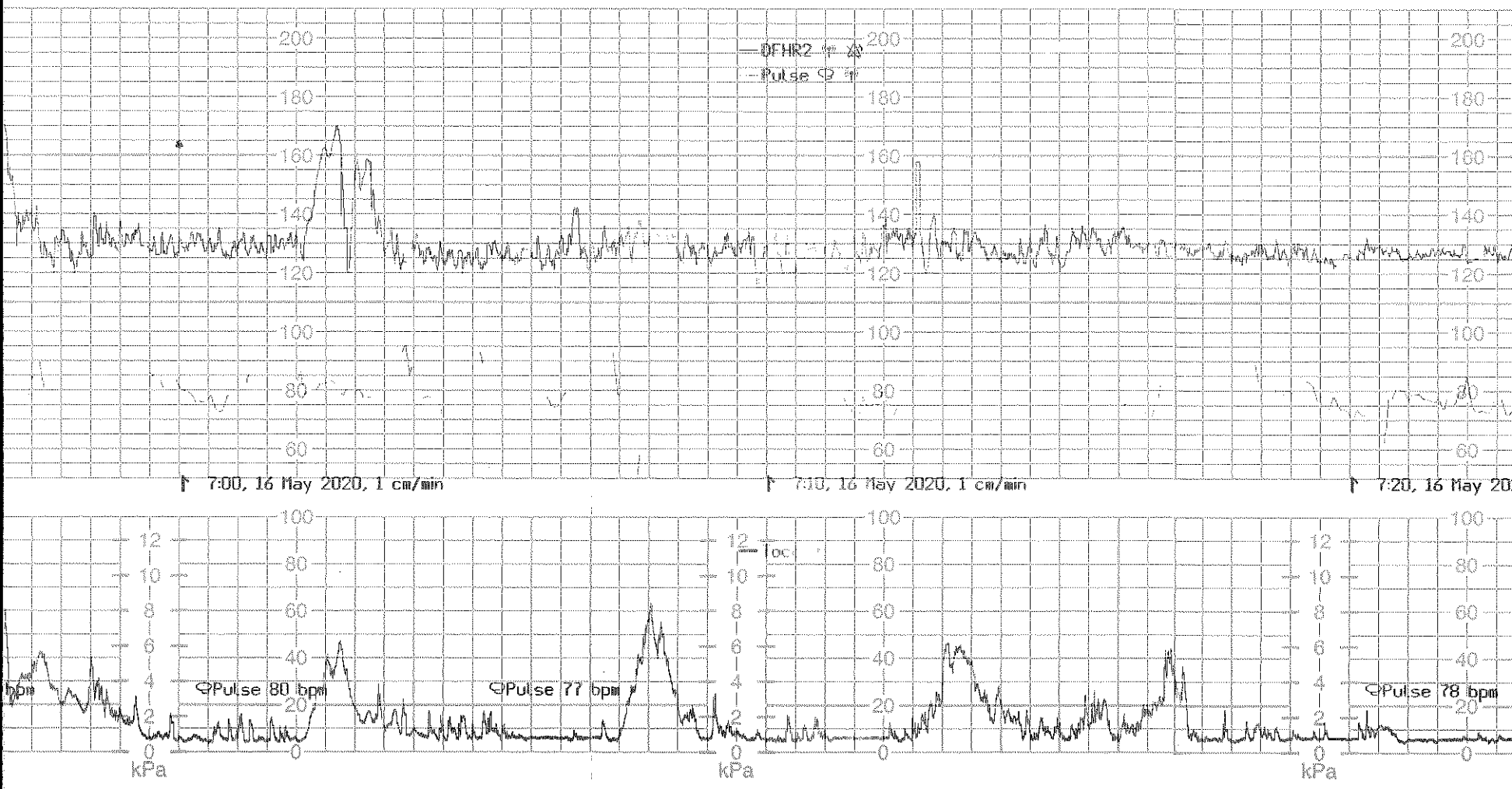
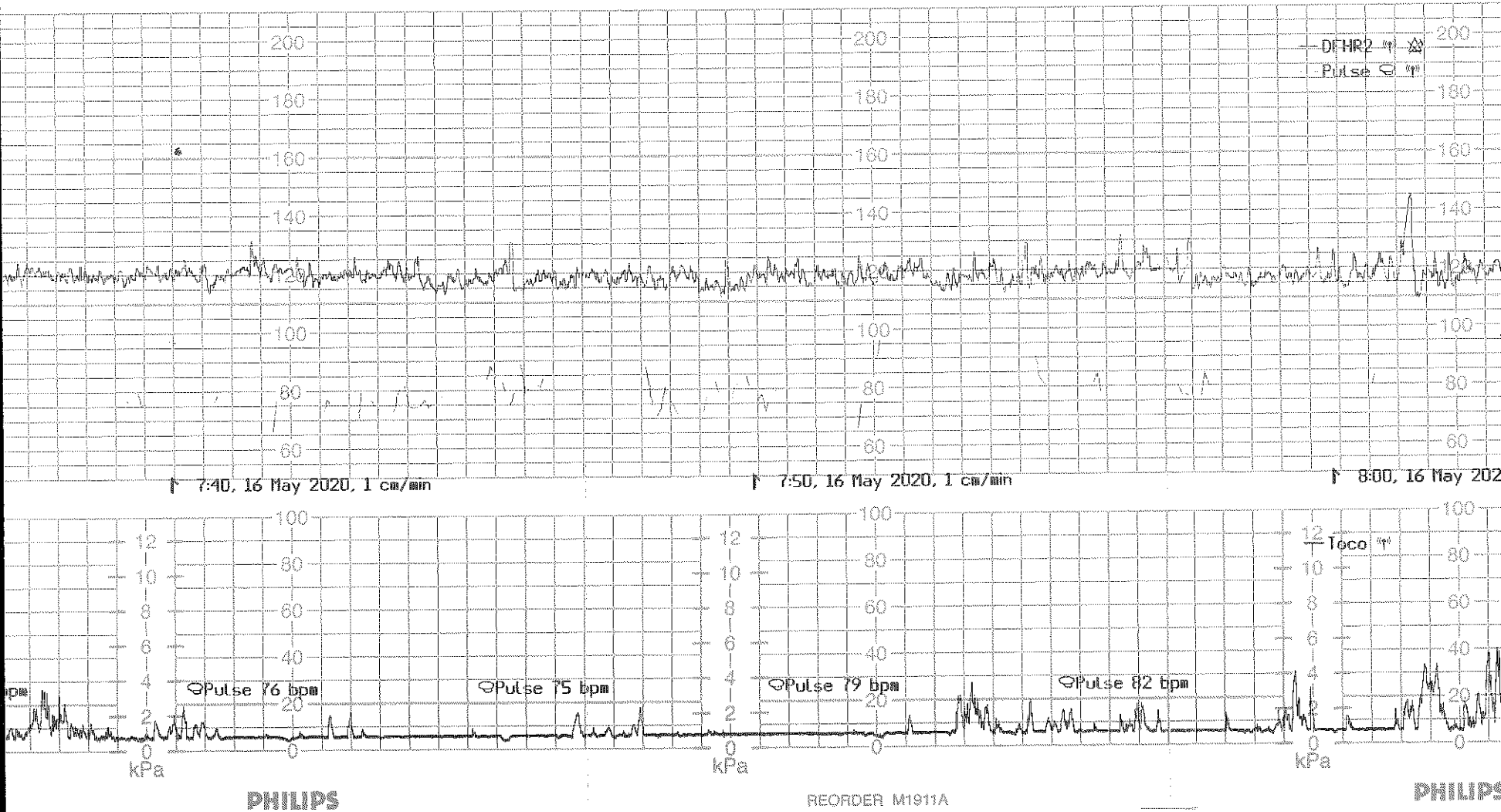
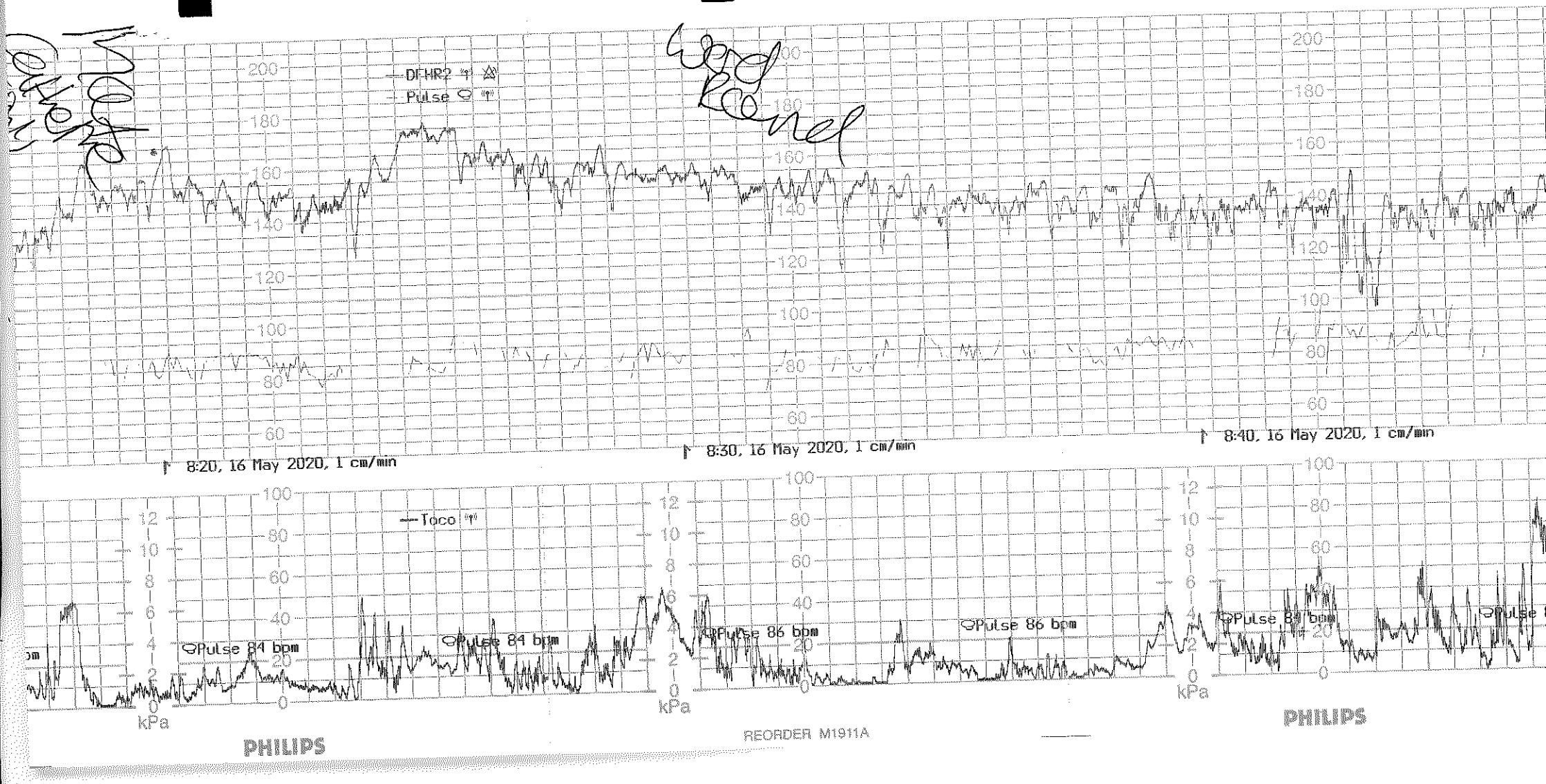
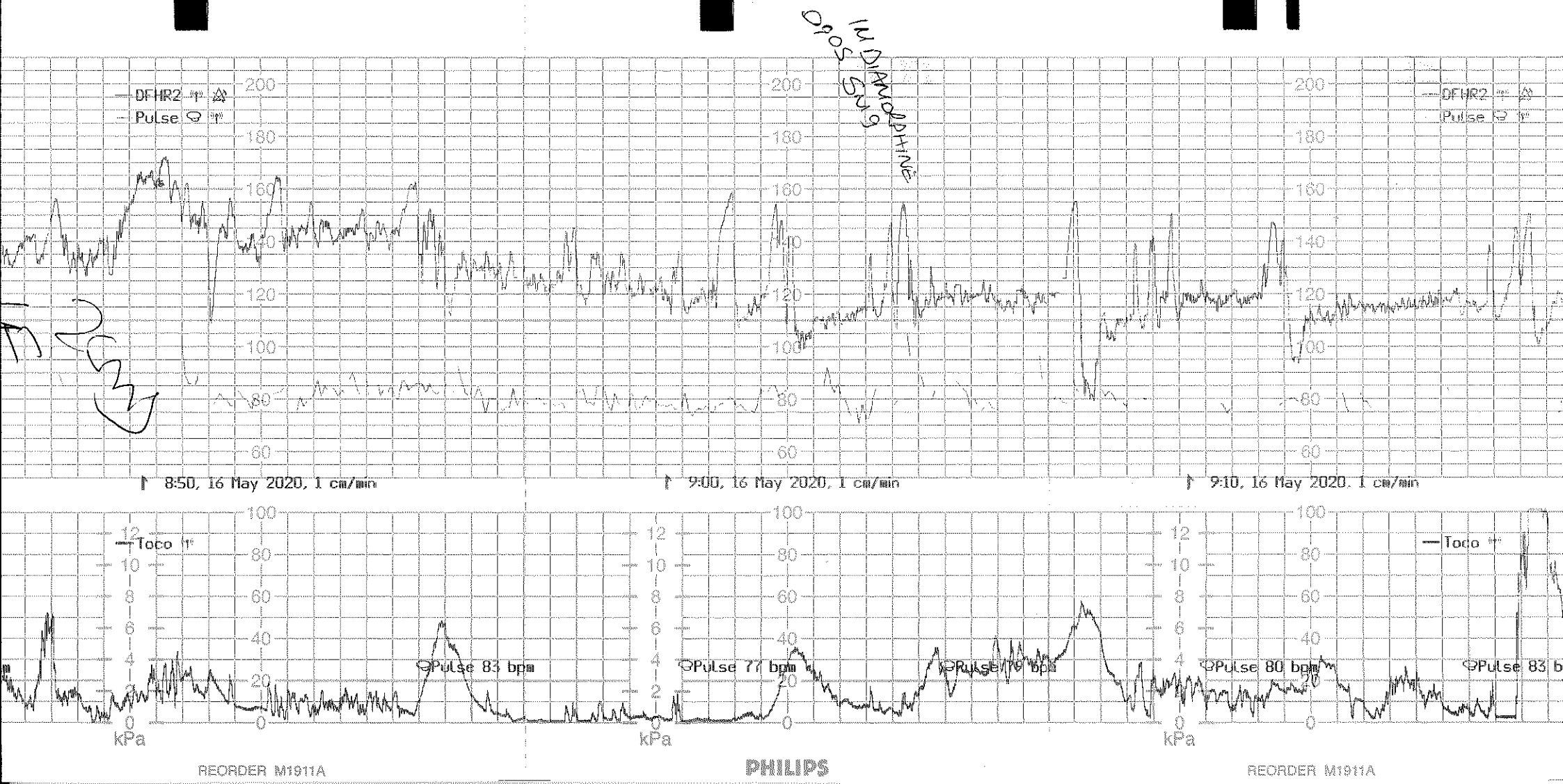
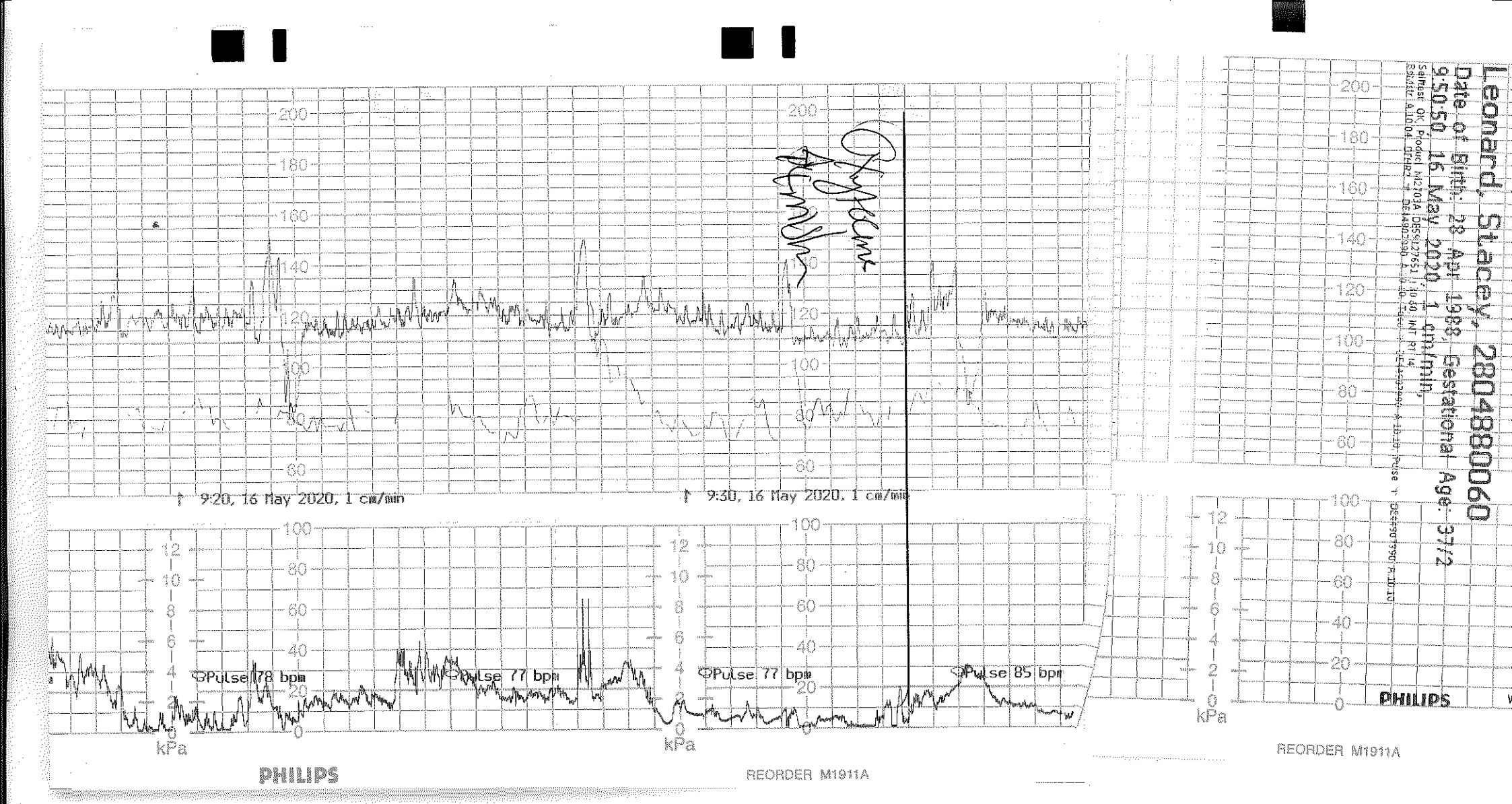

DFHR2
Pulse
6:30, 16 May 2020, 1 cm/min
6:40, 16 May 2020, 1 cm/min
6:50, 16 May 2020, 1 cm/min
Toco
Pulse 90 bpm
Pulse 83 bpm
Pulse 77 bpm
Pulse 76 bpm
Pulse 78 bpm
kPa
REORDER M1911A
PHILIPS

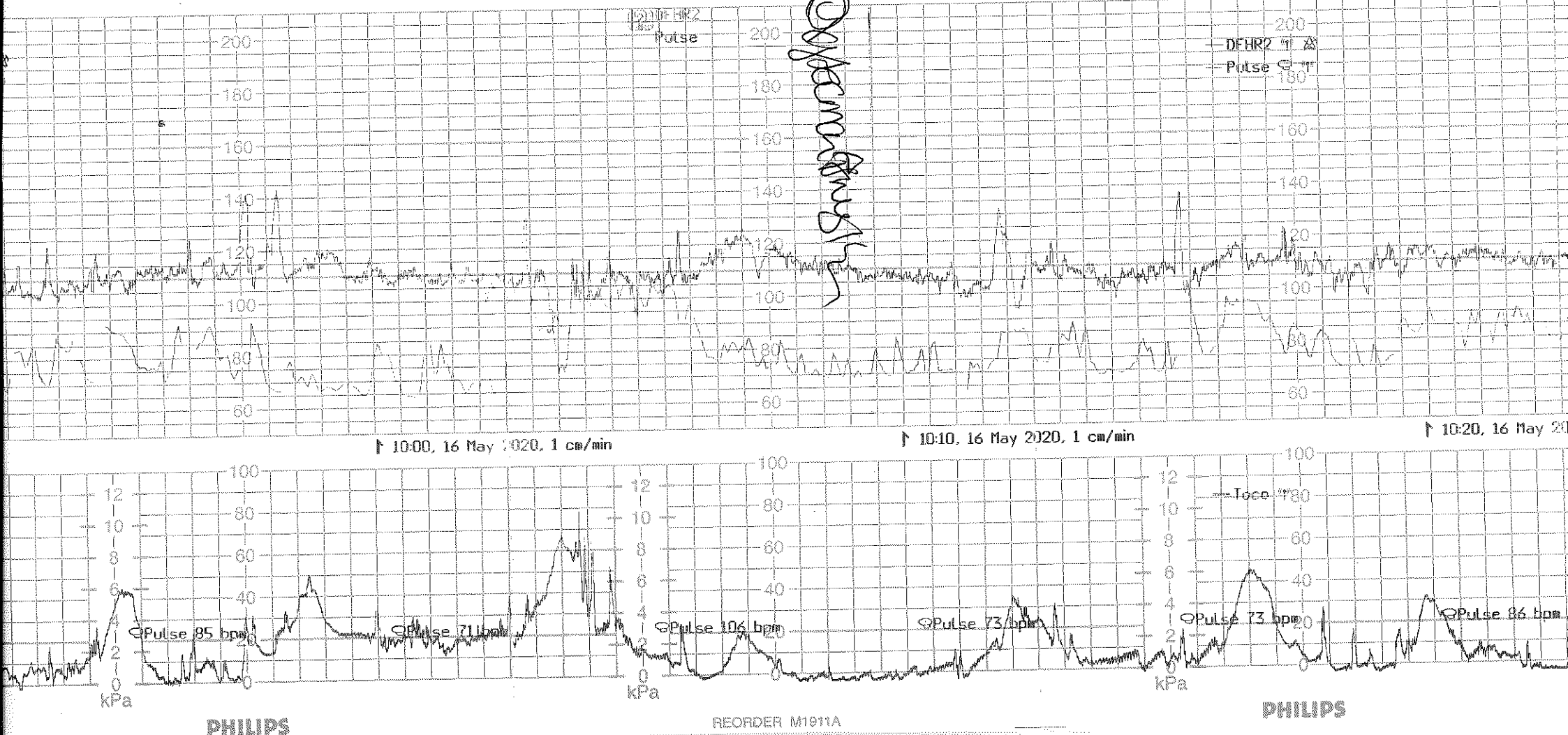

DFHR2
Pulse
7:00, 16 May 2020, 1 cm/min
7:10, 16 May 2020, 1 cm/min
7:20, 16 May 20
Toc
Pulse 80 bpm
Pulse 77 bpm
Pulse 78 bpm
kPa
PHILIPS
REORDER M1911A
PHILIPS


DFHR2
Pulse
200
180
160
140
120
100
80
60
7:40, 16 May 2020, 1 cm/min
7:50, 16 May 2020, 1 cm/min
8:00, 16 May 202
Toco
12
10
8
6
4
2
0
kPa
Pulse 76 bpm
Pulse 75 bpm
Pulse 79 bpm
Pulse 82 bpm
PHILIPS
REORDER M1911A
PHILIPS


DFHR2
Pulse
8:20, 16 May 2020, 1 cm/min
8:30, 16 May 2020, 1 cm/min
8:40, 16 May 2020, 1 cm/min
Toco
Pulse 84 bpm
Pulse 84 bpm
Pulse 86 bpm
Pulse 86 bpm
Pulse 84 bpm
kPa
kPa
kPa
PHILIPS
REORDER M1911A
PHILIPS


DFHR2
Pulse
8:50, 16 May 2020, 1 cm/min
9:00, 16 May 2020, 1 cm/min
9:10, 16 May 2020, 1 cm/min
Toco
Pulse 83 bpm
Pulse 77 bpm
Pulse 79 bpm
Pulse 80 bpm
Pulse 83 b
kPa
REORDER M1911A
PHILIPS
REORDER M1911A


Leonard, Stacey, 28048800
Date of Birth: 28 Apr 1988 Gestational Age: 37+2
9:50:50, 16 May 2020, 1 cm/min
9:20, 16 May 2020, 1 cm/mn
9:30, 16 May 2020, 1 cm/mn
Pulse 78 bpm
Pulse 77 bpm
Pulse 77 bpm
Pulse 85 bpm
kPa
PHILIPS
REORDER M1911A

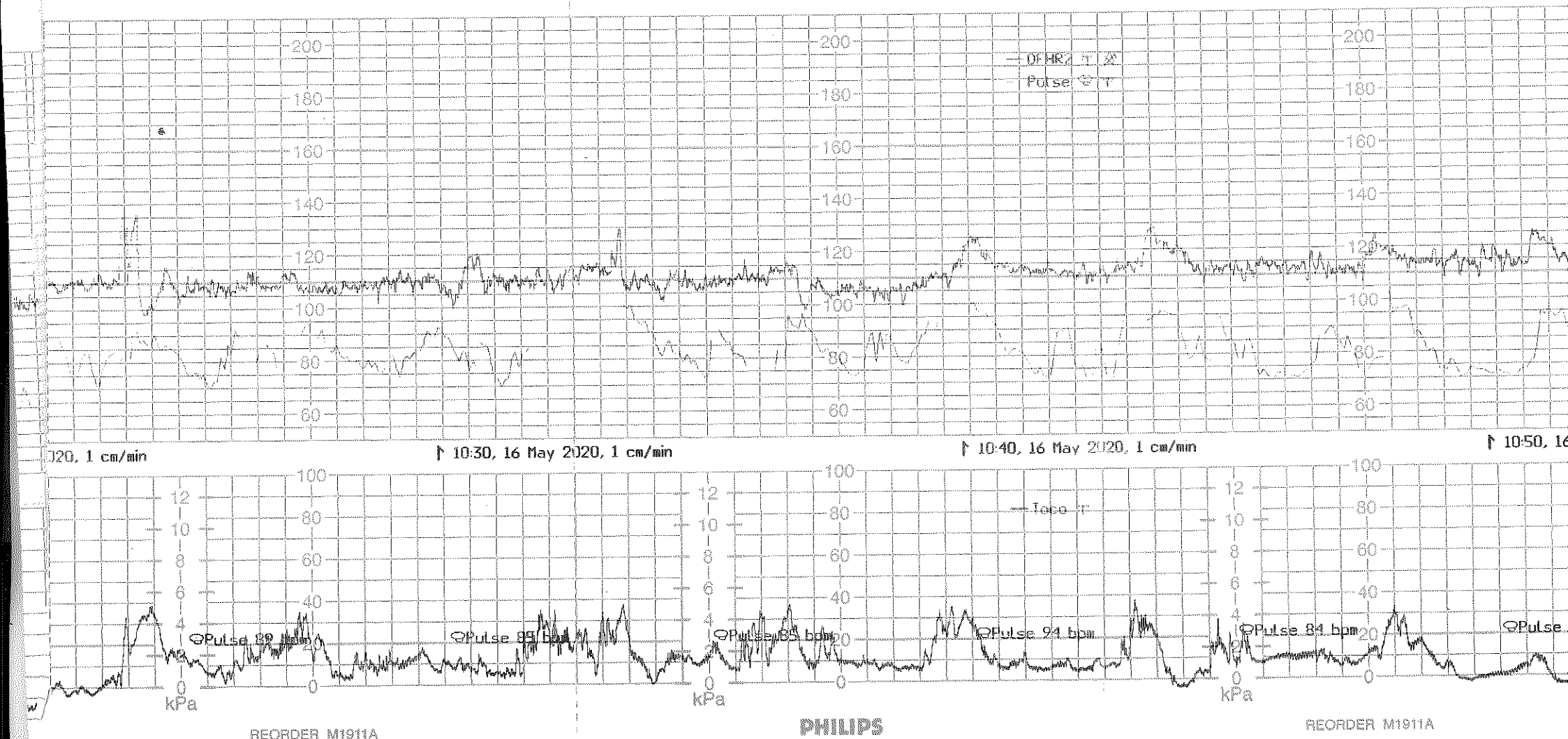


PHILIPS

REORDER M1911A

PHILIPS

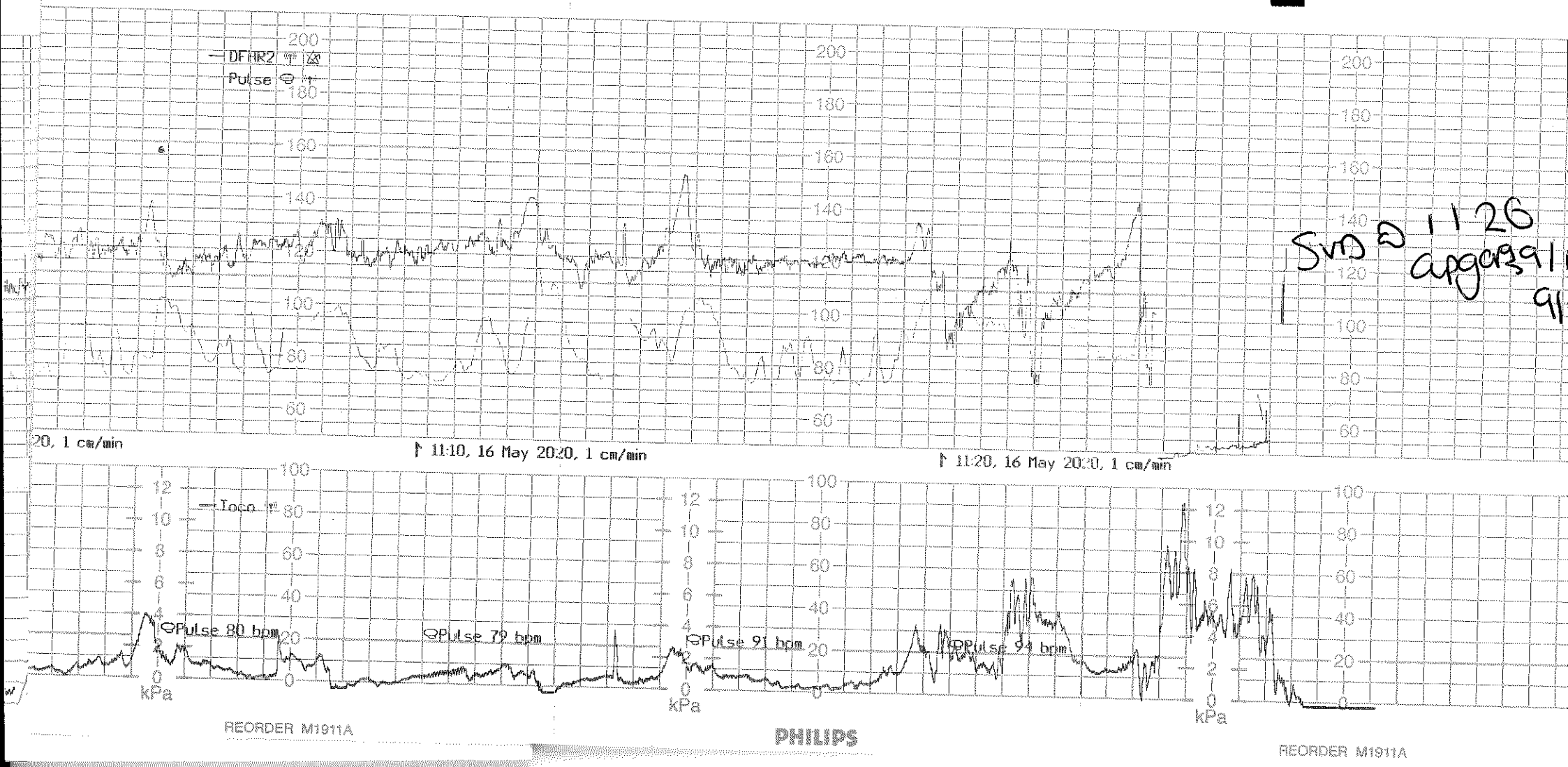
REORDER M1911A



REORDER M1911A

PHILIPS

REORDER M1911A



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PHILIPS

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Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Leonard**	Other number		Date of Birth	**28/4/1988**
Address	**2, Wards Road, Brechin, DD9 7AS**	Sex	**Female**	GP	**Im Mahon**
		Hospital Number	**2804880060**		**Brechin Health Centr**
					Infirmary Street
					Brechin
		Midwife	**Susan Robertson**		**DD9 7AN**
		Obstetrician	**Dr Pauline Lynch**		
Telephone	**07368227877**	Paediatrician	**Dr F Drimmie**	Telephone	**01356624411**

MOTHER'S DISCHARGE SUMMARY (Printed 16 May 2020)

Social history	**Single**	Obstetric History	
Smoking Status	**Not Recorded at booking**	Onset	**Induced by ARM, Syntocinon. Social**
	Smoker at delivery		
Augmentation	**Not applicable**	Membrane To Birth	**09:46**
Delivery (most significant method)	**Spontaneous - Vertex**	First Stage	**02:23**
		Second Stage	**00:03**
Intrapartum Problems	**No**		
Third Stage Management	**Controlled Cord Traction** **Primary Oxytocic :** Syntometrine i/m.	Third Stage	**00:11**
Tubal Ligation	**No**		
Pain Relief	**Labour:** Self Administered Inhalation, Diamorphine		
Placenta	**Condition: Normal** **Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**	Postpartum Problems	**No**
Perineum	**Other tear (grazing only) No Sutures**		

Livebirth Baby: 1 11:26 Saturday 16 May 2020

Baby	**Baby Leonard (Female)**	Other number	**Livebirth at 37 weeks**
Birth Order	**1 of 1**	Hospital Number **M76907**	**2340 grams**

Blood Group	**Not Known**	Rhesus Group	**Not Known**
Mother's HB	**10.9 g/dl (16/5/2020)**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Unknown**
Feeding	**Artificial**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharge Examination	**16/5/2020 at 18:00 from Ward 38, with baby**	Postnatal Stay	**Not Recorded**
Family Planning	**Discussed, Planned method IUCD**		
Postnatal Smear	**Recommended**		
Medication	**Not Recorded**		
Follow Up	**Postnatal check at Health Centre/Surgery.**		
Recommendation	**Yes, Stacey appears well on discharge. Aware to contact the unit with any concerns. D/W protocol for postnatal visits - happy with this. Good support systems in place with CPN and psychologist. Stacey keen to avoid hormonal methods of contraception, will make GP appointment in the next couple of weeks to discuss options. TTO of fragmin not available - pharmacy closed due to weekend hours. Blue script given Stacey aware to pick this up as soon as possible. First dose given today. Partner will administer, please explain administration proceedure on postnatal visit. Stacey did not want explanation today**		
Discharged To	**Not Recorded**		

ASSESSED FIT FOR DISCHARGE Name: **Shona Shinwell** Status: **Student Midwife** Signed: Shona Shinwell Date: 16/05/20

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Leonard**	Other number		Date of Birth	**28/4/1988**
Address	**2, Wards Road, Brechin, DD9 7AS**	Sex	**Female**	GP	**Im Mahon**
		Hospital Number	**2804880060**		**Brechin Health Centr**
					Infirmary Street
					Brechin
		Midwife	**Susan Robertson**		**DD9 7AN**
		Obstetrician	**Dr Pauline Lynch**		
Telephone	**07368227877**	Paediatrician	**Dr F Drimmie**	Telephone	**01356624411**

MOTHER'S DISCHARGE SUMMARY (Printed 16 May 2020)

Social history	**Single**	Obstetric History	
Smoking Status	**Not Recorded at booking**	Onset	**Induced by ARM, Syntocinon. Social**
	Smoker at delivery		
Augmentation	**Not applicable**	Membrane To Birth	**09:46**
Delivery (most significant method)	**Spontaneous - Vertex**	First Stage	**02:23**
		Second Stage	**00:03**
Intrapartum Problems	**No**		
Third Stage Management	**Controlled Cord Traction** **Primary Oxytocic** : Syntometrine i/m.	Third Stage	**00:11**
Tubal Ligation	**No**		
Pain Relief	**Labour:** Self Administered Inhalation, Diamorphine		
Placenta	**Condition: Normal** **Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**	Postpartum Problems	**No**
Perineum	**Other tear (grazing only) No Sutures**		

Livebirth Baby: 1 11:26 Saturday 16 May 2020

Baby	**Baby Leonard (Female)**	Other number			**Livebirth at 37 weeks**
Birth Order	**1 of 1**	Hospital Number	**M76907**		**2340 grams**

Blood Group	**Not Known**	Rhesus Group	**Not Known**
Mother's HB	**10.9 g/dl (16/5/2020)**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Unknown**
Feeding	**Artificial**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharge Examination	**16/5/2020 at 18:00 from Ward 38, with baby**	Postnatal Stay	**Not Recorded**
Family Planning	**Discussed, Planned method IUCD**		
Postnatal Smear	**Recommended**		
Medication	**Not Recorded**		
Follow Up	**Postnatal check at Health Centre/Surgery.**		
Recommendation	**Yes, Stacey appears well on discharge. Aware to contact the unit with any concerns. D/W protocol for postnatal visits - happy with this. Good support systems in place with CPN and psychologist. Stacey keen to avoid hormonal methods of contraception, will make GP appointment in the next couple of weeks to discuss options. TTO of fragmin not available - pharmacy closed due to weekend hours. Blue script given Stacey aware to pick this up as soon as possible. First dose given today. Partner will administer, please explain administration proceedure on postnatal visit. Stacey did not want explanation today**		
Discharged To	**Not Recorded**		

ASSESSED FIT FOR DISCHARGE Name: **Shona Shinwell** Status: **Student Midwife** Signed: Shona Shinwell Date: 16/05/20

Birth Response Form Angus

Name/CHI
2804880060
STACEY LEONARD
2 WARDS ROAD
BRECHIN
DD97AS

EDD: 4/6/20

CONCERNS IDENTIFIED:

- Police concern report received re Stacey assaulting son 30/10/2019
- History of mental health problems – borderline personality disorder
- Existing social work input with regards to sons ASD.

THE BIRTH RESPONSE PLAN HAS BEEN AGREED IN RESPONSE TO THE ABOVE CONCERNS

Plan completed by: CHRISTINE GILL Date: 4/5/20

	YES	NO	DETAILS
Has this plan been discussed with the mother/parents?	Y		
Are there any concerns regarding mother's partner being present in labour suite/ward?		N	
Can Mother have care of baby on the ward?	Y		
Can baby be discharged home with mother?	Y		UBB LEONARD CLOSED TO SW – NO FURTHER INPUT. BABY TO BE MONITORED BY NAMED PERSON
Is the child's name to be placed on the child protection register		N	
Will a child protection order (CPO) be required?		N	
On admission and immediately after delivery please contact the following people:			
Other (i.e restrictions for visitors, length		N	

of postnatal stay required, any specific treatment or assessment required			

	Name	Tel no.
GP	DR ROONEY	BRECHIN H/C
Health Visitor		
Midwife	LORNA FORD	01241 822537
Community Midwife		
Nurse Advisor Child Protection		
Drug Worker		

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Leonard**	Other number		Date of Birth	**28/4/1988**
Address	**2, Wards Road, Brechin, DD9 7AS**	Sex	**Female**	GP	**Im Mahon Brechin Health Centr Infirmary Street Brechin**
		Hospital Number	**2804880060**		
		Midwife	**Susan Robertson**		**DD9 7AN**
		Obstetrician	**Dr Pauline Lynch**		
Telephone	**07368227877**	Paediatrician	**Dr F Drimmie**	Telephone	**01356624411**

DELIVERY SUMMARY

Labour Onset	**Induced by ARM , Syntocinon, Social**		
Augmentation	**Not applicable**	Membrane Rupture To Birth Interval	**09:46 (hrs:mins)**
		First Stage	**02:23 (hrs:mins)**
Intrapartum Problems	**No**	Second Stage	**00:03 (hrs:mins)**
Third Stage	**Controlled Cord Traction Oxytocics: Syntometrine i/m**	Third Stage	**00:11 (hrs:mins)**
Sterilisation	**Not Applicable**		
Pain Relief	**Labour: Self Administered Inhalation, Diamorphine**		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**		
Perineum	**Other tear (grazing only) No Sutures**		
Postpartum Problems	**No**		

Livebirth 11:26 Saturday 16 May 2020

Baby	**Baby Leonard (Female)**	Other number		Birth Status	**Livebirth at 37+2 weeks**
Birth Order	**1 of 1**	Hospital Number	**M76907**	Birth Weight	**2340 grams (5 lbs & 3 ozs)**

Method of Delivery	Spontaneous - Vertex
Time of Birth	11:26
Resuscitation	None
Drugs	Not administered
Liquor	Clear
Apgar Scores	9 at 1 min, 9 at 5 min
Mins To Reg Resp	Within one minute
Special Care	No
Shoulder Dystocia	No
Delivered By	Hannah Kippen (Hospital Midwife) assisted by Mrs Rebecca Swanston (Hospital Midwife)

Signature _____ **Date** 16/5/20

ayside University Hospitals NHS Trust - PRI MATERNITY UNIT

NHS

Stacey Leonard	Other number		Date of Birth	**28/4/1988**
Wards Road, Brechin, DD9 7AS	Sex	**Female**	GP	**Im Mahon** **Brechin Health Centr** **Infirmary Street** **Brechin**
	Hospital Number	**2804880060**		
	Birth Order	**1 of 1**		
	Midwife	**Susan Robertson**		**DD9 7AN**
07368227877	Obstetrician Paediatrician	**Dr Pauline Lynch** **Dr F Drimmie**	Telephone	**01356624411**

Birth Register

gth Of Labour (hr:min)	**02:37**	Place of Delivery	**Labour**
of Gestation	**37+2 weeks**	Parity	**3/1**
Status	**Booking for Delivery**		
ation	**Induced for Social**	Memb Rupt To Birth	**09:46 (hrs:mins)**
ntation	**Occipito-anterior (OA)**	First Stage	**02:23 (hrs:mins)**
tage	**Not Applicable**	Second Stage	**00:03 (hrs:mins)**
ta	**Controlled Cord Traction**	Third Stage	**00:11 (hrs:mins)**
	Condition: Normal	Membranes	**Complete,**
elief	**Completeness: Complete**		
um	**Labour: Self Administered Inhalation, Diamorphine**		
ed By	**Other tear (grazing only) No Sutures**		
d By	**Hannah Kippen (Hospital Midwife)**		
Present	**Mrs Rebecca Swanston (Hospital Midwife)**		
esults	**Hannah Kippen (Hospital Midwife)**		
oss	**No clear problems noted**		
tum Problems	**200 mls**		
tum Problems	**No**		
lgesia/Anaesthesia	**No**		
Intention	**Artificial**		

Livebirth Baby: 1 11:26 Saturday 16 May 2020

umber			
Number	**M76907**	Sex	**Female**
ight	**2340 grams (5 lbs & 3 ozs)**	Resuscitation Method	**None**
rcumference		Resuscitation Drugs	**Not administered**
		Apgar	**9 at 1 min / 9 at 5 mins / Not Known at 10 mins**
K	**Konakion given Intramuscular (1 mg)**	Liquor	**Clear**
To Special Care	**No**	Mins to Spontaneous Respiration	**Within one minute**
		Method of Delivery	**Spontaneous - Vertex**
		Congenital Anomaly	**No**

Midwife/SHO/Registrar/Consultant Date 16/5/20

After Booking, do these notes require Obstetric review? YES / NO

MW S.Kent Sign S.Kent Date .....

Obs ..... Sign ..... Date 21/1/17

NHS SCOTLAND

Your Combined Pregnancy and Postnatal Record

Confidential

TRIAGE WD 37.

PLEASE USE BLACK INK

ELLIS 2804880060
STACEY F
23 SEAGATE
MONTROSE
DD10 8BA

Annat Bank Practice, Links Health Cent

Please bring your record to all healthcare appointments and hospital admissions.

If found please return this record to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

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 below 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

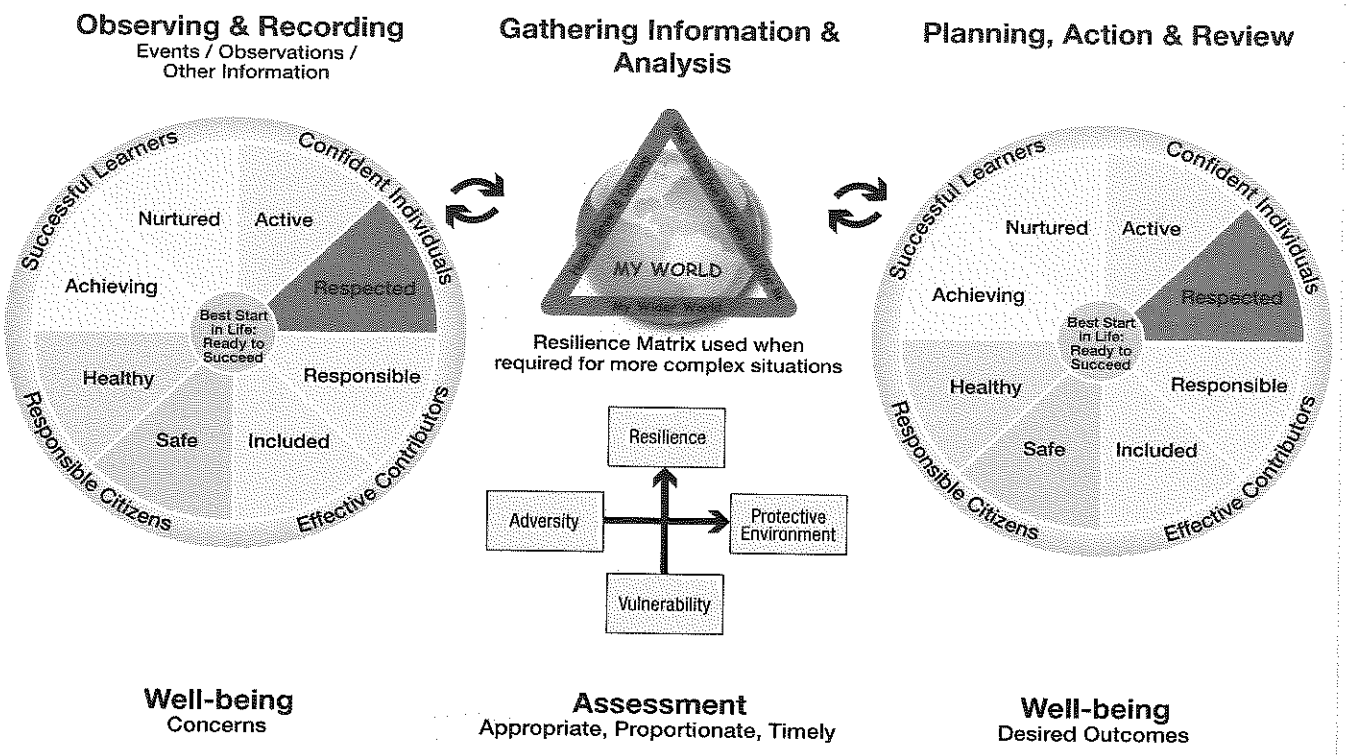
- The use of the wellbeing indicators – Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included – to determine appropriate assessment using the My World Triangle.
- The My World Triangle assessment considers the strengths and pressures for the woman and family around the three 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, multi-agency 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 well-being?
- 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 below

The National Practice Model



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

Outcome of referral: Health Plan Indicator allocated (circle as appropriate): core additional

Gestation at allocation

Health Visitor/Public Health Nurse details –

Name

Date

Your combined pregnancy and postnatal record

This is your pregnancy/postnatal 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 combined pregnancy/postnatal 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 you see this symbol:

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

✆ * Triage 632075 *

✆ .....

Contact details

Maternity unit .....

✆ .....

✆ .....

Antenatal clinic .....

✆ .....

Delivery suite .....

✆ .....

Ultrasound department .....

✆ .....

Health Visitor .....

Base .....

✆ .....

Named midwife SHONA PERT.

Midwifery team Montrose CMU.

Base .....

✆ 01674 623401.

General Practitioner Dr Cranswick

Address Annat Bank.

.....

✆ ..... Practice code .....

GP informed of pregnancy ☐ Date .....

Obstetrician Dr P. Lynch.

Base .....

✆ .....

Domestic Abuse Helpline: 0800 027 1234 (24 hours)
Scottish Women's Aid: www.scottishwomensaid.co.uk
NHS 24: 08454 24 24 24

Rape Crisis Scotland Helpline: 08088 01 03 02 (free number), 6pm to midnight
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.

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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.

Plan of care for your pregnancy

This chart is used to record a plan of care for your pregnancy. Your midwife or doctor will tick the boxes to show when an appointment is due, where it will take place, and whether a blood test or ultrasound scan is planned. Details of each appointment can be written below.

If this is your first baby you will usually have 10 appointments, if you have had a baby before you will usually have 7 appointments. The first appointment may be sometime between 8 and 12 weeks.

Week number	8		10		12		14		16		18		20		22		24		26		28		30		32		34		36		38		40	41	42
Health centre/surgery																																		
Maternity unit																																		
Home																																		
Blood tests																																		
Ultrasound																																		

Your appointments

Day	Date	Time	Where & who with	Things you want to discuss
Book Bag.	4|3|13.		20 wks.	n/wells.
M.	8|4|13 ✗		Mat unit.	24 wks Appt.
			please.	phone to arrange.
Wed	9|4|13	11.00	Unit: Shona	-24wks
FRI	3|5|13	11.30	Mat w/c Shona	28 wks.
Tues	14|5|13	3-4 Spm	Growth Scan	at n|wells
Mon	20|5|13	11.30 am	to see Julie	30wks
Tues	27.5.13	0930	RPC SCAN+ANC	following
TUES	4|6|13	15:30	Shona (32wk)	
Fri	19|7|13	10am	Shona MCF	38wks

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. Women allocated Amber status only whilst awaiting a further opinion from a member of the maternity team.

Booking Status: GREEN/RED (Please Circle)					
Date/ Location of booking	Gestation	Agreed Pathway	Reason e.g. Previous LUSCS	Booked With Midwife/Obstetrician Name	Signature
18|11|13	12	GREEN		Shona Peart	S. Peart
Subsequent Changes					
Date/ Location	Gestation	Pathway Change e.g. green to red, red to green	Reason for transfer to different pathway e.g. raised BP	Care transferred to e.g. Midwife to Obstetrician, obstetrician to Midwife. Insert Name	Signature

Important information

Affix label here or complete by hand

Unit no ... ELLIS STACEY 2804880060 F

CHI ... 23 SEAGATE MONTROSE DD10 8BA

Annat Bank Practice, Links Health Cent

Surname/ family name ELLIS

First name(s) STACEY LOUISE

Previous surname

Likes to be called Stacey

Date of birth 28/04/88

Your address 23 Seagate MONTROSE

ANGUS Postcode DD10 8BA

Home ✆

Other ✆ 07840470020

Occupation Housewife

Change of address/phone details

Postcode

Home ✆

Other ✆

Planned place of birth		Lead professional
Home		
Hospital		
CMU	✓	
Other		

Your partner/supporter for this pregnancy

Name Steven Grant

Occupation Steward

Relationship to you partner

Partner's date of birth 15/06/85

Address

Postcode

Home ✆

Other ✆ 07955501047

Emergency contact person/next of kin
Who would you like contacted in an emergency?

☑ **Your partner/supporter** ☐ **Alternative person:**

Name

Relationship to you

Address

Postcode

Home ✆

Other ✆

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.

Date of the first day of bleeding of your last menstrual period (LMP)? 25/10/12

How sure are you of this date? ☑ sure ☐ fairly sure ☐ not sure

Average number of days between the first day of each period (monthly cycle) 24

Have you had any vaginal bleeding since your last menstrual period? ☑ No ☐ Yes

Had you been using any contraception? ☑ No ☐ Yes

Type Date stopped / /

History taken by Shona Peri

Date of Booking Appointment 14/1/13.

Agreed EDD 29/7/13

Use this EDD in all communication

Your body mass index (BMI) 20

(weight [kg]/height [m]²)

Weight at booking 46.5 kg Height 156 m

Comments/details

Provisional EDD based on LMP and monthly cycle / /

EDD using dating scan 29/7/13

Agreed by Signed Shona Peri

Your previous pregnancies

Is current pregnancy with a new partner No ☐ Yes ☑ Para 2 + 0

Full name Declan Stuart Ellis Boy ☑ Girl ☐ Date of birth 05/06/08 Type of birth Ventouse

Place of birth Ninewells Birthweight (g) 6lb 2oz Gestation 39+5

Labour onset Spontaneous ☑ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☑ General ☐
3rd stage Normal ☑ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☑ Formula ☐
Further relevant information
Problems A/N
P/N
Psychological

Full name Riley Boyd Ellis Boy ☑ Girl ☐ Date of birth 28/5/11 Type of birth SVD

Place of birth Montrose Birthweight (g) 6lb 15oz Gestation 39+

Labour onset Spontaneous ☑ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☑ Epidural/Spinal ☐ General ☐
3rd stage Normal ☑ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☑ Formula ☐
Further relevant information
Problems A/N
P/N
Psychological

Full name Boy ☐ Girl ☐ Date of birth Type of birth

Place of birth Birthweight (g) Gestation

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐
Further relevant information
Problems A/N
P/N
Psychological

Early Pregnancy Losses (less than 24 weeks)

Year	Gestation	Nature of loss	Comments

Your previous pregnancies

Full name..... Boy ☐ Girl ☐ Date of birth..... Type of birth.....

Place of birth..... Birthweight (g)..... Gestation.....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐

Further relevant information.....

Problems A/N.....

P/N.....

Psychological.....

Full name..... Boy ☐ Girl ☐ Date of birth..... Type of birth.....

Place of birth..... Birthweight (g)..... Gestation.....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐

Further relevant information.....

Problems A/N.....

P/N.....

Psychological.....

Full name..... Boy ☐ Girl ☐ Date of birth..... Type of birth.....

Place of birth..... Birthweight (g)..... Gestation.....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐

Further relevant information.....

Problems A/N.....

P/N.....

Psychological.....

Full name..... Boy ☐ Girl ☐ Date of birth..... Type of birth.....

Place of birth..... Birthweight (g)..... Gestation.....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐

Further relevant information.....

Problems A/N.....

P/N.....

Psychological.....

Your health – Have you ever had, or do you currently have, any of the following:

Allergies - Please document in special features

	No	Yes	Details
Operations	☐	☑	Eye
Problems with anaesthetics	☑	☐	Consider anaesthetic review
Admission(s) to intensive care	☑	☐	
Difficulties accessing your veins	☑	☐	
Asthma or lung problems	☑	☐	
High blood pressure	☑	☐	
Heart problems	☑	☐	
Diabetes/thyroid disorders	☑	☐	
Epilepsy/neurological problems	☑	☐	
Blood transfusions	☑	☐	
Blood clots/clotting problems	☑	☐	
Kidney or urinary problems	☑	☐	
Liver problems or hepatitis	☑	☐	
Gastro-intestinal disorders	☑	☐	
Problems with fertility or your reproductive system*	☑	☐	
Vaginal infections	☐	☐	Thrush
Chicken pox?	☑	☐	
Genetic disorder	☑	☐	

Date of your last cervical smear (month/year) 11/08 Result ..... Next smear due 2014

Referred for colposcopy? ☑ ☐ Treatment .....

Cancer of any kind	☑	☐	
Problems with bones or joints	☑	☐	
Is there anything else about your health which you feel is important for your care providers to know?	☑	☐	

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

Family health – Does anyone in your immediate family, or your baby's father or his immediate family, have a history of the following:

	No	Yes	Don't know	Details
Family history of anaesthetic complications	☑	☐	☐	
Asthma or allergies	☐	☑	☐	Declan has Asthma
Diabetes	☑	☐	☐	
Genetic disorders/attending a genetics clinic	☑	☐	☐	
Pre-eclampsia	☑	☐	☐	
Blood clots (thrombosis)	☑	☐	☐	
Recent/active Tuberculosis (TB)	☑	☐	☐	
Hip problems detected at birth or shortly afterwards	☑	☐	☐	
Abnormalities present at birth	☑	☐	☐	
Family history of twins or multiple births	☑	☐	☐	
Learning disabilities	☑	☐	☐	
Permanent hearing loss	☑	☐	☐	
Are you and your baby's father blood relatives?	☑	☐	☐	

Family Origin Questionnaire (If mixed, tick more than one box)

How do you describe your ethnic group 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.

	You	Baby's father
A African or African Caribean (Black)		
1 Caribbean Islands	☐	☐
2 Africa (excluding North Africa)	☐	☐
3 Any other African or African-Caribbean family origins. Please write in		
B South Asia (Asian)		
1 India or African-Indian	☐	☐
2 Pakistan	☐	☐
3 Bangladesh	☐	☐
C South East Asia (Asian)		
1 China including Hong Kong, Taiwan, Singapore	☐	☐
2 Thailand, Indonesia, Burma	☐	☐
3 Malaysia, Vietnam, Philippines, Cambodia, Laos	☐	☐
4 Any other Asian family origins (eg Caribbean-Asian) Please write in		
D Other non-European (Other)		
1 North Africa, South America etc	☐	☐
2 Middle East (Saudi Arabia, Iran etc)	☐	☐
3 Any other Non-European family origins Please write in		
E Southern and Other European (White)		
1 Sardinia	☐	☐
2 Greece, Turkey, Cyprus	☐	☐
3 Italy, Portugal, Spain	☐	☐
4 Any other Mediterranean country	☐	☐
5 Albania, Czech Republic, Poland, Romania, Russia etc	☐	☐
F *United Kingdom (White) refer to guidance on FOQ		
1 England, Scotland, N Ireland, Wales	☑	☑
G *Northern European (White) refer to guidance on FOQ		
1 Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2 Scandinavia, Switzerland etc	☐	☐
3 Any other European family origins, (eg Australia, N America, S Africa) Please write in		

*Hb Variant Screening may be requested by parents in low risk groups

Higher risk for alpha zero thalassaemia

Don't know (incl. pregnancies with donor egg/sperm) ☐

Declined to answer ☐

Declined screening ☐

For more information on the use of the FOQ see www.nsd.scot.nhs.uk

What language do you usually use at home?
English

Do you need help with interpreting, communicating?
No ☐ Yes ☐ Details

What is your current religion or faith, if any?

Is blood transfusion acceptable to you? No ☐ Yes ☐
Details

Female genital cutting or piercing No ☐ Yes ☐
Details

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?
No ☐ Yes ☐
Details

Are you a refugee or an asylum seeker? No ☐ Yes ☐
Details

Have you had a full medical examination since arriving in the UK? No ☐ Yes ☐
If no refer to GP

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

TB risk questions:

	No	Yes
Has either parent or any grandparents been born in a high prevalence area (40 per 100,000)?	☑	☐
Details		
Is family likely to live for more than 3 months in a high prevalence area?	☑	☐
Details		
Baby requires BCG	☑	☐
Details		

- If yes to any of these questions please document need for neonatal BCG on the baby's special features box 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 ☐ Yes ☐

Other health-related questions to be discussed with maternity team staff

	No	Yes	Details of information given		
Have you been taking folic acid?	✓		☐ Pre-conception ☑ Before 12 weeks ☐ After 12 weeks	Dose of folic acid	400mcg 5mg
Vitamin D (10 mcg/day),			Healthy Start vitamins No ☐ Yes ☑	Other vitamins/supplements No ☐ Yes ☐	
What do you know about healthy eating during pregnancy?	Advised to eat more Greens.		Do you have any special dietary needs?	No.	
Dietetic referral made	✓				

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			Advice given Further information is available from www.takelifeon.co.uk
Do you go to the dentist regularly?	✓		

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?	✓		Advice given www.hse.gov.uk	
What do you know about drinking alcohol in pregnancy?				
How many units of alcohol did you drink each day before you were pregnant? Number 0			How many units of alcohol a day are you drinking now? 0 Number How many units of alcohol do you drink in an average week? 0 Number If drinking where are you drinking, at home, in clubs/pubs	

The Chief Medical Officer for Scotland's current guidance is to avoid alcohol completely if pregnant or trying to conceive.
One unit of alcohol = half a pint of 3.5% beer or lager or one 25ml measure of spirits. One small (125ml) glass of average strength (12% wine) contains 1.5 units.
If unsure of units - ask type and amount of alcohol drunk e.g. wine, spirits, beers, alcopops

Consider delivering brief intervention. Refer to Alcohol brief interventions antenatal professional pack

What do you know about smoking in pregnancy?

Have you smoked in the 12 months prior to pregnancy?		✓	CO level Date	Former smokers: date stopped
Do you or anyone in the household currently smoke?		✓	We encourage you to keep your baby smoke free before and after birth Partner smokes.	
Are you interested in getting help to stop?			Current smokers: cigarettes smoked per day Number 10-15 p/day.	
Referral made to smoking cessation service			Consider delivering brief intervention	
Have you used any street drugs, gas or glue in the last year?	✓		Substances used	
If yes, are you currently using any street drugs, gas or glue?	✓			
Have you ever injected drugs?	✓			
Does your current partner use any street drugs, gas or glue or inject drugs?	✓			
Referral for advice on substance abuse	✓			
Do you currently or have you ever attended an addiction service? (including smoking and alcohol)	✓			
Does your partner currently or has s/he attended an addiction service	✓			
Self harm	✓			
Overdose	✓			

Medication

	No	Yes
Are you taking any medication prescribed to you by a doctor, or have you stopped any medication recently?	☑	☐
Are you taking any 'over the counter' preparations or medications not prescribed to you? (If yes, include indications)	☑	☐

Prescribed medication	Dose	Frequency	Route	Duration
Anti-emetic		3 daily	Oral.	
? Cyclizine			"	

Details .....

Your mental health	No	Yes
1. Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness? Details Mum (Bipolar)		✓
2. Do you have a history of bipolar disorder (manic depression), puerperal psychosis, schizophrenia or other serious mental illness?	✓	
3. During the past month, have you often been bothered by feeling down, depressed or hopeless?	✓	
4. During the past month, have you often been bothered by having little interest or pleasure in doing things?	✓	
5. If "yes" to questions 3 or 4 then ask: 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 Details		
Home circumstances and support needs	✓	
Are you still in school?	✓	
Are you living in or leaving looked after care services?	✓	✓
Do you feel that you have someone to support you through your pregnancy?		✓
Are you in temporary housing?	✓	
Do you need further advice on finances, benefits or housing issues?	✓	
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?		✓
If no, who looks after them?		
Does your current partner have any other children?	✓	
If yes, who looks after them?		
Have you ever needed social work assistance?		✓
Have you or your partner ever been involved in the Criminal Justice System?		
Do you need support with reading or filling in forms	✓	
Do you consider yourself to have a disability, either physical, mental or do you have any learning difficulties	✓	
Do you get support or have you ever had support with independent living?	✓	
Referral needed Details		

Other support and professionals, (social worker, smoking cessation, substance misuse team, etc)

Name (job title) .....

Contact no. ✆ .....

Address

.....

.....

Name (job title)

.....

Contact no. ✆ .....

Address

.....

.....

Other involved workers
(family support, learning support worker, guidance teacher etc)

.....

.....

See Maternity summary record ☐

Special Features

Name Stacey Ellis

Age 24 Parity 2+0.

Agreed EDD 29/7/13

Blood group O pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other .....

Allergies LATEX

BMI 20 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**
Antfundel/abw 6x6x2cm	
Recurrent APH's.	

Routine Enquiry asked Yes ☐ 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.
Flu vaccine accepted/declined

Date administered / /

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

I have received the information leaflet *'Your Guide to Screening Tests 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.

☑ **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: Sell **Date** 14/1/13

Witness: Shona Pert. **(Health professional)**

Designation: S/M. **Date** 14/1/13.

Please complete the "Whose Signature" page at the back of the record

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	Plans for care	Notes for paediatrician
	PN Smear.	Does this baby require BCG Immunisation?
12.6/3 Active 3rd Stage - [illegible]		YES NO
LATEX ALLERGY.		(If yes record on labour summary)
	Contraception - Depo on discharge the Nurse	

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

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 ..... weeks
- ☐ Growth scan as required
- ☐ Placental site scan 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: SED Date 14/1/13.

Witness: Shona Peat. (Health professional)

(Please sign and print name)

Designation: SM. Date 14/1/13.

For more information on the national screening programmes see www.nsd.scot.nhs.uk

Special Features

Name Stacey Ellis

Age 24 Parity 2+0.

Agreed EDD 29/7/13

Blood group O pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other .....

Allergies LATEX

Pregnancy	
Special features	Plans for care
Antifundelfhow 6x6x2cm	
Recurrent APH's.	

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	Date taken indicate if declined	Results/Action
Blood Group at booking	12		
Antibody screen - 28 weeks			
Full Blood Count - booking	12		Hb 12.9
28 weeks		14/1/13	
36 weeks			
Rubella status	12		w/immune
Syphillis	12		neg
Hepatitis B	12		neg
HIV	12		neg
Haemoglobinopathy - sickle cell and thalassaemia -document outcome in baby's special features box and baby record			
Screening ☐ Fetal anomalies ultrasound ☐ Down's Syndrome	Does not wish		
Random blood glucose	12		2.7 DIW PL no protein
Couple's Haemoglobinopathy result if performed			
Mid stream urine specimen for bacteriology			NAD
CVS please include indication for procedure			
Amniocentesis please include indication for procedure			
CO results			
Other			

If you have RhD Negative blood this section applies to you ☐

Your blood is RhD Negative. 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

Discussions/plans Signed ..... / /

Prophylactic 'Anti-D' given 28 weeks Dose ..... Signed ..... Date given / /

Please complete the "Whose Signature" page at the back of the record

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	Plans for care	Notes for paediatrician
	PN Smear.	Does this baby require BCG Immunisation?
R. 6/3 Active 3rd Stage - flow		YES NO
LATEX ALLERGY.		(If yes record on labour summary)
	Contraception - Depo on discharge the Nurses	

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Infant feeding - Antenatal Checklist

All of the following should be discussed with each pregnant woman by 34 weeks of pregnancy.

	Discussed (or note if mother declined discussion)	Signed	Date
Getting your baby off to a good start			
Importance of early skin-to-skin contact (keeps baby warm and calm, promotes bonding, helps with breastfeeding)	☐	.....	../../..
Baby-led feeding and feeding cues (to ensure adequate milk intake and supply)	☐	.....	../../..
Rooming in / keeping baby near (for baby-led feeding and reduction of risk of SIDS)	☐	.....	../../..
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.	☐	.....	../../..
Benefits for the mother Reduced risk of breast cancer, ovarian cancer and osteoporosis	☐	.....	../../..
Making breastfeeding work			
Effective positioning and attachment (to ensure adequate milk intake and pain-free feeding)	☐	.....	../../..
Effect of teats, dummies, nipple shields (may interfere with breastfeeding)	☐	.....	../../..
No other food or drink needed for 6 months (for maximum health benefits)	☐	.....	../../..
'From bump to breastfeeding' DVD given (for later discussion, see below)	☐	.....	../../..
Further discussion			
Leaflets given and discussed:			
'From bump to breastfeeding' DVD discussed (suggest between 28 and 34 weeks)	☐	.....	../../..

Antenatal checklist reproduced with permission of UNICEF baby friendly initiative.

Special Features

Name Stacey Ellis

Age 24 Parity 2+0.

Agreed EDD 29/7/13

Blood group O pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Antfundelfbrw 6x6x2cm	
Recurrent APH's.	

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results
17/12/12	118/58	+ ketones									
14/1/13				12							Booking Bloods
04/3/13	109/52	NAD	NAD	19+2					FHH		MSSU.
9/4/13	110/60	Leucocytes ++ nitrites ++		24+2.	23cm	–	trans	–	FH ✓	FM ✓	MSSU.

Consider need to refer to HV/PHN for HPI

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
	PN Smear.	
R. 6/3 Active 3rd Stage - flow		
LATEX ALLERGY.		
Contraception - Depo on discharge		

Does this baby require BCG Immunisation?

YES (NO)

(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Weight in late pregnancy ..... kg

Date ../../..

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.

Other information/plans/referrals etc	Return in (weeks)	Signature
Very nauseous, unable to eat or drink much - advised re ↑ fluids.		
Booking completed. Scan = 12 wks 20 week scan discussed + organized Does not wish NIT Screening	12/52.	S/M Spert.
30/1/13 Mange in Mixed pyjs Happy to see re Contraception Plans Plan.		
Sharp abdomen pains since 23/02/13. Starting to became more intense since yesterday. MSSU obtained. Feeling nauseus otherwise well. ? Ligament pain. Not painful on palpation. Advised re. Simple analgesia. ~~TOP PL appt 6/3/13.~~		M White ST/MW Gabrellit 5 IM
6/3/13 - ? fibroid palpable ant uterus cervix readjusted - US ? 6x6x2cm fibroid tender - apparently rec last NOV. scan		
Symptomatic relief. admit for severe pain Dentzle MRI delay		
uncomfortable, feels pressure on bladder, some dysuria. MSSU sent. ? needs antibiotics. will try and see GP today. Faxed request to Surgery for same.	4/52.	S/M S Pert.

Please complete the "Whose Signature" page at the back of the record

See Maternity summary record ☐

Special Features

Name Stacey Ellis

Age 24 Parity 2+0

Agreed EDD 29/7/13

Blood group O pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Antfundal fibroid 6x6x4cm	
Recurrent APH's.	

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results
2/5/13	110/60.	leucocytes +-	NIL.	27+4.	24cms	–	–	–	FH✓	FMF.	28 wk Bloods.
7/5/13	120/60			28+1							
14/5/13				29+1							
20/5/13	110/56	NEG	NIL	30WKS	28	–	–	–	FHH	FMF	
22/5/13		Seen in triage (wd 37)									
27.5.13	100/60	NEG	NIL	31 WKS	–	cephalic			✓	>10/10.	

Consider need to refer to HV/PHN for HPI

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
	PN Smear.	
R. 6/3 Active 3rd Stage - flow		
LATEX ALLERGY.		
(contraception - depo on discharge the Nurses)		

Does this baby require BCG Immunisation?

YES NO

(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Weight in late pregnancy ..... kg

Date ../../..

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.

Other information/plans/referrals etc	Return in (weeks)	Signature
Keeping well. Fundal height only 24cm. Smoking 15-20 p/day. Growth scan arranged for 14/5/13 at 3:45pm and review at Day Care.		S/M Spert.
USS r/v today. Growth, liquor + flows normal. USS 10.06.13 + r/v.		E. Burnett.
Has had 2x NW's episodes. Anxious. Reassured. Has scan on Monday 27/5/13 otherwise well today.		Kabreli.
Please see triage sheet		K Patton
Scan. growth centiles on 25th centile liquor + flows (N). Has repeat (2). Had ~~4~~ ++++ glucose - urine on 22/5/13? GTT. ~~no~~ ~~PV~~ ~~Bleeding~~ today.		
(1) No glycosuria today. Recommend OGTT if has another episode " without explanation of a sugar load		
(2) Has USS 3+ → advised to keep for growth (Have smaller babies)		
(3) No PV bleed now; not eligible for RhD prophylaxis → if re-bleeds → low threshold		

See Maternity summary record ☐

Special Features

Name Stacey Ellis

Age 24 Parity 2+0.

Agreed EDD 29/7/13

Blood group O pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

1 ATFX

Pregnancy	
Special features	**Plans for care**
Antfundelyfbw 6x6x2cm	
Recurrent APH's.	

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results
10/6/13	90/52	2+ Leu Tr Pro	Nil	33+0	NP	Ceph	—	—	FHH USS	FMF 710/10	MSSU Sent
23/9/13	106/52	leucocytes ++	nil.	34+4.	33cms	ceph	long	free	FH✓ (5)	FMF	

Consider need to refer to HV/PHN for HPI

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	Plans for care	Notes for paediatrician
	PN Smear.	Does this baby require BCG Immunisation?
IR. 6/3 Active 3rd Stage - flow		YES NO (If yes record on labour summary)
LATEX ALLERGY		
Contraception - Depo on discharge		

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Weight in late pregnancy ..... kg

Date ../../..

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.

Other information/plans/referrals etc	Return in (weeks)	Signature
Feeling well today. USS Growth ~ 60th centile AFI (N) Flows (N) Low lying placenta at 20 weeks - Now Not Low. C/O slight pinkish PV loss yesterday on wiping (2x previous triage admissions re: PV loss). Has Fibroid 6x6x2 cm	2 weeks com/MW	Sc/MW
Mang as normal		
Routine OOU in week Active 3rd Stage (only small fundal fibroid)		
Well. No problems. Aiming for NRB birth. Dysuria MSSU sent.		

Please complete the "Whose Signature" page at the back of the record

Special Features

Name Stacey Ellis

Age 24 Parity 2+0.

Agreed EDD 29/7/13

Blood group O pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Antifundelflow 6x6x2cm	
Recurrent APH's.	

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		
9/5/13	1650	PEO BP 120/60 T 36.3
		Attended clinic today feeling awful and nauseous.
		c/o burst abscess on left breast and history
		of uterine contractions/irritability this afternoon.
		Has antibiotics from GP (needs to take prescription to chemist)
		D/W Triage - to be seen there.
		Stacey able to go in own transport.
		JGabrelli.
	17:00	FHI clear and regular with sonicaid.
		FMF JGabrelli
9.7.13	11:30	Adm into MRI for SRM check.
		Good h/o SRM ~ 12 hours ago.
		Pad soaking - smells of liquor.
		Feels well.
		obs: 115/70
		P: 65
		T 36.4°C Urinalysis - +protein, +nitrates

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	Plans for care	Notes for paediatrician
	PN Smear.	
R-G/3 Active 3rd Stage - flow		
LATEX ALLERGY		
	Contraception - Depo on discharge	

Does this baby require BCG Immunisation?

YES NO

(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		
		FHF ✓ FHH ✓ (3) 140bpm.
		On palpation.
		Long lie, cephalic, Vx at brim - feels ballotable.
		CTG commenced.
		Medical staff happy to discuss SRM with Vertex ballotable.
		Awaiting medical staff to phone back.
		CTG discontinued.
		Plan - ↑ SRM with free Vertex.
		Contractions - Irregular uterine activity.
		Baseline - 140bpm.
		Accelerations - Present.
		Variability - 5-10bpm.
		Decels - None
		Overall - Reassuring CTG - however in light of high head still need to speak to medical staff.

E Mclaughlin (Midwife)

Special Features

Name Stacey Ellis

Age 24 Parity 2+0.

Agreed EDD 29/7/13

Blood group O pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies / LATEX.

Pregnancy	
Special features	**Plans for care**
Antifundelghbw 6x6x2a	
Recurrent APH's.	

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		
9-7-13	2000	Medical staff Dr Lisa Scott called - wishing Stacey to have an USS to confirm presentation and position of head.
		USS not available for checking this in Montrose, therefore Stacey to go to NWS, week 37.
		~~Stacey~~ Risks of SRM with high head discussed with Stacey.
		Stacey and partner on their way to NWS, E. Primrose MLW
9/7/13	2115	Into MRI SROM check.
		37+1, p2 (Ventouse & SVD), Rh+
		AN // recurrent APHs, otherwise well.
		Reviewed by Dr Lynch-for MRI birth.
		Seen at Ninewells today as ? head high →
		head fixed.
		Med // well. Latex allergy. No meds.

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	Plans for care	Notes for paediatrician
	PN Smear.	Does this baby require BCG Immunisation?
		YES (NO)
12.6/3 Active 3rd Stage - fibroid		(If yes record on labour summary)
LATEX ALLERGY.		
Contraception - Depo on discharge the Nurse.		

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Antenatal Care

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		
9/7/13		Feeling generally well.
		SROM 1800 last night.
		Clear liquor draining. FMF +++
		No bladder / bowel concerns.
		BP 110/69 P78 T37'
		Urinalysis prot +
		Feeling some mild tightenings.
		OP// =dates, longlie, cephalic. longlie, at brim.
		CTG commenced to assess fetal wellbeing.
		SROM discussed: change in colour of liquor / feeling unwell / ↓ FM / labour.
		Encouraged to phone if any concerns.
		CTG - Risk low, some mild UA, BR 120-125bpm
		Accelerations present, no decels, variability good
		overall reactive & reassuring.
		To return tomorrow @ 9am for next check.

Special Features

Name Stacey Ellis

Age 24 Parity 2+0

Agreed EDD 29/7/13

Blood group O pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Antifundelflow 6x6x2a	
Recurrent APH's.	

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		
10.7.13	10.30	SRM check @ + 36 hours.
		Stacey feels well.
		Obs: 115/70, P 60, T 36.6°C.
		Contracting irregularly overnight.
		CTG commenced.
	11.05	CTG discontinued. Plan: ↑ SRM 36 hours ago
		Baseline 135bpm
		Contractions: 2-3:10
		Accelerations: present
		Variability: 5-10 bpm.
		Decels: None
		Plenty FMF.
		Overall: Reassuring trace.
		Stacey is keen to wait for labour to ~~start~~ establish. Seems that Stacey is
		contracting regularly at present.
		Plan- go for a walk, mobilise on birth ball. keep in touch with unit. Come back in

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	Plans for care	Notes for paediatrician
	PN Smear.	Does this baby require BCG Immunisation?
		YES NO (If yes record on labour summary)
19.6/3 Active 3rd Stage - flow		
LATEX ALLERGY.		
Contraception - Depo on discharge the Nurse		

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		
10.7.13	11:00	at 21:00 for repeat obs & CTG.
		Stacey happy with this plan.
		E. Mannion MW
10/7/13	18:15	Stacey has returned to MRI as has
SRM 4.5hrs		been unaware of fetal movements since
		11:00am this morning. JGabrelli
		Urinalysis =
		JG ++ + LEUC, + GLUCOSE MSSU sent.
	18:25	On to CTG
		FH 132bpm, clear and regular. JGabrelli
	19:00	CTG faxed to 4/5 NW's.
		↑ risk due to spontaneous rupture of
		Membranes 4.5hrs ago.
		Contracting 2:10 regular
		Baseline 150bpm
		Variability <5bpm
		Decelerations - none noted.
		Concerning trace, awaiting call back from
		NW's JGabrelli S/M

Special Features

Name Stacey Ellis

Age 24 Parity 2+0.

Agreed EDD 29/7/13

Blood group O pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other .....

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Antifundal fibroid 6x6x2cm	
Recurrent APH's.	

Breech Presentation at 36 weeks

		Date
External Cephalic Version discussed and information given	☐ No ☐ Yes	/ /
External Cephalic Version offered	☐ No ☐ Yes	/ /
External Cephalic Version offer accepted	☐ No ☐ Yes	/ /

Details of ECV procedure .....

.....

Fetal heart checked and recorded ☐ No ☐ Yes

Record of cervical stretch and membrane sweep for postmaturity

Date / / Time : Gestation .....

Record of discussion prior to the procedure .....

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Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate (pre VE) ..... Maternal pulse .....

Fetal heart rate (post VE) .....

Comments .....

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Cervical examination

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

* Relative to the ischial spines

Comments .....

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Signature: ..... Date / / :

Plans following procedure

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Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born		
Special features	Plans for care	Notes for paediatrician
	PN Smear.	Does this baby require BCG Immunisation?
		YES NO (If yes record on labour summary)
R. 6/3 Active 3rd Stage - fibroid		
LATEX ALLERGY.		
Contraception - Depo on discharge		

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Information for you

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

Forms — Date received

- 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) ../../..

Benefits and Entitlements

- Parent's Guide to Money ../../..
- 'A Guide to Maternity Benefits' NI 17A www.dwp.gov.uk ../../..
- 'Pregnancy and work: what you need to know as an employee' www.bis.gov.uk

Screening tests in pregnancy

- 'Your guide to screening tests during pregnancy' ../../..

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.scottishcotdeathtrust.org ../../..
- 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' www.healthscotland.com ../../..
- 'Breastfeeding and Returning to Work' www.healthscotland.com ../../..
- 'Your Guide to Newborn Screening Tests' ../../..
- 'Your Baby's Hearing screen' www.healthscotland.com ../../..
- '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

Others

- Antenatal education sessions discussed Yes ☐ No ☐ ../../..
  Booked to attend Yes ☐ No ☐

Your ultrasound scans

Details of any ultrasound scans that you may choose to have will be entered below or the computer print out results of your scans will be attached.

Dating Scan +/- NT measurement

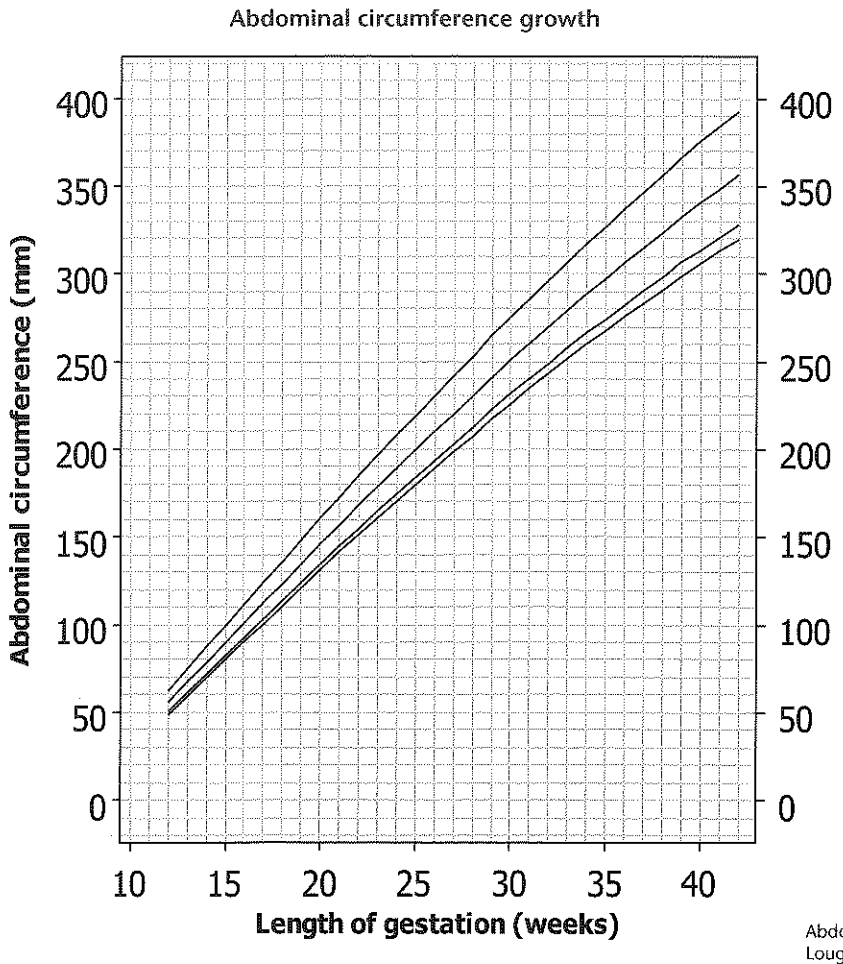
Date	Gestation	EDD by scan	Fetal heart	NT measurement if performed	Signature
14/11/13	12	29/7/13	No ☐ Yes ☑		SMLSPark
Details	CRL = 50.9mm				

Detailed Scan/ Fetal Anomaly Scan delete as appropriate

Date	Summary of findings	Signature
	Base Menu completed No ☐ Yes ☐	

Other Scans

Date	Gestation	Amniotic Fluid Index (AFI) Oligo/normal/ polyhydramnios	Growth Within Normal Limits/<5th Centile/>95th Centile	Fetal presentation (Cephalic, breech, transverse)	Fetal movement/ heart activity	Placental position	Doppler	Signature

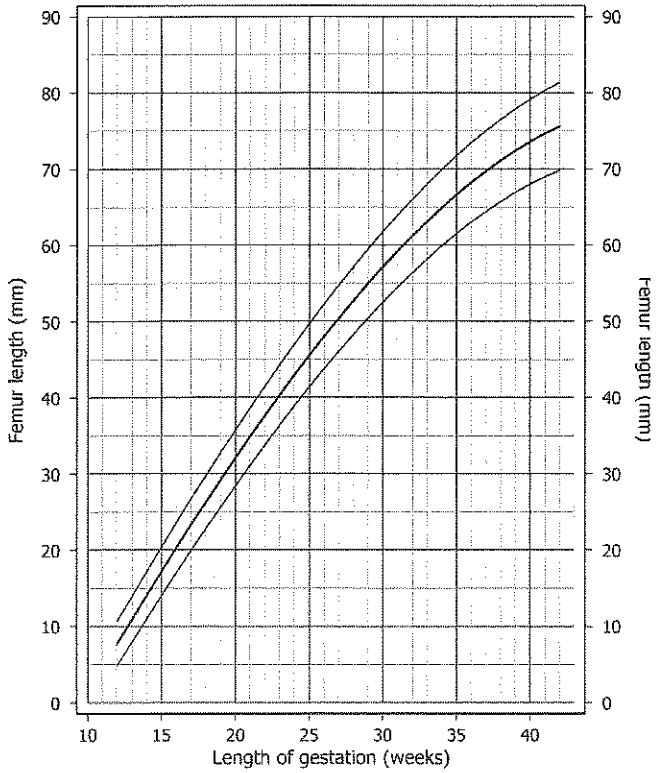


Abdominal circumference growth chart adapted from Loughna et al. Ultrasound, August 2009, Vol 17, Number 3 (lines show 5th, 10th, 50th, 95th centiles)

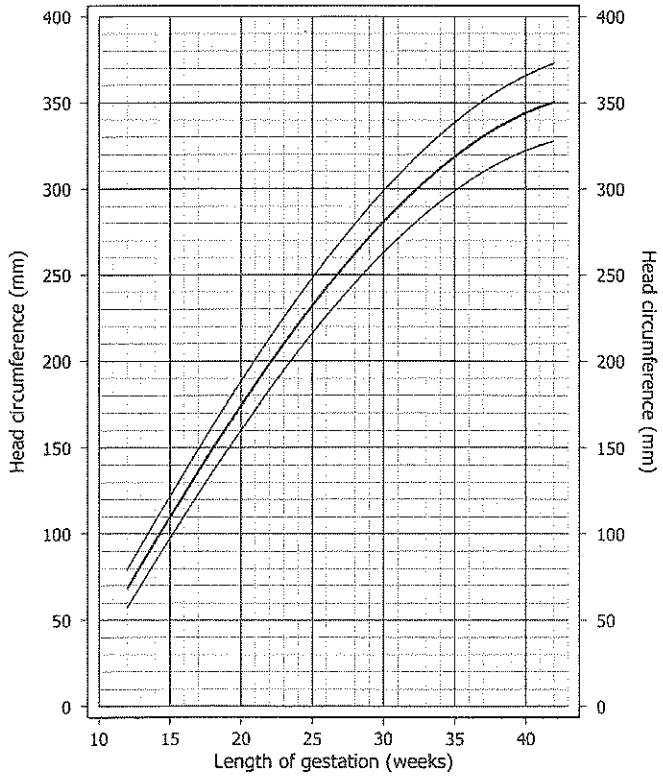
Your ultrasound scans (continued)

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

Femur length



Head circumference growth



Growth charts supplied by the British Medical Ultrasound Society (lines show 5th, 50th and 95th centiles)

Any further notes on ultrasound scans

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

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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 labour/contractions?
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).

Wishes active 3rd stage.

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?

Wishes baby to have IM Vit 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)

Doesn't wish to fill in plan is going to take as it comes.

Signature: [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 mitts, 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 notes and questions

Please use this page to write down any notes or questions

Your notes and questions (continued)

Please use this page to write down any notes or questions

Your postnatal care

The chart below is used to plan your postnatal care. Your midwife (and sometimes other members of your maternity team) will discuss and arrange your care with you, according to your needs and your baby's needs. Maternity staff will explain the reasons for each appointment or visit, as well as where it will take place, who with and when.

Hand hygiene is particularly important after childbirth. Please wash your hands in warm soapy water before and after changing your sanitary towel and after every trip to the toilet.
You should be alert to signs of infection after childbirth. You should seek advice from your midwife, general practitioner or maternity hospital if you have any of the following:-

- High temperature/feeling feverish/flu like symptoms
- Sore throat – especially if other members of the family also have sore throats
- Breathlessness
- Abdominal or chest pain
- Diarrhoea and/or vomiting
- Severe headache

Studies have shown that the safest place for your baby to sleep is on their back, in a cot, in your room for the first 6 months. Side-sleeping or prone (tummy) sleeping is not advised (unless there is a medical reason for doing so). This is the most important thing you can do to reduce the risk of cot death. For further information speak to a member of the maternity team, ensure you have a copy of the leaflet "Reduce the Risks of Cot Death" or look online at www.scottishcotdeathtrust.org

Your postnatal appointments

Day	Date	Time*	Reason for visit/appointment	Where & who with

*For some home visits an approximate time or 'morning' or 'afternoon' visit may be given.

Your notes

Please use this space to jot down any notes or questions about your care or your baby's care.

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal discharge summary

Discharged from .....

To (address) ..... ✆ .....

GP ..... at ..... ✆ .....

Named caseload holder as per KCND Pathways for Maternity Care

Obstetrician ..... Midwife ..... Paediatrician .....

GIRFEC lead professional .....

Labour, birth and postnatal period

☐ Gravida ☐ Para

Onset of labour ☑ Spontaneous ☐ Induced: indication .....

Mode of delivery SVD on THURS day 11/7/13 at 10.15 Sex MALE

Indication ..... Presentation OCPH Position OA Location .....

Livebirth/Stillbirth Gestation 37+3 Birthweight 3610 g Blood loss 200 mls

APGARs ☒ 1 minute ☐ 5 minutes ☐ 10 minutes Placenta/membranes appear complete

Perineum/abdominal wound ..... Sutures .....

Haemoglobin 9.2 g/dl on 11/7/13 Repeat ☐ Not needed ☐ done due on .../.../...

Blood group O RhS Irregular antibodies ☐ Yes ☑ No anti-D needed ☑ No ☐ Yes anti-D given on .../.../...

Blood transfusion ☐ Yes ☑ No

Rubella status IMMUNISED Vaccination needed ☑ No ☐ Yes Vaccinated on .../.../...

Contraception/sexual health needs discussed ☐ No ☐ Yes

Details .....

Cervical smear due ☐ No ☑ Yes: due in P/N (month) 20 .....

Discharge medication ☐ No ☐ Yes: details .....

Postnatal check with ..... Arranged for .../.../... Mother to arrange ☐

Problems identified during pregnancy, labour/birth

Problems in the postnatal period/referrals, investigations or results pending including recommendation to seek pre-pregnancy counselling prior to planning any subsequent pregnancies

Signed ..... Designation .....

Please complete the "Whose Signature" page at the back of the record

Your progress

Normal pulse range 50-100bpm: Normal Temp range 36-38°c: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus
* SV	11/7/13	T 36.6°C P 80 BP 100/70 RR 16	Revised postnatal thrombosis risk Mobile NAD	Soft comfortable	firm central
1 SV	12/7/13	T 36.8 P 85 BP 113/62 RR 16. 4pl FBC sent	Mobile legs NAD	NAD	FTC Pain
2	13/7/13	T 36.4°C P 58 BP 105/68 RR 16	Fully mobile	soft no concerns.	
3	14/7/13	Temp 36.5°C P 62	Fully mobile	fine	NP
5	16/7/13	Well, but tired	fully mobile	tender full.	nip
10	21/7/13	Well but tired.	Mobile Legs NAD.	NAD	N/P

Please complete the "Whose Signature" page at the back of the record

Observations outwith this range seek advice from a multi-professional colleague

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
200ml	Intact	Passed Urine	Routine Postnatal care	C Heffernan
Mle IX small clot only	Comfy	PV a normal loche	Review Mon Advise FBC result if (N) → Home	
average not offensive smelling	fine	voiding no concerns. For FBC tomorrow.	visit tomorrow.	
OK		voiding BO FBC taken	telephone tomorrow	J Duckett
settling bit tender but OK.		PUV BOV	telephone tomorrow	
Serosa, minimal. No clots.	Comfortable.	Pu ✓ BO ✓	Hand over to H/V.	A McMillan S/M.

Your progress

Normal pulse range 50-100bpm: Normal Temp range 36-38°c: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots Revised postnatal thrombosis risk	Breasts	Fundus

Please complete the "Whose Signature" page at the back of the record

Observations outwith this range seek advice from a multi-professional colleague

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Your postnatal care

Please use 24 hour clock and sign each entry.
Remember to complete the 'Whose signature?' section on the back cover of the record

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care
11/7/13	
1005	Transfer from Montrose Prolonged Rupture of membranes Sub optimal CTG.
1015	SVD of a liver male infant Perineum intact Passed urine C Lafferty Hb 9.3g/dl
1500	Transferred to ward 38 postnatal with baby. Well upon transfer, fundus firm and central, lochia rubra, average. Iced water given, buzzer system shown. States wishes to return to Montrose although baby PROM - same discussed with paediatrician. Agreed to stay atte Same discussion. S Gunn
12/7/13 1350	FBC repeated in view of anaemia/ Wcc pre delivery. Blood results obtained via phone as pt keen to go. Wcc 13.5 (21.6) Hb 10.6 PLT 375. Pt advised to review as pt keen for home.
1405	DW M. Smith (Bay) obs stable can go home. Can ring to request FBC in 2 days pt aware to call ward if any concerns re infection

Please complete the "Whose Signature" page at the back of the record

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care

Your postnatal care

Please use 24 hour clock and sign each entry.

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care *

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care

Breastfeeding your baby

Breastfeeding your baby may be a new experience for you, or you may already have skills and confidence. This section contains items for discussion, observation and support as you breastfeed your baby. Your midwife and maternity care team will support you. When you and your midwife feel you are confident with the items, you can then sign them off to mark your progress.

Your copy of 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' provides sound advice that you and your partner can refer to. Please let your midwife know if you need another copy. Or visit www.healthpromotionagency.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding	...../...../.....	...../...../.....
Positioning my baby for breastfeeding	...../...../.....	...../...../.....
Principles of good attachment	...../...../.....	...../...../.....
How to recognise that my baby is feeding well including effective milk transfer	...../...../.....	...../...../.....
My baby's feeding and sleeping patterns for the first few days	...../...../.....	...../...../.....
'Baby led' feeding	...../...../.....	...../...../.....
When my milk 'comes in'	...../...../.....	...../...../.....
Rooming in at the maternity unit	...../...../.....	...../...../.....
Sharing a bed with my baby - the risks discussed further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"	...../...../.....	...../...../.....
Winding my baby	...../...../.....	...../...../.....
My baby's needs (exclusive breastmilk for around the first six months of life)	...../...../.....	...../...../.....
Why dummies or teats should not be used	...../...../.....	...../...../.....
How to hand express my breastmilk	...../...../.....	...../...../.....
Expressing breastmilk a) washing & dry storing equipment	...../...../.....	...../...../.....
b) safe storage	...../...../.....	...../...../.....
Signs that my baby is feeding well and thriving	...../...../.....	...../...../.....
Monitoring for wet and dirty nappies	...../...../.....	...../...../.....
Breastfeeding support in my community	...../...../.....	...../...../.....

Breastfeeding support is available from the following organisations:-
The Breastfeeding Network 0300 100 0210 www.breastfeeding network.org.uk
National Breastfeeding Helpline 0300 100 0212 www.feedgoodfactor.org.uk
NCT – 0300 330 0771 7 days 0800 -2200 www.nct.org.uk
La Leche League - 0845 120 2918 www.laleche.org.uk

Information on alcohol consumption and breastfeeding	...../...../.....	...../...../.....

Other things that I want to ask about: .....

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Formula feeding your baby

As with general baby care, you may already be skilled in making up formula feeds and formula feeding your newborn baby, or it may be a new challenge. Your midwife and maternity care team will support you. The list below can be used to check that you feel confident formula feeding your baby. Please sign off the items when you feel ready.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Using bottled milk/disposable teats in the maternity unit	...../...../.....	...../...../.....
The importance of good hand hygiene	...../...../.....	...../...../.....
Sterilising equipment	...../...../.....	...../...../.....
Making up a formula feed correctly and safely (always following the manufacturer's instructions)	...../...../.....	...../...../.....
Making up each feed as required, use of whey based milks for first 12 months and one to one demonstration if required	...../...../.....	...../...../.....
Giving a formula feed correctly and safely	...../...../.....	...../...../.....
Winding my baby	...../...../.....	...../...../.....
My baby's feeding and sleeping patterns for the first few days	...../...../.....	...../...../.....
'Baby led' feeding	...../...../.....	...../...../.....
'Rooming in' at the maternity unit	...../...../.....	...../...../.....
Sharing a bed with my baby - the risks discussed	...../...../.....	...../...../.....

Further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"

Choosing the right type of milk for my new baby (whey based)	...../...../.....	...../...../.....
Signs that my baby is feeding well and thriving	...../...../.....	...../...../.....

Further information on preparing formula feeds can be found at www.babyfriendly.org.uk Including information in different languages.

Other things about feeding that I want to ask about: .....

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Feeling confident with your baby

Whether you are a first time parent, or if you have experience of looking after new babies, there may be things that you want to discuss and practice with maternity care staff. The list below can be used as a starting point to ensure that you feel confident meeting your baby's needs. Please sign off the items when you feel ready. Remember there can be lots to learn, and it can be quite normal for this to take a while.

Don't forget that your 'Ready, Steady, Baby!' book contains useful advice and information that you and your partner/supporter can refer to. Or visit www.readysteadybaby.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Baby communication and attachment (skin to skin, touch or massage, talking to baby, eye contact, responding to non-verbal cues, instinctive skills and how babies learn etc)	...../...../.....	...../...../.....
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	...../...../.....	...../...../.....
Social support	...../...../.....	...../...../.....

Other things I want to ask about: .....

.....

.....

.....

.....

.....

Information for you (indicate when received) ☐ ...../...../.....

Do you still have your copy of 'Ready, Steady, Baby!' ☐ No ☐ Yes

Easy Read Versions of Ready Steady Baby are available from NHS Health Scotland free of charge please contact 0131 536 5500

.....

.....

.....

Please remember that some health advice changes over time. Friends and relatives may be unaware of new guidance about preventing cot death. Please share your information with them to help keep your baby safe.

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful.
The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

How I feel I am coping

My mood and emotions

How I feel I am doing as a parent

Not liking my baby at the moment

Difficulties with my baby's feeding

Managing my tiredness

Questions about my baby

Coping with my baby's crying

My anxieties

Relationships with my family

Thinking about your pregnancy, labour and birth

Pregnancy, labour, birth and the time afterwards are unique experiences. They can have a powerful effect on how you feel and your relationships with your baby, partner, family and your maternity care team.

Your midwife will ask you about your experiences in the early days following the birth. You may have questions that you want to ask or issues to discuss – or you may not. You may find it helpful to think about your experiences of maternity care so far, and discuss events with your partner or the person supporting you. Please use the space below to jot down any questions or issues to discuss.

Please remember that you can talk to any member of your maternity care team (such as your midwife, General Practitioner or obstetrician) about your experiences *at any time after the birth.* Some women wish to do this a few weeks, or even many months after the birth, or if they are thinking about becoming pregnant again.

Your health after the birth

Blood tests/other tests and results				
Date	Time	Investigation	Indication	Result/actions

Discharge from midwifery care

Date 21 / 7 / 13 Days postnatal 10

Special features identified (please sign and date each entry)

BP /

General wellbeing and mental health

Contraception

Longer acting contraception (LAC) discussed Yes ☑ No ☐

Reversible contraception discussed Yes ☑ No ☐

Has LAC contraception been provided Yes ☐ No ☑

It is recommended that you commence a reliable method of contraception by Day 21

Wishes coil - will get depo while waiting

Sexual health

(www.sexualhealthscotland.co.uk)

Physical Exercise and Healthy Lifestyle Advice

Importance of healthy eating and maintaining a healthy weight discussed Yes ☐ No ☐

Current smoker? ☐ No ☑ Yes 15-20/day

Has risk of passive smoking to baby been explained? ☐ No ☑ Yes

Don't smoke or allow anyone else to smoke in the same room as your baby.

It's best if nobody smokes in the house, including visitors.
Anyone wishing to smoke should go outside.

Do not smoke or allow anyone to smoke in a car your baby is travelling in.

For further information about alcohol consumption following the birth.
See www.readysteadybaby.org.uk

	Any problems		Details
Passing urine	☑ No	☐ Yes	
Pelvic floor	☑ No	☐ Yes	
Bowel function	☑ No	☐ Yes	
Breasts	☑ No	☐ Yes	
Perineum/abdomen	☑ No	☐ Yes	
Lochia/menstruation	☑ No	☐ Yes	
Cervical smear due	☑ No	☑ Yes	

Concerns

Handover to health visitor completed ☐ No ☐ Yes Details

Health Plan Indicator allocated (circle as appropriate): core additional **Include in handover to health visitor**

Six week follow-up appointment discussed/arranged ☐ No ☐ Yes Details

Signed Print name Designation

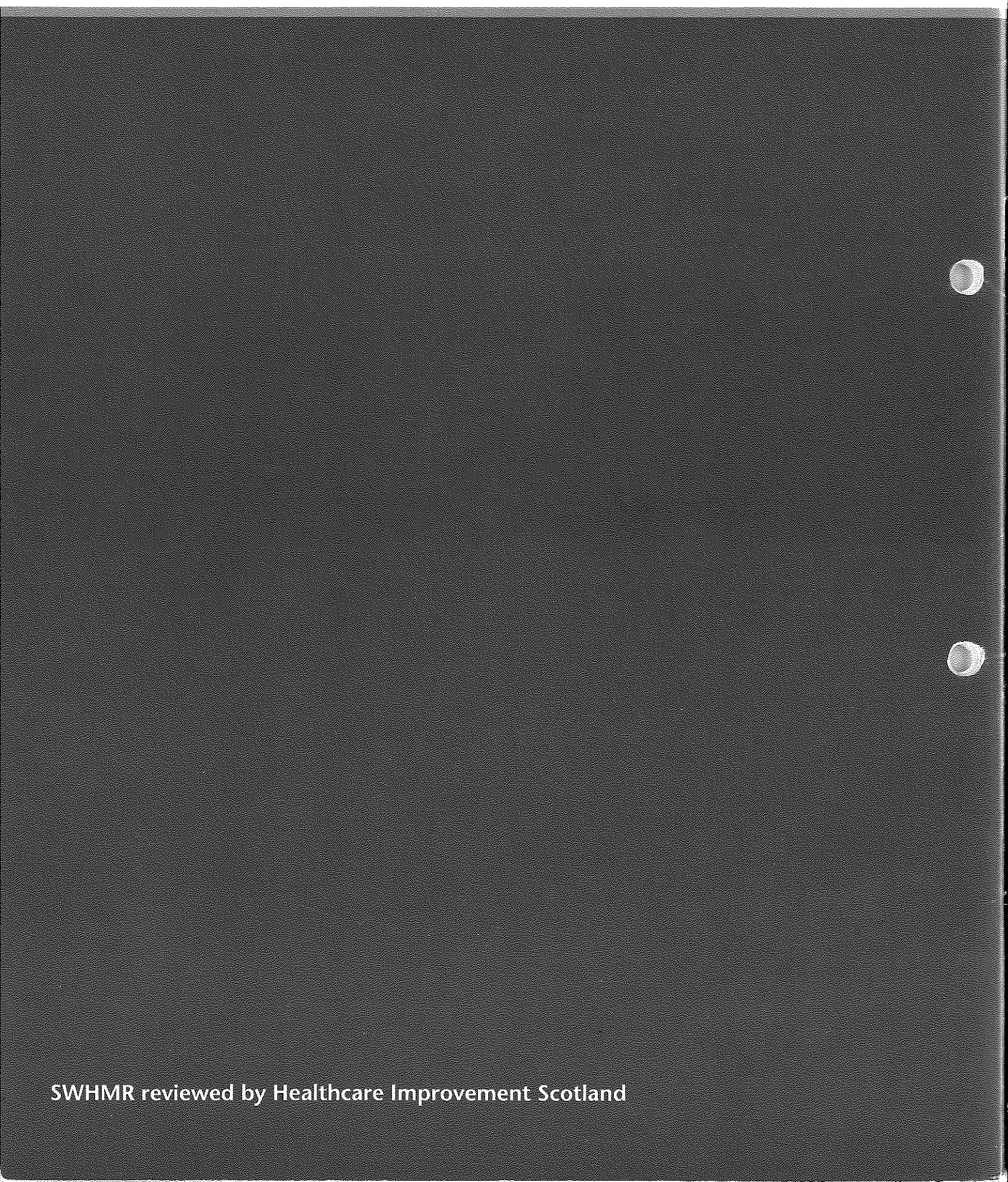
Please complete the "Whose Signature" page at the back of the record

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
SHONA PERT	Shona Pert	S/M.
MARIANNE WHITE	mjwhite	Student midwife
JULIE CABRELLI	J Cabrelli	S1M.
Elizabeth Burnett	EB	Rm.
KERRI PATTON	KPatton	ST/M
Angela Dunkl	A-Dunkl	m/w
SARAH HERMAN		SE/MW
E. MISCIOSCIA	E Nuno	MW.
L MURPHY	Laura Munro	SM
G HARRERY	G Harrery	Midwife
SARAH RENNIE		midwife
SHERSHAW		
IONA DUCKETT	Iona Duckett	midwife
SARAH SEMPLE		MW.
GILLIAN McMILLAN	G McMillan	MIDWIFE

Version 6



SWHMR reviewed by Healthcare Improvement Scotland

ELLIS 2804880060
STACEY F
23 SEAGATE
MONTROSE DD10 8BA

Annat Bank Practice, Links Health Cent

JR SUITE DOCUMENTATION CHECK LIST.

Patient Name and ID number :

DOCUMENT	YES	NO	N/A	COMMENT
WHO THEATRE CHECKLIST			✓	
BIRTH REGISTRATION FORM CHECKEDAND HANDED TO PATIENT	✓			
MEWS CHART	✓			
PVC BUNDLE			✓	
SEPTIC BUNDLE			✓	
SSIS FORM			✓	
PPH CHECKLIST			✓	
3rd DEGREE TEAR CHECKLIST			✓	
NEWS	✓			
VAGINAL PACK STICKER			✓	
HANDOVER SHEET			✓	
CHECK CHILD HEALTH REPORT WITH PARENTS AND SIGN	✓			
FLUID BALANCE CHART	✓			
LABOUR SUMMARY IN LABOUR BOOK	✓			
PN MATERNAL AND BABY RECORD	✓			
IS DATIX REQUIRED			✓	Completed yes/no Reason :
FRAGMIN PRESCRIPTION			✓	
TPAR COMPLETED			✓	

Midwives signature

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

NHS

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Female**	GP	**Rc Cranswick Annet Bank Practice Links Health Centre Marine Avenue Montrose DD10 8QN**
		Hospital Number	**2804880060**		
		Midwife	**Mrs Phyllis Winters**		
		Obstetrician	**Dr Pauline Lynch**	Telephone	
Telephone		Paediatrician	**Beata Kamusella**		

DELIVERY SUMMARY

Labour Onset	**Spontaneous**	Membrane Rupture To Birth Interval	**58:45 (hrs:mins)**
Augmentation	**None**	First Stage	**03:10 (hrs:mins)**
		Second Stage	**00:10 (hrs:mins)**
Intrapartum Problems	**No**		
Third Stage	**Controlled Cord Traction** **Oxytocics: Syntometrine i/m**	Third Stage	**00:05 (hrs:mins)**
Ste: ıtion	**Not Applicable**		
Pain Relief	**Labour: Self Administered Inhalation**	Membranes	**Complete**
Placenta	**Condition: Normal** **Completeness: Complete**		
Blood Loss	**200 mls**		
Perineum	**No damage recorded**		
Postpartum Problems	**No**		

Livebirth 10:15 Thursday 11 July 2013

Baby	**Baby Ellis (Male)**	Other number		Birth Status	**Livebirth at 37+3 weeks**
Birth Order	**1 of 1**	Hospital Number	**M48502**	Birth Weight	**2610 grams (5 lbs & 12 ozs)**

Method of Delivery	Spontaneous - Vertex
Time of Birth	10:15
Resuscitation	None
Drugs	Not administered
Liquor	Clear
Apgar Scores	6 at 1 min, 7 at 5 min, 10 at 10 min
Mi o Reg Resp	Within one minute
Special Care	No
Shoulder Dystocia	No
Delivered By	Christine Hastings (Hospital Midwife) assisted by Shona Pert (Hospital Midwife)

Signature _____ **Date** 11/7/13

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Female**	GP	**Rc Cranswick Annet Bank Practice Links Health Centre Marine Avenue Montrose DD10 8QN**
		Hospital Number	**2804880060**		
		Birth Order	**1 of 1**		
		Midwife	**Mrs Phyllis Winters**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Beata Kamusella**	Telephone	

Birth Register

Total Length Of Labour (hr:min)	**03:25**	Place of Delivery	**Labour**
Estimate of Gestation	**37+3 weeks**	Parity	**2+0**
Booking Status	**Booking for Delivery**		
Onset	**Spontaneous**	Memb Rupt To Birth	**58:45 (hrs:mins)**
Presentation	**Occipito-anterior (OA)**	First Stage	**03:10 (hrs:mins)**
Augmentation	**None**	Second Stage	**00:10 (hrs:mins)**
Third Stage	**Controlled Cord Traction**	Third Stage	**00:05 (hrs:mins)**
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete,**
Pain Relief	**Labour: Self Administered Inhalation**		
Perineum	**No damage recorded**		
Delivered By	**Christine Hastings (Hospital Midwife)**		
Assisted By	**Shona Pert (Hospital Midwife)**		
Midwife Present	**Christine Hastings (Hospital Midwife)**		
CTG Results	**Equivocal Tracing, Reduced variability and decelerations**		
Blood Loss	**200 mls**		
Intrapartum Problems	**No**		
Postpartum Problems	**No**		
PN Analgesia/Anaesthesia			
Feeding Intention	**Breast**		

Livebirth Baby: 1 10:15 Thursday 11 July 2013

Other number		Sex	**Male**
Hospital Number	**M48502**	Resuscitation Method	**None**
Birth Weight	**2610 grams (5 lbs & 12 ozs)**	Resuscitation Drugs	**Not administered**
Head Circumference		Apgar	**6 at 1 min / 7 at 5 mins / 10 at 10 mins**
Length		Liquor	**Clear**
Vitamin K	**Konakion given Intramuscular (1 mg)**	Mins to Spontaneous Respiration	**Within one minute**
Admitted To Special Care	**No**	Method of Delivery	**Spontaneous - Vertex**
		Congenital Anomaly	**No**

Signed G Lafferty **Midwife/SHO/Registrar/Consultant** **Date** 11/7/13

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Female**	GP	**Rc Cranswick Annet Bank Practice Links Health Centre Marine Avenue Montrose DD10 8QN**
		Hospital Number	**2804880060**		
		Midwife	**Mrs Phyllis Winters**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Beata Kamusella**	Telephone	

Thromboembolism Prophylaxis Summary

Factor	**Score**
Birth method of Spontaneous - Vertex	0
Total Score	**0**

The suggested action is:
Early mobilisation and hydration

NHS TAYSIDE
WOMEN AND CHILD HEALTH

Checklist - Arranging Induction Of Labour

To Be Completed By Midwife/Medical Staff

Addressograph

ELLIS
STACEY
23 SEAGATE
MONTROSE

2804880060
F

DD10 8BA

Annat Bank Practice, Links Health Cent

Contact Phone no- 07840470020

To Book IOL Midwife to Phone L/S – Ph 01382 632141/ 632140

Reason For IOL Prolonged SRM

Parity 2+0 **Gest.** 37+2 **Cons.** P/L

Admission Details - On Admission Please Report To Ward 37, Level 6

Date and Time of Admission for Propess

.....

Date of Induction

.....

6 PM Friday Ward 37

Woman advised that due to periods of increased clinical activity this date may be subject to change. If this is the case every effort will be made to inform her as early as possible. Also advise that birth partners are unable to stay overnight in the ward due to lack of accommodation – Y / N

Induction of Labour Patient Information Leaflet Given – Y / N

IOL Arranged by - Sign & Date

.....

Booking Taken in LS by

.....

3.4

Assessment Record

Place of Assessment:	NW 37	**Assessment No:**	3
Name & DOB/CHI:	STACEY ELLIS 2804880060		
Date & time:	070513 1830	**Consultant:**	PL

EDD:	290713	**Temp:**	36.3	**FH:**	166bpm
Gest:	28+1	**Pulse:**	82	**Urinalysis:**	1+ prot, 2+ Leuct
Parity:	2/0	**Bp:**	107/54	**Blood group:**	O Pos
			Sats 97% Resps 16		

SFH: Abdominal palpation:	Soft	**PV loss:**	Nil

Any relevant medical/obstetric history and reason for referral

LATEX ALLERGY

Low Lying placenta - posterior

Comm m/w referral with ? contracting, has breast abscess which burst today - pus + blood oozing from same.

Assessment

Stacey does not think it is contractions, states it is Braxton Hicks, no pattern to same.

External CTG commenced FH 166bpm. LOC H due to fm H and gest^{n} reassuring

MSSU - sent

CTG (if applicable)		**If in established labour, start partogram and Document reason if unable to transfer to LS**
Define Risk	? contracting	
Contractions	none	
Baseline rate	140bpm	
Accelerations	present	
Variability	>10bpm	
Decelerations	none	
Overall	LOC H fm H reassuring	**Discharged** **Admit**

Signature	**Print**	**Job Title**	**Time of discharge/transfer**
T Valentine	T Valentine	S/m	

Midwifery Plan and Actions

Bloods obtained for FBC and CRP - sent to labs.

HOLOGIC™ Rapid fFN®

Rapid fFN 10Q RESULT
NEGATIVE
TIME: 22:26 DATE: 07/05/13

PATIENT: 2804880060
fFN CONCENTRATION: 10 ng/mL
USER: CP
CASSETTE LOT: K2180
CALIBRATION CODE: ARG4M-5EXHG
ANALYZER ID: G0198

INTERNAL CONTROLS
ANALYZER QC: PASS
CASSETTE QC: PASS

Signature/date T Valentine 070513

Medical review and plan

(25) Gest 28+1 Para 2+0 - Ventouse + SVD.

Bloods ✓
HB10.5
WCC14.9
Plt 275
Neu 11.4
CRP <4

3-4 day history of R breast abscess which burst this am. Saw midwife who arranged for prescription of flucloxacillin from GP. Swelling now significantly ↓. No erythema. No fevers. Pain improving. Otherwise feels well. Midwife referred to MW - ? Braxton Hicks. - 2wk history of generalised 'tightenings'. Intermittent - no regular/ pattern in/frequent. Patient not concerned. No PV loss - white/yellow discharge. No bleeding.

O/E appears well. Obs Stable. Apyrexial.

Small area of induration few mm in diameter left breast nipple. Patient states has significantly improved since discharging this am. No palpable mass / underlying abscess.

Signature/date

ABCDC

Follow Up	**TTO'S - details**
SNOT no palpable tightenings Specimen - (N) - white discharge - OS closed - no bleeding fibrinogen taken + HVS ✓	

Signature/date

C POWRIE/L ARNOT 2012

(P) 1. Stat dose flucloxacillin now. Has script from GP for 7/7 antibiotics.
2. ↓ fibrinogen req - (H).
3. GP / midwife FUP.

GPST2. 4120.

Assessment Record

Place of Assessment:	Montrose Maternity Unit	**Assessment No:**	2
Name & DOB/CHI:	Stacey Ellis 280488 0060		
Date & time:	16/04/13 17^{55}	**Consultant:**	P. Lynch

EDD:	29/7/13	**Temp:**	-	**FH:**	142bpm (S)
Gest:	25^{+1}	**Pulse:**	80bpm	**Urinalysis:**	NAD
Parity:	2/0	**Bp:**	112/58	**Blood group:**	O Pos

SFH Abdominal palpation:	Fundus = 23cm Parts felt	**PV loss:**	Discharge on pad

Any relevant medical/obstetric history and reason for referral

Latex Allergy

Fibroid 6x6x2cm

c/o ? SRM this afternoon

x2 wet pads

Assessment

Speculum to assess ℞ consent

No evidence of SRM

Creamy discharge ++ - HVS obtained

FM 136bpm post speculum

CTG (if applicable)	**If in established labour, start partogram and Document reason if unable to transfer to LS**
Use NHST sticker on CTG	
Normal All 4 features reassuring	
Abnormal 1 non reassuring feature	
Pathological 1 abnormal/ ≥2 non reassuring features	
	Discharged **Admit**

Signature	**Print**	**Job Title**	**Time of discharge/transfer**
K McMillan	K McMILLAN	MIDWIFE	18^{25}

NHS Tayside

WARD 37

MATERNITY CALL RECORD – Please complete clearly in black ink and BLOCK capitals

Date:	15/5/13	**Time:**	1445hrs
Name:	Stacey Ellis	**DoB:**	280488
Address:	Montrose	**EDD/GEST:**	29/7/13
		Parity:	2/0
Tel No:		**Length of last labour**	
Reason for Call:	fresh PV loss		
FMF Today:	✓		

Any PV Loss: Yes / No	**Colour:**	**Gr B Strep:**
SRM: Yes/ No	**Colour:**	
Blood Group:-	Opos	
Position of Baby:-		

Have you any previous medical or obstetric history? None

Have you any problems in this pregnancy? None

CLINICAL: FEVER >38° or history of fever AND flu-like symptoms (2 or more of the following symptoms – cough, headache, rhinorrhea or vomiting/diarrhoea) or other severe life threatening illness suggestive of an infectious process.

TRAVEL: ANY travel in the last seven days, outwith the UK

Specific Advice Given ICI

Signature:	CPowrie	**Print Name:**	C Powrie
Designation:	MTL		

Call Back (1)	Date:	Time
Call Reason:		
Plan:		
Signature:	Print Name:	
Designation:		

Call Back (2)	Date:	Time:
Call Reason:		
Plan:		
(consider face-to-face assessment)		
Signature:	Print Name:	
Designation:		

3/1

Assessment Record

Place of Assessment:	TRIAGE / WARD 37	**Assessment No:**	
Name & DOB/CHI:	STACEY ELLIS 2804880060		
Date & time:	15/5/13 @ 1630hr	**Consultant:**	DR LYNCH

EDD:	29/7/13	**Temp:**	37°C	**FH:**	130bpm
Gest:	29+2/7	**Pulse:**	76	**Urinalysis:**	NAD
Parity:	2/0	**Bp:**	107/53	**Blood group:**	O POSITIVE

SFH: Abdominal palpation:	SFD, fundus = 27cm	**PV loss:**	PV bleed discharge

Any relevant medical/obstetric history and reason for referral

Self referral with H/O PV bleeding - only on wiping
Also H/O ? UTI - dysuria and frequency
H/O 7.05 - burst breast abscess (see notes)
Had Fluoxacillin for 7 days.

Assessment

OBS - as above
CTG commenced
For med. review
Pad checked - only discharge

CTG (if applicable)		**If in established labour, start partogram and Document reason if unable to transfer to LS**
Define Risk		
Contractions	thickenings	
Baseline rate	140 bpm	
Accelerations	present	
Variability	>5bpm	
Decelerations	Nil	
Overall	reassuring	**Discharged** **Admit**

Signature	**Print**	**Job Title**	**Time of discharge/transfer**
	H Musig	M/W	

Midwifery Plan and Actions

Signature/date

Medical review and plan FMR ctto (Obstetrique sttd late) locum)

24 y p2+0 admitted at 29+2 with PV bleeding. 1 episode of fresh PV bleeding on urging today. Small coin sized. No feeling of trickling. ~~[illegible]~~ 1 further episode of blood on urging. FMF ✓ on CTG at the moment.

No issues with pregnancy so far. 1st episode of bleeding. Previous pregnancies SVD at term.

Patient requests female doctor to undertake speculum. dlw Spk Dr Fawzy, she will kindly rfr when free.

AM
4259

Signature/date

Follow Up	**TTO'S - details**
Signature/date	

HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp. ..... Cons

D D M M Y Y
2 8 0 4 8 8 0 0 6 0 C.H.I. No

Surname ~ ~
First Name Stacey Ellis M. State
Address ..... Sex

UNIT/WARD/DEPT. G.P. & Address (G.P. Requests only) USE BLOCK LETTERS OR PATIENT LABEL

Rhue

Page .....

DATE

15/5/13
18.40

29W+2 – Known SGA: UAs AC on 30th
Attended ↓ bleeding on wiping
C/O Braxton Hicks: irregular
Patient is aware of them, but they
are not painful & getting more infrequent
Vitally stable
Uterus soft lax
Sfht 27cm
Cephalic
Speculum: fresh PV bleeding
10 mls
Cx ectopy but bleeding
seems coming through cervix
Swabs ✓
Multiparous os

△ ? marginal placental abruption

Plan – FBC G&Save
– Keep under observation
– ↑ significant PV loss or
regular uterine activity →
for steroids
– Inform SCBU.
– close monitoring of PV loss
+ hydration

Menafon
5984

1950 SCBU informed of events and
admission.

DATE

15/5/13
2200 ward 37 for observation
... to leave pads for inspection.
Pain continues as before, experiencing mild tightenings 1:10. Minimal PV loss. NO analgesia required
T-36.9°C P-80 BP-112/60
FHH(s) 140-150 bpm. Will try and settle to sleep. JRice s/m

16/5/13
0515 Into check Stacey - appears asleep. Resps regular. NO pads left for inspection. JRice s/m.

16/5/13
10:05 29w+3
Antepartum bleeding yesterday
US scan 14/5 (Placenta is no longer low)
NO fresh PV loss now
No abdominal pain
fetal movements ✓ ck
CTG just started
US by myself fetal head is below lie edge of placenta.
plan — Consultant
— US 2/52 +ANC
External CTG continues FH 142 bpm

16.5.13 10[55] USS appt made. 24. 27.5.13 @ 09[30] → over to attend PL clinic at ANC afterwards appt also made.
BP 104/59 P 96 T 36.9°C Stacey Brown of appts Siobhan s/m.

11[00] CTG discontinued

DATE

15/5/13

Place	
Name	
Date &	
EDD:	
Gest:	
Parity:	
SFH Abdon palpat	
Any re	Lath Fib nlo x2

Assessment No: 2

Consultant:	P. Lynch
FH:	142bpm (s)
Urinalysis:	NAD
Blood group:	O Pos
PV loss:	Discharge on pad

Assess

Speculum to assess ? accident

No evidence of SRM

Creamy discharge ++ - HVS obtained

FH 136bpm post speculum

CTG (if applicable)	**If in established labour, start partogram and Document reason if unable to transfer to LS**
Use NHST sticker on CTG	
Normal All 4 features reassuring	
Abnormal 1 non reassuring feature	
Pathological 1 abnormal/ ≥2 non reassuring features	
	Discharged **Admit**

Signature	Print	Job Title	Time of discharge/transfer
L MMillan	L MMILLAN	MIDWIFE	18:25

HISTORY/CONTINUATION SHEET

37 UNIT/WARD/DEPT.

Ward/Clinic/
Hosp. 37 Cons

D D M M Y Y
2 8 0 4 8 8 0 0 6 0 C.H.I. No

Surname Ellis
First Name Stacey M. State
Address Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

DATE

Page

16.5.13
1100

Print: Designation:

Antenatal CTG Proforma	Reassuring	Non-Reassuring		NHS Tayside
Baseline rate (bpm)	110 – 160 Rate: 130-140bpm	Less than 109	Rate:	Comments:
		More than 161	Rate:	
		Sinosoidal pattern for 10 minutes or more		

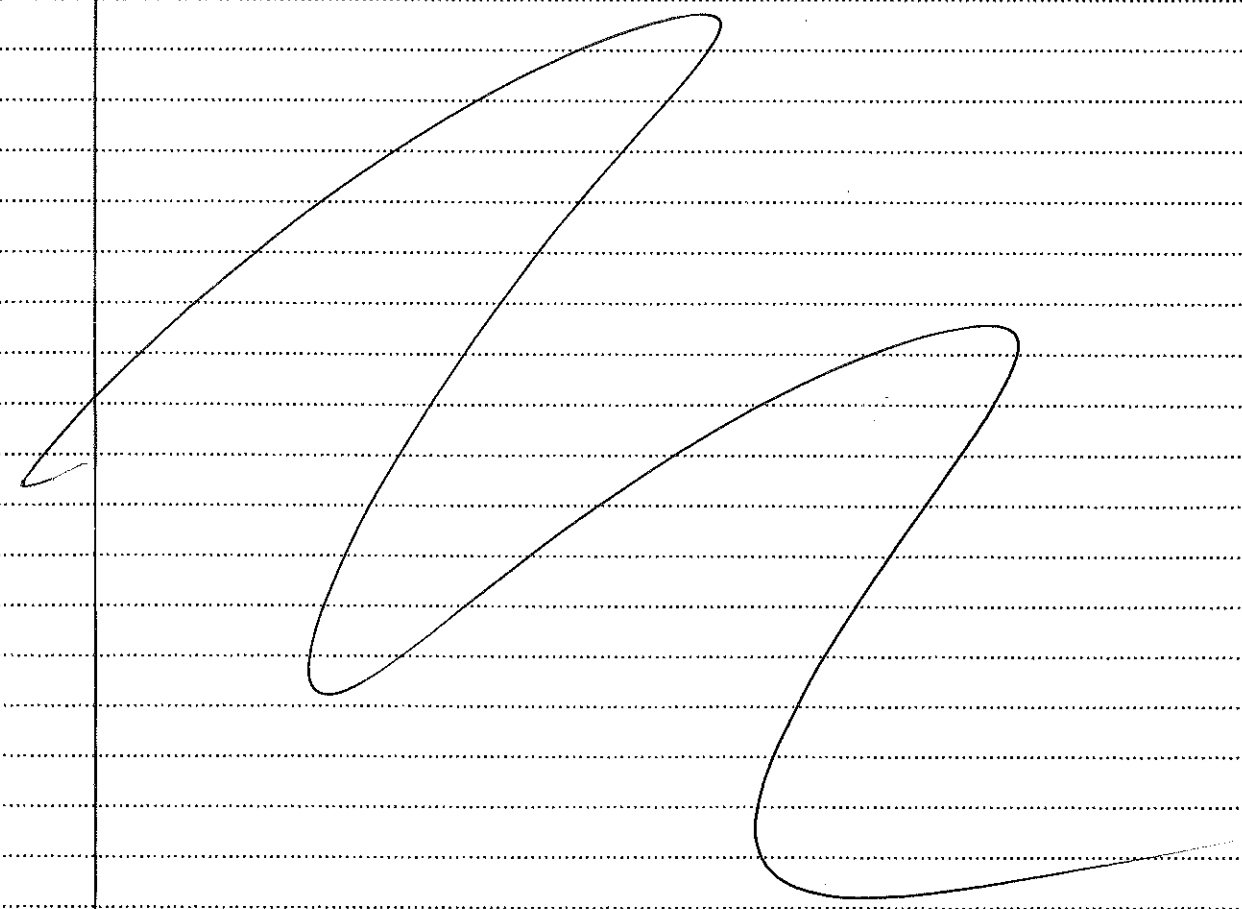
NB Rising baseline rate even within normal range may be of concern if other non-reassuring features present

Variability (bpm)	5 bpm or more	Less thatn 5 bpm for more than 40 minutes	Comments:
Accelerations	Present	None for 40 minutes	fetal movements seen by Stacey
Decelerations	None	Unprovoked deceleration/s	Reassuring
		Decelerations related to uterine tightenings (not in labour)	uterine tones noted
Opinion	Normal CTG All 4 features reassuring	Abnormal CTG (1 or more non-reassuring feature)	
	Maternal pulse: 90	Membranes ruptured: Y / N If yes, date and time:	Liquor Colour / Gestation (wks):

Reason for CTG: Antenatal check - ? bleed

Action: (An abnormal CTG requires prompt review by experienced obstetrician / senior midwife)

16.5.13 | 1105 | Date: | Time: | Signature: | Print:



Assessment Record

Place of Assessment:	TRIAGE WD 37	**Assessment No:**	(4)
Name & DOB/CHI:	STACEY ELLIS 28/04/88 0060		
Date & time:	220513 23:30	**Consultant:**	P. Lynch

EDD:	29/7/13	**Temp:**	37.1 °C	**FH:**	CTG
Gest:	30+2	**Pulse:**	86 bpm	**Urinalysis:**	++++ gluc +++ blood +pr
Parity:	2/0	**Bp:**	102/54	**Blood group:**	O pos

SFH: Abdominal palpation:	oblique Fundus = 28cm	**PV loss:**	red / pink discharge

Any relevant medical/obstetric history and reason for referral

- 21⁰⁰ PV bleed, on pad and on wiping. Placenta no longer low (140513)
- C/O pelvic pressure / pain, discussed symptoms and Stacey is in agreement that it is due to SPD.
- * LATEX ALLERGY *
- Fibroid • 3 x prev triage admission (1 x PV bleed)

Assessment

pad inspected - pink with some brown discharge, Stacey is unsure if SRM when questioned. Has felt 'leak' all ~~day~~ day. No further discharge on subsequent pad

Obs ✓ Palpation ✓ CTG ✓

Urinalysis - ++++ gluc, has had sugary diet today.

CTG (if applicable)		**If in established labour, start partogram and Document reason if unable to transfer to LS**
Define Risk	PV bleed	
Contractions	0	
Baseline rate	140	
Accelerations	✓	
Variability	5-20 bpm	
Deceleration	NONE	
Overall	Reassuring	**Discharged** **Admit**

Signature	**Print**	**Job Title**	**Time of discharge/transfer**
K Patton	KERRI PATTON	ST/M	

Midwifery Plan and Actions

RHtve

Signature/date

Medical review and plan

23/5/13 30w+2
01:30 Recurrent antepartum bleedy
bled Small bleed @ 21:00 on wiping
table spoonful
No abdominal pain
Retd movements ok
CTG is reactive
no contraction
No History of sexual intercourse
O/E: Abdomen soft
cephalic H/S
Speculum: large ectopy
NAD bloody very faint pink
with SH discharge

USS at 29w
placenta not
Low posterior

Signature/date

Follow Up

Plan - Congo home
- TCI 4pm further bleed
- Due for US on Monday
- Blood Sugar. Monday

TTO'S - details

Signature/date

BS = 5.5mmol/L 5/8/4

NHS Tayside, Ninewells Hospital, Dundee, Blood Sciences Report

Printed by mfawzy(Mona Fawzy (Medical)) at 16 May 2013 10:13

Patient name:	STACEY ELLIS	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	23 SEAGATE, MONTROSE DD10 8BA				

Reported	Specialty	Location	Clinician	Status
15 May 2013 22:36	Blood Sciences	NW WARD 37	Dr PAULINE LYNCH (Midwife Episode)	F

Sample H132194020 (EDTA) Collected 15 May 2013 22:08 Received 15 May 2013 22:23

CLINICAL DETAILS :
Abdo pain @ 29 weeks pregnant.

Sample H132194020 (EDTA) Collected 15 May 2013 22:08 Received 15 May 2013 22:23

Hb	*	**11.0**	g/dL	12.0 - 16.0
WBC	*	**14.2**	x10^9/L	4.0 - 11.0
PLT		299	x10^9/L	150 - 400
RBC		3.84	x10^12/L	3.8 - 4.8
HCT	*	**0.321**		0.37 - 0.47
MCV	*	**83.7**	fl	85 - 105
MCH		28.6	pg	27 - 32
MCHC		34.2	g/dL	32 - 36
NE#	*	**10.4**	x10^9/L	2.0 - 7.5
LY#		3.0	x10^9/L	1.5 - 4.0
MO#		0.7	x10^9/L	0.2 - 0.8
EO#		0.14	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

End of report

LATEX ALLERGY.

Assessment Record

Place of Assessment:	Nineells Ward 37.	**Assessment No:**	(5).
Name & DOB/CHI:	STACEY ELLIS 2804880060		
Date & time:	9.7.13. 1400.	**Consultant:**	

EDD:	29.7.13.	**Temp:**	36.3.	**FH:**	125-135.
Gest:	37+1	**Pulse:**	83	**Urinalysis:**	NAD
Parity:	2/0	**Bp:**	116/58	**Blood group:**	O POS.

SFH: Abdominal palpation:	longitudinal lie cephalic presentation head 3-4/5th palpable	**PV loss:**	clear liqr

Any relevant medical/obstetric history and reason for referral

SEM 8/7/13 @
AN check at Montrose 11.00 this am.
head found to be high - ballotable
sent to NNU for USS to confirm presentation.

Assessment

pvd check - clear liquor
Obs
palpation - head fixed at brim

MMillar.
MAUREEN MILLAR
MIDWIFE

CTG (if applicable)	**If in established labour, start partogram and Document reason if unable to transfer to LS**
Define Risk	
Contractions	
Baseline rate	
Accelerations	
Variability	
Decelerations	
Overall	**Discharged** **Admit**

Signature	**Print**	**Job Title**	**Time of discharge/transfer**

Midwifery Plan and Actions

Signature/date

Medical review and plan 9/7/13 1445

L Scott ST3

P2 (vertex, SVD)

37+1

SROM last night ~1800 - clear liquor.

FMF

Referred from Montrose 2 high head.

very keen to deliver in Montrose.

Tightening - unsure of regularity.

2 cocodamol 30/500 given

OE

cx/h 4/5 palpable, definitely fixed in pelvis

tightening palpated - uncomfortable ++

⇒ for speculum examination prior to driving up to Montrose

consent Chlorhexidine - sterile VE

cervix long, parous OS, clear liquor only

Signature/date

Follow Up	**TTO'S - details**
Plan Back to MW led care. wishes discussed	
Signature/date Scott Scott ST3 1400	

4092211201

Midwifery Antenatal Clinical Quality Indicator

NHS Tayside

	YES	NO
1. All women have early and timely access to appropriate, safe and effective antenatal care		
Did the woman have a full risk assessment by 12+6 weeks gestation?	☐	☐
Is the date of booking documented and signed by the midwife?	☐	☐
2. Antenatal History Taking		
Did the woman have a full assessment carried out at booking?	☐	☐
Family history	☐	☐
Medical history	☐	☐
Obstetric history including current pregnancy	☐	☐
Social/cultural needs	☐	☐
Physical and mental health	☐	☐
3. Assessment of public health needs		
Did the woman have a full assessment of public health needs at booking?	☐	☐
Diet/nutrition/exercise	☐	☐
Domestic violence	☐	☐
Alcohol consumption	☐	☐
Substance use/misuse	☐	☐
Smoking	☐	☐
4. Risk assessment at booking		
Was a risk status applied following history taking and assessment of public health needs at booking?	☐	☐
Was the woman assessed as suitable for midwife led care (green pathway)?	☐	☐
Was the woman assessed as suitable for maternity team care (red pathway)?	☐	☐
Was further assessment/discussion required (amber pathway)?	☐	☐
If red or amber pathway identified, are referrals documented? (only answer if yes to red or amber pathway)	☐	☐
5. Managing risk in women who present > 12 weeks gestation (only answer section if appropriate)		
If the woman presented after 12 weeks, was a full assessment carried out within 2 weeks?	☐	☐
Was a risk status applied following history taking and assessment of public health needs at booking?	☐	☐
Was the woman assessed as suitable for midwife led care (green pathway)?	☐	☐
Was the woman assessed as suitable for maternity team care (red pathway)?	☐	☐
Was further assessment/discussion required (amber pathway)?	☐	☐
If red or amber pathway identified, are referrals documented? (only answer if yes to red or amber pathway)	☐	☐
6. Named midwife to co-ordinate care?		
Was the named midwife documented in the SWHMR?	☐	☐
7. Antenatal screening for infectious diseases and HBO		
Is there evidence that the woman was provided with verbal and written information regarding pregnancy screening?	☐	☐
Was the woman offered screening for infectious diseases and HBO by 10 weeks gestation?	☐	☐
8. Screening for Down's Syndrome and Fetal Anomalies		
Is there evidence that the woman was provided with verbal and written information regarding pregnancy screening?	☐	☐
Did the woman have 1st trimester Down's Syndrome Screening?	☐	☐
Did the woman have 2nd trimester Down's Syndrome Screening?	☐	☐
Did the woman decline Down's Syndrome Screening?	☐	☐
Did the woman have fetal anomaly screen by ultrasound at 20 weeks gestation?	☐	☐
9. Ongoing antenatal assessment		
Did the women have a documented plan of care at each contact that included current pathway? eg:red/green pathway	☐	☐
If escalation of risk was identified was care planned as per local guidance?	☐	☐
Is there evidence that the women was involved in decision making?	☐	☐
10. Continuity of care and carer		
Did the woman receive the majority of her care from no more than 3 midwives?	☐	☐
If care was delivered by more than 3 midwives, how many different midwives?		
Did the woman have frequency of care as per local guidance?	☐	☐
Did the woman have additional visits not identified as recommended/evidence based, if so how many additional visits?		
Did the woman have fewer visits than recommended/evidence based, if so how many were missed?		
11. Risk at the end of pregnancy		
Did the woman have risk escalated from midwife led to maternity team care at the last assessment in pregnancy?	☐	☐
Did the woman have risk de-escalated from maternity team to midwife led care at the last assessment in pregnancy?	☐	☐

Week beginning (Monday) _____ Reviewer _____

CHI No. _____ Unit _____

3153102904

Midwifery Intrapartum Clinical Quality Indicator

NHS Tayside

1. All women should have a risk asesssment documented on arrival in established labour	Yes	No
Did the women have a risk assessment undertaken on arrival in established labour?	☐	☐
Did the allocated pathway reflect the identified risk?	☐	☐
Had risk changed from the last documented antenatal episode?	☐	☐
Had risk escalated to maternity team care from midwife led care?	☐	☐
Had risk de-escalated from maternity team care to midwife led care?	☐	☐
2. Planned place of birth and support in labour from birth partners		
Is there evidence the woman's choice of place of birth and wishes regarding birth partners was discussed and documented?	☐	☐
3. Options for managing pain		
Is there evidence that the woman was involved in decision making regarding care options for managing pain?	☐	☐
4. Options for fetal monitoring		
Is there documented evidence that the woman was involved in discussions regarding fetal monitoring?	☐	☐
5. One to one care in labour		
Did the woman receive one to one midwifery care in labour?	☐	☐
6. Privacy in labour		
Did the woman receive care in a side room in established labour?	☐	☐
Was this room in appropriate place eg labour suite or midwife led unit?	☐	☐
7. Repeat and timely assessments		
Is there evidence that repeat and timely assessements in labour were performed?	☐	☐
Is there evidence that the woman was involved in decision making following assessments in labour and birth?	☐	☐
8. Completion of intrapartum documentation		
Is the intrapartum documentation is complete?	☐	☐
Is the partogram and/or MEWS chart complete?	☐	☐
9. Risk status following labour		
Did the woman's risk status change in the intrapartum period?	☐	☐
Was care escalated from midwife led to maternity team care in the intrapartum period?	☐	☐

Date of Review: _____ Reviewer: _____

CHI No: _____ Unit: _____

8734423483

Midwifery Postnatal Clinical Quality Indicator

NHS Tayside

1. All women and neonates are provided with person centred, safe and effective postnatal care	Yes	No
Was the woman having care delivered as per the green (midwife led) pathway?	☐	☐
Was the woman having care delivered as per the red (maternity team) pathway?	☐	☐
Were temperature, pulse, BP and respiratory rate taken and recorded on the first 3 postnatal days?	☐	☐
Was midwifery care provided for the first 10 postnatal days?	☐	☐
How many postnatal visits did the woman have? Insert actual number of visits	Number	
How many different midwives delivered the postnatal care?	Number	
2. Newborn Screening		
Was newborn screening offered in line with national guidance?	☐	☐
3. Evidence based health improvement programme is provided in the postnatal period		
Was the impact of smoking and passive smoking discussed?	☐	☐
Was the prevention of accidents to neonates/infants discussed?	☐	☐
Was contraception discussed and/or provided for the woman?	☐	☐
4. Discharge to primary care/Health Visitor/FNP		
Was the postnatal record completed prior to discharge to the HV/FNP?	☐	☐

Date of Review		Reviewer	
CHI No.		Unit	

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Labour and birth summary - mother page 2

Placenta, cord & membranes

Delivery: ☑ Controlled cord traction
☐ Maternal effort ☐ Manual removal

Placenta appears ☑ Complete ☐ Incomplete

Membranes appear ☑ Complete ☐ Incomplete

Number of umbilical cord vessels 3

Sent to pathology ☑ No ☐ Yes

Indication .....

Comments .....

Perineum

☑ Intact ☐ Grazes
☐ 1st degree tear ☐ 2nd degree tear
☐ 3rd degree tear ☐ 4th degree tear
☐ Episiotomy ☐ Labial tear

(If 3rd or 4th degree, document in 3rd stage complications pages)

Perineal suturing

Suture material N/A

Anaesthesia .....

Technique .....

Rectal exam prior to suturing ☐ No ☐ Yes
Haemostasis achieved ☐ No ☐ Yes
Rectal exam following suturing ☐ No ☐ Yes
Swabs correct ☐ No ☐ Yes
Needles correct ☐ No ☐ Yes
Tampon used ☐ No ☐ Yes
Tampon removed ☐ No ☐ Yes
Instruments correct ☐ No ☐ Yes

Checked by .....

and .....

Advised on perineal care ☐ No ☐ Yes

Sutured by .....

Routine Oxytocic drug administered	Dose	Route
Syntometrine	1ml	Ims

Blood loss 200 ml

Blood transfusion/products received ☑ No ☐ Yes

Details .....

Post delivery

Maternal observations

First set on 11/7/13 at 10:30
Temperature 36.8 °C Pulse 80 BP 100/70
Pain/analgesia —
Fundus Firm Lochia adequate
Second set on 11/7/13 at 11:30
Temperature 36.4 °C Pulse 85 BP 111/70
Pain/analgesia —
Fundus Firm Lochia adequate
Urinary function .....

Revised thrombosis risk after birth

☐ Low ☐ Moderate ☐ High
Actions Required:

Mother transferred on / / at :
To .....
Reason .....

Perineal repair diagram N/A

Please complete the "Whose Signature" page at the back of the record

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Details of operative delivery

Type of delivery .....

Indication(s) .....

.....

.....

.....

.....

.....

Operator .....

Assistant .....

Decision made / / :

Procedure started / / :

Time of delivery / / :

Procedure concluded / / :

Location .....

RCA/RCOG classification of urgency of caesarean *

Anaesthetist .....

Pre-operative delivery findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

* ***1 Emergency:*** *immediate threat to life of woman or fetus;* ***2 urgent:*** *maternal or fetal compromise which is not immediately life threatening;* ***3 Scheduled:*** *needing early delivery but no maternal or fetal compromise;* ***4 Elective:*** *at a time to suit the patient and maternity team*

Please complete the "Whose Signature" page at the back of the record

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Operative delivery (continued)

Perineum

☐ Intact
☐ Grazes
☐ 1st degree tear
☐ 2nd degree tear
☐ 3rd degree tear
☐ 4th degree tear
☐ Episiotomy

(For 3rd or 4th degree tear please complete Third Stage complications page)

Perineal suturing Suturing material .....

Anaesthesia .....

Technique .....

.....

.....

Rectal exam prior to suturing	☐ No	☐ Yes
Haemostasis achieved	☐ No	☐ Yes
Rectal exam following suturing	☐ No	☐ Yes
Swabs correct	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes
Tampon used	☐ No	☐ Yes
Tampon removed	☐ No	☐ Yes
Advised on perineal care	☐ No	☐ Yes

Sutured by .....

Supervised by .....

Estimated blood loss ..... ml

Please see attached anaesthetic record for further details

Antacids ☐ Sodium citrate ☐ Ranitidine
☐ Other .....

Anaesthesia ☐ Spinal ☐ Epidural
☐ Combined spinal/epidural ☐ General
☐ Pudendal block ☐ Other .....

Blood transfusion ☐ No ☐ Yes

Blood transfusion/products received ☐ No ☐ Yes

Details .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Routine Surveillance of Infection Care Bundle

If at all possible avoid hair removal; if hair removal is necessary, avoid the use of razors

	Yes	No
Were clippers used		
Were Prophylactic antibiotics prescribed as per local antibiotic policy/SIGN guideline, for the specific operation category.		
Were the antibiotics administered within 60 minutes prior to the operation.		
Was the patient's body temperature normal throughout the operation (excludes cardiac patients).		
Was the patient's blood glucose level normal throughout the operation (diabetic patients only).		

Post-operative instructions

Revised thrombosis risk

☐ Low ☐ Moderate ☐ High

Actions required

.....

Catheter ☐ In/Out ☐ Indwelling

Details

.....

Postoperative care

☐ Ward ☐ High dependency
☐ Intensive care ☐ Transfer to other hospital

Other

.....

Ensure all relevant prescribing undertaken

Oxytocics

Details .....

.....

Antibiotics

☐ Prophylactic ☐ Other ☐ None

Details .....

.....

Analgesia

Details

.....

.....

Details completed & relevant prescribing by ..... Print name

Swabs correct	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes

Signed (scrub staff) ..... Signed (floor staff) .....

Comments .....

.....

Please complete the "Whose Signature" page at the back of the record

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
11/7/13.		Paediatrician contacted to view for 12hrs observation ↓ Baby Documentation complete Term Tough provided Up for shower. Own person transport prescribed 1156 9.2 g/dl by medical staff To Ward 35B

Operation procedure and findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Details of third stage complications

Complication(s) please tick all that apply

- ☐ Repair of episiotomy - specify
- ☐ Extended (Document uncomplicated suturing of non-extended episiotomy or 2
- ☐ Repair of tear - specify degree ☐ 3a ☐ 3b ☐ 3c ☐ 4th ☐ Cervical
- ☐ Manual removal of placenta & membranes
- ☐ Primary post partum haemorrhage - due to .....
- ☐ Other - please specify .....

Anaesthesia Please see attached anaesthetic record for further details

Antacids ☐ Sodium citrate ☐ Ranitidine ☐ Other .....

Anaesthesia ☐ Spinal ☐ Epidural ☐ Pudendal block

☐ Combined spinal/epidural ☐ General ☐ Other .....

Location of management .....

Decision made ... / ... / ... ...

Procedure started ... / ... / ... ...

Procedure concluded ... / ... / ... :

Measurement re
11.7.2013 10:43
Serial number : 3233
Instrument ID : Labour Wd
Ninewells Hospital

Pat. ID 2804880660
Last name ellis
First name stacey
Blood type Venous
FIO_2 0.21
R 0.84
Temperature 37.0 °C
Operator ID trej

pH	7.305 (-)	[	7.350 - 7.450]
H^+	49.5 nmol/L	[	-]
PCO_2	6.00 kPa	[	4.67 - 10.67]
PO_2	3.02 kPa (-)	[	-]

pH	7.305	[	-]
H^+	49.5 nmol/L	[	-]
PCO_2	6.00 kPa	[	-]
PO_2	3.02 kPa	[	-]
tHb	15.5 g/dL	[	11.5 - 17.4]
SO_2	57.6 %	[	75.0 - 99.0]
O_2Hb	54.7 % (-)	[	95.0 - 99.0]
COHb	3.6 % (+)	[	0.5 - 2.5]
HHb	40.3 % (++)	[	1.0 - 5.0]
MetHb	1.3 %	[	0.4 - 1.5]
BE	-4.5 mmol/L		
$cHCO_3$	21.9 mmol/L		

e 'Whose signature?' section on the back cover.

Details of findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cov		

Manual removal of placenta and membranes

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

		Still feeling nausea.
		Baby fed breast 10 mins at 11.am
		Fixed / sucked well. Offering to M/C
		Placenta smells to swabs taken
		for maternal / fetal placental site
		and also for nasal swab of baby, offering
		Swabs sent Microbiology
		Stamp requests transfer to Maternity

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
		Some contractions, ↓ 68 bpm with recovery to baseline of 130-140 bpm. FH improved on (R) side. Plan:- transfer to N'mewells. Discussed with Stacey
	09.15	FH 140 bpm and regular between contractions. Contracting 3:10 on (R) side now. S/M S Peet.
		Ambulance arranged and N'wells informed
	09.20	Ambulance crew arrived.
		FH 140-145 bpm and regular. Decelerations ↓ 90 with contractions max P 88. S/M S Peet.
	09.30	left Montrose in Blue Light ambulance for N'mewells. Stacey comfortable on right side + using Entonox as needed. T37. P 100. S/M S Peet.
	10.05	Arrived N'wells.
		FH 90-100 bpm on arrival. Labs of pink show. Stacey feeling pushing pains. Vertex visible, membranes present. Vertex visible, cord round neck, slipped over easily.
	10.15	Spontaneous birth 10.15 hrs, Baby boy.
		Dr Augustin in room. ?? small abruption, red loss on pad at birth. S/M S Peet.
		Skin to skin immediately, cried spontaneously
	10.20	Syntometrine 1ml given; baby cried after stimulation.
		BP 100/70. P 80. placenta delivered 10.24 hrs. C Hastings M/W
	10.25	Perineal area inspected, intact. minimal loss - Requested paracetamol but declined taking it.
	11.20	Manaka given 0.1ml. Wt 2.610 kgs.
	11.40	Tea + Toast given; declined breast as

Continuation notes for third stage complication

Signature: ..... Date / / :

Overall estimated blood loss ..... ml

Instructions following management of complication *Ensure all relevant prescribing undertaken*

Thrombosis risk

☐ Low ☐ Moderate ☐ High

Actions required .....

Antibiotics .....

Analgesia .....

Oxytocics .....

Laxatives .....

Site of care ☐ Ward ☐ High dependency unit ☐ Intensive care ☐ Transfer to other hospital

Other .....

Details completed & relevant prescribing by ..... Print name .....

Please complete the "Whose Signature" page at the back of the record

Details of perineal repair 3rd and 4th degree tear

Analgesia .....

Third degree Injury to perineum involving the anal sphincter complex:

- 3a: Less than 50% of EAS thickness torn. ☐
- 3b: More than 50% of EAS thickness torn. ☐
- 3c: Both EAS and IAS torn. ☐

Fourth degree Injury to perineum involving the anal sphincter complex (EAS and IAS) and anal epithelium. ☐

Space for visual documentation of repair if required

PV examination after completing repair	☐ No	☐ Yes
PR examination after completing repair	☐ No	☐ Yes
Swabs correct	☐ No	☐ Yes
Tampon used	☐ No	☐ Yes
Tampon removed	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes

Checked by ..... and .....

Advised on perineal care	☐ No	☐ Yes
Follow-up clinic appointment arranged	☐ No	☐ Yes

Performed by ..... designation .....

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
11/7/13	07^{55}	Stacey feels she can feel baby move down. Helped into semi recumbant position. FH accelerated on moving position. Lora Duckett S/M.
	08^{00}	Care taken over by S/M S Pert
		Baseline Rate on CTG 130-135 bpm. Decelarations ↓ 90 bpm during contractions. FH picks up quickly.
		Using Entonox at times. S/M S Pert:
		Stacey has no urge to push yet.
	08^{10}	Stacey onto left side. Nil visible
		Temp 36^{7}, P88. S/M S Pert.
	08^{15}	Cold cloth offered. FH 130 bpm.
	08^{30}	Contractions lasting 45-50 seconds. No urge to push.
		lots of clear liquor draining. FH baseline 135-140 bpm.
		decelaration's ↓ 88 during last contraction with
		quick recovery. Not all clearly showing on CTG but
		heard by myself. S/M S Pert.
	08^{32}	FH ↓ 68 Broader deceleration during contraction
		with quick recovery to baseline of 135-140 bpm S/M S Pert.
	08^{40}.	Discussed with S/M P. Winters. As good recovery to continue
		monitor by CTG and await signs of second stage.
		Stacey feeling some rectal pressure - nil visible S/M S Pert.
	08^{50}	Contractions becoming stronger + longer. FH 135 bpm.
	09^{00}	FH baseline 135-140 bpm. Decelaration's ↓ 68 with
		quick recovery. Discussed further vaginal exam to
		determine progress and Stacey happy for same S/M S Pert
	09^{05}	Vaginal exam performed. Os 7cm dilated vertex
		at spines -1, ? LOA. difficult to feel as
		Stacey uncomfortable. FH broad decelarations with

Consideration should be given to pressure area care. Risks include Immobility, moisture and poor nutrition.

For further advice see www.healthcareimprovementscotland.org for SSKIN care bundle.

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
11/7/13	07^{00}	Stacey on left lateral on mat. Very distressed on arrival. Appears to be pushing. Agreeable to vital signs. Encouraged in breathing and relaxation. Copious clear liquor draining. Sra Duckett
		Offered entonox but not keen. Sra Duckett
	07^{05}	Obs and vaginal examination as charted. Happy for CTG. Sra Duckett
	07^{05}	CTG commenced. FH 128 bpm. Maternal pulse 68 bpm Sra Duckett S/M.
	07^{10}	Stacey feels she is coping better. Very strong urge to push - nil visible. No requests
	07^{15}	Calmer now. Clear liquor pv. Rectal pressure ++ CTG continues. Very poor recording however accelerations clearly audible 128 ↑ 150 bpm on screen.
	07^{30}	Commenced using entonox FH 130 bpm.
	07^{45}	Pushing with every contraction. Loss of contact on CTG but deceleration ↓ 90 heard & on screen. Quick recovery to 140 bpm. N.I pv but perineal gaping Stacey more relaxed with entonox Sra Duckett S/M
	07^{50}	CTG reviewed & continued Baseline 140 bpm Variability < 5 bpm accelerations, not all recording decelerations ↓ 90 with quick recovery change of position encouraged. Stacey lying quite flat.

Details of Shoulder Dystocia at Birth

Date and time of delivery of head ../../.. ..:..

Position of woman before and during birth .....

	Action	Yes	No	Time	Effect
H	Call for help				
	Assistance Arrived				
E	Evaluate for episiotomy				
L	Legs: McRoberts Position				
P	Suprapubic Pressure				
E	Enter: rotational Manoeuvre				
R	Remove posterior arm				
R	Roll onto all fours				
	Other Manoeuvres				

Time of delivery of rest of baby ..:..

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Details of Post Partum Haemorrhage management

Minor PPH – 500-1000mls, Moderate PPH 1000 - 2000mls, Severe PPH over 2000mls **Please circle as appropriate**

				Details
Blood bank and haematologist informed	☐ No	☐ Yes	time ..... :	.....
Facial Oxygen 15 litres per min	☐ No	☐ Yes	time ..... :	.....
IV Access Line 1	☐ No	☐ Yes	time ..... :	.....
IV Access Line 2	☐ No	☐ Yes	time ..... :	.....
IV fluids Crystalloids	☐ No	☐ Yes	time ..... :	(3.5 litres max prior to blood products)
IV fluids Colloids	☐ No	☐ Yes	time ..... :	.....
Syntocinon IV	☐ No	☐ Yes	time ..... :	
Syntocinon IM	☐ No	☐ Yes	time ..... :	
Ergometrine	☐ No	☐ Yes	time ..... :	
Misoprostol (PGE Subscript 1) PR	☐ No	☐ Yes	time ..... :	
Haemabate number of doses	.....			
Bi-Manual Compression	☐ No	☐ Yes	time ..... :	
Transfusion Total Units	Number ☐		time ..... :	.....
Cross matched blood Total Units	Number ☐		time ..... :	.....
	Crystalloids Total number ☐			
	Colloids Total number ☐			
Note keeper appointed	☐ No	☐ Yes	name	designation .....

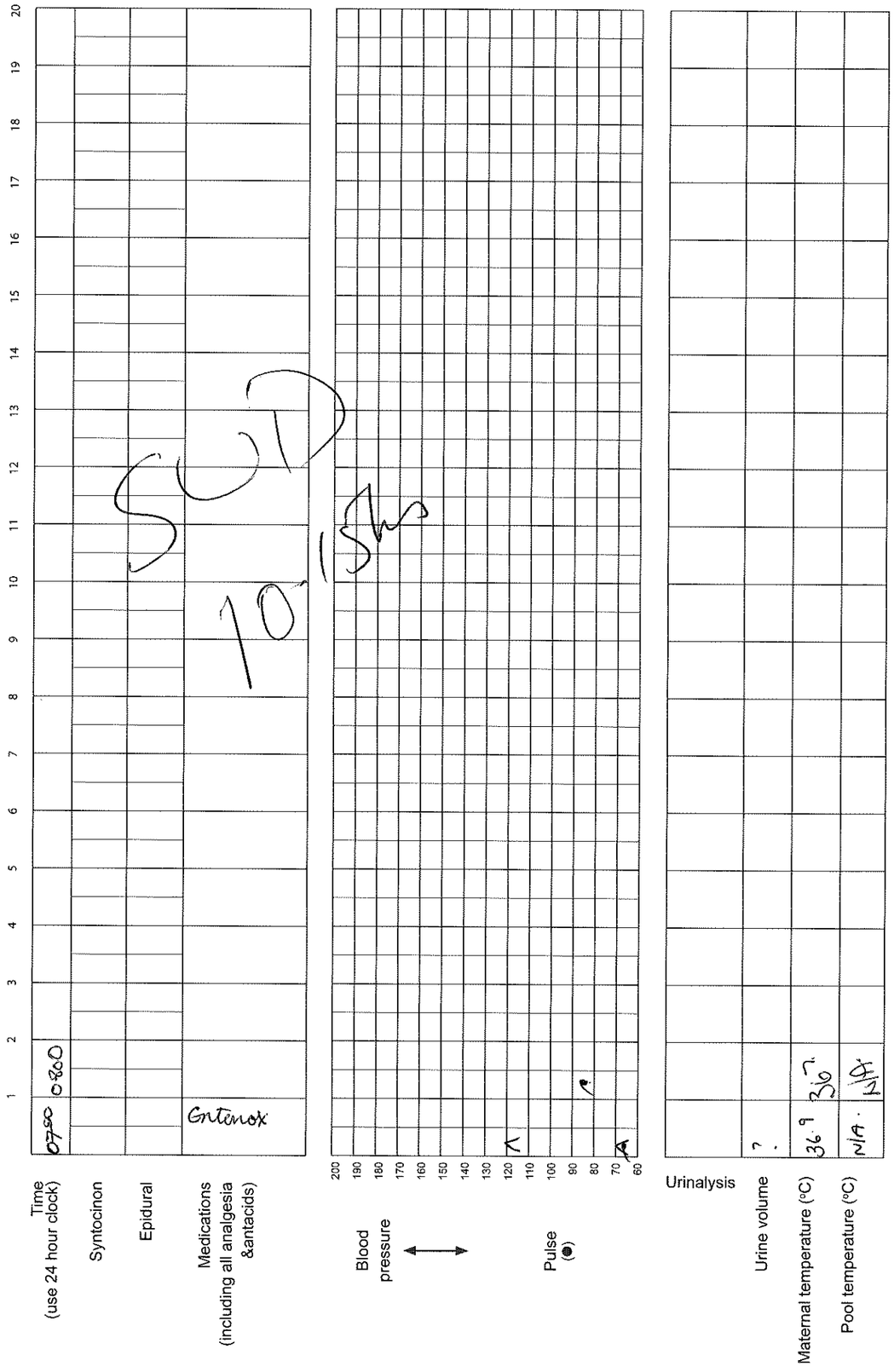
Overall estimated blood loss ..... ml

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Lead professional ..... designation .....

Assisted by ..... designation .....

Other professionals involved .....



38+3 LATEX ALLERGY. O POS. ACTIVE 3rd STAGE - FIBROID.

Progress of 1/2cm per hour is acceptable as per KCND Pathways for Maternity Care

Active Labour Partogram

Date: 11/7/13

Hours of labour: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

- [x] Continuous electronic monitoring
- [ ] Intermittent monitoring
- [ ] Fetal Scalp Electode
- [ ] Handheld Doppler
- [ ] Pinard stethoscope

200 190 180 170 160 150 140 130 120 110 100 90 80 70 60

Fetal pH
Liquor (C, C)
Capit/moulding
Position

Cervical dilation (cm) (x)

10 9 8 7 X X 6 5 4 3 2 1 0

Descent of presenting part (abdominally) (●)

Sp

Contractions per 10 minutes

5 4 3 2 1

Duration

Mild/fair		30 seconds
Moderate		30-50 seconds
Strong		50 seconds

Labour ward continued

Date	Time	Details

Labour and birth summary - baby, multiple birth

Number of infants .....

	Infant 1
Mode of delivery (if LSCS or assisted vaginal birth, please also complete the appropriate delivery sheets)	
Date of birth	
Time of birth	
Sex	
Indication for mode of delivery	
Presentation	
Live birth/stillbirth	
Gestation	
Antenatal steroids given	
Birthweight (kg)	
OFC (cm)	
APGAR 1 min	
APGAR 5 min	
APGAR 10 min	
Cord PH results Venous/Arterial/Base excess	
Further cord blood taken	
Resuscitation Time to first breath	
Resuscitation performed by	
Baby identification checked and correct by	
Baby transferred to and time	
Signed	

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Induction/Augmentation of labour (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover		

Labour and birth record: Induction/Augmentation of labour (continued)

Initial method of induction

☐ Prostaglandins Dose .....

☐ Other Name .....

Type ..... Route .....

Prescribed by .....

Administered by .....

Administered on ../../..... at ..:..

Oxytocin infusion

Commenced on ../../..... at ..:..

Comments/details .....

Amniotomy

Fetal heart rate before .....

Performed by .....

Performed on ../../..... at ..:..

Liquor volume normal / excessive / reduced / nil

Liquor colour .....

Fetal heart rate after .....

Cord/Limbs felt ☐ No ☐ Yes

Comments .....

Signed ..../../...

Discussion of preferences for labour and birth, comments and details of any revised preferences

Signed ..... Print ..../../..... at ..:..

Plans for continued process of induction following discussion with the woman (including monitoring)

Signed ..... Print ..../../..... at ..:..

Please complete the "Whose Signature" page at the back of the record

Labour and birth summary - baby, multiple birth continued

Infant 2	Infant 3

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Labour and birth record: Induction/Augmentation of labour

Date ../../.. Time ..:.. Gestation ..... Location .....

Induction authorised by ..... Explanation/Indications ..... Advice given ☐ No ☐ Yes

Designation/grade ..... History of contractions ☐ No ☐ Yes

Indication for induction

☐ Post dates pregnancy (Refer to KCND Pathways for Maternity Care).

☐ Obstetric complication: specify .....

☐ Membranes swept ☐ No ☐ Yes Date ../../..

☐ Pre-labour rupture of membranes (> 72 hours)

☐ Other: specify .....

Initial assessment

Uterine activity ☐ No ☐ Yes Details .....

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on ../../.. at ..:..

Liquor colour ..... Other vaginal loss .....

Pulse ..... BP ../... Temp ..... °C Urinalysis .....

Oedema ..... Fetal movements .....

Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate (pre VE) ..... Maternal pulse .....

Fetal heart rate (post VE) .....

Comments .....

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

* Relative to the ischial spines

Comments .....

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

Concerns/Risks/Significant Factors from antenatal period/social history/medical history

Please document here .....

Please complete the "Whose Signature" page at the back of the record

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Labour and birth record: Initial assessment for **spontaneous labour** (continued)

Discussion of preferences for labour and birth

Comments and details of any revised preferences

Wishes birth here in Montrose.
agreeable to repeat CTG (see antenatal record)
does not wish entonox.

Signature: Iona Duckett Date 11/7/13 07.15

Plans for initial care following discussion with the woman

CTG if able to tolerate.
Assess stage of labour (see VE)
Pulse hrly
temp 4hrly
BP 4 hrly

LATEX ALLERGY

Circle Pathway as per KCND Pathways for Maternity care Green – Midwife Led Care Red – Maternity Team Care

Lead Care Provider for Intrapartum Care Iona Duckett (on admission)

Initial monitoring intentions for fetal heart rate:

Method initially continuous Reason for choice Suboptimal CTG last night

Frequency Signature: Date / /

If CTG reassuring or birth imminent for hand held doppler every 5 minutes in 2nd stage.

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Initial assessment for **spontaneous labour**

Date 11 / 7 / 13 Time 06[55] : Gestation ..... Location MRI

Referred from home Referred by .....

History of contractions since 23[30] - strong since 03[30]

Current contractions 3 per 10 minutes Strength strong Duration 45 seconds

Membranes ☐ Intact ☐ Unsure ☑ Ruptured on / / at :

Liquor colour clear Other vaginal loss none

Pulse 68 BP / Temp 36.9 °C Urinalysis unable to get sample just now

Oedema none Fetal movements as normal yesterday + since awake.

Abdominal examination

Fundal height ..... cm Lie .....

Presentation cephalic Position ROT

Presenting part - 5th palpable .....

Fetal heart rate 128 Maternal pulse 68

Comments .....

Other observations/information on assessment

.....

Signature: ..... Date / / :

Vaginal examination

Indication to assess if birth imminent

Procedure explained and verbal consent given ☑

Cervix: position mid consistency soft

effacement/ length 1/2 cm thick

dilatation 7cms dilated

Presenting part: cephalic

relation to ischial spines Sp - 3

position ROT caput No

moulding No

Membranes ☐ Intact ☑ Ruptured

Liquor seen ☐ No ☑ Yes Colour clear

Fetal heart after examination 130 bpm.

Comments .....

Signature: Iona Duckett Date / 1 07 :10

Concerns/ Risks/ Significant Factors from antenatal period/social history/medical history

Please document here

Stacey discharged herself against medical advice last night following suboptimal CTG - was for review here in Montrose this morning at 9am. Arrived 0655 in established labour. Behaving as though in 2nd stage.

Please complete the "Whose Signature" page at the back of the record

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
IONA DUCKETT	Iona Duckett	midwife
C HASTINGS	C Hastings	Anon M/W.
C LAGGERTY	C Laggerty	Midwife

Version 6

NHS SCOTLAND

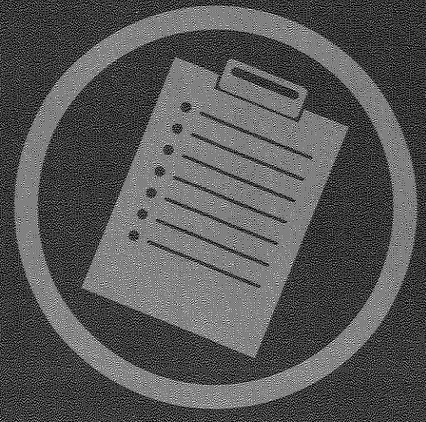
Labour and Birth Record

Confidential

PLEASE USE BLACK INK

ELLIS 2804880060
STACEY F
23 SEAGATE
MONTROSE
DD10 8BA

Annat Bank Practice, Links Health Cent



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

SWHMR reviewed by Healthcare Improvement Scotland

NHS
Tayside

Hospital no.: 2804880060
Our reference no.: 41468
Exam Date: 10.06.2013

Patient: **Stacey Ellis**, DOB 28.04.1988
23 Seagate, Montrose DD10 8BA

Indication:
3rd trimester (>24 weeks)Growth scan.

History:
Maternal age: 25 years.

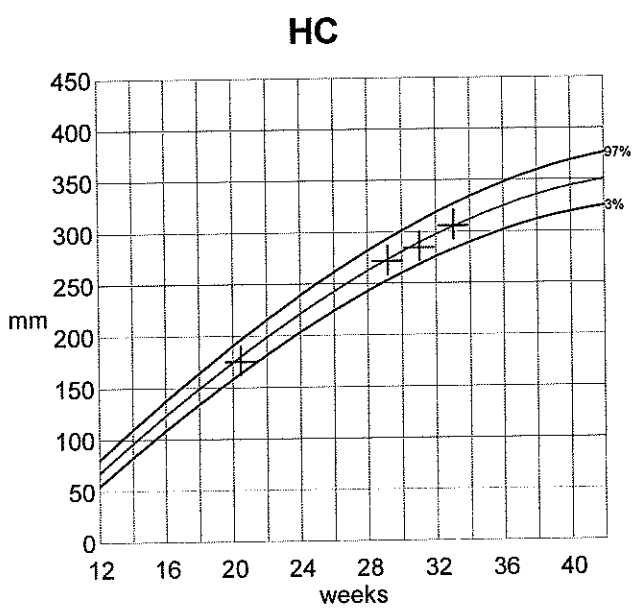
EDD: 29.07.2013.
Gestational age: 33 weeks + 0 days.

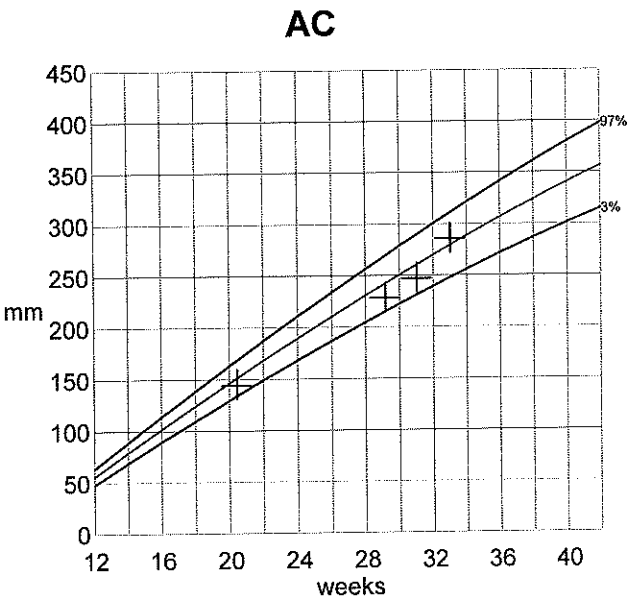
Fetal Wellbeing Scan:
Transabdominal US with GE Voluson 730
Fetal Measurements (plotted in relation to the normal mean and 5th to 95th centile).

Head Circumference (HC)	305.7	mm	-
Abdominal Circumference (AC)	285.5	mm	-

Heart action present. Presentation cephalic. Amniotic fluid: AFI. Amniotic fluid index: 21.1 cm, deepest pool 7.0 cm.
Placenta: posterior not low.
Doppler:
Umbilical Artery: Enddiastolic flow: positive

Diagnosis:
> 24 weeksPlacental check - not now low.





Operator: JRL

NHS
Tayside

Hospital no.: 2804880060
Our reference no.: 41468
Exam Date: 27.05.2013

Patient: **Stacey Ellis**, DOB 28.04.1988
23 Seagate, Montrose DD10 8BA

Indication:
3rd trimester (>24 weeks)Growth scan, pv bleed last week.

History:
Maternal age: 25 years.

EDD: 29.07.2013.
Gestational age: 31 weeks + 0 days.

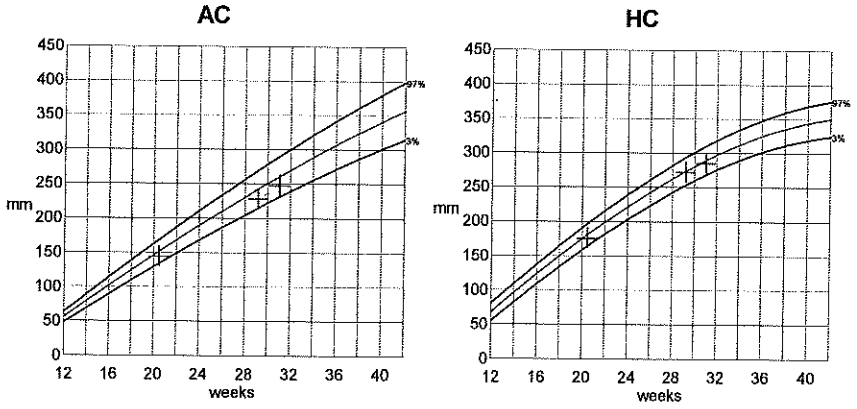
Fetal Wellbeing Scan:
Fetal Measurements (plotted in relation to the normal mean and 5th to 95th centile).

Occipitofrontal Diameter (OFD)	101.0	mm	-
Head Circumference (HC)	284.7	mm	-
Abdominal Circumference (AC)	247.1	mm	-

Heart action present. Presentation cephalic. Amniotic fluid: AFI. Amniotic fluid index: 16.3 cm, deepest pool 4.9 cm.
Placenta: posterior not low.
Doppler:
Umbilical Artery: Enddiastolic flow: positive

Diagnosis:
> 24 weeksFollow up existing anomaly, pv bleed ? cause.

No reason for bleeding identified.



Operator: LC

NHS
Tayside

Hospital no.: 2804880060
Our reference no.: 41468
Exam Date: 14.05.2013

Patient: **Stacey Ellis**, DOB 28.04.1988
23 Seagate, Montrose DD10 8BA

Indication:
3rd trimester (>24 weeks)Growth scan.

History:
Maternal age: 25 years.

EDD: 29.07.2013.
Gestational age: 29 weeks + 1 day.

Fetal Wellbeing Scan:
Fetal Measurements (plotted in relation to the normal mean and 5th to 95th centile).

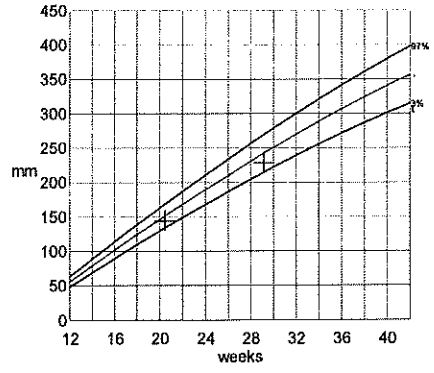
Occipitofrontal Diameter (OFD)	96.1	mm	-
Head Circumference (HC)	271.7	mm	-
Abdominal Circumference (AC)	228.1	mm	-

Heart action present. Presentation breech extended legs. Amniotic fluid: AFI. Amniotic fluid index: 19.6 cm, deepest pool 6.4 cm.
Placenta: posterior not low.
Doppler:
Umbilical Artery: Enddiastolic flow: positive

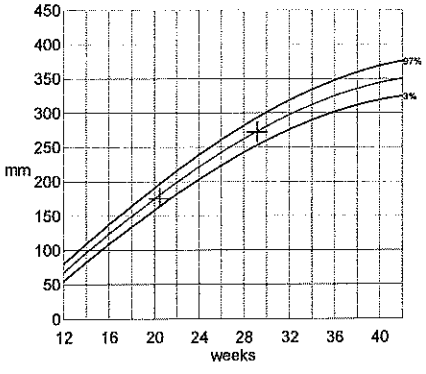
Diagnosis:
> 24 weeksGrowth - see charts.

We recommend a further ultrasound scan in 4 weeks.
PLACENTA NO LONGER LOW.

AC



HC



Operator: LC

NHS
Tayside

Hospital no.: 2804880060
Our reference no.: 41468
Exam Date: 14.03.2013

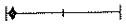
Patient: **Stacey Ellis**, DOB 28.04.1988
23 Seagate, Montrose DD10 8BA

Indication:
2nd trim(14 to 24 weeks)routine anomaly scan.

History:
Maternal age: 24 years.

EDD: 29.07.2013.
Gestational age: 20 weeks + 3 days.

Anomaly Scan:
Aloka Alpha 10.
Fetal Measurements (plotted in relation to the normal mean and 5th to 95th centile).

Head Circumference (HC)	175.0	mm	-	
Abdominal Circumference (AC)	144.0	mm	-	
Femur Length (FL)	30.0	mm	-	

Heart action present. Amniotic fluid: normal.
Placenta: posterior low.
Fetal anatomy:
The following were visualised and appear normal:
head, brain, face, spine, neck and skin, chest, four-chamber view and great vessels, abdominal wall, gastro-intestinal tract, kidneys and bladder, extremities, skeleton

Doppler:
R.Uterine Artery: no notch
L.Uterine Artery: no notch

Diagnosis:
14 to 24 weeks Low lying placenta.

We recommend a scan for placental localisation at 34 weeks.
Routine screen - No obvious fetal defect.

Operator: JMM

NHS Tayside, Ninewells Hospital, Dundee, Blood Sciences Report

Printed by eburnett(Elizabeth Burnett (non referrer)) at 10 Jun 2013 12:20

Patient name:	STACEY ELLIS	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	23 SEAGATE, MONTROSE DD10 8BA				

Reported	**Specialty**	**Location**	**Clinician**	**Status**
15 May 2013 22:36	Blood Sciences	NW WARD 37	Dr PAULINE LYNCH (Midwife Episode)	F

Sample H132194020 (EDTA) Collected 15 May 2013 22:08 Received 15 May 2013 22:23

CLINICAL DETAILS :
Abdo pain @ 29 weeks pregnant.

Sample H132194020 (EDTA) Collected 15 May 2013 22:08 Received 15 May 2013 22:23

FBC

Hb	*	**11.0**	g/dL	12.0 - 16.0
WBC	*	**14.2**	x10^9/L	4.0 - 11.0
PLT		299	x10^9/L	150 - 400
RBC		3.84	x10^12/L	3.8 - 4.8
HCT	*	**0.321**		0.37 - 0.47
MCV	*	**83.7**	fl	85 - 105
MCH		28.6	pg	27 - 32
MCHC		34.2	g/dL	32 - 36
NE#	*	**10.4**	x10^9/L	2.0 - 7.5
LY#		3.0	x10^9/L	1.5 - 4.0
MO#		0.7	x10^9/L	0.2 - 0.8
EO#		0.14	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

End of report

Confidential Report

Printed by eburnett(Elizabeth Burnett (non referrer)) at 10 Jun 2013 12:20

Patient name:	STACEY ELLIS	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	23 SEAGATE, MONTROSE DD10 8BA				

Reported	Specialty	Location	Clinician	Status
16 May 2013 00:40	Blood Transfusion	New Location	New Clinician (Not Specified)	F

Sample 10310017841205 (BLOOD) Collected 15 May 2013 22:40 Received 15 May 2013 22:41

```
Blood Group: O POSITIVE
ABO : O
Rh D : Positive
Antibody Status : NAD (No Antibodies Detected)
```

Sample 10310017841205 (BLOOD) Collected 15 May 2013 22:40 Received 15 May 2013 22:41

Automated Antibody Screen

Automated Antibody Screen	Negative

End of report

Time	20:14	Date	10/07/2013

PATIENT AND INCIDENT DETAILS

Incident number	ED003686131.001
Name	STACEY ELLIS
Age	24Y
Date of birth	28/04/1988
Gender	Female
Incident location	MONTROSE ROYAL INFIRMARY Dept/Ward Within Hospital is.. GENERAL
Incident post code	DD10 8AJ
Incident type	EMG
Call received	10/07/2013, 19:12
Call passed	10/07/2013, 19:43
Crew mobile	10/07/2013, 19:44
Crew at scene	10/07/2013, 19:53
Crew left scene	10/07/2013, 19:57
Receiving hospital and department	NWHO Ninewells Hospital

PRIMARY SURVEY

RESPONSE	
AVPU	Alert
AIRWAY	
Airway assessment	Clear
Treatment outcome	Bilateral air entry
BREATHING	
Breathing rate	Normal
Respiratory rate	18
CIRCULATION	
Pulse rate	Normal
Most peripheral pulse found	Radial
Cap refill rate	<2 secs
Skin colour	Normal
Skin texture	Dry
C-SPINE INJURY	
Suspicion of CSI	No evidence of C-spine injury
PATIENT CONSENT	
Patient consent	Treatment benefits explained, Risks of condition explained, Capacity to understand risks and treatment, Advice given to patient

AMPDS			
Dispatch code	33C06	Emergency response req'd	
Final code	24B02	Pregnancy, Unknown status, other codes n/a	
GCS			
Final GCS eye opening		Spontaneous	
Final GCS verbal response		Orientated	
Final GCS motor response		Obeys commands	

VITAL SIGNS

Time hr : min	Pulse bpm	Pulse rhythm	Resp. rpm	BP mm Hg	Cap refill (secs)	Peak flow %	Blood sugar mmol / l	Pain score	Temp °C	SpO2 %	GCS Total	NEWS	RTS	ECG	Sepsis
19:53	86	Reg	18	120 / 70	<2 secs	-	4.8	0/10	37.1	99	15	-	7.6	NSR	0

SEPSIS

Sepsis: Pneumonia	
Sepsis: UTI	
Sepsis: Other infection	
Sepsis: Abdo pain	
Sepsis: Diarrhoea	
Sepsis: Abdo distension	
Sepsis: Meningitis	
Sepsis: Cellulitis	
Sepsis: Septic arthritis	
Sepsis: Wound infection	
Sepsis: Infected indwelling device	

AMPLE

Allergies	Latex
Other allergies	
Medication	NONE

HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988

N/W Ward 37 — Clinician: Dr P. LYNCH — Lab No: H132194020 N37 LYNP1H

HGB	11.0	L g/dL	(12.0-16.0)	WBC	14.2	H x10^9/L	(4.0-11.0)
RBC	3.84	x10^12/L	(3.8-4.8)	NE#	10.4	H x10^9/L	(2.0-7.5)
HCT	0.321	L	(0.37-0.47)	LY#	3.0	x10^9/L	(1.5-4.0)
MCV	83.7	L fl	(85-105)	MO#	0.7	x10^9/L	(0.2-0.8)
MCH	28.6	pg	(27-32)	EO#	0.14	x10^9/L	(0.0-0.4)
MCC	34.2	g/dL	(32-36)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	299	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
15 May 2013 22:08

Clin.Details: Abdo pain @ 29 weeks pregnant

Request Entered: 15 May 2013 22:23

Report Printed: 15 May 2013 22:36

REPOR

RECEIVED

DOCTOR'S INITIALS

DOCTOR'S INITIALS

DOCTOR'S INITIALS

DOCTOR'S INITIALS

DOCTOR'S INITIALS

DOCTOR'S INITIALS

DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: H132194020
N/W Ward 37 Clinician: Dr P. LYNCH N37 LYNP1H

HGB	11.0	L g/dL	(12.0-16.0)	WBC	14.2	H x10^9/L	(4.0-11.0)
RBC	3.84	x10^12/L	(3.8-4.8)	NE#	10.4	H x10^9/L	(2.0-7.5)
HCT	0.321	L	(0.37-0.47)	LY#	3.0	x10^9/L	(1.5-4.0)
MCV	83.7	L fl	(85-105)	MO#	0.7	x10^9/L	(0.2-0.8)
MCH	28.6	pg	(27-32)	EO#	0.14	x10^9/L	(0.0-0.4)
MCC	34.2	g/dL	(32-36)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	299	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
15 May 2013 22:08

Clin.Details: Abdo pain @ 29 weeks pregnant

Request Entered: 15 May 2013 22:23 Report Printed: 15 May 2013 22:36

REPORT RECEIVED

DOCTOR'S INITIALS

DOCTOR'S INITIALS

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MICROBIOLOGY

27/5

DMR320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

CPA Accredited 0221

20

ed

1

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician:Dr P. LYNCH
Dob : 28 Apr 1988 Sex: F N/W Ward 37
Post Code: DD10 8BA Source:N/W Ward 37

- - - COBAS PCR SERVICE - - - Urine
Specimen number 13V108462
Date taken 15 May 2013

Chlamydia trachomatis DNA	Negative
N.gonorrhoeae DNA	Negative

NB: ONLY use YELLOW-top "Roche Cobas PCR" containers any other will be rejected

PLEASE NOTE - Perform Chlamydia test of cure (TOC) 6 weeks after treatment in pregnant women, rectal infections, persistent symptoms, or if at risk of reinfection. Gonorrhoea TOC is recommended in ALL cases 3 weeks after treatment
PLEASE REMEMBER to include a patient contact number on the test request.

Date of Report: 17 May 2013
N37 LYNP1H

REPORT RECEIVED
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DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8BA

Clinician: Dr P. LYNCH
N/W Ward 37

CPA Accredited 0221

Abdo pain @ 29 weeks pregnant

13B506024 Date/Time of Specimen: 15 May 2013 22:08
HIGH VAGINAL SWAB

Sensitivities	1
Metronidazole	S

Culture:
Mixed growth of organisms including
1) Profuse Growth of Mixed Anaerobes
No Candida Isolated

No Trichomonas

Date of Report: 20 May 2013 AUTH: olvw
N37 LYNP1H

REPORT RECEIVED
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Montrose

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services **BACTERIOLOGY** **01382 632559**

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr P. LYNCH
DoB : 28 Apr 1988 Sex: F N/W Ward 37
Post Code: DD10 8BA

CPA Accredited 0221

28+1wks PREG ?Urinary Tract Infection PROT, LEUCO+++

13B279629 Date/Time of Specimen: 07 May 2013 20:30
Midstream Urine

Urine Culture:
No Growth

Date of Report: 09 May 2013 AUTH:
N37 LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS
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HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: H132173362
N/W Ward 37 Clinician: Dr P. LYNCH N37 LYNP1H

HGB	10.5	L	g/dL	(12.0-16.0)	WBC	14.9	H	x10^9/L	(4.0-11.0)
RBC	3.73	L	x10^12/L	(3.8-4.8)	NE#	11.4	H	x10^9/L	(2.0-7.5)
HCT	0.325	L		(0.37-0.47)	LY#	2.6		x10^9/L	(1.5-4.0)
MCV	87.2		fl	(85-105)	MO#	0.6		x10^9/L	(0.2-0.8)
MCH	28.1		pg	(27-32)	EO#	0.16		x10^9/L	(0.0-0.4)
MCC	32.2		g/dL	(32-36)	BA#	0.0		x10^9/L	(0.0-0.1)
					PLT	275		x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
07 May 2013 19:10

Clin.Details: 28+1 weeks pregnant Breast abscess which burst today.
?contracting

Request Entered: 07 May 2013 19:19 Report Printed: 07 May 2013 19:31

REPORT RECEIVED

DOCTOR'S INITIALS

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BIOCHEMICAL MEDICINE

DMR 374

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C132173362

N/W Ward 37 Clinician: Dr P. LYNCH N37 LYNP1H

C-REACTIVE PROTEIN	LT4	mg/L	(0-10)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
07 May 2013 19:10

Clin.Details: 28+1 weeks pregnant Breast abscess which burst today.
?contracting

Request Entered: 07 May 2013 19:19 Report Printed: 07 May 2013 19:49

REPORT RECEIVED
DOCTOR'S INITIALS
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HAEMATOLOGY

DMR292

UNIT SHEET

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988

Lab No: H132167088

Mon Roy Inf Antenatal Clinic — Clinician: Dr P. LYNCH — MRIANC LYNP1H

HGB	11.1 L	g/dL	(12.0-16.0)	WBC	13.0 H	x10^9/L	(4.0-11.0)
RBC	3.70 L	x10^12/L	(3.8-4.8)	NE#	9.6 H	x10^9/L	(2.0-7.5)
HCT	0.328 L		(0.37-0.47)	LY#	2.5	x10^9/L	(1.5-4.0)
MCV	88.5	fl	(85-105)	MO#	0.7	x10^9/L	(0.2-0.8)
MCH	29.9	pg	(27-32)	EO#	0.15	x10^9/L	(0.0-0.4)
MCC	33.8	g/dL	(32-36)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	248	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
03 May 2013 12:24

Clin.Details: 28 weeks gestation

Request Entered: 03 May 2013 17:16

Report Printed: 03 May 2013 17:38

REPORT RECEIVED

DOCTOR'S INITIALS

DOCTOR'S INITIALS

BIOCHEMICAL MEDICINE

DMR 374

UNT SHEET

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C132167088

Mon Roy Inf Antenatal Clinic Clinician: Dr P. LYNCH MRIANC LYNP1H

GLUCOSE (preserved tube)	3.8	mmol/L	(	3.3-5.8)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
03 May 2013 12:24

Clin.Details: 28 weeks gestation

Request Entered: 03 May 2013 17:16 Report Printed: 03 May 2013 18:02

REPORT RECEIVED
DOCTOR'S INITIALS

MICROBIOLOGY

anc.

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** **01382 632559**

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr P. LYNCH
DoB : 28 Apr 1988 Sex: F N/W Labour Suite
Post Code: DD10 8BA

CPA Accredited 0221

13B505423 Date/Time of Specimen: 07 May 2013 22:00
HIGH VAGINAL SWAB

H.R.

Culture:
No growth of pathogenic bacteria

No Trichomonas

Date of Report: 10 May 2013 AUTH:
NLABR LYNP1H

REPORT RECEIVED

UNT SHEET

MOUNT SHEET

Note: Remove strip to reveal gummed area.
Attach reports from bottom to top.
Please set them accurately.

MISCELLANEOUS

MICROBIOLOGY

Tayside Clinical Laboratory Services

DMR320

BACTERIOLOGY

01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988
Post Code: DD10 8BA

Sex: F

Clinician: Dr P. LYNCH
Mon Roy Inf Antenatal Clinic

CPA Accredited 0221

25+ heavy discharge

13B504128 Date/Time of Specimen: 16 Apr 2013 18:28
HIGH VAGINAL SWAB

Culture:
No Candida Isolated
Clue cells seen on microscopy
Consistent with Gardnerella infection

No Trichomonas

Date of Report: 19 Apr 2013
MRIANC LYNP1H
AUTH:

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DOCTOR'S INITIALS

Date of Report: 11 Apr 2013
MRIANC LYNP1H
AUTH:

REPORT RECEIVED
DOCTOR'S INITIALS

Date of Report: 07 Feb 2013
MRIANC LYNP1H

REPORT RECEIVED
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Request Entered: 14 Jan 2013 18:47 Report Printed: 14 Jan 2013 19:37

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MOUNT SHEET

Note: Remove strip to reveal gummed area. Attach reports from bottom to top. Please set them accurately.

JB-8267

MISCELLANEOUS

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MICROBIOLOGY

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

CPA Accredited 1R320 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8BA

Clinician: Dr P. LYNCH
Mon Roy Inf Antenatal Clinic

24 weeks symptomatic of UTI leucocytes++ nitrates++

13B272710 Date/Time of Specimen: 09 Apr 2013 11:45
Midstream Urine

CPA Accredited 0221

Urine Culture:
No Growth

Date of Report: 11 Apr 2013 AUTH:
MRIANC LYNP1H

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DOCTOR'S INITIALS

Date of Report: 07 Feb 2013
MRIANC LYNP1H

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Request Entered: 14 Jan 2013 18:47 Report Printed: 14 Jan 2013 19:37

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DMR320

L382 632559

CPA Accredited

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MICROBIC

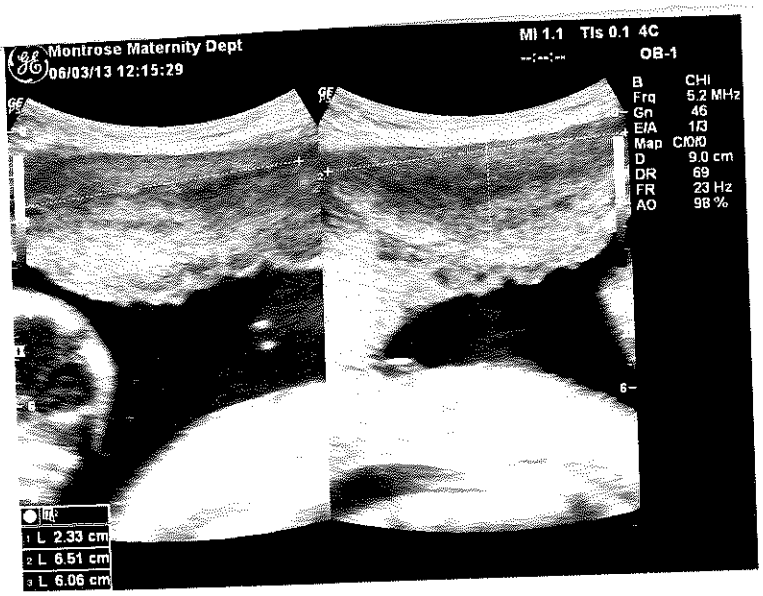
Tayside Clinical

Name : ELLIS
CHI No : 28048
DoB : 28 Ap
Post Code: DD10

symptomatic of U

13B460817 Date/
HIGH VAGINAL SWA

Culture:
No Candida Is



No Trichomonas

AUTH:

Date of Report: 07 Feb 2013
MRIANC NC LYNP1H

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Request Entered: 14 Jan 2013 18:47 Report Printed: 14 Jan 2013 19:37

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STACEY ELLIS
2804880060
28 04 88

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DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services

BACTERIOLOGY

01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8BA

Clinician: Dr P. LYNCH
Mon Roy Inf Antenatal Clinic

symptomatic of UTI and vaginal thrush. 15 weeks pregnant

13B460817 Date/Time of Specimen: 04 Feb 2013 18:32
HIGH VAGINAL SWAB

Culture:
No Candida Isolated

No Trichomonas

AUTH:

Date of Report: 07 Feb 2013
MRIANC NC LYNP1H

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Request Entered: 14 Jan 2013 18:47 Report Printed: 14 Jan 2013 19:37

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** **01382 632559**

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr P. LYNCH
DoB : 28 Apr 1988 Sex: F Mon Roy Inf Antenatal Clinic
Post Code: DD10 8BA

CPA Accredited 0221

symptomatic of UTI and vaginal thrush. 15 weeks pregnant

13B257327 Date/Time of Specimen: 04 Feb 2013 18:32
Midstream Urine

Urine Culture:
No Growth

Date of Report: 06 Feb 2013 AUTH:
MRIANC LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS

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Request Entered: 14 Jan 2013 18:47 Report Printed: 14 Jan 2013 19:37

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HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: H131914267
Mon Roy Inf Antenatal Clinic Clinician: Dr P. LYNCH MRIANC LYNP1H

HGB	12.9	g/dL	(12.0-16.0)	WBC	11.9	H x10^9/L	(4.0-11.0)
RBC	4.15	x10^12/L	(3.8-4.8)	NE#	8.5	H x10^9/L	(2.0-7.5)
HCT	0.378		(0.37-0.47)	LY#	2.6	x10^9/L	(1.5-4.0)
MCV	91.0	fl	(85-105)	MO#	0.6	x10^9/L	(0.2-0.8)
MCH	31.0	pg	(27-32)	EO#	0.20	x10^9/L	(0.0-0.4)
MCC	34.1	g/dL	(32-36)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	254	x10^9/L	(150-400)

HbA0 -
HbA2 -
HbF -
Hb Variant -

Lab.Comments: FOQ NOT FILLED IN CORRECTLY. PLEASE CONTACT LAB ON EXT 32659 IF SCREENING IS REQUIRED. -not required

Sample is blood unless otherwise stated

Sample Date/Time
14 Jan 2013 14:44

Clin.Details: booking sample

Request Entered: 14 Jan 2013 18:47 Report Printed: 18 Jan 2013 15:52

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Request Entered: 14 Jan 2013 18:47 Report Printed: 14 Jan 2013 19:37

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MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8BA

Clinician:Dr P. LYNCH
Mon Roy Inf Antenatal Clinic

CPA Accredited 0221

ROUTINE SEROLOGY. Venous blood
Specimen Number 13V000788
Date Taken 14 Jan 2013

Rubella IgG	DETECTED
Hepatitis B (HBsAg) screen	Negative
HIV1&2 Antigen/Antibody	Negative
Syphilis total antibody	Negative

GUIDANCE ON INTERPRETING RUBELLA RESULTS:
Rubella IgG DETECTED - consistent with past immunisation, MMR is not indicated.
Rubella IgG not detected - no evidence of past immunisation detected, woman may be susceptible. Post-partum MMR may be indicated.
If 2 documented doses of MMR have been given further MMR is NOT indicated.
PATIENTS AT RISK OF HEPATITIS B INFECTION: please consider vaccination of such patients who are currently HBsAg negative.

Date of Report: 15 Jan 2013
MRIANC LYNP1H

REPORT RECEIVED
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Request Entered: 14 Jan 2013 18:47 Report Printed: 14 Jan 2013 19:37

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MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8BA

Clinician: Dr P. LYNCH
Mon Roy Inf Antenatal Clinic

CPA Accredited 0221

booking sample

13B251808 Date/Time of Specimen: 14 Jan 2013 14:44
Midstream Urine

Urine Culture:
No Growth

Date of Report: 16 Jan 2013 AUTH:
MRIANC LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS

Request Entered: 14 Jan 2013 18:47 Report Printed: 14 Jan 2013 19:37

REPORT RECEIVED
DOCTOR'S INITIALS

REPORT RECEIVED
DOCTOR'S INITIALS

Confidential Report

Printed by smpert(Shona Pert (Non Referrer)) at 19 Jan 2013 01:17

Patient name:	STACEY ELLIS	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	23 SEAGATE, MONTROSE DD10 8BA				

Reported	Specialty	Location	Clinician	Status
15 Jan 2013 11:35	Blood Transfusion	New Location	New Clinician (Not Specified)	F

Sample 10310016493314 (BLOOD) Collected 14 Jan 2013 13:30 Received 15 Jan 2013 08:56

```
Blood Group: O POSITIVE
ABO : O
Rh D : Positive
Antibody Status : NAD (No Antibodies Detected)
Please send a sample at 28 to 30 weeks
```

Sample 10310016493314 (BLOOD) Collected 14 Jan 2013 13:30 Received 15 Jan 2013 08:56

Automated Antibody Screen

Negative

End of report

Request Entered: 14 Jan 2013 18:47 Report Printed: 14 Jan 2013 19:37

REPORT RECEIVED

DOCTOR'S INITIALS

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DOCTOR'S INITIALS

HAEMATOLOGY

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: H131914267
MRIANC LYNP1H

Mon Roy Inf Antenatal Clinic — Clinician: Dr P. LYNCH

HGB	12.9	g/dL	(12.0-16.0)	WBC	11.9 H	x10^9/L	(4.0-11.0)
RBC	4.15	x10^12/L	(3.8-4.8)	NE#	8.5 H	x10^9/L	(2.0-7.5)
HCT	0.378		(0.37-0.47)	LY#	2.6	x10^9/L	(1.5-4.0)
MCV	91.0	fl	(85-105)	MO#	0.6	x10^9/L	(0.2-0.8)
MCH	31.0	pg	(27-32)	EO#	0.20	x10^9/L	(0.0-0.4)
MCC	34.1	g/dL	(32-36)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	254	x10^9/L	(150-400)

HbA0	TO FOLLOW
HbA2	TO FOLLOW
HbF	TO FOLLOW
Hb Variant	TO FOLLOW

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
14 Jan 2013 14:44

Clin.Details: booking sample

Request Entered: 14 Jan 2013 18:47 — Report Printed: 14 Jan 2013 19:37

REPORT RECEIVED
DOCTOR'S INITIALS

BIOCHEMICAL MEDICINE

DMR 374

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C131914267

Mon Roy Inf Antenatal Clinic Clinician: Dr P. LYNCH MRIANC LYNP1H

GLUCOSE (preserved tube)	2.7 <<	mmol/L	(	3.3-5.8)

17/1/13
PL aware
- no further action
JC.

Lab.Comments:

Sample is blood unless otherwise stated

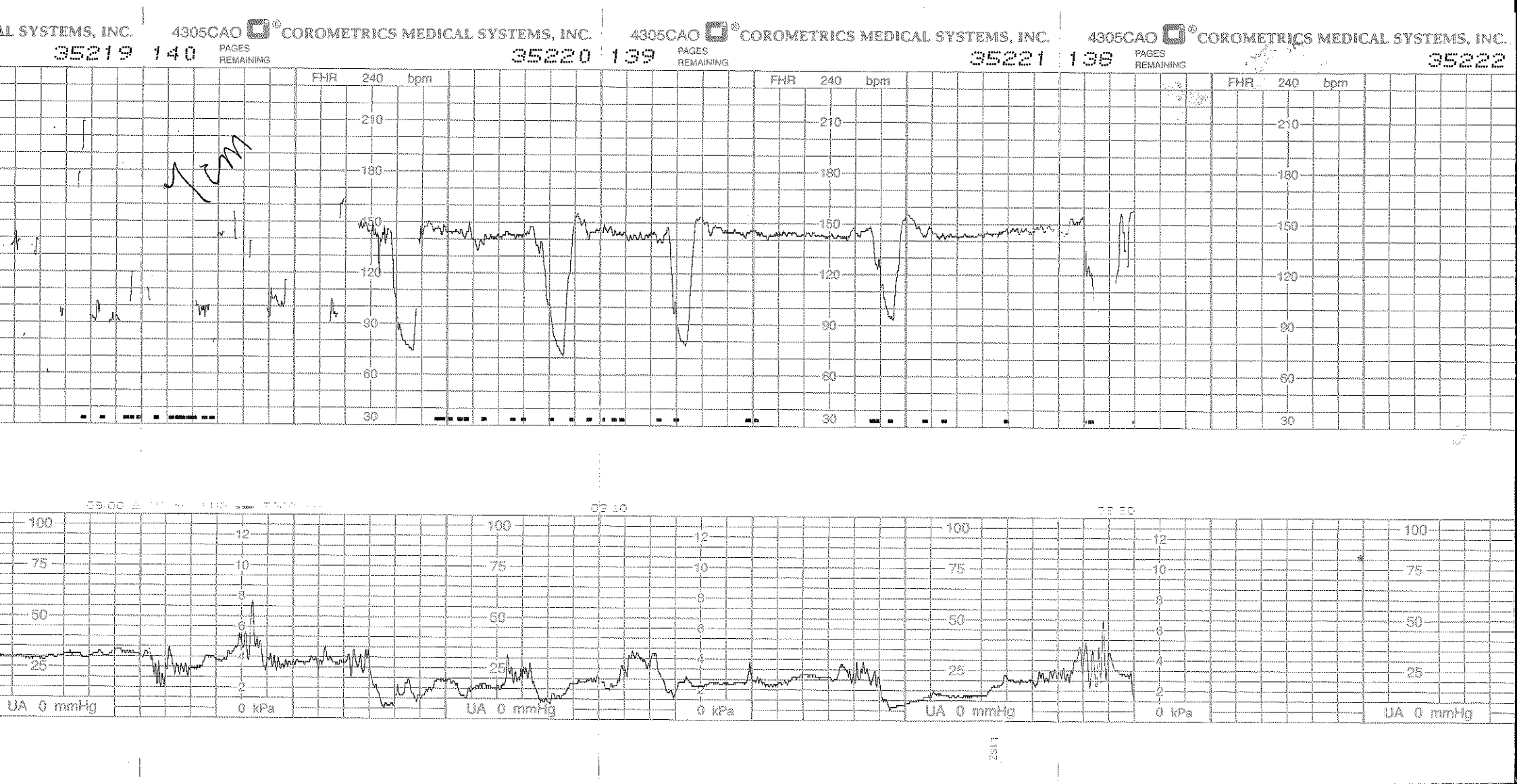
Sample Date/Time
14 Jan 2013 14:44

Clin.Details: booking sample

Request Entered: 14 Jan 2013 18:47 Report Printed: 14 Jan 2013 20:16

REPORT RECEIVED

DOCTOR'S INITIALS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35222
FHR 240 bpm
210
180
150
120
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60
30
100
75
50
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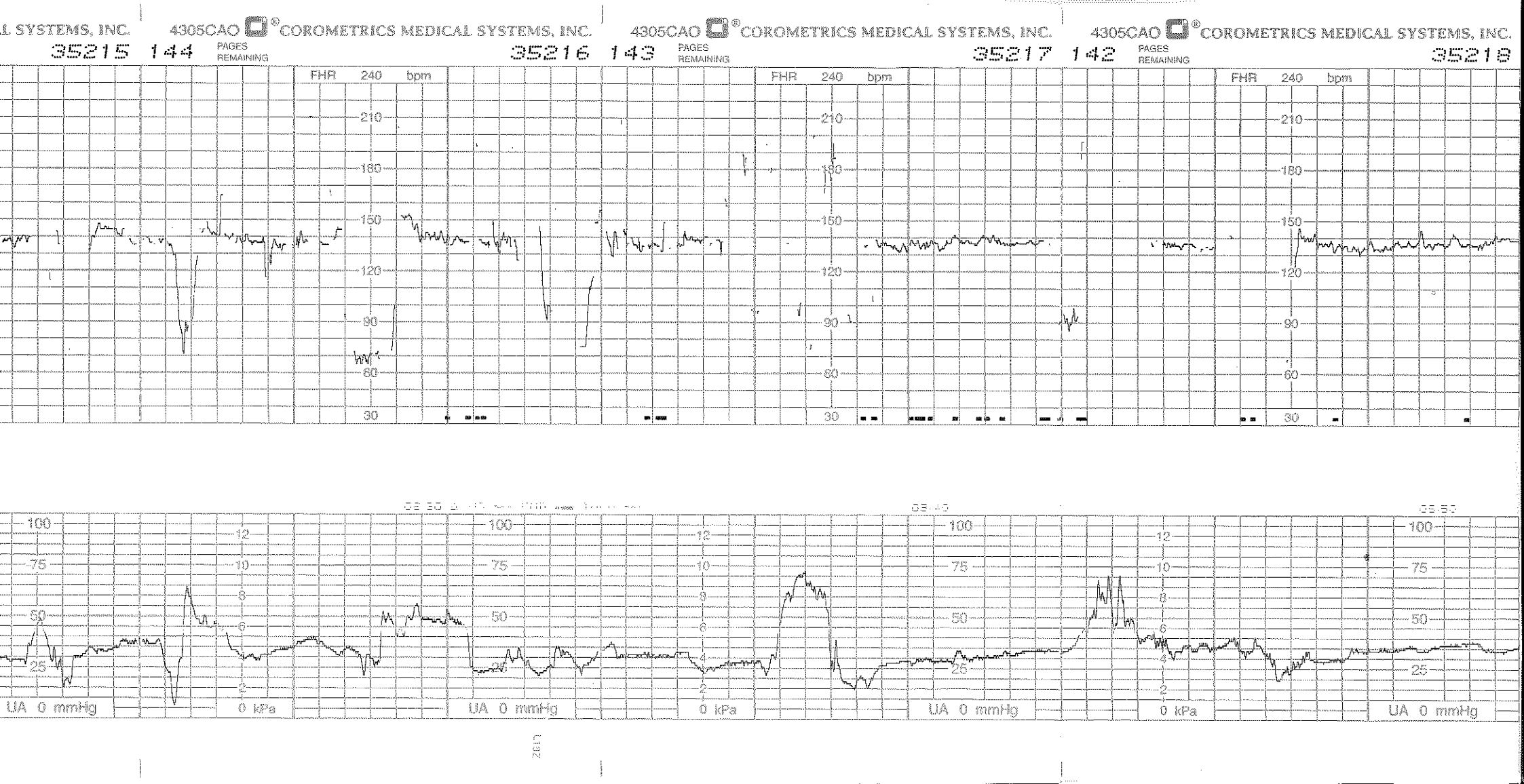
8
6
4
2
UA 0 mmHg
0 kPa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210
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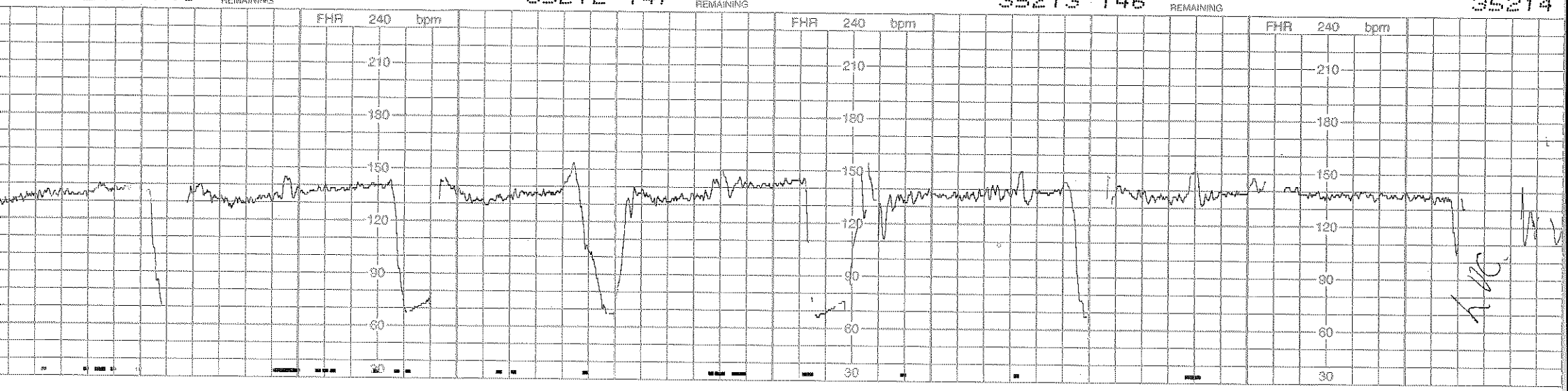

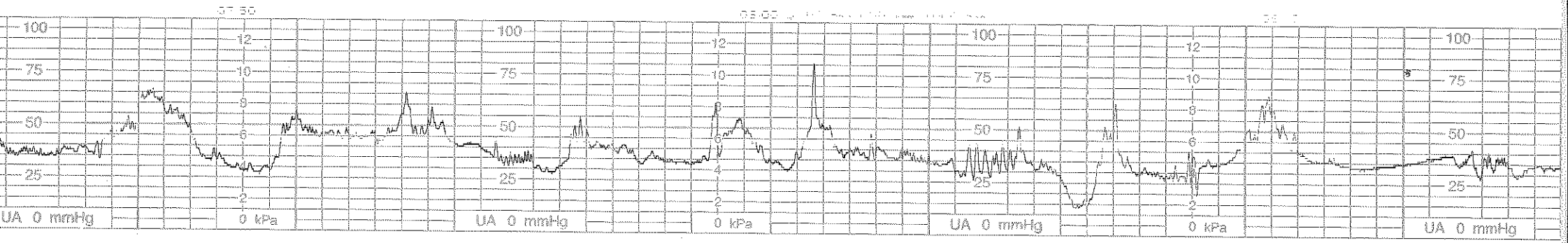

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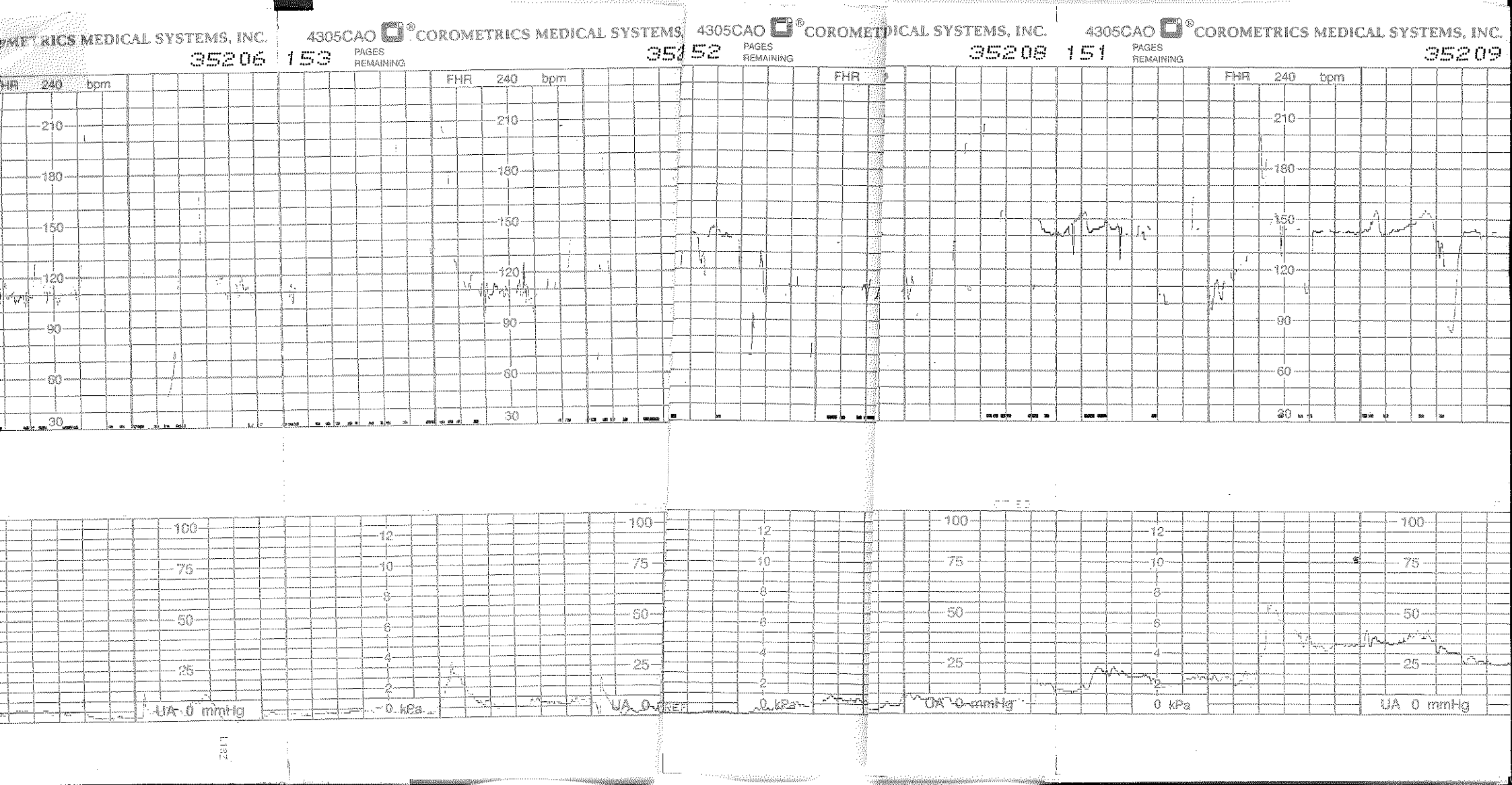
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COROMETRICS MEDICAL SYSTEMS, INC.
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151
PAGES REMAINING
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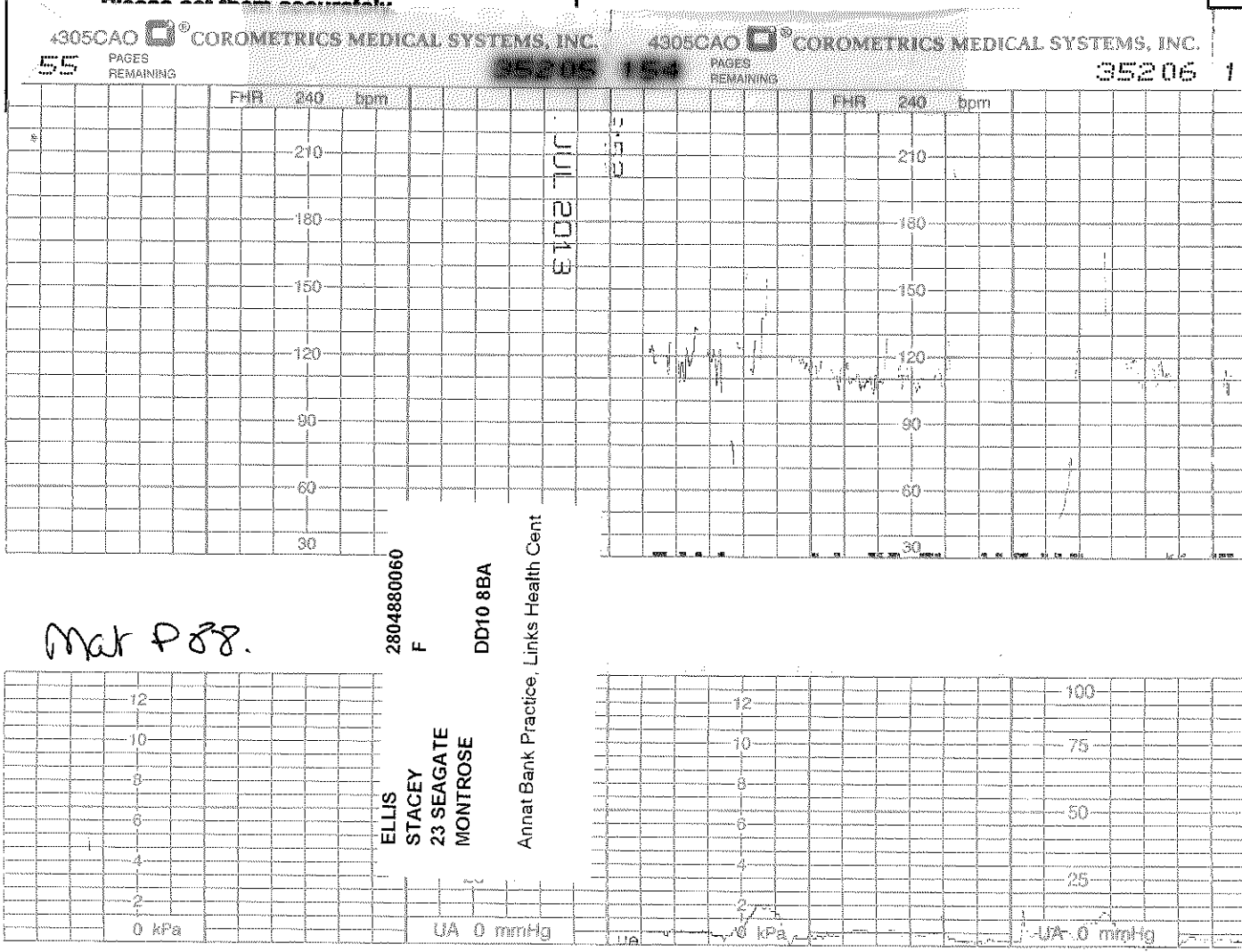
COROMETRICS MEDICAL SYSTEMS, INC.
35209
FHR 240 bpm
210
180
150
120
90
60
30
100
75
50
25
12
10
8
6
4
2
UA 0 mmHg
0 kPa

MOUNT SHEET

MISCELLANEOUS

Note: Remove strip to reveal gummed area.
Attach reports from bottom to top.
Please sort them accurately



Mat P88.

[redacted]

MRIANC LYNP1H

AUTH:

DOCTOR'S INITIALS

REPORT RECE

DOCTOR'S INIT

E10

880

OF REPORT
D ADHESION.

UK PATENT No. GB 2254043 B JONES & BROOKS LTD.

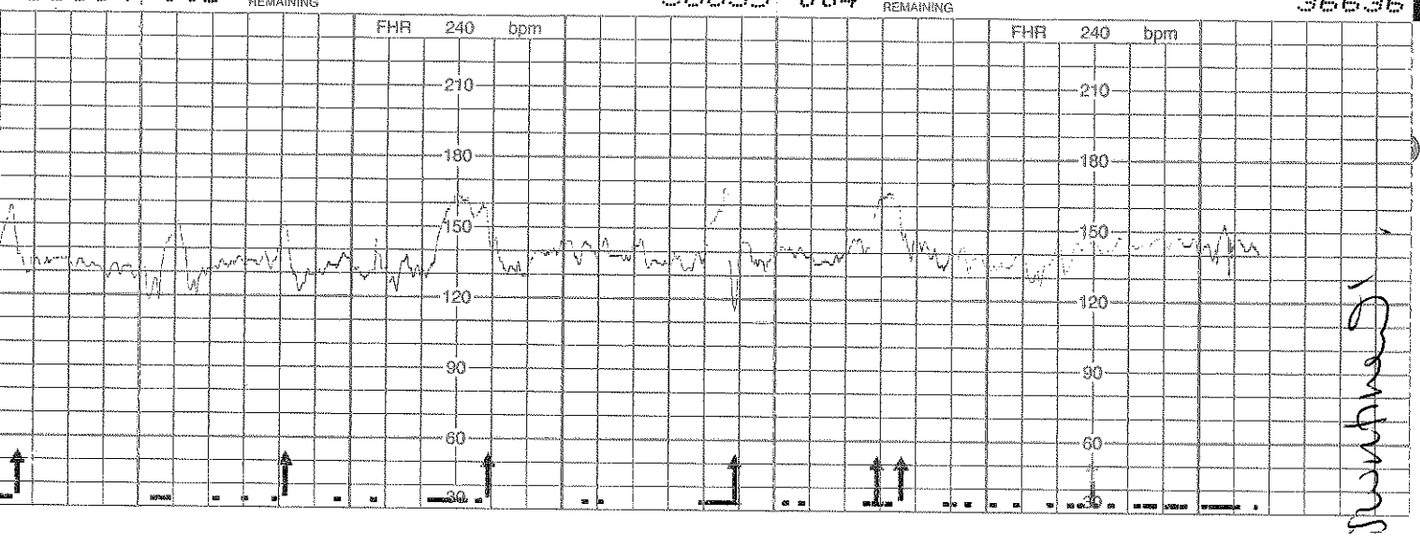
009 PAGES REMAINING
COROMETRICS MEDICAL SYSTEMS, INC.
36632 007 PAGES REMAINING
4305CAO
COROMETRICS MEDICAL SYSTEMS, INC.
36633 006 PAGES REMAINING
4305CAO
16.7.13
FHR 240 bpm
210
180
150
120
90
60
30
28 04 88
2804880060
STACEY ELLIS
M.P. 65kg
SRM -
clear liquor.
@ 18.7.13
@ 12.00
100
75
50
25
12
10
8
6
4
2
0 kPa
UA 0 mmHg

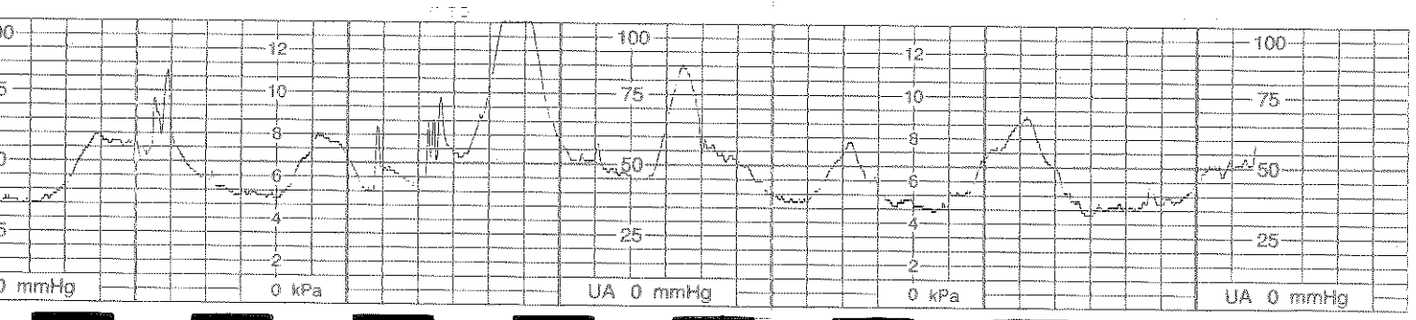
Please set them accurately.

.IB-8267

STEMS, INC. 4305CAO ® COROMETRICS MEDICAL SYSTEMS, INC. 4305CAO ® COROMETRICS MEDICAL SYSTEMS, INC.

36634 005 PAGES REMAINING 36635 004 PAGES REMAINING 36636





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DMR320

59

CPA Accredited

0221

[redacted]

DOCTOR'S INITIALS

MRIANC LYNP1H AUTH:

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** **01382 632559**

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr P. LYNCH
DoB : 28 Apr 1988 Sex: F N/W Antenatal Clinic
Post Code: DD10 8BA

CPA Accredited 0221

DMR320

59

PREGNANT 33 WEEKS 2+ LEU TRC PRO

13B287865 Date/Time of Specimen: 10 Jun 2013 11:55
Midstream Urine

Urine Culture:
No Growth

CPA Accredited 0221

Date of Report: 11 Jun 2013 AUTH:
NANC LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS

MRIANC LYNP1H AUTH:

REPORT RECEIVED
DOCTOR'S INITIALS

2
0 kPa
UA 0 mmHg

E10

MICROBIOLOGY

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8BA

Clinician: Dr P. LYNCH
Mon Roy Inf Antenatal Clinic

34 WEEKS LEUCICYTES +

13B291361 Date/Time of Specimen: 23 Jun 2013 12:15
Midstream Urine

Urine Culture:
No Growth

Date of Report: 25 Jun 2013
MRIANC LYNP1H

AUTH:

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0 kPa UA 0 mmHg

£10

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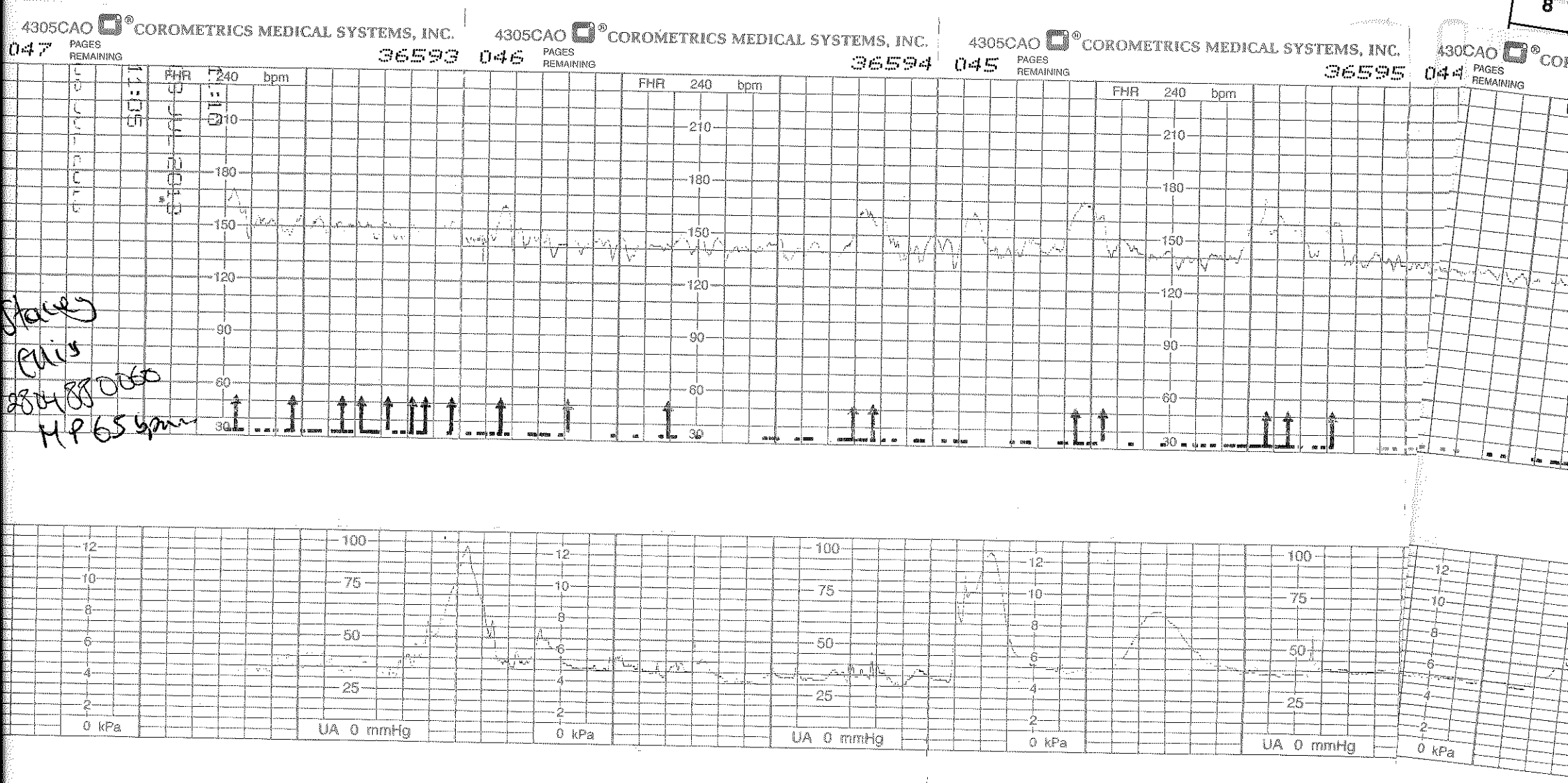

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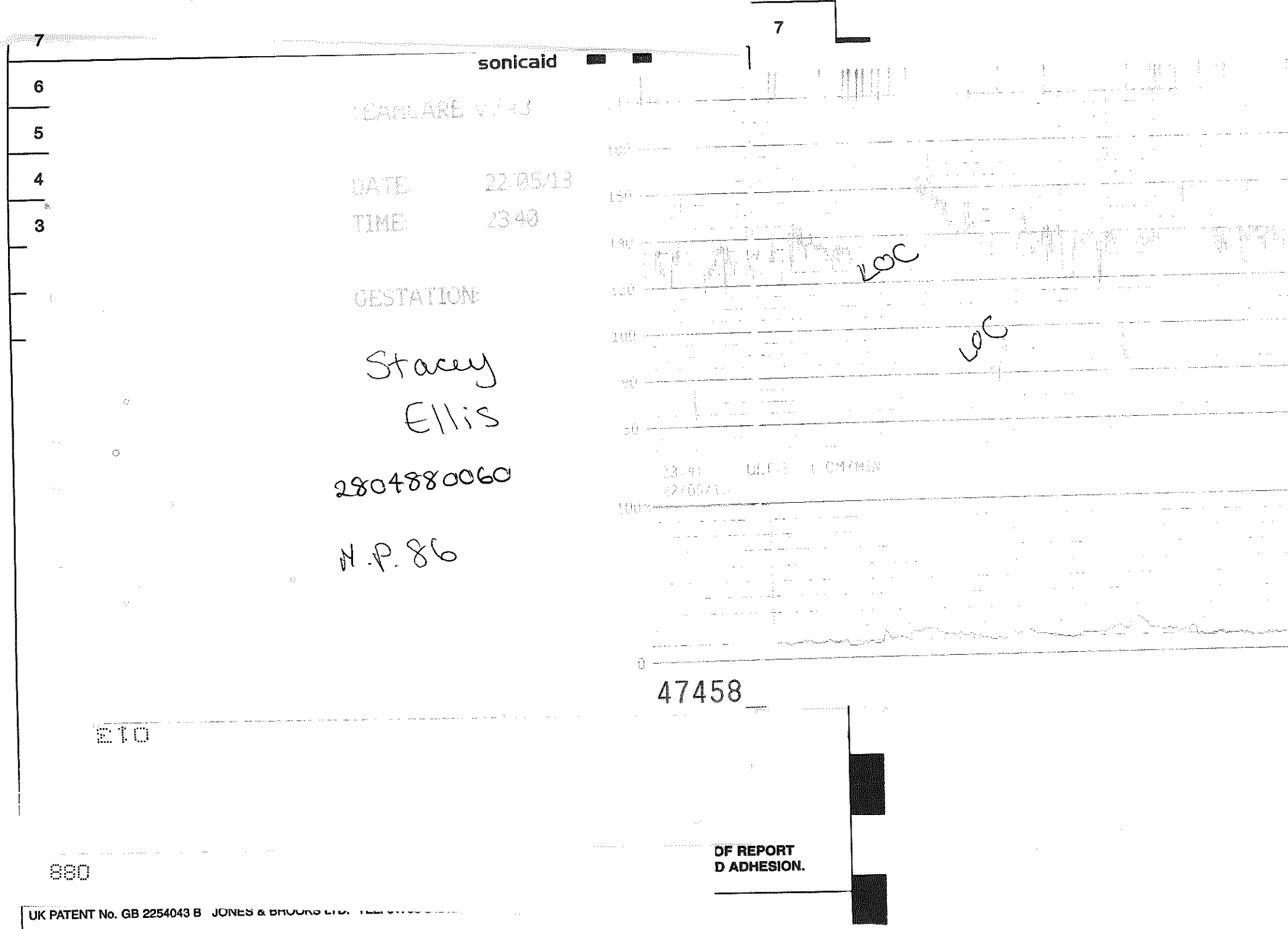
7
sonicaid
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4
3
DATE 22/05/13
TIME 23:40
GESTATION
Stacey
Ellis
2804880060
N.P.86
LOC
LOC
47458
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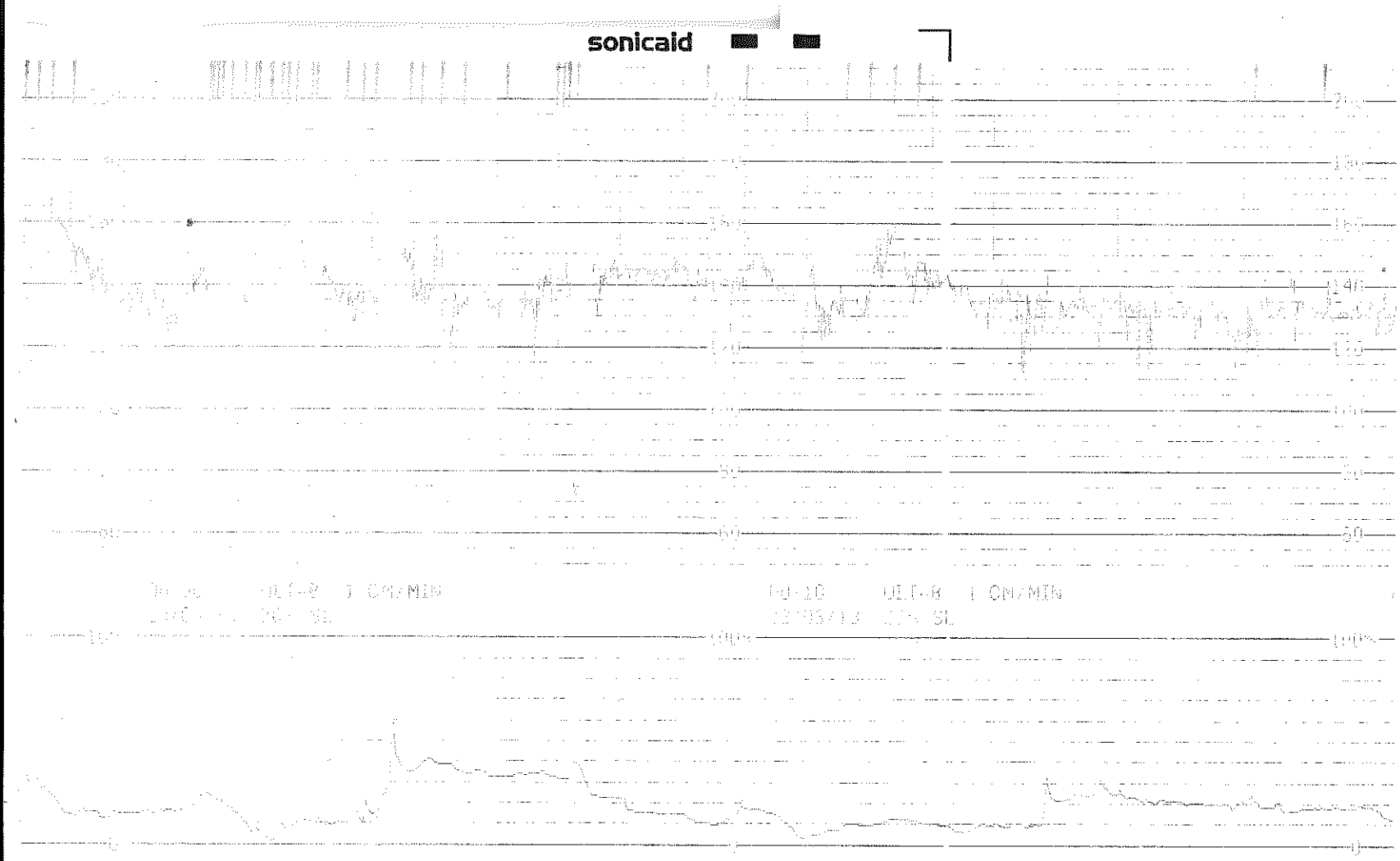
DF REPORT
D ADHESION.
UK PATENT No. GB 2254043 B JONES & BROOKS LTD.



Discontinued
K Patton
H. Musig

6

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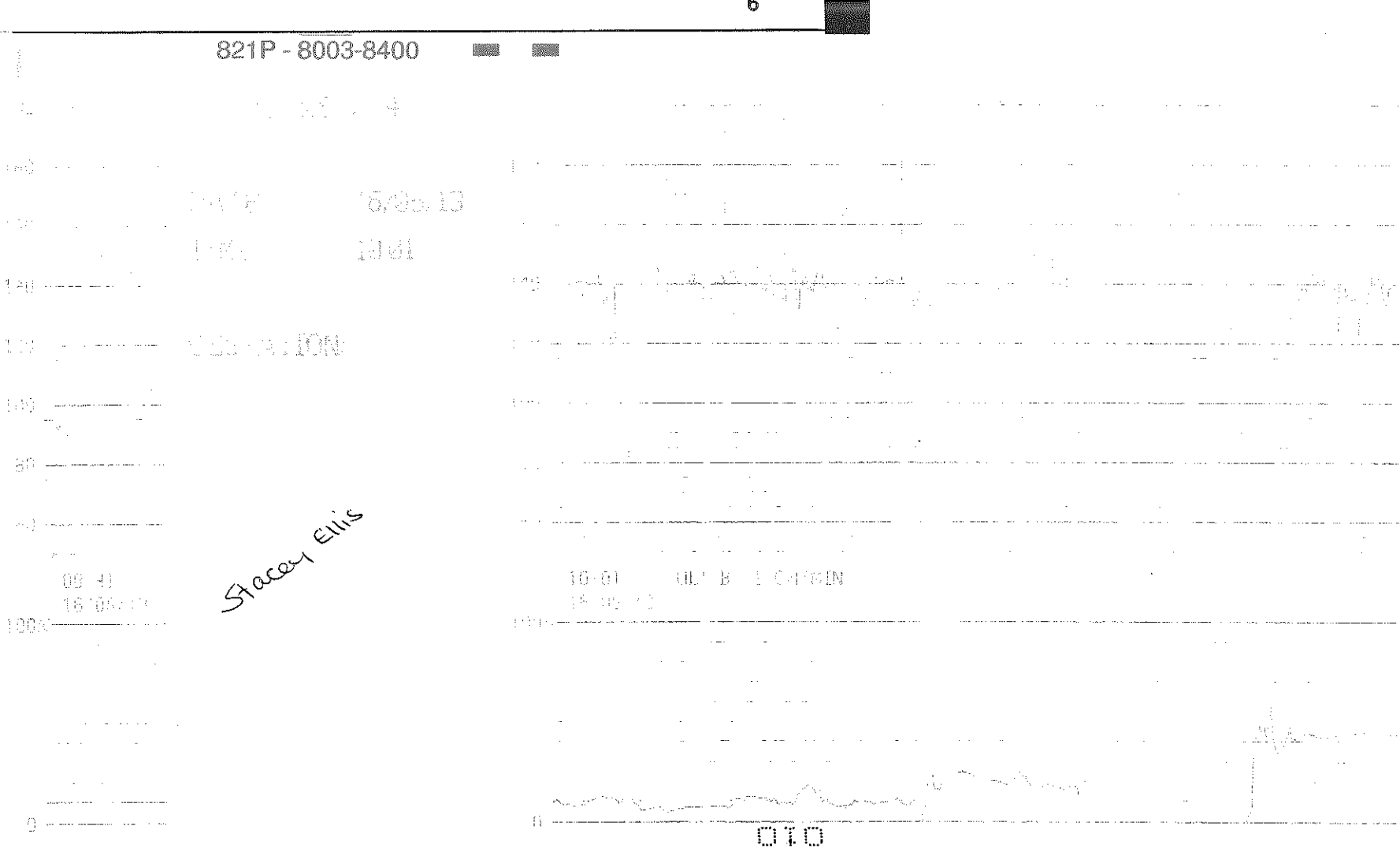
821P - 8003-8400



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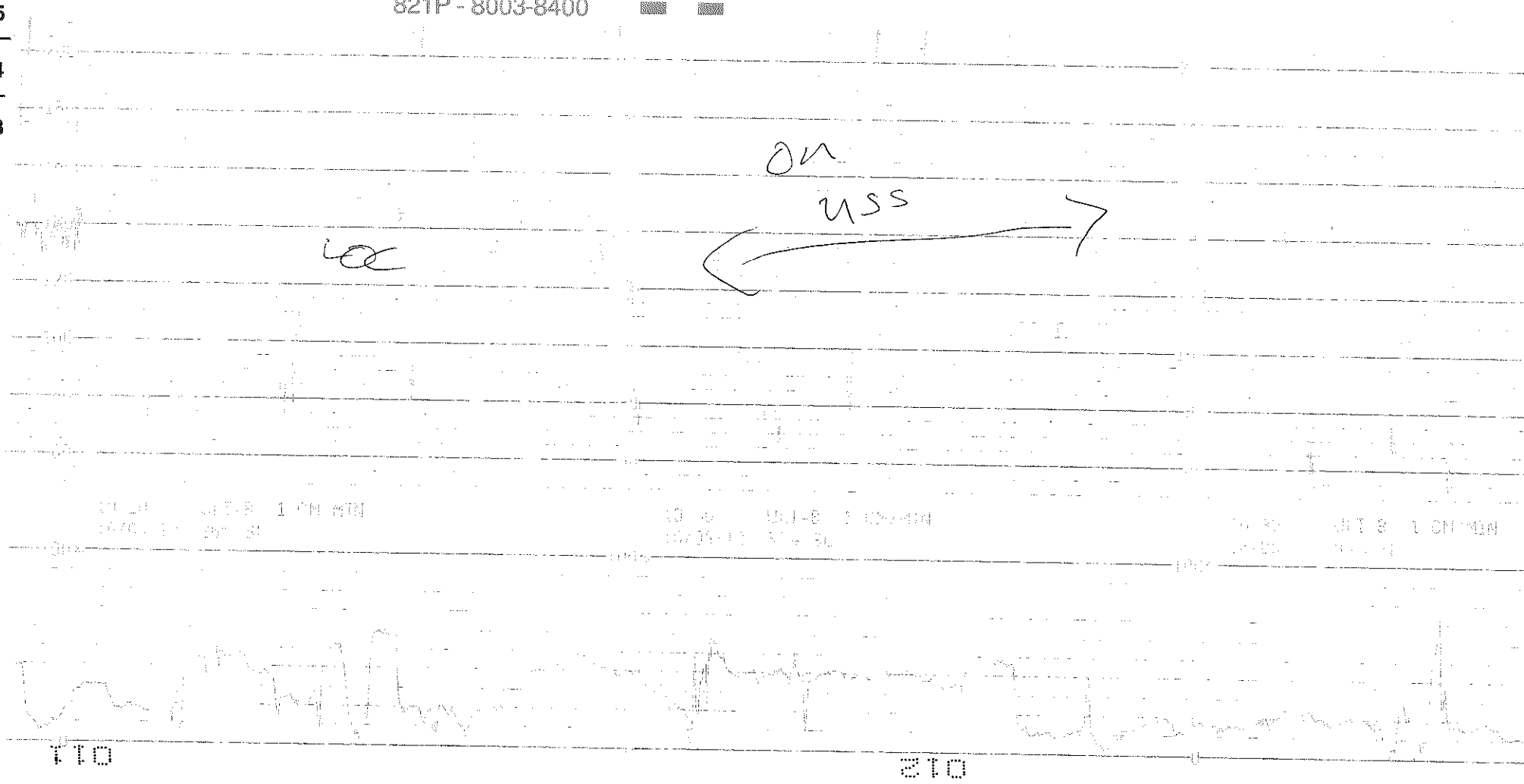

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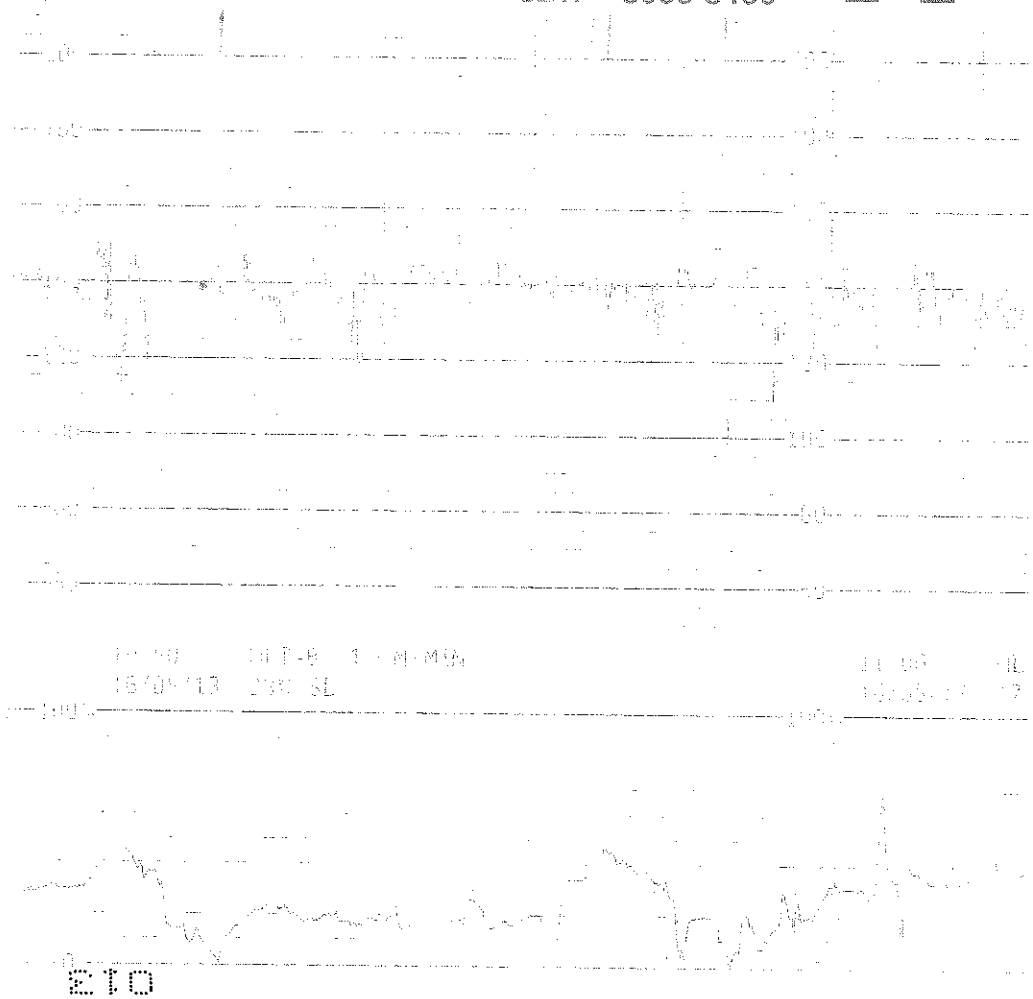

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ETO

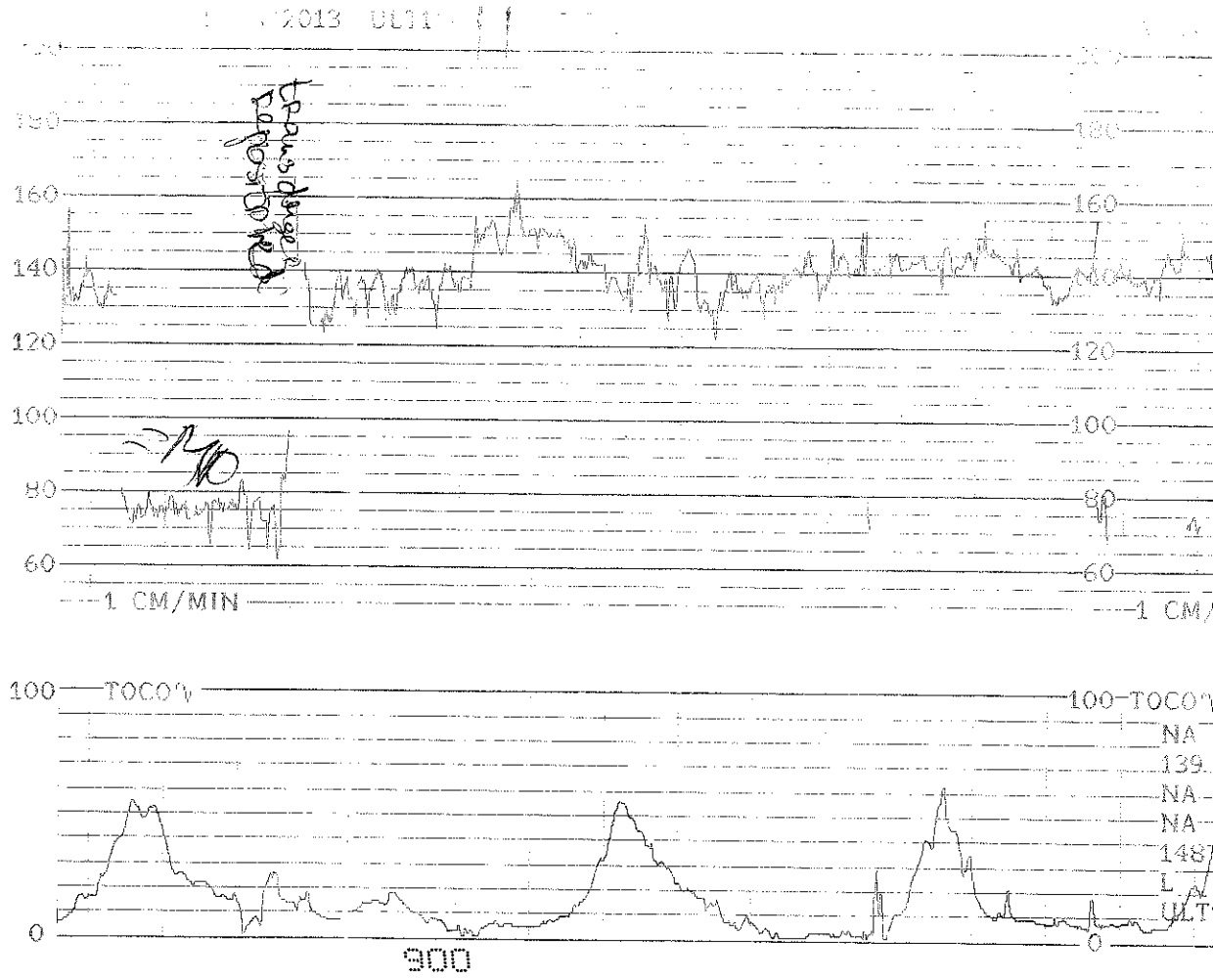
821P - 8003-8400

SONICAID FMH208 TREND V3.0.11

DATE: 15/05/2013

TIME: 17:05

GESTATION:



BASELINE: (BPM) 60 MIN.
15 MIN.
STV: (MS) 60 MIN.
DECEL: (BEATS) 60 MIN.
15 MIN.
CONFIDENCE (H,M,L)
NOT VALID DURING THE
SECOND STAGE OF LABOUR.

900

880

OF REPORT
D ADHESION.

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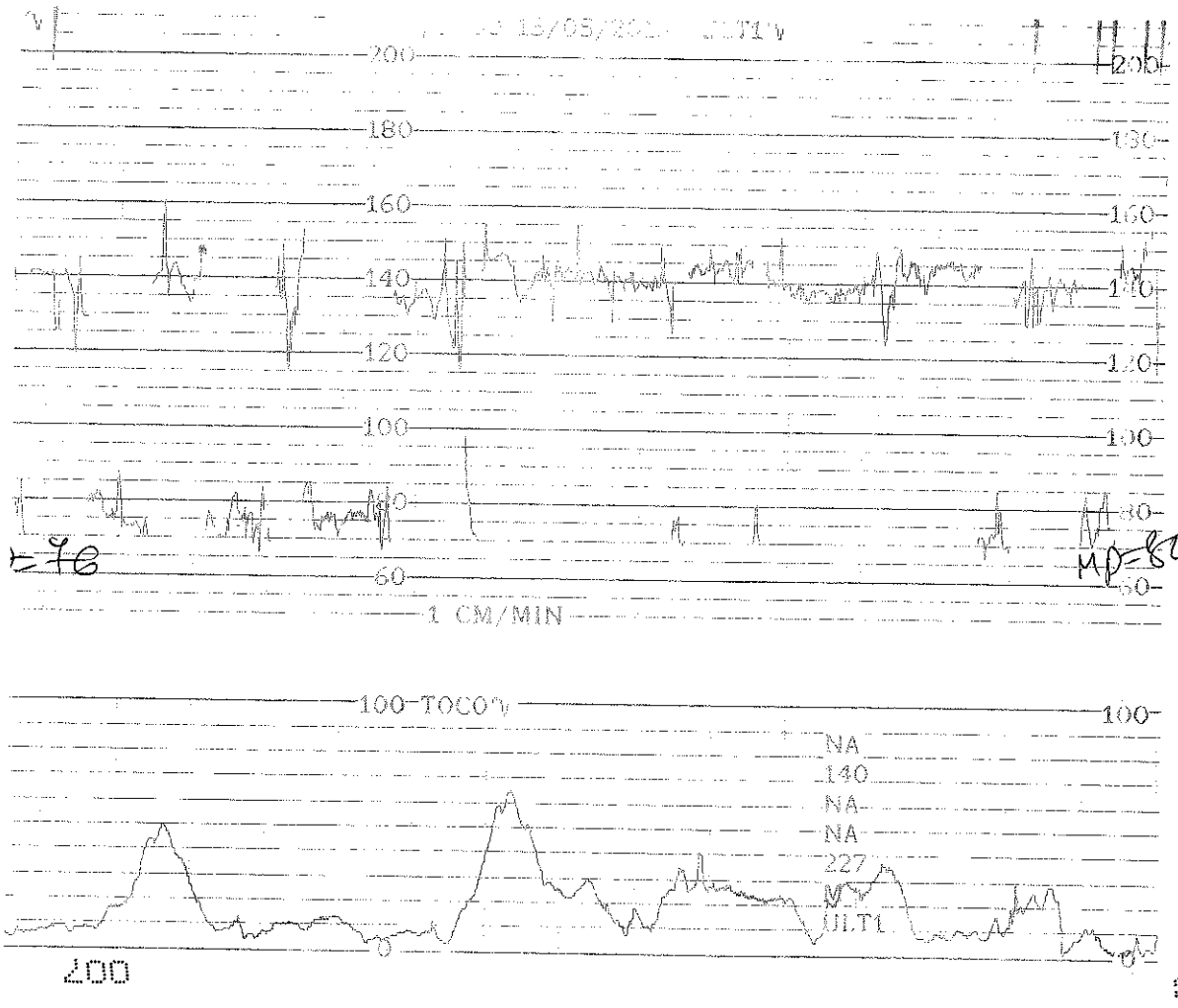
821P - 8003-8400

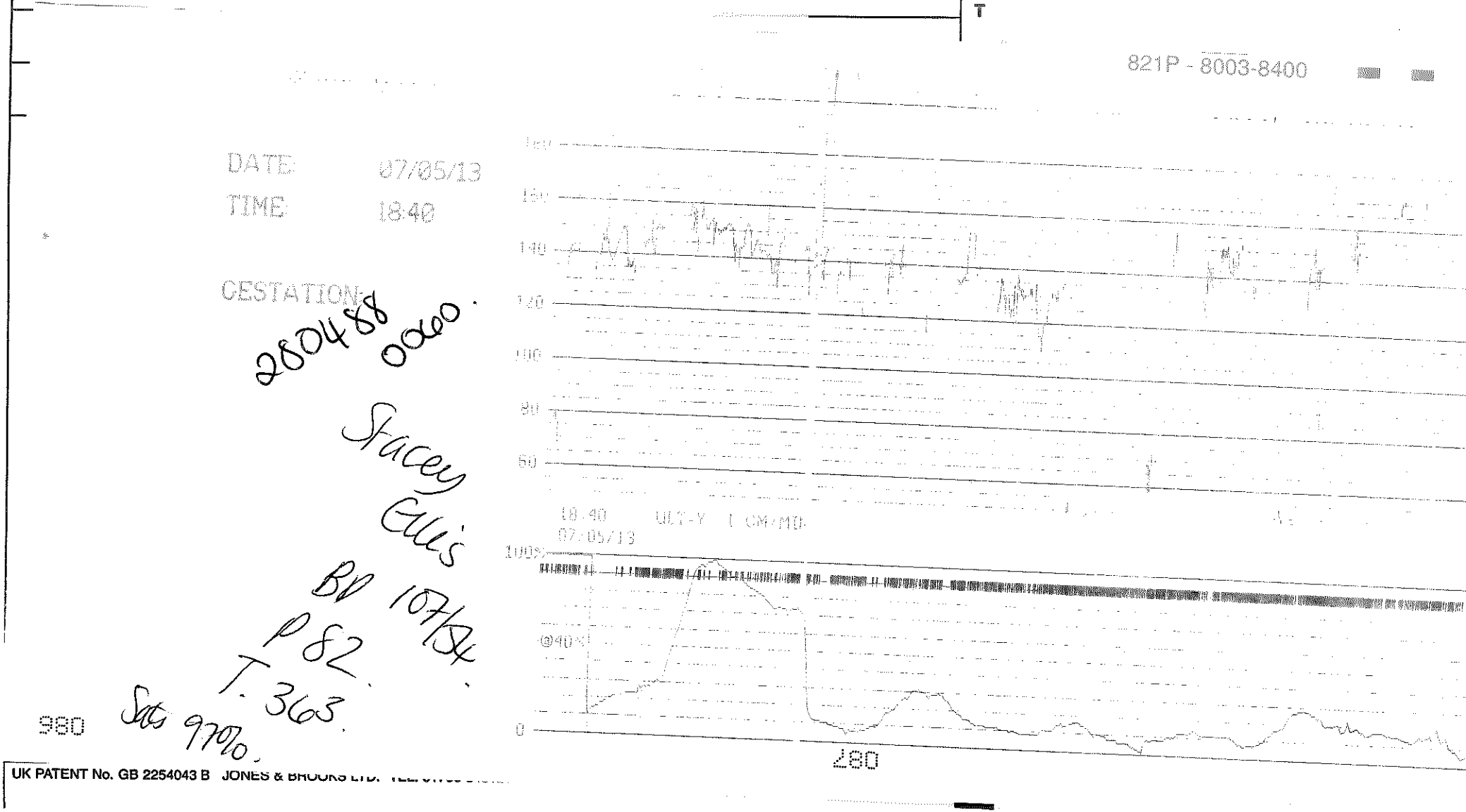


200

800

Discontinued

MP=80bpm



UK PATENT No. GB 2254043 B JONES & BROOKS LTD.

E-Pacer REPORT

09:56 | Date | 11/07/2013

PATIENT AND INCIDENT DETAILS

Incident number	ED0036864 / 4 001
Name	STACEY ELLIS
Address	23 SEAGATE MONTROSE
Age	25Y
Date of birth	28/04/1988
Gender	Female
Incident location	MONTROSE ROYAL INFIRMARY BRIDGE STREET MONTROSE
Incident post code	DD10 8AJ
Incident type	EMG
Call received	11/07/2013, 09:10
Call passed	11/07/2013, 09:11
Crew mobile	11/07/2013, 09:11
Crew at scene	11/07/2013, 09:16
Crew left scene	11/07/2013, 09:29
Receiving hospital and department	NWHO Ninewells Hospital

PRIMARY SURVEY

RESPONSE	
AVPU	Alert
AIRWAY	
Airway assessment	Clear
BREATHING	
Breathing rate	Normal
Respiratory rate	

RESPIRATORY SYSTEM

Bilateral movement	Bilateral air entry
Expansion right = left	

RESPIRATORY SITES

Respiratory assessment	Normal

CIRCULATION

Pulse rate	Fast
Most peripheral pulse found	Radial
Cap refill rate	
Skin colour	Normal
Skin texture	Dry

PATIENT CONSENT

Patient consent	Treatment benefits explained, Risks of condition explained, Risk of refusal explained, Capacity to understand risks and treatment, Advice given to patient

AMPDS

Dispatch code	33C06TT	
Final code	24D03	Pregnancy, Imminent delivery (>5 months/20 wks)

GCS

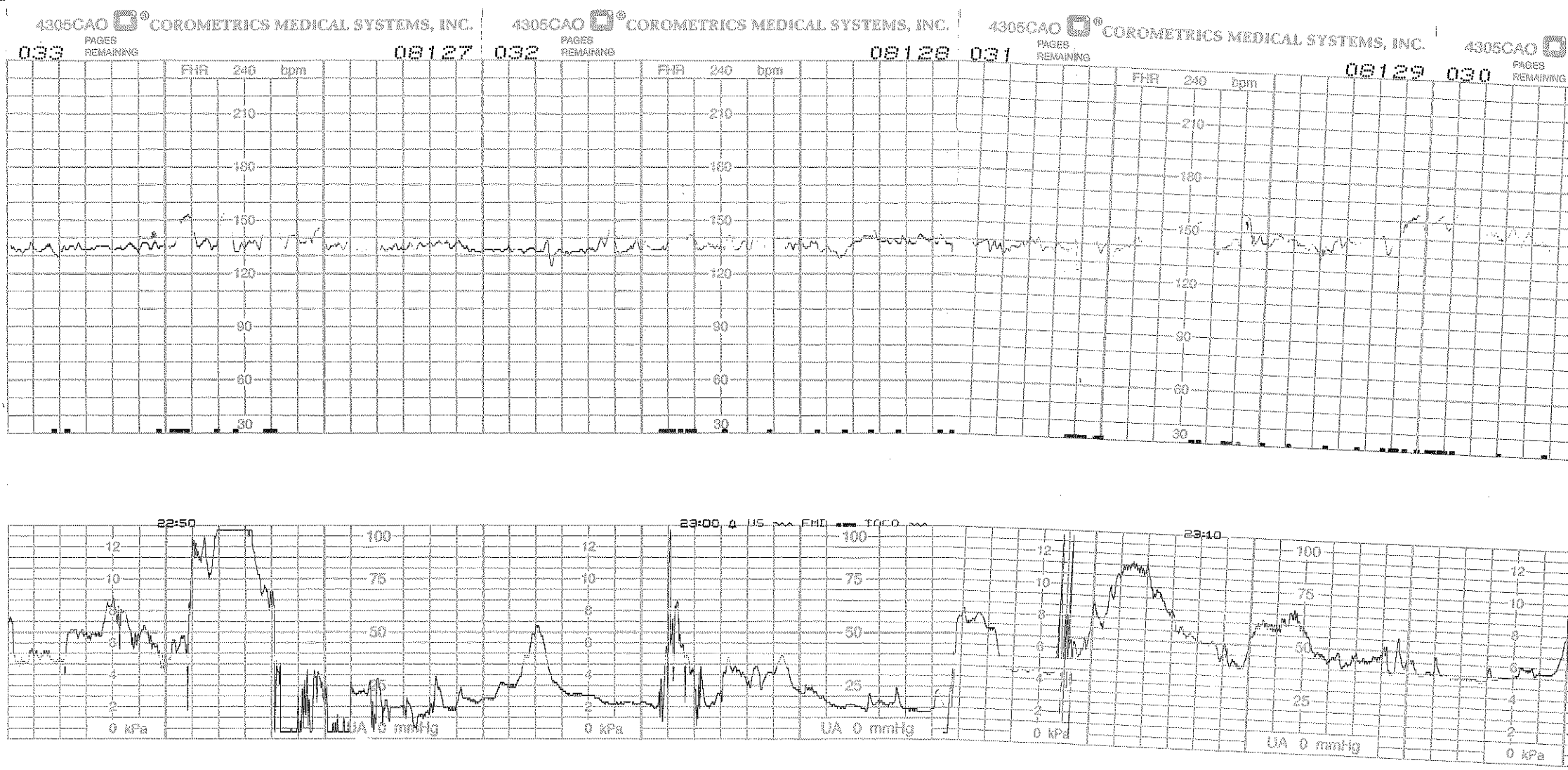
Final GCS eye opening	Spontaneous
Final GCS verbal response	Orientated
Final GCS motor response	Obeys commands

VITAL SIGNS

| | | |

UK PATENT

22:20
22:30
22:40
kPa
kPa
kPa


4305CAO
COROMETRICS MEDICAL SYSTEMS, INC.
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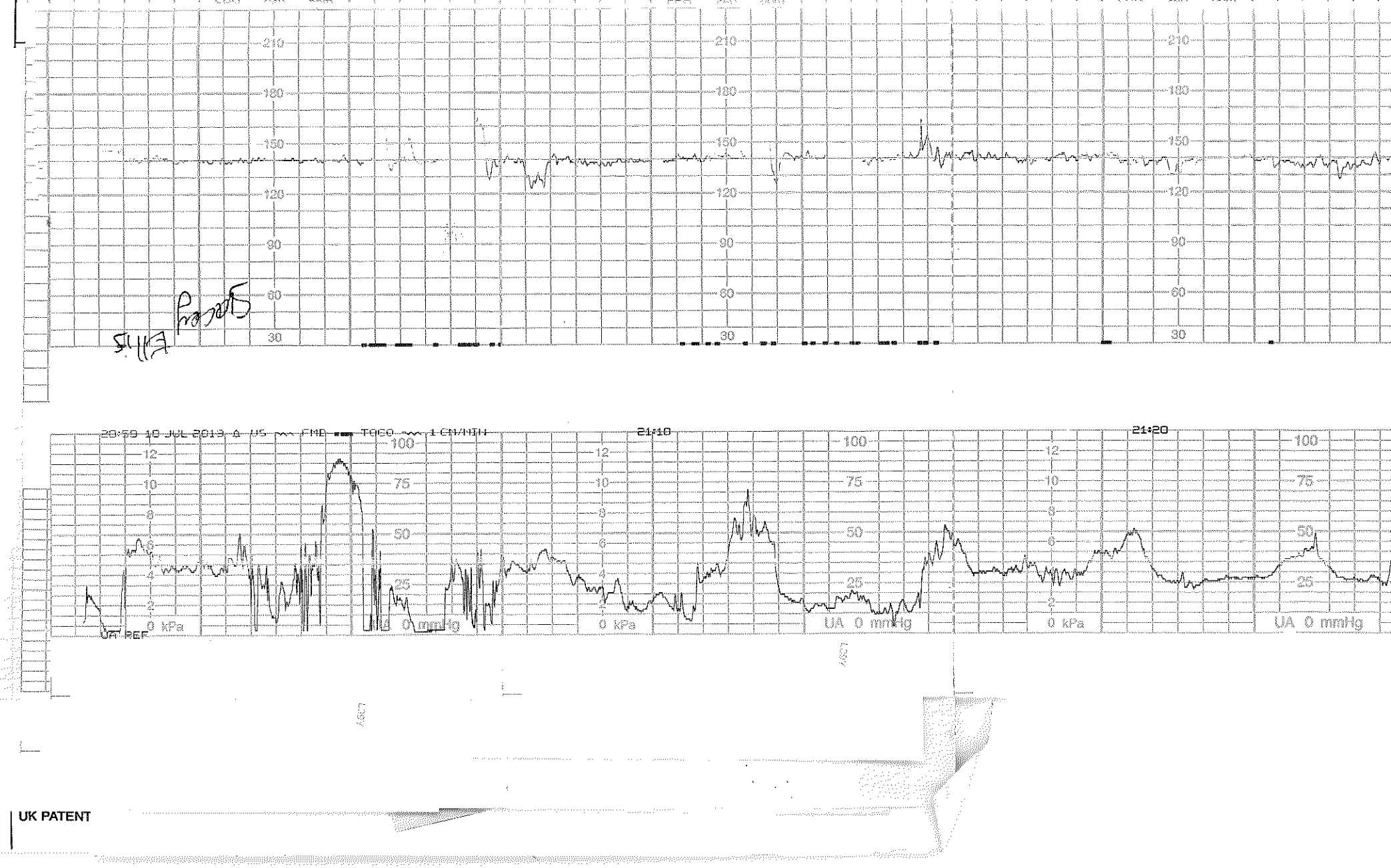
UA 0 mmHg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20:59 10 JUL 2013 A US FHR TOCO 1 CM/MIN
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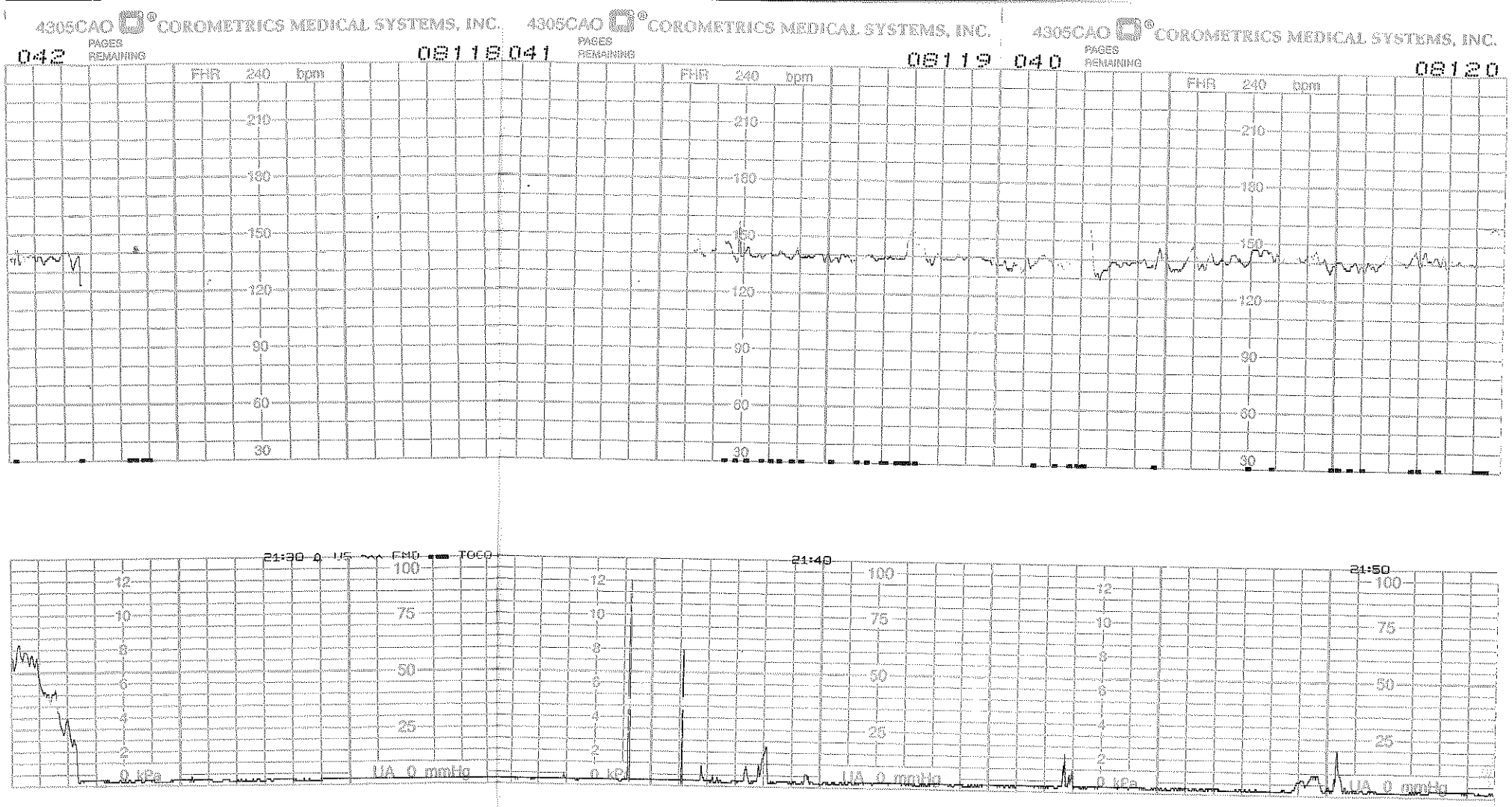
UA 0 mmHg

UK PATENT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PAGES REMAINING
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08118 041
08119 040
08120
FHR 240 bpm
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120
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60
30

21:30
21:40
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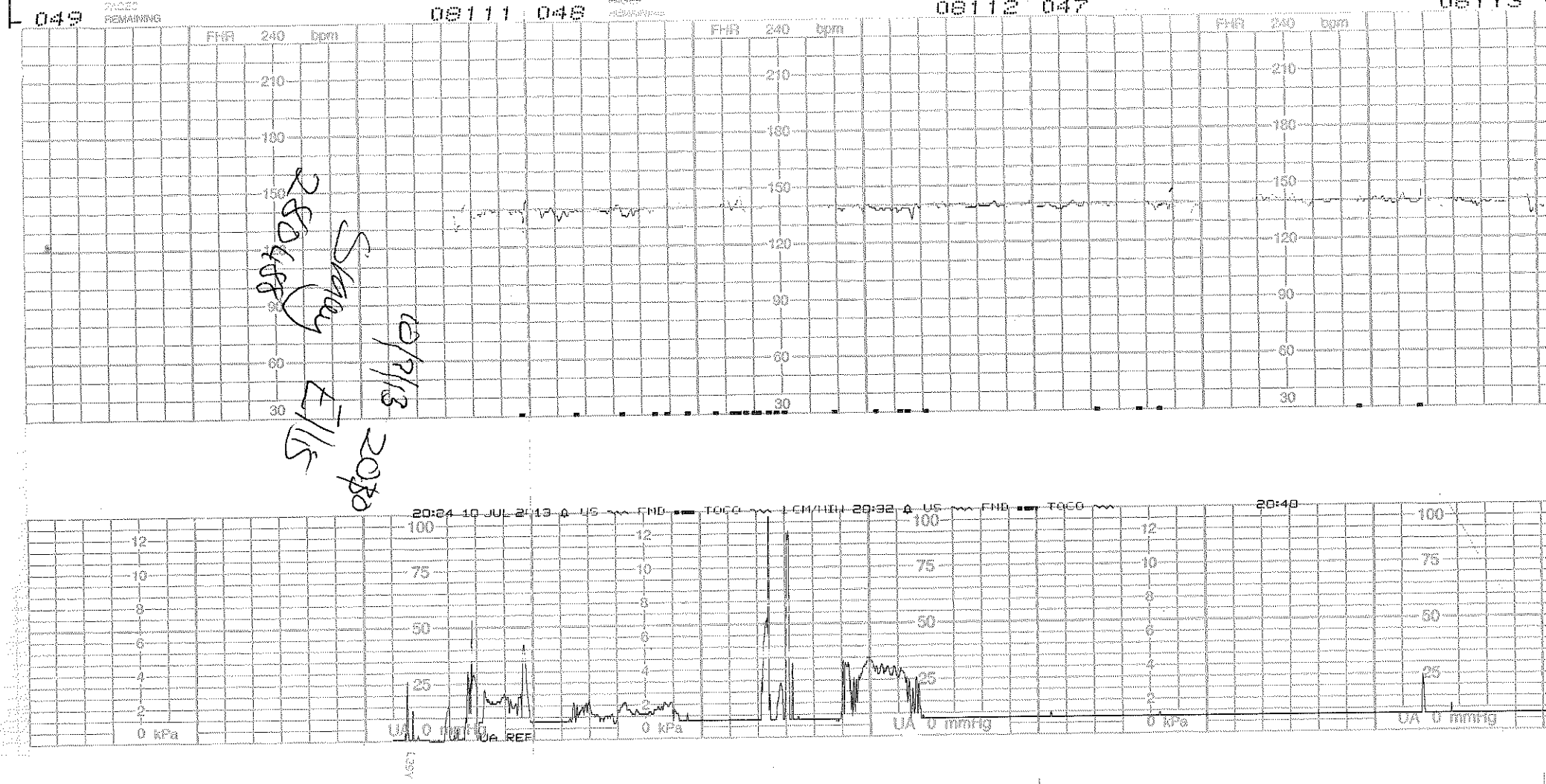
0 kPa
UA 0 mmHg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08111 048
08112 047
FHR1 240 bpm
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20:24 10 JUL 2013 A US FHR1 TOCO 1 CM/HR 20:32 A US FHR1 TOCO
20:40
100
75
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25
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0 kPa
UA 0 mmHg
UA_REF

UK PATENT

Your baby's care

Please use 24 hour clock and sign each entry.
Remember to insert your details in the "Whose Signature?" section on the inside back cover.

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode
11/7/13 10-15	SVD of a live male infant. Apgars 9:1 7:5, 10:10. IM Vitamin K administered. Skin warm & pink. NEWS for prolonged rupture of membranes. Stephenson
15:40	Transfer to ward 38 with mum & baby in pushchair/car. NEWS chart as PROM and offensive liquor noted at delivery. SRenny
23:15	Intermittently grunting & some nasal flaring noted. Resps 60, paed aware to review. A Adam
12/7/13	Discharge home. Appears well. No signs of RDS. Pup - easy.

Your baby's care (continued)

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode

Your baby's care (continued)

Please use 24 hour clock and sign each entry.
Remember to insert your details in the "Whose Signature?" section on the inside back cover.

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if formula feeding) and condition of mouth
5	16/7/13	Pink Good tone Alert Fontanelles NAD.	clear x2	Af 4 hourly mouth clean + moist Weight: 2530 pku: ✓
Temperature ..... °C Route				
10.	21/7/13	Looks well Pink Alert Good tone Fontanelles NAD	Clear x2	Aptamil 3oz 4hourly Weight 2700g ↑ 170g Mouth clean + moist
Temperature Warm °C Route Touch				
Temperature ..... °C Route				
Temperature ..... °C Route				
Temperature ..... °C Route				
Temperature ..... °C Route				
Temperature ..... °C Route				
Temperature ..... °C Route				

Your baby's care (continued)

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode

Your baby's care (continued)

Please use 24 hour clock and sign each entry.
Remember to insert your details in the "Whose Signature?" section on the inside back cover.

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode

Your baby's progress

Complete breastfeeding assessment form - around day 5

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if formula feeding) and condition of mouth
* SVD	11/7/13	Pink alert good muscle tone Fontanelle NAD	Both clear	Mouth moist intact Breast
Temperature 36.9 °C Route Axilla				
1 SVD	12/7/13	Alert Pink Good tone Fontanelle	clear	Now bottlefeeding 20mls taken Encouraged 20-30mls Mouth moist + clean
Temperature cosy °C Route				
2	13/7/13	Sleeping - not disturbed. Stacey has no concerns.		
Temperature °C Route				
3	14/7/13	Pink Alert	clear + bright	Formula - feeds increasing
Temperature cosy °C Route				

Breast feeding assessment form

If any responses in the right hand column are ticked: watch a full breastfeed, develop an action plan including revisiting positioning and attachment and/or refer to specialist practitioner. Any additional concerns should be followed up as needed.

What to observe /ask about	Answer indicating effective feeding	✓	Answer suggestive of a problem	✓
Urine output	At least 5-6 heavy wet nappies in 24 hours*		Fewer than 5-6 wet nappies in 24 hours, or nappies that do not feel heavy*	
Appearance and frequency of stools	2 or more in 24 hours; normal appearance (i.e. at least £2 coin size, yellow, soft/runny)*		Fewer than 2 in 24 hours or abnormal appearance*	
Baby's colour, alertness and tone	Normal skin colour; alert; good tone		Jaundiced worsening or not improving; baby lethargic, not waking to feed; poor tone	
Weight (following initial post-birth loss)	If re-weighed not lost more than 10% of birth weight – see Weight Guidelines		Weight loss greater than 10%	
Number of feeds in last 24 hours	At least 8 feeds in a 24 hour period*		Fewer than 8 feeds in last 24 hours*	
Baby's behaviour during feeds	Generally calm and relaxed		Baby comes on and off the breast frequently during the feed, or refuses to breastfeed	
Sucking pattern during feed	Initial rapid sucks changing to slower sucks with pauses and soft swallowing*		No change in sucking pattern, or noisy feeding (e.g. clicking)*	

Your baby's care (continued)

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode

Discharge of baby from midwifery care

Date 21/7/13 Baby's age 10 days Assessed by L. McMillan SM

Weight chart

Postnatal day	Date	Time	Weight: g	Details: including percentage of birth weight lost
*			2610g	
5	16/7/13	1600	2530g	↓80g
10	21/7/13	12[30]	2700g	↑170g

Vitamin K

Vitamin K ☑ IM ☐ Oral ☐ Declined

Oral vitamin K – professional or parent administration

Repeat oral doses given on .../.../... By ..... ☐ Declined

.../.../... By ..... ☐ Declined

Feeding

☐ Breast ☑ Formula ☐ Mixed ☐ Supplementary feeds given

Details .....

Vaccinations

BCG vaccination needed ☑ No ☐ Yes BCG given on .../.../...

Hepatitis B vaccination needed ☑ No ☐ Yes Hepatitis B vaccination given on .../.../...

Hepatitis B Immunoglobulin ☑ No ☐ Yes Hepatitis B Immunoglobulin given on .../.../...

Further information on immunisations is available at www.immunisationscotland.org.uk

Screening

Newborn Blood Spot Screening done on 16/7/13 By SSemple ☐ Declined

Newborn hearing screening done on 12/7/13 By ..... ☐ Declined

Any significant risk/diagnosis of a haemoglobinopathy should be written on the comment section of the Newborn Blood Spot card

Any problems identified

Jaundice ☑ No ☐ Yes ☐ SBR taken Highest SBR .....

Other .....

Protect Your Baby's Natural Head Shape Leaflet Discussed ☐ No ☐ Yes see www.scotland.gov.uk

Hand over to health visitor/public health nurse complete ☐ No ☐ Yes

Hand overover to other named person i.e. GIRFEC lead ☐ No ☐ Yes

Follow-up appointments required ☑ No ☐ Yes Details .....

Provide details of follow up required, who to and why

Other .....

Signed: ..... Date .../.../...

Oral Health

It is recommended that you register your baby with a dentist around the age of 6 months. Many dentists participate in the Childsmile Programme. More information is available at www.child-smile.org.uk

Consent for Newborn Blood Spot Screening

I have received and read the information leaflet "Your guide to newborn screening tests" 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 healthcare professionals.

Note to healthcare professional – all relevant information needs to be recorded on the Newborn Blood Spot Card

Baby's Name Bentley Grant Date of birth 11/7/13

CHI Number 1107130352

☑ **I wish** ☐ **I do not wish** my baby to be tested for Phenylketonuria

☑ **I wish** ☐ **I do not wish** my baby to be tested for Congenital Hypothyroidism

☑ **I wish** ☐ **I do not wish** my baby to be tested for Cystic Fibrosis

☑ **I wish** ☐ **I do not wish** my baby to be tested for Sickle Cell Disorders

☑ **I wish** ☐ **I do not wish** my baby to be tested for MCADD

☐ **I wish** ☐ **I do not wish** my baby to be tested for .....

☐ **I wish** ☐ **I do not wish** my baby to be tested for .....

I understand that the Newborn Blood Spot Screening Programme needs to obtain my permission to store the newborn blood spot card beyond the initial 12 month testing period and to use any of the blood spots left over after testing is complete for anonymised research, such as the development of new screening tests. If any research was proposed in which the researcher would be able to identify me or my baby, a member of staff from the Newborn Blood Spot Screening Programme would always contact me again to seek my approval.

☑ **I agree** ☐ **I do not agree** for the storage of my baby's blood spot sample beyond the initial 12 month testing period.

☑ **I agree** ☐ **I do not agree** to the use of any left over blood spots for anonymised research

Signature: SEMJ **(Parent) Date** 16/7/13.

Signature: Semple **(Witness: Health professional)**

Designation: MCA **Date** 16/7/13

Consent for Newborn hearing screening

I have received and read the information leaflet "Your guide to newborn screening tests" and have had an opportunity to discuss the newborn hearing screening 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 healthcare professionals. I also understand that even with a clear response from the screen, my baby could have a later hearing loss.

☐ **I wish** my baby to have a hearing test ☐ **I do not wish** my baby to have a hearing test

Signature: ..... **(Parent) Date** .../.../...

Signature: ..... **(Witness: Health professional)**

Designation: ..... **Date** .../.../...

Please complete the "Whose Signature" page at the back of this record

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal summary

Discharged from .....

Place of birth Home/Hospital/CMU circle as appropriate

To (address) ..... ✆ .....

GP ..... at ..... ✆ .....

Obstetrician ..... Midwife ..... Paediatrician .....

GIRFEC lead professional if relevant e.g. Social Worker .....

Named Caseload Holder as per KCND Pathways .....

Labour, birth and postnatal period

Onset of labour ☑ Spontaneous ☐ Induced: indication .....

Mode of delivery SVD on THURS day 11/7/13 at 10:15 Sex MALE

Indication ..... Presentation CEPH Location .....

Gestation 37+3 Birthweight 2610 g

APGARs ☑ 1 minute ☐ 5 minutes ☒ 10 minutes .....

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

Baby

CHI .....

Discharged home with mother: No ☐ Yes ☐

Feeding: type/comments

BREAST

OFC ..... cm Discharge Weight ..... g

Follow-up required ☐ No ☐ Yes: details .....

Admitted to neonatal unit ☐ No ☐ Yes: details .....

Discharge medication .....

Further details, including problems identified/referrals, investigations or results pending: .....

Signature: ..... **Designation** .....

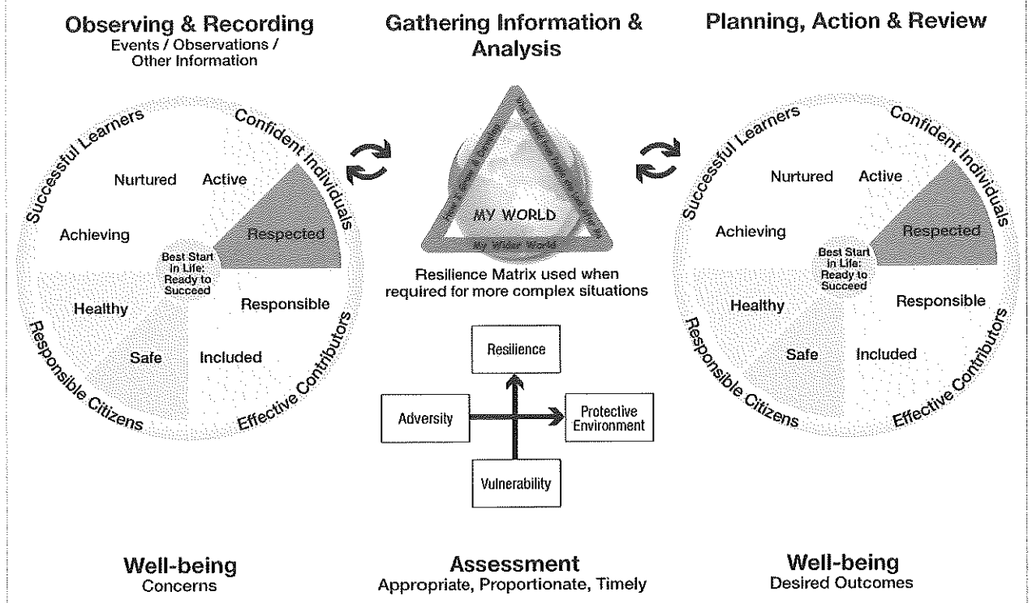
Please complete the "Whose Signature" page at the back of this record

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
C LAFFERTY	C Lafferty	Midwife
SARAH BOWIE	S Bowie	midwife
A. RUSSELL		MW
S BOYLE	S B	MW
IONA DUCKETT	Iona Duckett	midwife
SARAH SEMPLE		MCN
JILLIAN McMILLAN	J. McMillan	MIDWIFE

The National Practice Model



Version 6

NHS SCOTLAND

Baby Record -
Midwifery Care

Confidential

PLEASE USE BLACK INK

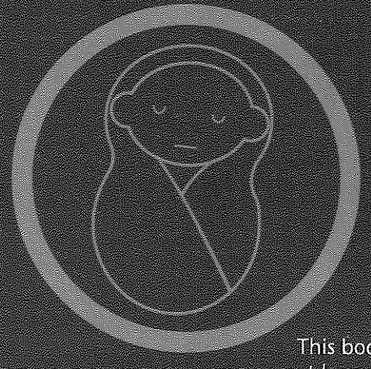
BABY'S LABEL
Insert Name and CHI

ELLIS
STACEY
23 SEAGATE
MONTROSE

2804880060
F

DD10 8BA

Annat Bank Practice, Links Health Cent



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

This booklet will document the care given to your baby in the first days in hospital and at home. When you and your baby are discharged from community midwifery care, the booklet will be returned to the baby's hospital medical record.

SWHMR reviewed by Healthcare Improvement Scotland 2011

THB 024SS

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD
(3 WEEK RECORD)

NHS Tayside

DATE OF ADMISSION _____ RECORD START DATE 11/7/13

Hospital /Ward: [illegible]	Patient N ELLIS 2804880060
Consultant: P Lynch	STACEY F
	CHI numt 23 SEAGATE
On admission:	MONTROSE
Weight: Height:	DD10 8BA
	Date of Bi
	Annat Bank Practice, Links Health Cent
	(Attach pı

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

MEDICINE ALLERGIES/ SENSITIVITIES

IF NIL KNOWN TICK HERE THEN DATE & SIGN ☑ [signature]

1. LATEX	2.	3.	4.

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By

OTHER MEDICINE CHARTS IN USE

Chart Type	Signed		Signed
1. Insulin		4. Anticoagulant	
2. Epidural / Pain relief		5. Mental Health Act	
3. Fluid		6. Other	

THB

REGULAR THERAPY

		Date	11	12																					
		Time	7 13	7 13																					
OXYGEN Target O_2 Saturation 88 – 92% 94 – 98% Signature / Start Date	Continuous/ PRN	6																							
		8																							
		12																							
		14																							
		18																							
		22																							
THROMBOPROPHYLAXIS Dalteparin S Cut injection / TEDS / None **Dose** 2500units 5000units Signature / Start Date		6																							
		8																							
		12																							
		14																							
		18																							
		22																							
Ferrous fumarate 210 mg ORAL MJ 3 11/9/17		6																							
		8		(2)																					
		12																							
		14		SLW																					
		18																							
		22		AM																					
		6																							
		8																							
		12																							
		14																							
		18																							
		22																							
		6																							
		8																							
		12																							
		14																							
		18																							
		22																							

DRUG DOSAGE CALCULATIONS

AS REQUIRED THERAPY

Medicine / Form		Date	11/7/13	11/7/13							
Symptomatic Relief		Time	14	2230							
Dose & Frequency	Route	Dose	1x1 q 1x1 q								
Signature	Start Date	Route	oral	ORAL							
Indication / Notes	Pharmacy	Initials	JL	AK							

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
Signature	Start Date	Route									
Indication / Notes	Pharmacy	Initials									

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
Signature	Start Date	Route									
Indication / Notes	Pharmacy	Initials									

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
Signature	Start Date	Route									
Indication / Notes	Pharmacy	Initials									

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
Signature	Start Date	Route									
Indication / Notes	Pharmacy	Initials									

Medicine / Form		Date									
		Time									
Dose & Frequency	Route	Dose									
Signature	Start Date	Route									
Indication / Notes	Pharmacy	Initials									

DAILY IV FLUID PRESCRIPTION AND FLUID BALANCE CHART

Date 1.X.7.13

For Incompatibilities and Rate of Flow – See Overleaf

Ward/Clinic/Hosp. .....

Surname .. ELLIS

First Name STACEY

Address ... 23 SEAGATE MONTROSE

G.P. & Addr Annat Bank Practice, Links Health Cent

2804880060

F

DD10 8BA

Cons. .....

Y Y C.H.I. No. .....

M. State .....

Sex .....

USE BLOCK LETTERS OR PATIENT LABEL

Bottle No.	FLUID TYPE	FLUID Amount ml.	Rate of Flow per hour ml/hr	Batch No.	ADDITIONS (Sign here if Drugs added subsequently)	Use 24hr Clock Start	Use 24hr Clock Finish	Prescribed by (Doctors Signature) / Administered by (Signature)

THIS CHART MAY BE DESTROYED ON DISCHARGE OF PATIENT PROVIDED NO RECORDINGS ARE MADE ABOVE THIS LI

24hr clock Time	INTAKE in ml. I.V.	INTAKE in ml. ORAL	OUTPUT in ml. Urine	Vomit	Aspirate	Fistulae	Drain	Stool	COMMENTS
1300	-		325	-					

INCOMPATIBILITIES OF DRUGS

Precautions –

Do NOT *add Drugs to the following*

AMINO ACID SOLUTIONS
LIPID EMULSIONS
MANNITOL SOLUTIONS – *check solution has not crystallised*
WHOLE BLOOD OR BLOOD PRODUCTS

RATE OF FLOW (for 500ml)
PLEASE CONSULT OUTER COVER OF THE IV SET

POTASSIUM CHLORIDE

A standard solution of 0.3% Potassium Chloride in 5% Dextrose solution or 0.9% Sodium Chloride solution containing 40 millimoles of K^+ *per litre is available. Normally not more than* **80 millimoles K^+ (6 grams Potassium Chloride)** *should be infused in 24 hours.*

CONSULT THE PHARMACY DEPARTMENT *about the addition of drugs to infusion solution. Remember to* **ensure good mixing** *'ter adding drugs to an infusion solution. Following the addition of a drug to an infusion fluid remember to affix a* **"Drug Additive" Label** *to the container.*
Infuse solution as soon as possible after the addition of drug(s).

ANTIBIOTICS – PREFERABLY AVOID ADMINISTRATION BY INTRAVENOUS INFUSION
To achieve Therapeutic Levels – ADMINISTER BY BOLUS INJECTION

ON OCCASIONS OF NECESSITY REFER TO TABLE BELOW OR SEEK ADDITIONAL INFORMATION

CEPHALORIDINE	TETRACYCLINES, ERYTHROMYCIN *incompatible*
ERYTHROMYCIN LACTOBIONATE	*Should only be added to IV Fluids after reconstitution with water for injection* **(See package insert for full details)** NO *other drugs to be added to infusion*
GENTAMICIN	**Do not add to Infusion Fluids.** *Give as a bolus injection*
HEPARIN	*Add* **preferably** *to* SODIUM CHLORIDE 0.9% *Solution* ANTIBIOTICS, HYDROCORTISONE *incompatible*
HYDROCORTISONES *e.g. Sodium Phosphate* *Sodium Succinate preparations*	ANTIBIOTICS, HEPARIN *incompatible*
PENICILLINS *e.g. Ampicillin* *Benzylpenicillin*	*Add* **only** *to* **Sodium Chloride 0.9%** *Prepare immediately before administration.* **Infuse within 4 hours. Do not mix with other drugs.**
TETRACYCLINES	NO *other drugs to be added to infusion.* *Do* NOT *add to solutions containing* **Calcium.**

FILE IN NOTES

ANAESTHETIC RECORD
NHS TAYSIDE

Date: ..... Ward: .....

Theatre: .....

Operation Proposed: .....

.....

Ward / Clinic / Hospital ..... Cons.

D D M M Y Y C.H.I. No.
2 8 0 4 8 6 0 6 0

Surname ELLIS

First Name STACEY M. State

Address ..... Sex

.....

GP & Address (GP Requests Only)

USE BLOCK LETTERS OR PATIENT LABEL

PRE OP ASSESSMENT

By: SHAW Site: ..... Date: 10/04/13.

Elective ☐ Scheduled ☐ Urgent ☑ Emergency ☐

Weight/BMI: 46.5 156 Pulse: ..... Blood Pressure: .....

CVS/RS:
Previously fit + well
○ Asthma
○ CVS Disease

Other:
○ GORD
○ DM.

Airway Assessment:
Mal II
Good MO
Good Jaw thrust

Recurrent APH's

FBC 15/05/13
Hb 11.0
Plt 299
WCC 14.2

U&E

Other

G&S / XMATCH (Y / N) 05/05/13.

Units .....

ECG / CXR

ASA Grade: II

PONV Score:

Consent for Operation ☐ .....

Drugs:
Nil

Allergies:
LATEX.

DVT Prophylaxis? YES / NO Method: .....

Anaesthetic Plan / Techniques discussed:

PREMEDICATION AND INSTRUCTIONS:

Date	Drug and Dose	Form	Route	Time	Signature	Given By	Time

Give routine medications EXCEPT: ..... Premed Effect: .....

Fast as per protocol ☐ **OR** fast solids from ..... fluids from .....

PERSONNEL

Anaesthetist and Grade

1.

2.

Assistant:

Consultant: .....

Informed Y / N

ANAESTHETIC TECHNIQUE:

INJECTION SITE:

DRUGS & DOSES:

EQUIPMENT CHECKS: Circuit, Machine & Monitor

Anaesthetic Room ☐ Theatre ☐

AIRWAY AND BREATHING SYSTEM:

Facemask ☐ SV ☐ Circuit ———

Airway - Oral/Nasal ☐ IPPV ☐ Ventilator ———

LMA/OETT/NETT/Trache Ventilation Mode: VC/PCV

Type ——— V_T ——— PEEP ———

Size ——— frequency ——— P_{AW} ———

Laryngoscopy Grade: ——— Throat Pack ☐ HME ☐

REGIONAL:

BLOCK:

POSITION:

SITE:

NEEDLE/CATH:

TECHNIQUE:

DRUGS:

MONITORING:

ECG	☐	PNS	☐
NIBP	☐	TEMP	☐
SpO_2	☐	URINE	☐
$ETCO_2$	☐	IABP	———
F_IO_2	☐	CVP	———
ET Agent	☐	PAWP	———
VENT ALARM	☐	ODM	———
PAW	☐	Other	———
MIN VOL	☐	Other	———

EVENTS:

1

2

3

4

5

6

7

8

9

10

Patient Position & Protection:

Fluid Warmer:

Warming Blanket:

I.V. FLUIDS

	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	
TIME																			
Events																			
TEMP °C 220																			220
210																			210
200																			200
190																			190
180																			180
170																			170
160																			160
150																			150
140																			140
130																			130
120																			120
110																			110
100																			100
90																			90
80																			80
70																			70
60																			60
50																			50
40																			40
30																			30
20																			20
10																			10
SpO_2																			SpO_2
F_IO_2																			Pain
E_TCO_2																			Sedation
Agent																			Nausea
CVP																			
Urine																			
FLUIDS																			

Maternity Theatre

Patient Care Plan
&
Documentation

NAME	ELLIS	2804880060	**PREFERRED TITLE**
IDENTITY NO.	STACEY	F	**WARD**
	23 SEAGATE		**DATE**
	MONTROSE	DD10 8BA	**ANAESTHETIST**
PAST MEDICAL HIST	Annat Bank Practice, Links Health Cent		**SURGEON**
			PROPOSED SURGERY
BASELINE TPR			

ANAESTHETIC ROOM PRE. OP. CHECKLIST	WARD NURSE	ANAESTHETIC NURSE	COMMENTS
IS IDENTITY BAND IN PLACE & CORRECT.			
DOES PATIENT IDENTITY CORRESPOND WITH LIST.	N/A.		
WHEN WAS THE LAST TIME PATIENT ATE OR DRANK.	17⁰⁰ 10/7/13		
IS THE CONSENT FORM SIGNED AND CORRECT.	✓ MS.		
DOES THE PATIENT HAVE ANY ALLERGIES.			
HAS THE PATIENT EMPTIED HER BLADDER.	✓ MS		
MAKE-UP, JEWELLERY, UNDERWEAR REMOVED	✓ Removed (MS) (Owned)		
ANY DENTURES, LOOSE TEETH, CAPS/CROWNS.			
CASENOTES, KARDEX, - X-RAYS AVAILABLE.	✓ MS.		
HAS RANITIDINE BEEN GIVEN.			
HAS SODIUM CITRATE BEEN GIVEN.			
ARE INHALERS ACCOMPANYING PATIENT.			
BLOOD CROSS MATCHED.			

I.V. CANNULA SITE SIZE I.V. COMMENCED

ANAESTHETIC DETAILS	**MONITORING**
GENERAL ANAESTHESIA – FACE MASK	ECG BP PULSE OXIMETER
LARYNGEAL MASK	
ET TUBE	Capnograph Temperature Probe
Throat Spray / Packed	
gional Spinal Epidural	Arterial Line CVP
Top-Up	
Sedation	
0^2 Mask/Nasal Cannula	NG Tube
CONTROLLING BODY TEMPERATURE	**SAFE PERIOPERATIVE PATIENT TRANSFER**
Fluid Warmer	Arms and legs protected
Bair Hugger	Minimum of four lifting patient
Space Blanket	Head well supported
Theatre temperature ↑↓	Bed/trolley brakes applied
ANAESTHETIC NURSE / ODA REPORT	
SIGNATURE	

THEATRE POSITION FOR SURGERY		PROTECTING SOFT TISSUES
Supine	Lithotomy	Gamgee – Elbows: Heels: Calves
Trendelenburg	Lloyd Davies	Jelly Pads – Heels : Stirrups
Right Arm Position -		
Left Arm Position -		Eyes – Taped Closed / Padded
Wedge Used YES / NO		
DIATHERMY		**SWAB PACK NEEDLE & INSTRUMENT COUNT**
None used		
Monopolar / Bipolar		Correct YES /NO
Electrode Site -		If Incorrect – Action taken
Skin check -		
Skin condition Post-Op		

Wound drains – redivac / silicone	Blood loss mls.
Urinary Catheter	Specimens
Dressing used -	
Infiltration of Wound	Amount used mls.
Suppository given YES / NO Voltarol / Paracetamol	
Epidural Catheter Removed YES / NO	

SCRUB NURSE REPORT	
SCRUB NURSE SIGNED	: CIRCULATING SIGNED :

NURSING CARE PLAN

PROBLEM	ACTION	EVALUATION
USE CONTINUATION SHEET IF NEEDED		

RECOVERY ROOM

TIME INTO RECOVERY OXYGEN @ LITRES

CONSCIOUS LEVEL 1-3	5	10	15	20	25	30	35	40	45	50	55	60
1. UNCONSCIOUS												
2. ASLEEP / ROUSABLE												
3. AWAKE /ORIENTATED												

OXYGEN SATURATION												
PULSE												
RESPIRATIONS												
BLOOD PRESSURE												

PAIN SCORE 0-3

0 COMFORTABLE												
1. MILD PAIN												
2. MODERATE PAIN												
3. SEVERE PAIN												

NAUSEA/VOMITING MILD MODERATE SEVERE ANTI-EMETIC GIVEN – YES / NO

VAG PACK IN-SITU TIME TO BE REMOVED

DRAIN CHECK – MARK BOTTLE……..MLS. FINAL CHECK……..…MLS.

WOUND / DRESSING CHECK –

URINE OUTPUT TO BE MEASURED - HOURLY 4 HOURLY

I.V. INFUSION SYNTOCINON

T NAL / EPIDURAL BLOCK ASSESS LEVEL –

SPINAL OPIOIDS GIVEN YES / NO IF YES, REFER TO OPIOID CHART

BM STIX :- TEMPERATURE :

RECOVERY NURSE REPORT

SIGNATURE -

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**23, Seagate, Montrose, DD10 8BA**	Sex	**Female**	GP	**Rc Cranswick Annet Bank Practice Links Health Centre Marine Avenue Montrose DD10 8QN**
		Hospital Number	**2804880060**		
		Midwife	**Mrs Phyllis Winters**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Beata Kamusella**	Telephone	

MOTHER'S DISCHARGE SUMMARY (Printed 12 July 2013)

Social history	**Single**	Obstetric History	
Smoking Status	**at booking Smoker at delivery**	Onset	**Spontaneous**
Augmentation	**None**	Membrane To Birth	**58:45**
Delivery (most significant method)	**Spontaneous - Vertex**	First Stage	**03:10**
		Second Stage	**00:10**
Intrapartum Problems	**No**		
Third Stage Management	**Controlled Cord Traction Primary Oxytocic :** Syntometrine i/m.	Third Stage	**00:05**
Tubal Ligation	**No**		
Pain Relief	**Labour:** Self Administered Inhalation		
Pla a	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**	Postpartum Problems	**No**
Perineum	**No damage recorded**		

Livebirth Baby: 1 10:15 Thursday 11 July 2013

Baby	**Baby Ellis (Male)**	Other number		**Livebirth at 37 weeks**
Birth Order	**1 of 1**	Hospital Number	**1107130352**	**2610 grams**

Blood Group	**Not Known**	Rhesus Group	**Not Known**
Mother's HB	**Not Recorded**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Artificial**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharge Examination	**12/7/2013 at 10:00 from Ward 38, with baby**	Postnatal Stay	**Not Recorded**
Family Planning	**Discussed, Planned method Undecided**		
Postr ' Smear	**Not required**		
Medi. .on	**Iron**		
Follow Up	**Postnatal check at Health Centre/Surgery.**		
Recommendation	**Yes, Discharged home day 1 svd. Appears well at time of discharge. Home on iron- hb**		
Discharged To	**Not Recorded**		

ASSESSED FIT FOR DISCHARGE Name: **Susan Bertenshaw** Status: **Hospital Midwife** Signed: Date: 12/7/13

Tayside University Hospitals NHS Trust - PRI MATERNITY UNIT

Baby	**Baby Ellis**	Other number		Date of Birth	**11/7/2013**
Address	**23, Seagate, Montrose, DD10 8BA**	Sex	**Male**	GP	**Rc Cranswick Annet Bank Practice Links Health Centre Marine Avenue Montrose DD10 8QN**
		Hospital Number	**1107130352**		
		Birth Order	**1 of 1**		
		Midwife	**Mrs Phyllis Winters**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Beata Kamusella**	Telephone	

BABY'S DISCHARGE SUMMARY (Printed 12 July 2013)

Weight	**2610 grams**	Sex	**Male**
Delivery Indication	**Spontaneous - Vertex**	Birth Order	**1 of 1**
Gestation	**37 weeks**	Paediatric Estimate	**Same**
Method of Resuscitation	**None**	Spont. respiration	**Within one minute**
Drugs Administered	**Not administered**		
Apgar Scores	**6 at 1 min, 7 at 5 mins, 10 at 10 mins**		
Umbilical Vessels	**Normal**	Cord Round Neck	**No**
Baby's length	**48 cm**	Head Circumference	**32.2 cm**
Neo transfer at birth	**No**		

Livebirth Baby: 1 10:15 Thursday 11 July 2013

Mother	**Stacey Ellis**	Born	**28/4/1988 (25 years)**	Hospital Number	**2804880060**
Marital Status	**Single**	Social history		Smoking Status at Delivery	**Smoker**

Later Neonatal Unit Admission **No**

Examination Problems

Hip **Normal**

Jaundice	**Absent or Insignificant**		
Vitamin K given	**Intramuscular (1 mg)**	Metabolic Screen (PKU)	**Not Recorded**
Hearing test	**Normal**	Hip screening	**Normal**
Diagnosis	**1) None Recorded 2) 3)**	Abnormality	**1) None Recorded 2) 3)**
Discharge Weight	**Not Recorded**	Weight Change	**Not calculated**
Method of feeding	**Artificial**	Feeding pattern	**Regular**
Feeding problems	**None Recorded**		
Urine passed	**Yes**	Bowels opened	**Yes, Meconium**
Sex	**Normal**	Umbilicus	**Cord attached**
Problems			
Discharge plan	**Not discharged - Document prepared on 12/07/2013**		
Follow up arrangements	**Not required**		
Referrals	**None Recorded**		
Recommendations	**Yes, Discharged home with mum. Appears well at tiem of discharge.**		

Discharge Assessment completed by (sign)..... Status..MW.. Date..12/7/13

FOR

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**23, Seagate, Montrose, DD10 8BA**	Sex	**Female**	GP	**Rc Cranswick Annet Bank Practice Links Health Centre Marine Avenue Montrose DD10 8QN**
		Hospital Number	**2804880060**		
		Midwife	**Mrs Phyllis Winters**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Beata Kamusella**	Telephone	

MOTHER'S DISCHARGE SUMMARY (Printed 12 July 2013)

Social history	**Single**	Obstetric History	
Smoking Status	**at booking Smoker at delivery**	Onset	**Spontaneous**
Augmentation	**None**	Membrane To Birth	**58:45**
Delivery (most significant method)	**Spontaneous - Vertex**	First Stage	**03:10**
		Second Stage	**00:10**
Intrapartum Problems	**No**		
Third Stage Management	**Controlled Cord Traction Primary Oxytocic :** Syntometrine i/m.	Third Stage	**00:05**
Tubal Ligation	**No**		
Pain Relief	**Labour:** Self Administered Inhalation		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**	Postpartum Problems	**No**
Perineum	**No damage recorded**		

Livebirth Baby: 1 10:15 Thursday 11 July 2013

Baby	**Baby Ellis (Male)**	Other number			**Livebirth at 37 weeks**
Birth Order	**1 of 1**	Hospital Number	**1107130352**		**2610 grams**

Blood Group	**Not Known**	Rhesus Group	**Not Known**
Mother's HB	**Not Recorded**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Artificial**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharge Examination	**12/7/2013 at 10:00 from Ward 38, with baby**	Postnatal Stay	**Not Recorded**
Family Planning	**Discussed, Planned method Undecided**		
Postnatal Smear	**Not required**		
Medication	**Iron**		
Follow Up	**Postnatal check at Health Centre/Surgery.**		
Recommendation	**Yes, Discharged home day 1 svd. Appears well at time of discharge. Home on iron- hb**		
Discharged To	**Not Recorded**		

ASSESSED FIT FOR DISCHARGE Name: **Susan Bertenshaw** Status: **Hospital Midwife** Signed: Date: 12/7/13

Tayside University Hospitals NHS Trust - PRI MATERNITY UNIT

Baby	**Baby Ellis**	Other number		Date of Birth	**11/7/2013**
Address	**23, Seagate, Montrose, DD10 8BA**	Sex	**Male**	GP	**Rc Cranswick Annet Bank Practice Links Health Centre Marine Avenue Montrose DD10 8QN**
		Hospital Number	**1107130352**		
		Birth Order	**1 of 1**		
		Midwife	**Mrs Phyllis Winters**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Beata Kamusella**	Telephone	

BABY'S DISCHARGE SUMMARY (Printed 12 July 2013)

Weight	**2610 grams**	Sex	**Male**
Delivery	**Spontaneous - Vertex**	Birth Order	**1 of 1**
Indication			
Gestation	**37 weeks**	Paediatric Estimate	**Same**
Method of Resuscitation	**None**	Spont. respiration	**Within one minute**
Drugs Administered	**Not administered**		
Apgar Scores	**6 at 1 min, 7 at 5 mins, 10 at 10 mins**		
Umbilical Vessels	**Normal**	Cord Round Neck	**No**
Baby Length	**48 cm**	Head Circumference	**32.2 cm**
Neonatal transfer at birth	**No**		

Livebirth Baby: 1 10:15 Thursday 11 July 2013

Mother	**Stacey Ellis**	Born	**28/4/1988 (25 years)**	Hospital Number	**2804880060**
Marital Status	**Single**	Social history		Smoking Status at Delivery	**Smoker**

Later Neonatal Unit Admission **No**

Examination Problems

Hip **Normal**

Jaundice	**Absent or Insignificant**		
Vitamin K given	**Intramuscular (1 mg)**	Metabolic Screen (PKU)	**Not Recorded**
Hearing test	**Normal**	Hip screening	**Normal**
Diagnosis	**1) None Recorded**	Abnormality	**1) None Recorded**
	2)		**2)**
	3)		**3)**
Discharge Weight	**Not Recorded**	Weight Change	**Not calculated**
Method of feeding	**Artificial**	Feeding pattern	**Regular**
Feeding problems	**None Recorded**		
Urine passed	**Yes**	Bowels opened	**Yes, Meconium**
Eyes	**Normal**	Umbilicus	**Cord attached**
Problems			

Discharge plan **Not discharged - Document prepared on 12/07/2013**

Follow up arrangements **Not required**

Referrals **None Recorded**

Recommendations **Yes, Discharged home with mum. Appears well at tiem of discharge.**

Discharge Assessment completed by (sign)..... Status N Date 12/7/13

COPY FOR

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**23, Seagate, Montrose, DD10 8BA**	Sex	**Female**	GP	**Rc Cranswick Annet Bank Practice Links Health Centre Marine Avenue Montrose DD10 8QN**
		Hospital Number	**2804880060**		
		Midwife	**Mrs Phyllis Winters**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Beata Kamusella**	Telephone	

MOTHER'S DISCHARGE SUMMARY (Printed 12 July 2013)

Social history	**Single**	Obstetric History	
Smoking Status	**at booking Smoker at delivery**	Onset	**Spontaneous**
Augmentation	**None**	Membrane To Birth	**58:45**
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Third Stage Management	**Controlled Cord Traction Primary Oxytocic : Syntometrine i/m.**	Third Stage	**00:05**
Tubal Ligation	**No**		
Pain Relief	**Labour:** Self Administered Inhalation		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**	Postpartum Problems	**No**
Perineum	**No damage recorded**		

Livebirth Baby: 1 10:15 Thursday 11 July 2013

Baby	**Baby Ellis (Male)**	Other number			**Livebirth at 37 weeks**
Birth Order	**1 of 1**	Hospital Number	**1107130352**		**2610 grams**

Blood Group	**Not Known**	Rhesus Group	**Not Known**
Mother's HB	**Not Recorded**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Artificial**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharge Examination	**12/7/2013 at 10:00 from Ward 38, with baby**	Postnatal Stay	**Not Recorded**
Family Planning	**Discussed, Planned method Undecided**		
Postnatal Smear	**Not required**		
Medication	**Iron**		
Follow Up	**Postnatal check at Health Centre/Surgery.**		
Recommendation	**Yes, Discharged home day 1 svd. Appears well at time of discharge. Home on iron- hb**		
Discharged To	**Not Recorded**		

ASSESSED FIT FOR DISCHARGE Name: **Susan Bertenshaw** Status: **Hospital Midwife** Signed: Date: 12/7/13

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**23, Seagate, Montrose, DD10 8BA**	Sex	**Female**	GP	**Rc Cranswick Annet Bank Practice Links Health Centre Marine Avenue Montrose DD10 8QN**
		Hospital Number	**2804880060**		
		Midwife	**Mrs Phyllis Winters**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Beata Kamusella**	Telephone	

MOTHER'S DISCHARGE SUMMARY (Printed 12 July 2013)

Social history	**Single**	Obstetric History	
Smoking Status	**at booking Smoker at delivery**	Onset	**Spontaneous**
Augmentation	**None**	Membrane To Birth	**58:45**
Delivery (most significant method)	**Spontaneous - Vertex**	First Stage	**03:10**
		Second Stage	**00:10**
Intrapartum Problems	**No**		
Third Stage Management	**Controlled Cord Traction Primary Oxytocic : Syntometrine i/m.**	Third Stage	**00:05**
Tubal Ligation	**No**		
Pain Relief	**Labour:** Self Administered Inhalation		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**	Postpartum Problems	**No**
Perineum	**No damage recorded**		

Livebirth Baby: 1 10:15 Thursday 11 July 2013

Baby	**Baby Ellis (Male)**	Other number	**Livebirth at 37 weeks**
Birth Order	**1 of 1**	Hospital Number **1107130352**	**2610 grams**

Blood Group	**Not Known**	Rhesus Group	**Not Known**
Mother's HB	**Not Recorded**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Artificial**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharge Examination	**12/7/2013 at 10:00 from Ward 38, with baby**	Postnatal Stay	**Not Recorded**
Family Planning	**Discussed, Planned method Undecided**		
Postnatal Smear	**Not required**		
Medication	**Iron**		
Follow Up	**Postnatal check at Health Centre/Surgery.**		
Recommendation	**Yes, Discharged home day 1 svd. Appears well at time of discharge. Home on iron- hb**		
Discharged To	**Not Recorded**		

ASSESSED FIT FOR DISCHARGE Name: **Susan Bertenshaw** Status: **Hospital Midwife** Signed: Date: 12/7/13

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

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		Hospital Number	**2804880060**		
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Augmentation	**None**	Membrane To Birth	**58:45**
Delivery (most significant method)	**Spontaneous - Vertex**	First Stage	**03:10**
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Intrapartum Problems	**No**		
Third Stage Management	**Controlled Cord Traction Primary Oxytocic** : Syntometrine i/m.	Third Stage	**00:05**
Tubal Ligation	**No**		
Pain Relief	**Labour:** Self Administered Inhalation		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**	Postpartum Problems	**No**
Perineum	**No damage recorded**		

Livebirth Baby: 1 10:15 Thursday 11 July 2013

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Mother's HB	**Not Recorded**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Artificial**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharge Examination	**12/7/2013 at 10:00 from Ward 38, with baby**	Postnatal Stay	**Not Recorded**
Family Planning	**Discussed, Planned method Undecided**		
Postnatal Smear	**Not required**		
Medication	**Iron**		
Follow Up	**Postnatal check at Health Centre/Surgery.**		
Recommendation	**Yes, Discharged home day 1 svd. Appears well at time of discharge. Home on iron- hb**		
Discharged To	**Not Recorded**		

ASSESSED FIT FOR DISCHARGE Name: **Susan Bertenshaw** Status: **Hospital Midwife** Signed: Date: 12/7/13

Tayside University Hospitals NHS Trust - PRI MATERNITY UNIT

Baby	**Baby Ellis**	Other number		Date of Birth	**11/7/2013**
Address	**23, Seagate, Montrose, DD10 8BA**	Sex	**Male**	GP	**Rc Cranswick Annet Bank Practice Links Health Centre Marine Avenue Montrose DD10 8QN**
		Hospital Number	**1107130352**		
		Birth Order	**1 of 1**		
		Midwife	**Mrs Phyllis Winters**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Beata Kamusella**	Telephone	

BABY'S DISCHARGE SUMMARY (Printed 12 July 2013)

Weight	**2610 grams**	Sex	**Male**
Delivery	**Spontaneous - Vertex**	Birth Order	**1 of 1**
Indication			
Gestation	**37 weeks**	Paediatric Estimate	**Same**
Method of Resuscitation	**None**	Spont. respiration	**Within one minute**
Drugs Administered	**Not administered**		
Apgar Scores	**6 at 1 min, 7 at 5 mins, 10 at 10 mins**		
Umbilical Vessels	**Normal**	Cord Round Neck	**No**
Baby Length	**48 cm**	Head Circumference	**32.2 cm**
Neon transfer at birth	**No**		

Livebirth Baby: 1 10:15 Thursday 11 July 2013

Mother	**Stacey Ellis**	Born	**28/4/1988 (25 years)**	Hospital Number	**2804880060**
Marital Status	**Single**	Social history		Smoking Status at Delivery	**Smoker**

Later Neonatal Unit Admission **No**

Examination Problems

Hip **Normal**

Jaundice	**Absent or Insignificant**		
Vitamin K given	**Intramuscular (1 mg)**	Metabolic Screen (PKU)	**Not Recorded**
Hearing test	**Normal**	Hip screening	**Normal**
Diagnosis	**1) None Recorded 2) 3)**	Abnormality	**1) None Recorded 2) 3)**
Discharge Weight	**Not Recorded**	Weight Change	**Not calculated**
Method of feeding	**Artificial**	Feeding pattern	**Regular**
Feeding problems	**None Recorded**		
Urine passed	**Yes**	Bowels opened	**Yes, Meconium**
Eyes	**Normal**	Umbilicus	**Cord attached**
Problems			

Discharge plan **Not discharged - Document prepared on 12/07/2013**

Follow up arrangements **Not required**

Referrals **None Recorded**

Recommendations **Yes, Discharged home with mum. Appears well at tiem of discharge.**

Discharge Assessment completed by (sign)..... Status..... Date..12/7/13

COPY FOR

| | | Date: | 15/5 | 16/5 | 17/5 | 17/5 | 17/5 | 17/5 | | |

Personal details

Family origin .....

Current religion or faith .....

Language used at home .....

Help needed with interpreting, communicating or advocacy No ☐ Yes ☐

Cultural requirements/details on the above

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Occupation .....

Provide details of social circumstances/family support. Detail any change of partner during pregnancy or the postnatal period

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Referrals

/ / To .....

/ / To .....

/ / To .....

Key professionals

Named midwife SHONA PERT.

Midwifery team MONTROSE.

Base .....

✆ .....

Obstetrician DR P. LYNCH.

Clinic .....

✆ .....

Health Visitor .....

Base .....

✆ .....

Social Worker .....

Base .....

✆ .....

Health status

Specific dietary needs No ☐ Yes ☐

Smoking status .....

At risk of passive smoking No ☐ Yes ☐

Problem alcohol use No ☐ Yes ☐

Problem drug use No ☐ Yes ☐

Details of any of the above

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Domestic Abuse/Routine Enquiry

Seen alone at booking No ☑ Yes ☐

Routine enquiry question asked No ☑ Yes ☐

If not asked, document reason why

.....

.....

Abuse disclosed No ☐ Yes ☐

Current ☐ Past ☐

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

If domestic abuse disclosed remember to tick the box in the women held record referring midwives back to summary record (box in special features area).

Comments

.....

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Child protection

Issue raised on / /

Comments

.....

.....

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

General Practitioner .....

Base .....

✆ .....

Practice code .....

Other .....

Designation .....

Base .....

✆ .....

Other .....

Designation .....

Base .....

✆ .....

Chronology of Significant Events

Please detail below the strengths, assets and challenges faced by women and their families throughout pregnancy, birth and the post-natal period.

The chronology should contain:

- The date and time
- A brief description of the event
- Cross-reference to other records e.g. computerised records
- Each entry must be signed

Date/ Time	Event	Action/Outcome	Signature

Planned place of birth and Pathway for antenatal care red or green

GREEN

Lead professional S/M SHONA PERT

Designation .....

Change(s) to Planned place of birth and Pathway for antenatal care red or green

Reason .....

Signed .....

Booking completed by S/M SPert Print S. PERT Designation S/M.

Date 14/1/13 Gestation 12 weeks Location Montrose Matty.

Date	Gestation	BP	Urinalysis	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry. Please use 24 hour clock				
14/1/13	12			Booking completed. Scan = 12 wks
				FH✓ FMV. Does not wish NIT screen
				20 week scan at N/wells. S/M SPert.
4/3/13	19+2	100/52		Abdo pain. ? Ligament. Not sore on
				palpation. Obs all normal. FHH.
				Seeing PL on 6/3/13 JGabrelli
9/4/13	24+2	110/60	leucocytes + +	24 wks. Well although feels discomfort
			nitrates ++	and has dysuria and some lower pain
				discomfort. Has fibroid in fundus
				and low lying placenta at 20 wk
				scan. TCA 4/52. S/M SPert.
				Surgery faxed for antibiotics for UTI.
16/4/13	25+			In ? SAM
				Speculum - no evidence HVS obtained
				L. McMillan

| | | Date: | 15/5 | 16/5 | 17/5 | 17/5 | 1/6/13 | | |

NHS Tayside

Maternity Early Warning Chart

Stacey Ellis
2804880060
Patient Sticker

Parity: 2/0

EDD: 29/7/13.

Date: 15/5/13

Chart No.: (1)

Contact Doctor For Early Intervention If Patient Triggers One Red Or Two Yellow Scores At Any One Time

Scoring References

Pain Score

0 No pain at rest, not aware of contractions
No pain on movement

1 No pain at rest, aware of contractions
Slight pain on movement

2 Intermittent pain on rest,
Mild/moderate painful contractions
Moderate pain on movement

3 Continuous pain at rest,
Severe painful contractions
Severe pain on movement

Motor Block

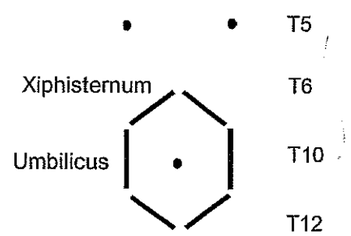
0 No paralysis, full flexion hips, knee & ankle

1 Unable to raise extended leg but able to flex knee

2 Unable to flex knee but able to flex ankle

3 Inability to move knee & ankle

Sensory Height



EPIDURAL COMMENCED ON

..... / ..... / ..... AT ..... : ..... HRS

PCEA:
Local anaesthetic.....%
Opioid.....mcg/ml
Bolus.....mls Lockout.....min
Starting volume.....mls

RECORD THE FOLLOWING:

BP EVERY 5 MIN FOR 20 MIN AFTER EVERY TOP-UP.

AVPU, RESP RATE, PAIN, SENSORY AND MOTOR BLOCK HOURLY.

Signature:_____

SPINAL DIAMORPHINE 0.3MG OR EPIDURAL DIAMORPHINE 3MG GIVEN ON

..... / ..... / ..... AT ..... : ..... HRS

RECORD THE FOLLOWING:

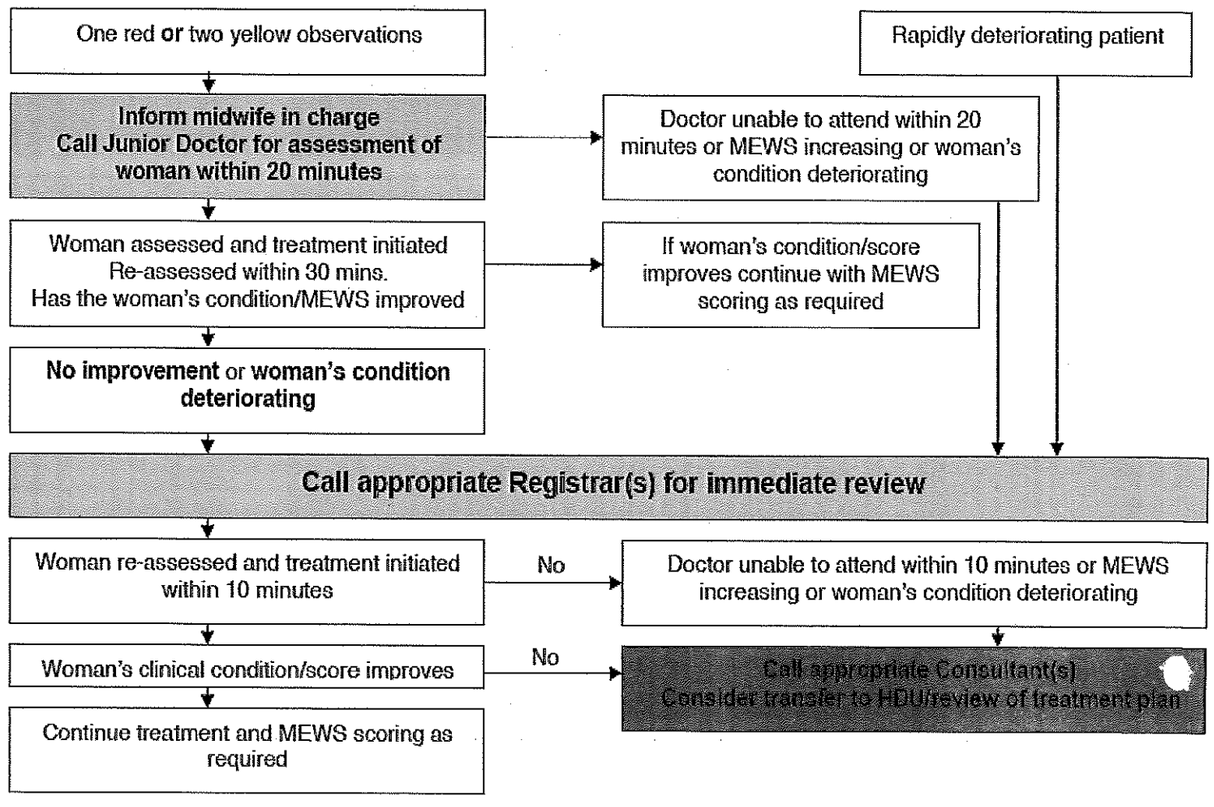
AVPU, RESP RATE, SpO2, PULSE AND BP EVERY 5 MIN FOR 30 MINS;
IF STABLE, EVERY 30 MINS FOR 2 HRS;
IF STABLE, EVERY HOUR FOR 9 HRS.

MOTOR BLOCK (UNTIL FULL RECOVERY) EVERY 15 MINS FOR 2.5 HOURS,
EVERY HOUR FOR 9 HOURS.

TEMPERATURE
EVERY 30 MINS UNTIL > OR =36 C.

Signature:_____

Date/Time	Action Taken/Comments	Signature



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Provide details of social circumstances/family support. Detail any change of partner during pregnancy or the postnatal period

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/ / To .....

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Issue raised on / /

Comments

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Base .....

✆ .....

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Designation .....

Base .....

✆ .....

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Reason .....

Signed .....

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				Seeing PL on 6/3/13 JCabrelli
8/4/13	24+2	110/60	leucocytes +++	24 wks. Well although feels discomfort
			nitrates ++	and has dysuria and some lower pain
				discomfort. Has fibroid in fundus
				and low lying placenta at 20 wk
				scan. TCA 4/52. S/M SPert.
				Surgery faxed for antibiotics for UTI.
16/4/13	25+			In ? SBM
				Speculum - no evidence HVS obtained
				L. McMillan

Date	Further information/details of maternity care
Remember to sign each entry	
3/5/13	27+4 wks. Keeping well. Urinalysis +. No urinary symptoms.
	BP 110/60. Fundal height = 24cm. FMF+ FMV.
	Continues to smoke 15-20 p/day. Growth Scan arranged.
	14/5/13 + Follow up at day care. TCA 20/5/13.
	SIM Spert.
20/5/13	30wks Well today, no concerns JCabrelli
4/6/13	32wks. Appt @ 2pm. Not able to be seen at 2pm as midwives x2 with other women. Asking why does she have to attend here as well as N/Wells. Is being seen fortnightly there for scans / clinic review. Could only offer that it was to touch base & Shona. I was finished & my lady in 10mins but Stacey not willing to wait. States she's feeling well & plenty AMF. Has an appt this coming Monday @ N/Wells. Mentioned about birthplace & Shona but said wait & know bit later & probably wait till one in. Explained I'd pass info onto Shona who may phone after N/Wells review for catch up KMcKenzie RM
9/7/13	Stacey into unit for SRM check - Hlo SRM 7 12 hours ago. Clear liquor on pad. On palpation, long, cephalic, Vx not engaged & ballotable. CTG commenced - Reassuring. Medical staff informed. Stacey to go to NWH for USS and review. Stacey disclosed child protection issues with her mother and mother's partner. Stacey does not with either of them near baby or her children. She describes mum's partner as having 'wandering hands'. Phoned Lara Matthews - Social work intake team. Mother Stacey's mum or partner are under 'alert'. I have faxed this information to Social Work - they are going to investigate. (CMcSciosci) E Mirowska MW.

Maternity Summary Record

Please use black ink

Confidential

Personal details

CHI 2804 88 0060 Age 24

Previous surname —

Likes to be called

Home ✆

Other ✆ 07840470020

Change of details

Your address

Postcode

Home ✆

Other ✆

Partner/supporter details

Please tick if emergency contact ☑

Name STEVEN GRANT

Date of Birth 15/06/85

Relationship Partner

Address AIA

Postcode

Home ✆

Other ✆

Alternative/emergency contact

Name

Relationship

Address

Postcode

Home ✆

Other ✆

Named midwife SHONA PERT

GP ANNAT BANK

Affix label here or complete by hand

Unit No

Surname/family ELLIS 2804880060

First name(s) STACEY F

Date of birth 23 SEAGATE

Address MONTROSE

DD10 8BA

Annat Bank Practice, Links Health Cent

Parity 2 + 0

Agreed EDD 29/7/13 LMP 25/10/12

Blood group O pos.

Irregular antibodies Yes ☐ No ☐

Thrombosis risk factors

☐ Previous DVT ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies LATEX.

Height 156 Weight 46.5 BMI 20

Gestation BMI calculated

Special features

H/O Depression not disclosed at booking

Fundal Fibroid

low placenta @ 20 wks.

Active 3rd Stage ✱

New partner this pregnancy.

Directions to home

	Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1	05/06/08	Ventouse	B	6lb 2oz	39+5	NWells.	
2	28/05/11	SVD	B	6lb 15oz	39+	CMU MRI.	
3							
4							
5							
6							
7							
8							

Antenatal Care

Parity	EDD Gestation	Reason for Admission	TPAR Signed
Allergies	BMI	Name band	MEWS
Analgesia	Thromboprophylaxis	Birth Preferences	Notes Available
Completed by:		Date:	Time:

Antenatal Haemoglobin Hb: Date:	Blood group: Group and Save Date:	IV Access/PVC Bundle Date: Time:
Reason for IOL	Propess	Fetal Monitoring
Completed by:	Date:	Time:

Relevant obstetric or Medical history	PROLONGED RUPTURE OF MEMBRANES
Confidential Issues	
Additional Risk Factors	
Summary of Care	
Completed by:	Date: Time:

Intrapartum Summary

Mode of Birth SVD Date & time 11/7/13 10.15.	Perineum/~~Abdominal~~ ~~wound~~ INTACT.	Estimated Blood Loss 200ML
Bladder Function PASSED VRINE	Analgesia SYMPTO RELIEF.	Postnatal Thromboprophylaxis MOBILE NAD
Weight 2610g	Konakion ADMINISTERED	Apgars 1': 1 7: 5 10: 10
Completed by: J Lafferty	Date: 11/7/13	Time: 1300

High Risk Postnatal Care (for completion by medical staff)

Sepsis Risk Other Risk Factors	Investigations Required FBC Us &Es CRP Other
Observations required – frequency BP P Temp UO	Medical Review Required When?
Medical plan written by:	Date: Time:

Discharge Information - Neonatal

Passed urine ✓ Passed meconium ✓	Infant feeding Support/Advice Bathing Demonstration ✓	Length ✓ OFC
Completed by: S Bentley	Date: 12/7/13	Time: 1130

Discharge Information - Maternal

Postnatal Haemoglobin	Anti D —	Rubella Status —
Discharge Medication IRON.	PN Hospital Appointment GP	Contraception discussed
Additional Risk factors/Summary of Care:		
Community Team Informed of Discharge: Pathway on Discharge: Red Pathway Green Pathway *(Please circle)*		
Completed by: S Bentley	Date: 12/7/13	Time: 1130

Whose Signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job Title
C LAFFERTY	C Lafferty	Midwife

NHS Tayside

Confidential

Professional Handover for Maternity Care

Patient Label

ELLIS 2804880060
STACEY F
23 SEAGATE
MONTROSE
DD10 8BA

Annat Bank Practice, Links Health Cent

Consultant

Named Midwife

Pathway on Admission – please circle

Red – Maternity Team Care

Green – Midwife Led Care

ANTE-NATAL RECORD CARD

ALL AREAS MUST BE COMPLETE

2804880060
EY F
PLACE
GO DD10 9LB
ROSE
BANK, LINKS HEALTH CENTRE, FRAN

CONSULTANT: Dr Lynch

AM / PM

CARE: SHARED / HOSPITAL

H.V.: Sandra Stephen

NE: 078 9263 0501

MIDWIFE: Suzanne, Phyllis, Rhona

4/10/10

WHERE BOOKED: MRI

E.D.C.: 30-5-11

PARENTCRAFT: Dates later.

housewife.

WORKING YES/NO
(Please Circle)

NCIES: 1/1	LIVE F.T. 5/6/8 - Deden SVD	PREM
	S.B.	MISCARRIAGES MTOP - 12/09

Y (SIGNIFICANT FACTORS)

day ALCOHOL: Nil MEDICATIONS: FEEDING:

ON: PRAM referral as current SW involvement.

RESS: H/o depression. No partner.

..... UNIT

EDING

T

Hosp. ..... Cons.

D D M M Y Y

1 1 0 7 1 3 C.H.I. No.

Surname ELLIS

First Name ..... M. State

Address ..... Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

A	Method	AMOUNT (ml) Ordered	AMOUNT (ml) Taken	HOW TAKEN	VOMIT	URINE	STOOLS No	STOOLS Colour	MEDICATION Drug and Method	MEDICATION Initials
mix	BOT		DID NOT FEED				—			
mix		20ml	OK							
									BALANCE ml.	

									BALANCE ml.	

Faxed on 9/7/13 18.45

9/7/11

FAO Laura Matthew (phone number 01307 473751) Social work intake tedm

Dear Laura

Further to our conversation earlier today I am writing about Stacey Ellis DOB 28/04/88.
Stacey is 37 weeks pregnant with her 3 child. She has had social work input during her last two pregnancies, as she had a h/o depression and anxiety. PRAM was raised on 27/3/08 when Stacey was pregnant with her first baby, and again on 4/10/10 when Stacey was pregnant with her second child. This time round, Stacey seems to be in a new relationship, and no concerns were raised and a PRAM was not initiated. I spoke to the Montrose Social work Department, and they are not involved at present.

I saw Stacey today as her waters have broken, and therefore she will have her baby within the next couple of days. As she was leaving Montrose, Stacey told me that she feels vulnerable about being separated from her children for any length of time as her children are at risk and that there are child protection concerns regarding her mother and her mother's partner. Stacey said that none of her children are to have any unsupervised contact with Stacey's mother and partner. Stacey was keen to state that when she is on the postnatal ward, the midwives must try and ensure that her mother and mother's partner should not be allowed in. When I asked her for more information, Stacey told me that they had "wandering hands" and they were not to be trusted alone with any child. I see from previous PRAM reports that Stacey was on the child protection register herself due to serious concerns of neglect, physical and sexual abuse.
Please let me know if we need to put further plans in place.
Stacey's number is 07840470020 if you need to speak to her.

Please phone back if you need any further information. The maternity unit number is 01674 623401.

Best regards

Emily Miscioscia
(midwife)

CONSENT TO SHARE INFORMATION FORM

Expectant mother's/mother's name: Stacey Ellis

DOB: 28/4/88

Address: 8 Mill Pl. Craigo.

Estimated date of delivery (EDD):

The pre-birth resource allocation meeting (PRAM) was established in 2006 to consider referrals of expectant mother's where they might need additional support. The PRAM is attended by representatives from Social Work, Health, Housing and Police. The PRAM has two purposes:

- To carry out an assessment of the expectant mother's circumstances and the situation for the newborn baby.
- To ensure that a package of support is provided by the various agencies to assist mothers caring for their babies.

To provide the right service to meet the needs of you and your baby, it is important that the agencies at the PRAM are able to gather information about you and your baby's circumstances. The agencies need to be able to share that information so that the right supports for you and your baby can be put in place.

The law covering the sharing of confidential information is the Data Protection Act 1998. Angus Council is the data controller for this Act and a Senior Manager from Angus Council is in charge of the PRAM. The information held about you and your baby will be held securely by the Council, will be treated as confidential and will only be shared with agencies which are members of the PRAM.

Sometimes the Act allows information to be used and shared about you and your baby even if you do not consent. These include:

1. To prevent or assist in the detection of crime.
2. To protect the vital interests of you or another person, such as a life and death situation.
3. As required by other laws.

You will be informed if it is necessary to share information for these reasons without your agreement.

CONSENT

The purpose of using and sharing information has been explained to me. I give my consent for information to be obtained from and shared with the agencies represented at the PRAM.

Signature SELL Date 4.10.10

Name of Referrer Suzanne Knox

Agency Montrose Maternity

Contact Address Montrose Maternity.
Montrose Royal Infirmary Bridge
St. Montrose

http://messaging.nhs.scot/.../PRAM_CONSENT TO SHARE INFORMATION FORM.doc?cmi=Ag...gH/30VHwE=&box=INBOX&charset=escaped_unicode&uid=388&number=5&filename=PRAM%20_%20CONSENT%20TO%20SHARE%20INFORMATION%20FORM.doc
Page 2 of 2

Appendix 1

CHILD IN NEED

NHS Tayside

NOTE OF CONCERN FOR UNBORN BABY

MOTHER'S NAME & ADDRESS:
Stacey Ellis
8 Mill Pl
Craigo
By Montrose, DD10 9LB
DATE OF BIRTH:
28/4/88

DATE OF REFERRAL
4.10.10

REFERRING AGENT - TEL.NO. & ADDRESS:
Suzanne Knox
Montrose Maternity
Bridge St
Montrose
01674 832175
DESIGNATION: Midwife.

EXPECTED DATE OF DELIVERY: ? 18/5/11

FATHER'S NAME: Not disclosed

D.O.B.

NAME & ADDRESS – GP:
Dr Cranswick
Annatbank Practice
LHC, Montrose.

OTHER RELEVANT ADULTS IN HOUSEHOLD e.g new partner, lodger.

IS PATIENT/CLIENT AWARE OF THIS REFERRAL? (YES/NO)

NB:
It is good practice to inform client/patient

SIBLINGS WITHIN THE HOUSEHOLD OR ELSEWHERE

Name	Date of Birth	Name	Date of Birth
Declan Ellis	5/6/08		

Siblings on Child Protection Register
☐ ☐
YES (NO)

Social Work Involvement
☐ ☐
(YES) NO

REASON FOR CONCERN

Currently has social work input from Marie Still, has history of depression and may require extra support.

Yes (No)

Family discussed with: Health Visitor

Social Worker Marie Still

Midwife Suzanne Knox

P.T.O.

RISKS IDENTIFIED BY THE REFERRING AGENT:

REFERRING AGENCIES ACTIONS TO DATE:

ANGUS	DUNDEE	FIFE	PERTH & KINR
Senior Nurse Child Protection Dept. of Community Child Health Bell View House Springfield Gardens ARBROATH DD11 1EL **Tel. No. 01241 435472**	**Zones:-** East – Tel. 513109 West – Tel. 667619 Central A –Tel. 443546 Central B – Tel. 666042 Send to:- Ryehill Health Centre St Peter Street DUNDEE DD1 4JH	Senior Nurse Child Protection Flat 4 William Drive Whytemans Brae KIRKCALDY KY1 2ND **Mobile. No. 07785 588 371**	Senior Nurse Child Protection Drumhar Health North Methven PERTH PH1 5PD **Tel. No. 01738**

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Female**	GP	**Rc Cranswick 145 High Street Montrose Angus**
		Hospital Number	**2804880060**		
		Midwife	**None Recorded**		**DD10 8QN**
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Dr Mohammed Ibrahim**	Telephone	**01674 673400**

MOTHER'S DISCHARGE SUMMARY (Printed 6 June 2008)

Social history	**Single**	Obstetric History	
Smoking Status	**at booking Smoker at delivery**	Onset	**Spontaneous**
Augmentation	**Syntocinon infusion**	Membrane To Birth	**28:19**
Delivery (most significant method)	**Ventouse/Vacuum Extraction**	First Stage	**07:35**
Indication	**Suboptimal CTG (no mec)**	Second Stage	**00:59**
Intrapartum Problems	**No**		
Third Stage	**Controlled Cord Traction**	Third Stage	**00:03**
Management	**Primary Oxytocic :** Syntometrine i/m.		
Tubal Ligation	**No**		
Pain Relief	**Labour:** Epidural		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**	Postpartum Problems	**No**
Perineum	**Second - Injury to the perineum involving perineal muscles but not involving the anal sphincter damage Sutured With Vicryl Rapide**		

Livebirth Baby: 1 03:34 Thursday 05 June 2008

Baby	**Baby Ellis (Male)**	Other number	**050608**	**Livebirth at 39 weeks**
Birth Order	**1 of 1**	Hospital Number	**0506085058**	**2800 grams**

Blood Group	**O**	Rhesus Group	**Positive**
Mother's HB	**10.1 g/dl (4/6/2008)**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Breast**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharged	**5/6/2008 at 18:00 from Ward 38, with baby**	Postnatal Stay	**0 days**
Family Planning	**Discussed, Planned method Implant**		
Postnatal Smear	**Recommended**		
Medication	**Iron, ferrous sulphate**		
Follow Up	**Postnatal check at Health Centre/Surgery.**		
Recommendation	**Yes, follow up from Cpn**		
Discharged To	**Not Recorded**		

ASSESSED FIT FOR DISCHARGE Name:**Joan Graham** Status:**Hospital Midwife** Signed: pp J. Graham Date: 6/6/08

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Baby	**Baby Ellis**	Other number	**050608**	Date of Birth	**5/6/2008**
Address	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Male**	GP	**Rc Cranswick 145 High Street Montrose Angus DD10 8QN**
		Hospital Number	**0506085058**		
		Birth Order	**1 of 1**		
		Midwife	**None Recorded**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Dr Mohammed Ibrahim**	Telephone	**01674 673400**

BABY'S DISCHARGE SUMMARY (Printed 6 June 2008)

Weight	**2800 grams**	Sex	**Male**
Delivery	**Ventouse (non-rotational)**	Birth Order	**1 of 1**
Indication	**Suboptimal CTG (no mec)**		
Gestation	**39 weeks**	Paediatric Estimate	**Same**
Method of Resuscitation	**None**	Spont. respiration	**Within one minute**
Drugs Administered	**Not administered**		
Apgar Scores	**8 at 1 min, 9 at 5 mins**		
Umbilical Vessels	**Normal**	Cord Round Neck	**Yes, Slipped over**
Baby Length	**46.5 cm**	Head Circumference	**34.5 cm**
Neonatal transfer at birth	**No**		

Livebirth Baby: 1 03:34 Thursday 05 June 2008

Mother	**Stacey Ellis**	Born	**28/4/1988 (20 years)**	Hospital Number	**2804880060**
Marital Status	**Single**	Social history		Smoking Status at Delivery	**Smoker**

Later Neonatal Unit Admission **No**

Examination Problems

Hip **Normal**

Jaundice			
Vitamin K given	**Intramuscular (1 mg)**	Metabolic Screen (PKU)	**Not Done**
Hearing test	**Normal**	Hip screening	**Normal**
Diagnosis	**1) None Recorded**	Abnormality	**1) None Recorded**
	2)		**2)**
	3)		**3)**
Discharge Weight	**Not Recorded**	Weight Change	**Not calculated**
Method of feeding	**Breast**	Feeding pattern	**Regular**
Feeding problems	**None Recorded**		
Urine passed	**Yes**	Bowels opened	**Yes, Meconium**
Eyes	**Normal**	Umbilicus	**Cord attached**
Problems			

Discharge plan **5/6/2008 at 18:00 from Ward 38, with mother**

Follow up arrangements

Referrals **None Recorded**

Recommendations **No**

Discharge Assessment completed by (sign) J. Graham Status M(W) Date 6/6/08

COPY FOR

THB(MR) 024SS

NHS Tayside

DATE OF ADMISSION _____
RECORD START DATE _____

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

38

Hospital /Ward: NIW.	**Patient Name:** STACEY ELLIS.
Consultant: PL.	**CHI number:** 0060.
On admission: **Weight:** **Height:**	**Date of Birth:** 250458.
	(Attach printed label here)

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

Date										
Weight										
Signature										

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
1/5/08	0345	Depo Pethidine 100mg	1.2 ml	I/m	Smith	0400	LGow CGOW
2/5/08	0345	Depo Pethidine 100mg	1.2 ml	I/m	Smith		

KNOWN MEDICINE ALLERGIES/ SENSITIVITIES (if NONE confirmed write NKA in Box 1)

1.	2.	3.	4.

OTHER MEDICINE CHARTS IN USE

Chart Type	Signed	Chart Type	Signed
1. Insulin		5. Anticoagulant	
2. Epidural / Pain relief		6. Mental Health Act	
3. Fluid		7. Symptomatic Relief Administration Record	
4. Anaesthetic Chart		8. Other	

AS REQUIRED THERAPY

Medicine / Form												
Symptomatic Rx		Date	010208	1/5/08								
		Time	0845	1245								
Dose & Frequency	Route	Dose	2 X2	2 X 2 TABS								
		Initials	J.T.	OK								
Signature	Start Date	Date										
	1/5/08	Time										
Indication / Notes	Pharmacy	Dose										
		Initials										

Medicine / Form												
		Date										
		Time										
Dose & Frequency	Route	Dose										
		Initials										
Signature	Start Date	Date										
		Time										
Indication / Notes	Pharmacy	Dose										
		Initials										

Medicine / Form												
		Date										
		Time										
Dose & Frequency	Route	Dose										
		Initials										
Signature	Start Date	Date										
		Time										
Indication / Notes	Pharmacy	Dose										
		Initials										

Medicine / Form												
		Date										
		Time										
Dose & Frequency	Route	Dose										
		Initials										
Signature	Start Date	Date										
		Time										
Indication/ Notes	Pharmacy	Dose										
		Initials										

Medicine / Form												
		Date										
		Time										
Dose & Frequency	Route	Dose										
		Initials										
Signature	Start date	Date										
		Time										
Indication / Notes	Pharmacy	Dose										
		Initials										

Medicine / Form												
		Date										
		Time										
Dose & Frequency	Route	Dose										
		Initials										
Signature	Start Date	Date										
		Time										
Indication / Notes	Pharmacy	Dose										
		Initials										

DAILY IV FLUID PRESCRIPTION AND FLUID BALANCE CHART

Date 4.6.08

For Incompatibilities and Rate of Flow — See Overleaf

Ward/Clinic/

Hosp. ..... Cons.

Surname .. ELLIS

First Name STACEY

Address .. 26 WESTWOOD WALK, MONTROSE, DD10 9DA

G.P. & Add DR. RC CRANSWICK, ANNAT BANK PRACTICE, LINKS HEALTH CENTRE, MONTROSE

D D M M Y Y

C.H.I. No. 280488 0060

M. State

Sex

USE BLOCK LETTERS OR PATIENT LABEL

Bottle No.	FLUID TYPE	FLUID Amount ml.	Rate of Flow per hour ml/hr	Batch No.	ADDITIONS (Sign here if Drugs added subsequently)	Use 24hr Clock Start	Use 24hr Clock Finish	Prescribed by (Doctors Signature) / Administered by (Signature)
1	HARTMANNS	500				1650	1715	
2	HARTMANNS	50			Syntocin 3i	1645	0500	
3	HARTMANNS	500				1715	2215	
4	HARTMANNS	500				2215	0250	
5	HARTMANNS	500				0230	0530	

24hr clock Time	INTAKE in ml. I.V.	INTAKE in ml. ORAL	OUTPUT in ml. Urine	Vomit	Aspirate	Fistulae	Drain	Stool	COMMENTS
1440			120						+ post
1715	(1) 500.								
1800			150						tr post + ket.
2100				FOLEYS (SILICONE)					
2215	(3) 500		200	inlays when removed					
0250	(4) 500		200	C delivery					
0530	(5) 500		~~260~~	Foleys removed post delivery					
	(2) 50			(Silicone).					
TOTALS									

SPECIAL INSTRUCTIONS:

I.V. Total .....
Oral Total .....
Total Intake .....
Total Output .....
Balance .....

Known Drug Sensitivity — or Adverse Reaction

1. 2.

...T BE DESTROYED ON DISCHARGE OF PATIENT PROVIDED ...RDINGS ARE MADE ABOVE THIS LINE

INCOMPATIBILITIES OF DRUGS

Precautions –

Do NOT *add Drugs to the following*

AMINO ACID SOLUTIONS
LIPID EMULSIONS
MANNITOL SOLUTIONS – *check solution has not crystallised*
WHOLE BLOOD OR BLOOD PRODUCTS

RATE OF FLOW (for 500ml)
PLEASE CONSULT OUTER COVER OF THE IV SET

POTASSIUM CHLORIDE

A standard solution of 0.3% Potassium Chloride in 5% Dextrose solution or 0.9% Sodium Chloride solution containing 40 millimoles of K^+ per litre is available. Normally not more than **80 millimoles K^+ (6 grams Potassium Chloride)** *should be infused in 24 hours.*

CONSULT THE PHARMACY DEPARTMENT *about the addition of drugs to infusion solution. Remember to* **ensure good mixing** *after adding drugs to an infusion solution. Following the addition of a drug to an infusion fluid remember to affix a* **"Drug Additive" Label** *to the container.*
Infuse solution as soon as possible after the addition of drug(s).

ANTIBIOTICS – PREFERABLY AVOID ADMINISTRATION BY INTRAVENOUS INFUSION
To achieve Therapeutic Levels – ADMINISTER BY BOLUS INJECTION

ON OCCASIONS OF NECESSITY REFER TO TABLE BELOW OR SEEK ADDITIONAL INFORMATION

CEPHALORIDINE	TETRACYCLINES, ERYTHROMYCIN *incompatible*
ERYTHROMYCIN LACTOBIONATE	*Should only be added to IV Fluids after reconstitution with water for injection* (See package insert for full details) NO *other drugs to be added to infusion*
GENTAMICIN	**Do not add to Infusion Fluids.** *Give as a bolus injection*
HEPARIN	*Add* **preferably** *to* SODIUM CHLORIDE 0.9% *Solution* ANTIBIOTICS, HYDROCORTISONE *incompatible*
HYDROCORTISONES *e.g. Sodium Phosphate* *Sodium Succinate preparations*	ANTIBIOTICS, HEPARIN *incompatible*
PENICILLINS *e.g. Ampicillin* *Benzylpenicillin*	*Add* **only** *to* **Sodium Chloride 0.9%** *Prepare immediately before administration.* **Infuse within 4 hours. Do not mix with other drugs.**
TETRACYCLINES	NO *other drugs to be added to infusion.* *Do* NOT *add to solutions containing* **Calcium.**

P.R.A.M. Reports

Stacey Leonard / ELLIS 28/4/88.
26 Westwood Walk
Montrose

Date Referral Discussed 27/3/08.

Outcome of P.R.A.M.

No Action N/A.

Refer To Social Work Pre Birth Assessment Completed and sent to Montrose MU.

Copy Sent to Montrose MU 31/3/08

TAYSIDE POLICE

NHS Tayside

Angus Council

PRE BIRTH MULTI-AGENCY INITIAL ASSESSMENT

INITIAL ASSESSMENT

Core Information

Expected Due Date: 30/04/08

Mother's Name: Stacey Leonard Maiden Name:

Aliases: Stacey Ellis Date of Birth: 28/04/88

Home Address: 26 Westwood Walk, Montrose DD10 9DA

Telephone No: Mobile No: 07892 630501

Current Address: 26 Westwood Walk, Montrose DD10 9DA

Previous Address: Mearns View, Church Road, Luthermuir AB30 1YS

G.P name & Address: Annet Bank Practice

CF Ref No/CHI: 4024

Date Referred to PRAM: 28/11/07

Assessment Completed by: Jo Bund

Date Completed: 26/03/08

Name: Jo Bund

Position: Resource Worker

Supervisor: Alison Smyth

AGENCIES CONSULTED

	YES/NO	DATE
Health	Yes	
Social Work	Yes	
Education	N/A	
Police	N/A	
Housing	No	

REASONS FOR REFERRAL

Stacey is a previously Looked After and Accommodated young person. She now lives in her own tenancy with her partner.

There are issues around Stacey's life prior to being accommodated that may surface when she has her baby. She also has a history of depression.

Stacey is aware of these concerns and recognises that she may require additional support.

Stacey has significant support from her previous carers, Sue and Rod Ellis and their family. She also remains in contact with her sister, Alesha Paige.

HOUSEHOLD COMPOSITION
Community Contacts (eg: significant family members, friends, neighbours)

Name/Relationship to child	DOB	Address	Tel. No
Stacey Leonard	28/04/88	26 Westwood Walk, Montrose	07892 630501
Alan Mearns	08/06/73	26 Westwood Walk, Montrose	

CLIENT NETWORK

Name/Relationship to child	DOB	Address	Tel. No
Sue & Rod Ellis		Mearns View, Church Road, Luthermuir	01674 4840628
James Ellis & partner Vicky (Sue & Rod's son)		10 Condor Crescent, Montrose	

AGENCY contact (List involved professionals n.b. Health, Education, Vol Orgs, Family Support Team, Family Placement, Criminal Justice Services, Drug Problem Service, Learning Disability Team)

Name/Designation	Address	Tel No.
Keith Grubb, Welfare Rights Officer	Bruce House, Arbroath	01241 435202
Jo Bund, Resource Worker (TC/AC)	Peasiehill, Arbroath	01241 437286
Mhairi Scorgie, Support Worker (TC/AC)	Peasiehill, Arbroath	01241 437286
Kate McCubbin	Family Support Team, Montrose	01674 678509

SUMMARY OF SIGNIFICANT EVENTS

Name: Stacey Leonard..... **DoB: 28/04/88**.....

Date	Event (eg, Child Protection Investigation; move of address; etc
21/05/92	9 Lamley Terrace, Arbroath
14/10/94	Fern Lodge, Fern, Brechin
14/10/94	S.15 SW (Scotland) Act 1968
07/11/94	9 Lamley Terrace, Arbroath
07/11/94	S12 – Family Care – SW (Scotland) Act 1968
19/11/94	S15 SW (Scotland) Act 1968
20/11/94	S37(2) SW (Scotland) Act 1968 - amended by S83 & S84
22/11/94	Braeminzion Farm, Glen Clova
25/11/94	S37(4) SW (Scotland) Act 1968 – amended by S83 & S84
12/12/94	S44(1)(A) SW (Scotland) Act 1968
05/06/95	49 Millfield Road, Arbroath
28/02/97	18 Milton Place, Monifieth
28/02/97	S15 & 44(1)(A)
03/03/97	49 Millfield Road, Arbroath
16/05/97	17 Milton Place, Monifieth
16/05/97	S15 & 44(1)(A)
18/05/97	49 Millfield Road, Arbroath
21/07/97	S73(9)(E) Continue/vary supervision
28/07/98	Mearns View, Church Road, Luthermuir
21/06/99	S86 PRO Children (Scotland) Act 1995
28/04/06	PRO ended – at age 18
14/05/07	26 Westwood Walk, Montrose

ASSESSMENT OF PARENTS/CARERS

(e.g. parents/carer's individual histories and history as a couple; own experience of being parented; health (including mental and emotional health); offending history; education and employment; family tree/genogram; any history of domestic violence; drug and alcohol misuse; learning disability, parent's perception of their substance use on their children)

Stacey has no history of offending or drug misuse. There were issues with alcohol when Stacey was younger (16/17) but this resolved itself and has not been a problem since.

Stacey has suffered from depression and has received treatment for this in the past. This has been recognised by health and identified in her birth plan.

Stacey was attending further education studying Administration at an advanced level and achieving good results in this. However she has not returned to college since becoming pregnant. She has no employment history and there is no history of any learning disability.

There is no history of domestic violence with any partner Stacey has had a relationship with. She has had, to date, 2 long term relationships including her current partner – this being her first as an 'adult'.

Stacey's family tree is attached to this document.

Stacey, her brother Brian Leonard and sister Alesha Paige (Tammy Leonard) were placed on the Child Protection Register on 03/11/94. This was due to serious concerns of neglect, physical and sexual abuse.

Efforts were made over ensuing years to rehabilitate the children back to the care of their mother but this was unsuccessful and the children were made subjects of a PRO on 21/06/99.

Stacey received a Criminal Injuries Compensation payment in respect of her childhood abuse on 15/01/07.

Stacey's mother, Susan, was also taken into care at a young age and made subject to a Place of Safety Order due to serious concerns of neglect, physical and sexual abuse. Susan' stepfather was consequently convicted of sexual offences against 3 of Susan's sisters and is the father of Stacey's sister, Alesha.

Susan spent time in Sunnyside and appears to have continuing mental health problems.

Stacey has previously been asked by her mother to have a child for her. Stacey has refused this request. However her mother has now been in contact offering £1500 to buy Stacey's child and referring to the baby as 'my baby'. Stacey has been advised to speak to a solicitor about this and to have legal contact made with her mother and, if necessary, an interdict.

Stacey's partner Alan who is the baby's father has refused to take part in a pre birth risk assessment. Stacey has said that she is concerned that pursuing this action could have a detrimental effect on their relationship. Alan believes that Stacey is old enough to make her own decisions.

HOME ENVIRONMENT

(Is the family's living accommodation suitable for children, adequately equipped and furnished, appropriate sleeping arrangements, does each child have a bed with sufficient bedding, are there significant debts, does the family move frequently, do other substance users share the accommodation, is there conflict with dealers, exposure to criminal activity, etc)

Stacey's tenancy is always very clean and tidy. It is a one bedroom ground floor flat but suitable for a couple with a young baby.

Stacey has applied for a 2 bedroom tenancy but this may take some time to be allocated in line with Angus Council housing policy and the availability of properties.

Stacey says that her previous carers are buying her a pram and that she has clothing for the baby. However although Stacey says that necessary items will be bought there is no evidence of this having been done.

There is no known exposure to criminal activity and the tenancy has its own entrance. The only occupants are Stacey and her partner. Stacey has no history of moving frequently.

Stacey has significant debts including owing money to a mobile phone company and catalogues. Stacey is being assisted with this by Welfare Rights although her partner has refused to enter into any repayment agreements. She appears now to have her budgeting 'under control'.

UPTAKE OF ANTI-NATAL CARE

(Have anti-natal care programme appointments been attended, any professional concerns regarding the pregnancy, e.g. weight gain, birth defects etc)

Stacey has attended all appointments related to her pregnancy. There is concern about the baby's growth as it is measuring clinically small. Stacey is to have a growth scan to check this.

The maternity unit staff at the Infirmary in Montrose have expressed concern in relation to Stacey's partner as he has not been seen at any of her appointments. They have questioned Stacey about domestic abuse but she has denied this.

Stacey has been advised by health workers that it is likely she will suffer post natal depression but this has been included in her birth plan and the relevant health professionals are aware of possible problems.

It is likely that Stacey will give birth at Ninewells.

The baby's sex is not yet known but Stacey wants to know whether she is having a boy or a girl and will find out at her scan in April.

SUMMARY OF POSITIVES

- 'Stable' relationship
- Genuine support network — Not Mother - No Contact for 6mths, Ex Foster carers - Ellis, Good with her.
- Experience of babies and young children and has been trusted with their care (Rod & Sue's grandchildren)
- Aware of possible risks and is open about possible mental health problems
- Attends all appointments – with Health and Social Work
- Tenancy is well kept and warm
- Partner is in full time employment

SUMMARY OF CONCERNS

- History of own parenting
- Debt situation — Partner not helping with finance. £699. arrears,
- Contact with mother — NONE
- Medical concerns (but being addressed) — For Scan Fri 28/3/08. (SFD? Placenta)
- Support from partner – financial and practical is questionable
- Partner's lack of co operation in meeting professionals
- Stacey's isolation and apparent control by partner
- Lack of preparation for baby
  Tends to be Isolated.
  Partners life as daughter has arrived, No financial help from Partner.
  Partner tends to be controlling.

FUTURE ACTION REQUIRED

(e.g. referral to Child Protection Team, assistance with housing, allocation to appropriate team for advice and guidance, professional Network Meeting etc)

Stacey is seen on a regular basis by the Throughcare & Aftercare team and advice/guidance is given as appropriate. Stacey chooses whether she accepts and acts on this or not.

Stacey has been working with Welfare Rights on her debt situation but this has not been resolved due to the fact that Alan is the only earner and is refusing to sign any agreement regarding repayment of debts. Stacey has been advised to contact Citizens Advice to address this.

Stacey is unwilling to address the situation regarding money with Alan. He buys food and cigarettes but Stacey has no money of her own. This has been her choice as she has been able to work if she wanted to.

The rent on the tenancy is in arrears due to non payment and Stacey has received eviction letters regarding this. Stacey was advised to address this with both Alan and Housing and has come to an arrangement to pay the rent plus approximately £10 towards the debt. To date this has been done.

The couple have not bought items for the baby as yet although Stacey has said that her previous carers are buying her pram and that they have clothing for the baby. Stacey has spoken to Kate at Montrose Family Support about this who has said that Social Work will be able to help if she is stuck.

The main concern here is that Alan Mearns is earning a decent wage (£20000 a year according to Stacey) but provision, other than food, is not being made for Stacey and items are not being purchased for the baby.

There are still ongoing health concerns around the birth and it is likely that she will have to have a 'C' section. Stacey has said that Alan will not be taking time off work when the baby is born and if she has to have a section she will obviously need additional practical support.

Although Stacey had thought that she would stay at her previous carers initially when the baby is born this may not be possible as Sue Ellis is receiving radiotherapy treatment. Again this is of concern due to the fact that Alan should be supporting her at this time.

The Montrose Family Support team will continue to support Stacey and monitor the situation. If there are continuing concerns consideration will be given regarding a referral for a Child Protection Case Conference or to the Children's Reporter

CHI: **First Name:** **Surname:**

2804880060
ELLIS
STACEY

Tayside University Hospitals NHS Trust - Ninewells Hospital

CONTINUOUS INTRAVENOUS PUMP INFUSION (SYNTOCINOI

30iu Syntocinon in 500mls Hartmanns Solution = 3iu Syntocinon in 50mls Hartmanns Solution/Syringe

Date: 4/6/08 **Known Drug Sensitivity or Adverse Effect:** LATEX

Time 24 hr	Prepared by Signature	Syringe No.	Rate ml/h	Volume in 1hr	Total Volume	Signature
	CRyle.					
2000		(1)	4		8.3	CRyle
2100			4	4	12.3	CRyle.
2300			4	7.8.	20.1	MThomson
2400			4	4	24.1	MThomson
0115			4	4.8	28.9	MThomson

Appendix 1

CHILD IN NEED

NHS Tayside

NOTE OF CONCERN FOR UNBORN BABY	
REFERRER'S NAME: L McFarlane.	**TEL NO & ADDRESS:** 07892630501.
DESIGNATION: midwife.	
MOTHER'S NAME & ADDRESS: Stacey Ellis. 26 Westwood Walk. Montrose.	**NAME & ADDRESS – GP:** Dr Cranswick. Annat Bank. Links H.C.
DATE OF BIRTH: 280488 0060	
EXPECTED DATE OF DELIVERY: 8.6.08.	
IS PATIENT/CLIENT AWARE OF THIS REFERRAL? YES/NO	

SIBLINGS			
Name	**Date of Birth**	**Name**	**Date of Birth**
Siblings on Child Protection Register ☐ YES ☐ NO		**Social Work Involvement** ☐ YES ☑ NO	

REASON FOR CONCERN

long history of depression. Family support worker visits for support.

ANGUS	DUNDEE	FIFE	PERTH & KINROSS
John Whamond Senior Nurse Child Protection Dept of Community Child Health, Bell View House, Springfield Gardens, Arbroath, DD11 1EL	**Eileen Tilbury** Senior Nurse Child Protection Ryehill Health Centre St Peter Street Dundee DD1 4JH	**Barbara Rowland** Senior Nurse Child Protection Kinghorn Health Centre Rossland Place KINGHORN, KY3 9RT	**Gwen Proctor** Specialist Health Advisor, Child Protection, Drumhar Health Centre, North Methven Street, PERTH, PH1 5PD

NHS TAYSIDE

Acute Services Division

Directorate of Women and Child Health

Distribution:
1. All named agencies
2. Main notes (signed copy)
3. Maternity hand held notes
4. janeforbes@nhs.net

MATERNITY LIAISON SHEET

DOB/CHI: 280488 0060. **Name:** ELLIS 280488 STACEY 0060 **Addres** 26 WESTWOOD WALK MONTROSE DD10 9DA DR. PD MULCAHY HOWE OF THE MEARNS **Phone** BLACKIEMUIR AVENUE Dr Cranstoun Annandale. LAURENCEKIRK 32529		**EDD:** 8.6.08 **Parity:** Prim	**Reason for multi-agency liaison:** 1. Alcohol misuse 2. Drug misuse 3. Domestic Abuse 4. Learning needs 5. Mental illness 6. Physical disability 7. Unborn baby protocol *(circle all applicable)*
G.P. Address: Phone no:	Dr Cranstoun Annandale Links Hse. 673400.	**Drug / Alcohol treatment Service** Address: Phone no:	
Health Visitor: Address: Phone no.	Rhona. Annandale. Links Hse.	**Pregnancy & Newborn Support service** Address Phone no.	
Community Midwife: Address Phone no:	L McFarlane. maternity. Montrose 07175 / 832175.	**Pharmacy** Address: Phone no:	
Midwifery Liaison Address Phone No.		**Community mental health** Address Phone no:	
Consultant Obstetrician: Address Phone no:	Dr Lynch. Arbroath.	**Social Wor. :** Address Phone no:	
Senior Nurse Child protection: Address: Phone no:		**Other Support Services:** Address: Phone no:	Family support team - Kate McGuiben
Other Support Services: Address:		**Comments:**	Midwifery staff please ensure a copy of the liaison sheet is placed in the baby's paediatric notes before discharge / transfer from ward.

I understand that information relevant to this pregnancy may be shared by the above agencies.

Signed *(client)*.....Date.....

Completed by *(midwife)* ..... L McFarlane .....Date..... 10.2.08.

DAILY IV FLUID PRESCRIPTION AND FLUID BALANCE CHART

Date 05 06 08

For Incompatibilities and Rate of Flow – See Overleaf

Ward/Clinic/

Hosp. ..... Cons.

D D M M Y Y

C.H.I. No. 280488 0060

Surname ELLIS

First Name STACEY M. State

Address ..... Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

Bottle No.	FLUID TYPE	FLUID Amount ml.	Rate of Flow per hour ml/hr	Batch No.	ADDITIONS (Sign here if Drugs added subsequently)	Use 24hr Clock Start	Use 24hr Clock Finish	Prescribed by (Doctors Signature) / Administered by (Signature)

THIS CHART MAY BE DESTROYED ON DISCHARGE OF PATIENT PROVIDED NO RECORDINGS ARE MADE ABOVE THIS LINE

24hr clock Time	INTAKE in ml. I.V.	INTAKE in ml. ORAL	OUTPUT in ml. Urine	Vomit	Aspirate	Fistulae	Drain	Stool	COMMENTS
TOTALS									

SPECIAL INSTRUCTIONS:

I.V. Total ..... } Total Intake .....

Oral Total ..... } Total Output .....

Balance .....

Known Drug Sensitivity – or Adverse Reaction

1. 2.

THB (MR) 29 Rev.8/92

NHS LANARKSHIRE – WOMEN'S SERVICES
POSTNATAL ASSESSMENT

NAME: Stacey Ellis
WARD: 38
DATE REFERRED: 5/6/08
DOB CHI: 280488 0060
DATE RECEIVED: 5/6/08
CONSULTANT: PL
DATE ASSESSED:

PC: Verbal consent for Ax & Rx following explanation.

SVD ☐ Ventouse ☑ Forceps ☐ VERBAL CONSENT ☐

Date delivered 5/6/08 Caesarean Section EM. EI Type

Catheter: Yes ☑ No ☐ Removed

Additional Information (eg. episiotomy/tear, indication for assisted delivery 1 hr Second Stage. 2nd° tear. Sutured.

HPC:

Para: 0/0 Gest: 39+4 wks Baby weight: 2800 g 6lbs & 3ozs.

Physiotherapy Intervention during Pregnancy YES ☐ NO ☐

Further Information

PMH: Depression - Poor social Hx, physical & sexual abuse as Child.

SH: Smoking 7-8/day. Liver c partner unemployed.

DH: Nil.

Pain Relief for Labour/Delivery

Epidural ☑ TENS ☐ Entonox ☐ Diamorphine ☐ Spinal ☐ Nerve Block ☐ Intrathecal diamorphine ☐

PHYSIO NAME: DESIGNATION: SIGNATURE:

Observations:

Subjective Information:

PATIENT NAME: CHI: No

Problem List	Plan
Date: 1. Routine post-natal advice required ☐ - pelvic floor re-education - abdominal musculature strengthening - posture and back care - return to exercise	Date: 1. Perineal leaflet issued and content explained. Opportunity to ask questions given ☐ Caesarean section leaflet given ☐ Advice given ☐
Date: 2. Bed rest / immobility ☐	Date: 2. Deep Breathing Exercises Circulatory exercises ☐
Date: 3. DRAM _____ fingers ☐	Date: 3. Education and advice exercises taught – Specify _____ Support given Yes ☐ No ☐ Review appointment required Yes ☐ No ☐
Date: 4. Bladder / bowel dysfunction ☐ Specify _____	Date: 4. Advice on bladder drill ☐ Advice on fluid intake ☐ Taught pelvic floor exercises ☐
Date: 5. Perineal tear _____ degree ☐	Date: 5. Information and advice given ☐ Pelvic Floor exercises taught ☐ Perineum visualised during pelvic floor Contraction ☐ Referred to combined clinic (Front of Assessment form complete) ☐
Date: 6. Additional problems:	Date:

Clinical Impression:

Plan:

Physiotherapy Signature:	Grade:	Date:	Bleep:

Chlamydia Infection Screening
Consent Form

What is Chlamydia Infection?

Chlamydia infection is one of the most common sexually transmitted infections in the UK. If treated early it is unlikely to cause any long-term problems.

Who is at risk of having Chlamydia?

One in ten women under the age of 25 years have chlamydia infection. As the infection does not always cause symptoms people don't know they have got it unless they are tested for it.

What are the risks to me and my baby?

If the infection remains undetected or left untreated it can cause chronic pelvic pain, menstrual problems and an increased risk of ectopic pregnancy and infertility. Chlamydia infection in pregnancy can cause preterm delivery and a woman can pass on a chlamydia infection to her baby during childbirth putting her baby at risk of eye and lung infection.

How can I find out if I have the infection?

A urine sample or a self taken low vaginal swab is required to test for Chlamydia and you should get the results within 10 days.

What happens if my result is positive?

You will be notified if you require antibiotic treatment.
You would also be referred for contact tracing so that any sexual partner[s] can be similarly treated, to the benefit of their health and to prevent your re-infection

What do I do now?

Your midwife or GP will discuss this with you.

If you wish to be tested for Chlamydia you will be asked to give a urine specimen or a self taken low vaginal swab early in your pregnancy.

☑ I wish ☐ I do not wish to be tested for Chlamydia

Signature..... SEW..... Date..29/10/07..

Witness [health professional]..... Date..29/10/07.....
Designation.....

NHS Grampian BCG Vaccination for Neonates – Risk Assessment Questionnaire

Date of Risk Assessment..... 28.10.09 .....

Name of Risk Assessor..... J C Mann .....

Mothers Details:

Stacey
Ellis
~~Mearnsview~~ Church Road 26 Westwood Walk
~~Luthermuir~~ Montrose
Laurencekirk Angus
AB30 1YS
Chi 2804880060
DOB 28/04/1988

If the answer is "YES" to any of the following questions – the baby should have a BCG vaccination.

1. Were the baby's parents born in a high risk country*.....Yes/No

2. Were any of the baby's grandparents born in a high risk country*.....Yes/No

3. Will the baby be going to live for more than one month or travel frequently in a high risk country* within the first year of its life.....Yes/No

*List of high risk countries on reverse

.....

The following section should be completed on the day of vaccination.

I hereby consent for my baby..... date of birth.....
to be vaccinated against Tuberculosis with a BCG vaccine.

Parent/Guardian signature..... Date.....

	Date	Manufacturer	Batch No.	Immunisers name	Immunisers signature
BCG					

NHS TAYSIDE

NHS SCOTLAND

After Booking, do these notes require Obstetric review? YES / NO

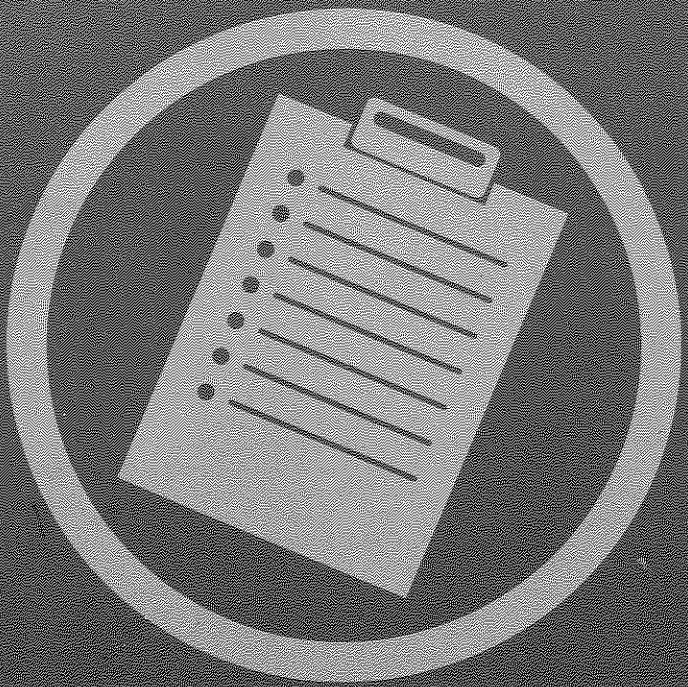
MW ..... Sign ..... Date .....

Obs ..... Sign ..... Date .....

Pregnancy Record

Confidential

PLEASE USE BLACK INK



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

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 Pregnancy Record safe, confidential and protect it from damage. If you lose your Pregnancy Record, please contact your midwife or maternity unit as soon as possible.

Please remember to take your 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 Pregnancy Record with you when you go out and about.

You can write in your Pregnancy Record where you see this symbol: ✍

Your Pregnancy 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 'Protecting Personal Information'. This is available from your midwife, GP practice or on-line at http://www.show.scot.nhs.uk/confidentiality (see under 'patient guidance').

Help and advice

Please use the following services

✆ .....

✆ .....

Contact details

Maternity unit .....

✆ .....

✆ .....

Antenatal clinic .....

✆ .....

Delivery suite .....

✆ .....

Ultrasound department .....

✆ .....

Health Visitor Sandra Stephen

Base Arnotbank

✆ 01674 673400

Named midwife Suzanne/Phyllis/Thoma

Midwifery team Arnotbank

Base Montrose Maternity

✆ 01674 832175

General Practitioner Dr Cranswick

Address Arnotbank

✆ 01674 673400 Practice code .....

Obstetrician Dr Lynch

Base Ninewells ANC

✆ 01382 660111 (Ext: 33861)

Domestic Abuse Helpline (10am-10pm, 7days a week) 0800 027 1234
Scottish Women's Aid 0131 226 6606

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.

.....

.....

.....

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.

Important information

Affix label here or complete by hand

Unit no ELLIS STACEY F 2804880060
CHI 8 MILL PLACE CRAIGO MONTROSE DD10 9LB
ANNAT BANK, LINKS HEALTH CENTRE, FRAN

Surname/ family name Ellis

First name(s) Stacey

Previous surname Leonard

Likes to be called Stacey

Date of birth 28·04·88

Your address 8 Mill Place
Craigo
By Montrose Postcode DD10 9LB

Home ✆

Other ✆ 07892630501

Occupation Housewife

Change of address/phone details

Postcode

Home ✆

Other ✆

Planned place of birth and lead professional

AMH.

Your partner/supporter for this pregnancy

Name Alesha Paige

Occupation Housewife

Relationship to you Sister

Partner's date of birth 01/12/89

Address 34a High Street
Montrose Postcode DD10 8JL

Home ✆

Other ✆ 07544358051

Emergency contact person/next of kin
Who would you like contacted in an emergency?

☑ **Your partner/supporter** ☐ **Alternative person:**

Name

Relationship to you

Address

Postcode

Home ✆

Other ✆

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.

Date of the first day of bleeding of your last menstrual period (LMP)? 26/08/10

How sure are you of this date? ☐ sure ☑ fairly sure ☐ not sure

Average number of days between the first day of each period (monthly cycle) 13-14

Have you had any vaginal bleeding since your last menstrual period? ☑ No ☐ Yes

Had you been using any contraception? ☑ No ☐ Yes

Type Date stopped ../../..

Agreed EDD 30/5/11

Comments/details

Provisional EDD based on LMP and monthly cycle 18/5/10

EDD using dating scan 30/5/11

Agreed by Signed

Date of history taking appointment 4/10/10 History taken by

Your previous pregnancies

Is current pregnancy with a new partner No ☐ Yes ☑ Para 1 + 1

Full name DECLAN ELLIS Boy ☑ Girl ☐ Date of birth 05.06.08 Birthweight (g) 2800 Gestation 39+4 Type of birth Vaginal Place of birth Ninewells

Labour onset Spontaneous ☑ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☑ General ☐
3rd stage Normal ☑ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☑ Bottle ☐ Problems

Full name Boy ☐ Girl ☐ Date of birth Birthweight (g) Gestation Type of birth Place of birth

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name Boy ☐ Girl ☐ Date of birth Birthweight (g) Gestation Type of birth Place of birth

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Anaesthetic None ☐ Epidural/Spinal ☐ General ☐
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Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Full name Boy ☐ Girl ☐ Date of birth Birthweight (g) Gestation Type of birth Place of birth

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Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems

Early Pregnancy Losses (less than 20 weeks)

Year	Gestation	Nature of loss	Comments
2009	7weeks	TOP.	MTOP.

Your previous pregnancies

Is current pregnancy with a new partner No ☐ Yes ☐ Para ..... + ...

Full name ..... Boy ☐ Girl ☐ Date of birth ..... Birthweight (g) ..... Gestation ..... Type of birth ..... Place of birth .....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems .....

Full name ..... Boy ☐ Girl ☐ Date of birth ..... Birthweight (g) ..... Gestation ..... Type of birth ..... Place of birth .....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems .....

Full name ..... Boy ☐ Girl ☐ Date of birth ..... Birthweight (g) ..... Gestation ..... Type of birth ..... Place of birth .....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems .....

Full name ..... Boy ☐ Girl ☐ Date of birth ..... Birthweight (g) ..... Gestation ..... Type of birth ..... Place of birth .....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Bottle ☐ Problems .....

Early Pregnancy Losses (less than 20 weeks)

Year	Gestation	Nature of loss	Comments

Your health Have you ever had, or do you currently have, any of the following:

Allergies - Please document in special features

	No	Yes	Details
Operations	☐	☑	Eye, Key-hole
Problems with anaesthetics	☑	☐	
Admission(s) to intensive care	☑	☐	
Difficulties accessing your veins	☑	☐	
Asthma or lung problems	☑	☐	
High blood pressure	☑	☐	
Heart problems	☑	☐	
Diabetes/thyroid disorders	☑	☐	
Epilepsy/neurological problems	☑	☐	
Blood transfusions	☑	☐	
Blood clots/clotting problems	☑	☐	
Kidney or urinary problems	☑	☐	
Liver problems or hepatitis	☑	☐	
Gastro-intestinal disorders	☑	☐	
Problems with fertility or your reproductive system	☑	☐	
Vaginal infections	☑	☐	
Did you have chicken pox as a child?	☐	☑	
Genetic disorder	☑	☐	
Cancer of any kind	☑	☐	
Problems with bones or joints	☑	☐	
Is there anything else about your health which you feel is important for your care providers to know?	☑	☐	

Family health Does anyone in your immediate family, or your baby's father's immediate family, have a history of the following:

	No	Yes	Don't know	Details
Asthma or allergies	☐	☑	☐	Asthma, milk protein, latex
Diabetes	☑	☐	☐	
Genetic disorders/attending a genetics clinic	☑	☐	☐	
Pre-eclampsia	☑	☐	☐	
Blood clots (thrombosis)	☑	☐	☐	
Recent/active Tuberculosis (TB)	☑	☐	☐	
Hip problems detected at birth or shortly afterwards	☑	☐	☐	
Abnormalities present at birth	☑	☐	☐	
Learning disabilities	☑	☐	☐	
Permanent hearing loss	☑	☐	☐	
Are you and your baby's father blood relatives?	☑	☐	☐	

Ethnic Origin (If mixed, tick more than one box)

How do you describe your ethnic group

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.

	You	Baby's father
Africa		
North Africa (eg Morocco, Algeria)	☐	☐
Sub-Sahara (eg Somalia, Kenya, Nigeria)	☐	☐
Other:		
Asia		
India	☐	☐
Pakistan	☐	☐
Bangladesh	☐	☐
China	☐	☐
Far East Asia - Other (eg Japan, Korea)	☐	☐
South East Asia (eg Malaysia, Thailand, Philippines)	☐	☐
Other:		
Caribbean (eg Jamaica, Trinidad and Tobago, Cuba)	☐	☐
North America (eg USA, Canada)	☐	☐
South America (eg Brazil, Argentina)	☐	☐

	You	Baby's father
Europe		
Britain (England, Scotland & Wales)	☑	☑
Ireland (incl Northern Ireland, Eire)	☐	☐
Northern Europe (eg Denmark, Norway, Sweden)	☐	☐
Western Europe (eg France, Germany, Netherlands)	☐	☐
Eastern Europe (eg Balkans, Poland, Russia)	☐	☐
Southern Europe (eg Cyprus, Greece, Italy, Spain, Turkey)	☐	☐
Other:		
Middle East (eg Egypt, Israel, Syria, Yemen)	☐	☐
Other:		
Declined to give information	☐	☐
Australasia (New Zealand, Australia)	☐	☐

What language do you usually use at home?

Do you need help with interpreting, communicating? No ☑ Yes ☐

Details

What is your current religion or faith, if any?

Is blood transfusion acceptable to you? No ☑ Yes ☑

Details

Female circumcision No ☑ Yes ☐

Details

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? No ☑ Yes ☐

Details

Are you a refugee or an asylum seeker? No ☑ Yes ☐

Details

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

TB risk questions:

	No	Yes
Has either parent or any grandparents been born in a high prevalence area (40 per 100,000)?	☑	☐
Details		
Has a family member had TB within the last 5 years?	☑	☐
Details		
Is family likely to live for more than 1 month in a high prevalence area?	☑	☐
Details		
Has either parent moved from a high prevalence area and not been immunised?	☑	☐
Details		
Baby requires BCG	☑	☐
Details		

- If yes to any of these questions please document need for neonatal BCG on the baby's special features box and on the baby record
- For list of countries and areas with TB rates of >40 per 100,000 see www.who.int

Other health-related questions

	No	Yes	Details, information given and referrals
Have you been taking folic acid?	☐	☑	Started ☐ Pre-conception ☑ Before 12 weeks ☐ After 12 weeks — Dose of folic acid ☑ 400mcg ☐ 5mg
Date of your last cervical smear (month/year)	07/08		Result clear — Next smear due 07/11
Have you ever been referred for colposcopy?	☑	☐	Treatment
Your body mass index (BMI) (weight [kg]/height [m]²)	19		Weight at booking 46.4 kg (Document BMI on special features page) — Height 1.56 m
Do you have any special dietary needs?	☑	☐	
Do you go to the dentist regularly?	☑	☐	
Are there any health and safety issues related to your work?	☑	☐	
How many units of alcohol did you drink each week before you became pegnant?	20-25		Have the risks of drinking alcohol in pregnancy been explained to you? No ☐ Yes ☑ — One unit of alcohol = half a pint of 3.5% beer or lager or one 25ml measure of spirits. One small (125ml) glass of average strength (12% wine) contains 1.5 units.
How many units of alcohol a week are you drinking now?	—		
Referral for advice on reducing drinking	☑	☐	
Have you smoked cigarettes in the past 12 months prior to pregnancy?	☐	☑	Do you smoke now? ☐ ☑ — Current smokers: cigarettes smoked per day 10-15
Former smokers: date stopped	/ /		Are you exposed to cigarette smoking at home? ☐ ☑ — Have the risks of smoking in pregnancy been explained to you? No ☐ Yes ☑
Have you been offered advice on how to stop smoking?	☐	☑	Details, information given and referrals
Referral made to smoking cessation service	☑	☐	
Have you ever used any street drugs, gas or glue?	☑	☐	Substances used
If yes, are you currently using any street drugs, gas or glue?	☑	☐	
Have you ever injected drugs?	☑	☐	
Does your current partner use any street drugs, gas or glue?	☑	☐	
Referral for advice on substance abuse	☑	☐	

Other involved professionals (smoking cessation advisor, substance misuse team, dietician etc)

Name

Contact no. ✆

Address

Name

Contact no. ✆

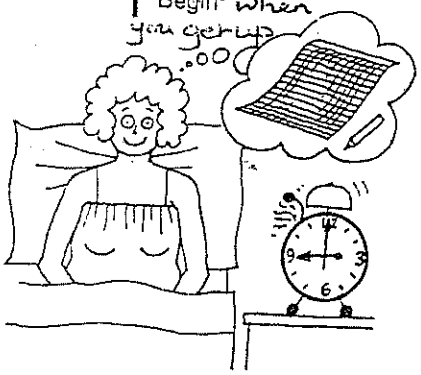
Address

Fetal Movement Chart

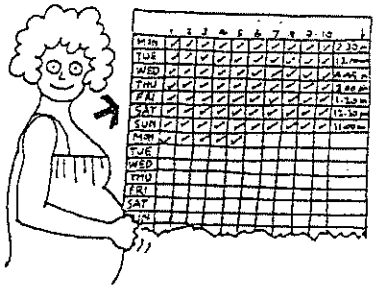
Date chart commenced

Your midwife or doctor will discuss this chart with you and ask you to come in if necessary by either ticking each movement or simply writing the time of the tenth movement without ticking. The chart is intended to emphasise the importance of movements as a sign of your baby's health.

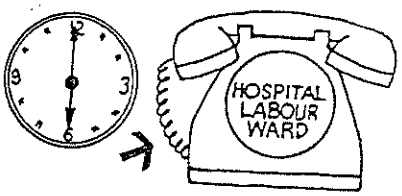
1 Begin when you get up



2 Count and tick each separate movement



3 **If baby has not moved 10 times by 6pm phone the hospital labour ward number on the front of the notes for advice**



Write the time of the 10th fetal movement in this box

	1	2	3	4	5	6	7	8	9	10	
Mon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11.30 am
Tue	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11.00 am
Wed	✓	✓	✓	EXAMPLE OF A WEEK'S CHART						✓	10.00 am
Thur	✓	✓	✓							✓	2.00 pm
Fri	✓	✓	✓							✓	12 noon
Sat	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10.45 am
Sun	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11.00 am
Mon											
Tue											
Wed											
Thur											
Fri											
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Write the time of the 10th fetal movement in this box

	1	2	3	4	5	6	7	8	9	10	
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PERINATAL MENTAL HEALTH INTEGRATED CARE PATHWAY
MIDWIFERY STANDARDS

Date	GESTATION 24 – 28 weeks		
Current Emotional Health: Please detail in space below or enter reason code for non assessment. ☐			
		Signature	
Written information given to mother ☐	Date of Letter to HV		Date Referred to Obstetrician
Verbal information given to mother ☐	Date of Letter to GP		Date Referred to Community Mental Health Service
Voluntary Sector (please state)		Other (please state)	

Date	GESTATION 34 – 36 weeks		
Current Emotional Health: Please detail in space below or enter reason code for non assessment. ☐			
		Signature	
Written information given to mother ☐	Date of Letter to HV		Date Referred to Obstetrician
Verbal information given to mother ☐	Date of Letter to GP		Date Referred to Community Mental Health Service
Voluntary Sector (please state)		Other (please state)	

Date	GESTATION 38 – 41 weeks		
Current Emotional Health: Please detail in space below or enter reason code for non assessment. ☐			
		Signature	
Written information given to mother ☐	Date of Letter to HV		Date Referred to Obstetrician
Verbal information given to mother ☐	Date of Letter to GP		Date Referred to Community Mental Health Service
Voluntary Sector (please state)		Other (please state)	

Reason Code for Non- assessment:	
1) Client did not attend	**2)** Client chooses not to answer question
3) Lack of appointment time	**4)** Other (please state)

Written information – highlight Ready Steady Baby PND section Pg 107, 109 to all primiparous women. Previous PND or PMI risk factors identified – Talking about PND leaflet (see PMH Website/Useful Weblinks) http://www.tayside.scot.nhs.uk/nhstayside/intranet/clinicalnetworks/perinatalmentalhealth

Janice Ramsay, May 08

Medication

	No	Yes
Are you taking any medication prescribed to you by a doctor, or have you stopped any medication recently?	☑	☐
Are you taking any 'over the counter' preparations or medications not prescribed to you? (If yes, include indications)	☑	☐

Details

Prescribed medication	Dose	Frequency	Route	Duration

Your mental health

	No	Yes
1. Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness? Details	☐	☑
2. Have you ever had any problems in the past or currently with depression, panic or anxiety?	☐	☑
3. Do you have a history of bipolar disorder (manic depression), puerperal psychosis, schizophrenia or other serious mental illness?	☑	☐
4. If "yes" to questions two or three then:		
Have you ever been admitted to hospital for treatment of a mental illness or treated by a psychiatrist or mental health team?	☐	☑
Details Mental health for depression		
Are any of the problems on-going at the moment?	☑	☑
Details Not on any medication.		
Are you getting any help with the problems at the moment?	☑	☐
Details		

Referral needed ☑ No ☐ Yes Details

Home circumstances and support needs

	No	Yes
Are you still in school?	☑	☐
Are you living in or leaving looked after care services?	☑	☐
Do you feel that you have someone to support you through your pregnancy?	☐	☑
Are you in temporary housing?	☑	☐
Do you need further advice on finances, benefits or housing issues?	☑	☐
If you have other children do they live with you?	☐	☑
If no, who looks after them?		
Have you ever needed social work assistance?	☐	☑
Do you have difficulty with reading?	☑	☐
Do you have any difficulties with filling in forms or writing letters?	☑	☐
Do you have any disabilities?	☑	☐
Details		

Referal needed ☐ No ☐ Yes Details

Other support and professionals

Name of social worker Marie Stull

Contact no. ✆ 01674 678509

Address Broomfield Resource centre, MONTROSE

Name of of mental health team/nurse/psychiatrist

Contact no. ✆

Address

Other involved workers
(family support, learning support worker, guidance teacher etc)

Special Features

See maternity summary record ☐

Name Stacey Ellis

Age 22 Parity 1+0

Agreed EDD 30 / 5 / 11

Blood group O pos

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies Latex

BMI 19 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**

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.

☑ I wish ☐ I do not wish to be tested for Blood Group

☑ 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

☑ I wish ☐ I do not wish to be tested for Chlamydia (aged under 25 years)

☑ 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 .....

H1N1

Date vaccination offered.....

Accepted vaccination: - Yes/No

Date vaccination given.....

Vaccine type: - Pandemrix/Celvapan

Vaccine batch number.....

Vaccine expiry date.....

Signature: SELF Date 04 / 10 / 10

Witness: Suzanne Knox (Health professional)

(Please sign and print name)

Designation: Midwife Date 4 / 10 / 10

Signature: SUZANNE KNOX Date 4 / 10 / 10

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
14/3/11	Urinalysis ++ leucocytes
1200	Scan performed — no concerns. M. Hammond
	Physiotherapy department informed via Ward clerk afternoon. Trimethoprim ordered as discharge prescription. Feels well.
1400	Seen by physiotherapist Stacey. Offered declined use of tubigrip. Declined analgesia. Can be referred to physiotherapy dept by c/m for review in 1/12. Advise given on bending, lifting, etc. Home on trimethoprim.

Blood tests and other tests

During your pregnancy you will be offered several blood 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 blood 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 between the 'your notes and questions pages' near the back of the notes so that they do not obscure the 'Special Features' boxes. Computer print outs can be hole punched and tagged into the record or the 'mount sheet' can be used for smaller results.

Test	Gestation when test due	Date taken indicate if declined	Results/Action
Blood Group			
Full Blood Count			
Rubella status		6·10·10	13·2
Syphillis			IMMUNE
Hepatitis B		6/10/10	-VE
HIV			-VE
Screening for ☐ Spina Bifida ☐ Down's Syndrome			-VE
Antibody check			
Random blood glucose			
Haemoglobinopathy - sickle cell and thalassaemia		6/10/10	4·3
Chlamydia (if under 25)			
Mid stream urine specimen for bacteriology		7/10/10	-VE
Other		26/10/10	-VE

If you have Rhesus Negative blood

This section ☐ does not apply to you ☐ applies to you

Your blood is Rhesus Negative. You will be offered 'Anti-D' to prevent any problems developing.

Discussions/plans Signed ..... / /

Prophylactic 'Anti-D' given 28 weeks Dose ..... Signed ..... Date given / /

Prophylactic 'Anti-D' given 34 weeks Dose ..... Signed ..... Date given / /

Special Features

See maternity summary record ☐

Name Stacey Ellis

Age 22 Parity 1 TO

Agreed EDD 30 / 5 / 11

Blood group O pos

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other . . . . . .

Allergies Latex

BMI 19 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**

Screening for fetal abnormalities

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:

☑ Dating scan ☐ Nuchal translucency scan 11-13 weeks ☑ Detailed scan at 20 weeks

☐ Growth scan as required ☐ Placental site scan as required ☐ Other

Consent for screening tests offered in pregnancy (Down's Syndrome and Neural tube defects)

I have received the information leaflet 'A Guide to the Screening Test for neural tube defects and Down's Syndrome' 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.

☐ I wish ☐ I do not wish to be screened for the risk of Neural tube defects

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

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

Witness: . . . . . (Health professional)

(Please sign and print name)

Designation: . . . . . Date . . / . . / . .

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
14/3/21 1200	Urinalysis ++ leucocytes Scan performed – NO concerns. M. Hammond Physiotherapy department informed Ltd visit this afternoon. Trimethoprim ordered as discharge prescription. Feels well. Offered 1400 Seen by physiotherapist. Stacey declined use of tubigrip. Declined analgesia. Can be referred to physiotherapy dept by C/M for review in 1/12. Advice given on bending, lifting, etc. Home on trimethoprim. Offered

Infant feeding - Antenatal Checklist

	Discussed (or note if mother declined discussion)	Signed	Date
Benefits of breastfeeding to the baby (protects against gastro-enteritis and diarrhoea, urinary tract infections, ear infections and chest infections; may also protect against allergies and diabetes)	☐		
Benefits of breastfeeding to the mother (protects against breast cancer, ovarian cancer and hip fractures in later life)	☐		
No other food or drink needed (for up to 6 months)	☐		
Importance of skin-to-skin contact after delivery (keeps baby warm and calm, promotes bonding, helps breastfeeding)	☐		
Importance of good positioning and attachment	☐		
Getting feeding off to a good start	☐		
• Baby-led feeding	☐		
• Problems with using teats, dummies, nipple shields	☐		
• Help will be available with feeds	☐		
• Importance of rooming-in/keeping baby nearby	☐		
• Baby's sleeping place (To reduce risk of cot death, babies should sleep in parents' room until 6 months. It is safest to put your baby back in the cot before you go to sleep rather than letting them sleep with you)	☐		
Leaflets given and discussed	☐		
	☐		
	☐		
	☐		

Antenatal checklist reproduced with permission of UNICEF baby friendly initiative.

Special Features

See maternity summary record ☐

Name Stacey Ellis

Age 22 Parity 1+0

Agreed EDD 30 / 5 / 11

Blood group O pos

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies Latex

BMI 19 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**

Antenatal appointments

Date	Weeks pregnant	Height of uterus (cm)	Blood pressure	Urinalysis	Oedema (swelling)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood tests taken and results
4/10/10			100/60								
17/11/10	12+1										
29/10	15+2	—	—	—	—	—	—	—	—	—	—
10/2/11	24+2	23	106/68	NAD	Nil.	fetal parts felt	free	✓(S)	FMF ✓		Nil.
7/3/11.	28+1	27	108/58.	NAD.	Feet	transverse	free	MP 80bpm FH 140bpm. FHH (S)	↓ FM		Antibodies RBG Hb.
21/3/11	30	25.									

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
14/3/21	Urinalysis ++ leucocytes M Hammond
1200	Scan performed – no concerns. Offered physiotherapy department informed mid visit this afternoon. Trimethoprim started as discharge prescription. Feels well.
1400	Seen by physiotherapist. Stacey declined use of tubigrip. Declined analgesia. Can be referred to physiotherapy dept by C/M for review in 1/12. Advice given on bending, lifting, etc. Home on trimethoprim. Offered –

Weight in late pregnancy ..... kg

Date ../../..

Please remember to complete the 'Whose signature?' section on the back cover of the pregnancy record

Other information/plans/referrals etc	Return in (weeks)	Signature
		dKnox SM
Wdl. Booking scan DBA + 20wk scan discussed. NSSU sent	3/52	RMJames
Attended MAU to collect notes. Declined DBA Well. Letter provided for housing	2/52	Deborah Stott.
Well, no concerns.	4/3	dKnox
Quite worried re preterm labour – because this happened last time – reassured that Declan did not come till due date. Anxious re no movement since Thursday – usually lots of movement – not busy so would notice. Advised re drinking cold water/warm bath/palpating to try + elicit movements. To count over next 8hrs if no movements then for CTG. Reassured as heard FH this am.	2/52.	Cooper SM

Special features

See maternity summary record ☐

Name Stacey Ellis

Age 22 Parity 1+0

Agreed EDD 30 / 5 / 11

Blood group O pos

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies Latex

BMI 19 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**

Antenatal appointments

Date	Weeks pregnant	Height of uterus (cm)	Blood pressure	Urinalysis	Oedema (swelling)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood tests taken and results
14/4/11	33 3/F		104/60	GU ++ FRESH SPEC	Feet.	Cephalic			YES. USS	YES.	
17/4/11.	33+6.										
27/4/11	35+2	30cm	110/60	# leucocytes. MSSU✓.	Nil	Ceph	long	4/5	FHHO✓	FMF✓.	
19/5/11	37+3		100/54	GU Trace	Nil.	ceph.			yes USS.	yes.	
20/5/11	38+4	35	110/70.	nad	nil.	cep	long	3/5	FH (S)	FMF.	—

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
14/3/11	Urinalysis ++ leucocytes M. Hammond
1200	Scan performed — no concerns. Offered physiotherapy department informed Unit first this afternoon. Trimethoprim ordered as discharge prescription. Feels well. Offered
1400	Seen by physiotherapist. Stacey declined use of tubigrip. Declined analgesia. Can be referred to physiotherapy dept by c/m for review in 4/12. Advice given on bending, lifting, etc. Home on trimethoprim. Offered

Weight in late pregnancy 58·7 kg
Date 12/5/11

Please remember to complete the 'Whose signature?' section on the back cover of the pregnancy record

Other information/plans/referrals etc	Return in (weeks)	Signature
Not eaten at all today. OGTT 2 1·3 (n). US AC >60, LV (n)	Plan US + ANC 4/52	Stacey 8/2
c/o backpain - has tubigrip - encouraged to wear. Support belt also given. Appointment in Aberdeen 12/5/11	4/52	L. Watson sp
AC 75cm Cephalic, LV (n). Just discharged from Westhams Ward early hours of this morning. Contracting 1:10 mins. not noting in strength / frequency. Seen today as above. Events noted. Still to contractions as above. Advised re: to go to Montrose if ↑ing pain / SROM / pr bleed / ↓FMs.		SMajor.
tired, backache +. Wishes sweep, See over.	25/5/11	Lmcfarlane

Special Features

See maternity summary record ☐

Name Stacey Ellis

Age 22 Parity 1+0

Agreed EDD 30 / 5 / 11

Blood group O pos

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies Latex

BMI 19 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**

Antenatal assessments/admissions

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
8/10/10	2230	LMP 26/8/10 = 6wks P1+1. Opos.
		Attended Unit as requested following
		a call at 21:20hrs ? a history
		of :-
Admission (1)		Has felt a bit off colour today
		then 2hrs prior to call had sharp
		RF sided pain that comes & goes.
		States h/o previous pelvic infections.
		Nil pv, Voiding okay.
		O/E looks well.
		Plan:- scan to determine if I.U. pregnancy.
		Scan - Gestation sac ✓
		FH ✓ yes ✓ tiny fetal pole = 5mm = 6wks.
		Urine - NAD. Stacey reports being
		a bit constipated the past few days
		so ? could be reason for discomfort
		Obs - T 36.5 P = 90 (had a cigarette 20mins ago)
		BP 105/75.

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
14/3/11	Urinalysis ++ leucocytes
1200	Scan performed — no concerns. M. Hammond
	Physiotherapy department informed Ltd Unit this afternoon. Trimethoprim ordered as discharge prescription. feels well.
1400	Seen by physiotherapist. Stacey declined use of tubigrip. Declined analgesia. Can be referred to physiotherapy dept by c/m for review in 1/12. Advise given on bending, lifting, etc. Home on trimethoprim.

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
8/10/10		Advised re - ↑ fluids/diet/fax ; to be mindful that discomfort maybe related to other causes - Stacey said she has had a grumbling appendix in the past. Advised if pain ↑ to contact either own GP practice, MAU or NHS24. Encouraged to try 2 Paracetamol. Home meantime KATHERINE MCNICOL MIDWIFE
23/10/10	15.55	Into MRI with h/o abdo, back & side (R) pain. States it is severe but not distressed on admission, had pain for approx 2 hours, BO and passing wind as normal, feels a bit nauseous but has not been sick. Nil PV. Uterine pregnancy confirmed on 8/10/10. P: 92bpm BP: 102/58 T: 36.2°C. Urinalysis: Leucocytes ++, protein +, Bld ++, probable UTI, prescription arranged via 'Hub'

Admission (2)

Special Features

See maternity summary record ☐

Name Stacey Ellis

Age 22 Parity 1+0

Agreed EDD 30 / 5 / 11

Blood group O pos

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies Latex

BMI 19 Smoker No ☐ Yes ☑

Pregnancy	
Special features	Plans for care

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
		for Stacey to collect from Boots, advised to take paracetemol if required. To call back if any bleeding, or to see GP if pain persists. SK SUZANNE KNOX MIDWIFE
		28 th
120311.	2030	came to the unit for A/N check as c/o backache and urinary symptoms. Feels like there is a pressure on her bladder all the time and her back is aching. Uncomfortable walking. BP 120/66 urine checked +++ Leucocytes ++++ Glucose Last ate at about 12pm, had a McDonalds. She has only had coffee (no sugar) to drink. Stacey feels like the baby is pressing on the 'waters'.

Admission (3)

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
14/3/11	Urinalysis ++ leucocytes
1200	Scan performed – no concerns. M. Hammond
	Physiotherapy department informed Mid visit this afternoon. Trimethoprim ordered as discharge prescription. feels well.
1400	Seen by physiotherapist. Stacey declined use of tubigrip. Declined analgesia. Can be referred to physiotherapy dept by C/M for review in 1/12. Advice given on bending, lifting, etc. Home on trimethoprim.

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
120311		Discussed CTG - agrees to this. ASmart S/M
	20[53]/	CTG commenced. MP 90 bpm.
		Palpation (gentle) prior to CTG commencing.
		Transverse. FH ASmart S/M
	21[10]/	Tightenings palpable. Stacey is aware of these. She feels they are worsening.
		Phoned Reg at ANH to discuss situation (SBAR used). We agree that Stacey should be transferred to ANH for medical review. ?UTI ?Threatened pre-term labour.
		On-call midwife C. Cooper notified. ASmart S/M.
	21[20]/	Ambulance called
	21[24]/	CTG discontinued. (SEE OVER FOR SUMMARY)
	21[28]/	Ambulance arrived ASmart S/M

Special Features

See maternity summary record ☐

Name Stacey Ellis

Age 22 Parity 1+0

Agreed EDD 30 / 5 / 11

Blood group O pos

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies Latex

BMI 19 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
120311	2130	CTG summary.
		Increased risk, threatened PTL.
		Tightening mild, 3:10.
		Baseline Rate 140-150bpm.
		Variability 15bpm
		Accelerations + FMs present
		NO decelerations
		NO fetal compromise but suspicious
		of threatened pre-term labour.
		Plan: for review at AMH. AStuart S/m. (ALISON STUART)
		Into ambulance.
	2210	Arrived AMH - W/ [illegible] AStuart
	2225	Urinalysis + Leucocytes trace glucose. MSSU to labs.
		on palpation - fundus = 25cm (now at 28+6 weeks)
		? transverse ? oblique breech
		Soft & non tender but wkly activity noted - to be
		assessed.

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
14/3/11	Urinalysis ++ leucocytes
1200	Scan performed — NO Concerns. M. Hammond Physiotherapy department informed Ward visit this afternoon. Trimethoprim ordered as discharge prescription. Feels well.
1400	Seen by physiotherapist. Stacey declined use of tubigrip. Declined analgesia. Can be referred to physiotherapy dept by C/M for review in 1/12. Advise given on bending, lifting, etc. Home on trimethoprim.

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
12/3/11		Cardiotocograph (CTG) commenced to assess fetal wellbeing. Fetal Heart (FH) 146 bpm Maternal temp 36°C pulse 98 BP 101/71 Resps 15. For review by medical staff - busy meantime CMackay
	2320	CTG reassuring x contractions D/W DE RAGNASDOTTIR - for oral analgesia meantime ORAL PARACETAMOL 1g & DIHYDROCODEINE 30mg given CMackay

agnostics
tatus®

ELLIS

SG
12-03-2011
10:13PM

4307
Not Entered
Not Entered

CTG REVIEW *(Refer to laminated guide on CTG machine)* Date: 12/3/11 Time: 2335

Baseline rate: (110-160) 140 bpm **Accelerations:** (Yes) / No **Contraction frequency:** 2 :10

Maternal Pulse: 98 **Decelerations:** (No) / Yes: ⟹ Typical Variable / Atypical Variable / Late

Variability: ≥5) 5-10 bpm

Membranes: (intact) / ruptured **Amniotic fluid:** clear / blood stained / **none seen** / meconium: thick / thin / old / fresh

OVERALL IMPRESSION (circle): **NORMAL** (all features normal) **SUSPICIOUS** (one feature non-reassuring) **PATHOLOGICAL** (≥2 non-reassuring or 1 feature abnormal)

PLAN: DISCONTINUE TO ALLOW PALPATION OF UTERINE ACTIVITY.

Signature: CMackay Print: CMACKAY Grade: RM.

CGD 692258

	2350	Contracting 2:10 mins mild tone. Stacey % pressure with contractions CMackay

Special Features

See maternity summary record ☐

Name Stacey Ellis

Age 22 Parity 1+0

Agreed EDD 30 / 6 / 11

Blood group O pos

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies Latex

BMI 19 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**

Breech Presentation at 36 weeks

		Date
External Cephalic Version discussed and information given	☐ No ☐ Yes	/ /
External Cephalic Version offered	☐ No ☐ Yes	/ /
External Cephalic Version offer accepted	☐ No ☐ Yes	/ /

Details of ECV procedure

Record of cervical stretch and membrane sweep for postmaturity

Date / / Time : Gestation

Record of discussion prior to the procedure

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Signature: Date / /

Cervical examination

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

* Relative to the ischial spines

Comments

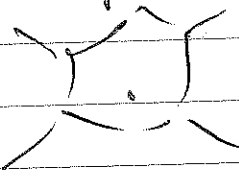
Plans following procedure

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
14/3/11	Urinalysis ++ leucocytes
1200	Scan performed — no concerns. M. Hammond Offered Physiotherapy department informed Will visit this afternoon. Trimethoprim ordered as discharge prescription. Feels well. Offered
1400	Seen by physiotherapist. Stacey declined use of tubigrip. Declined analgesia. Can be referred to physiotherapy dept by C/M for review in 1/12. Advise given on bending, lifting, etc. Home on trimethoprim. Offered

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
13/3/11	10 am	BT2 (Lim)

22+0. P1 (Prev. SVD at Term) ~~29~~ 29/40.
Pc: Abdo pain → Montrose → AMH.
Few days of abdominal tightenings irregularly, felt tightenings a lot worse today, hence presented to Montrose.
Palpable tightenings 2-4:10 by Midwives.
Also c/o Urinary urgency for several days but no dysuria/frequency.
Urinalysis → 3+ Leuc; 4+ Gluc.
Urinalysis repeat → 1+ Leuc.
No change in bowel habit.
Good FM ✓ No PV loss/bleed.
Now much improved since diclofenac.

Obs ✓  Abd Non-Tender.
Apyrexial No palpable tightenings over 5 mins.
CTG Reactive

Special Features

See maternity summary record ☐

Name Stacey Ellis

Age 22 Parity 1+0

Agreed EDD 30 / 5 / 11

Blood group O pos

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies Latex

BMI 19 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**

Name ..... CHI no .....

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
13/2/11	0015 Cmtd	Speculum with consent: long thick cervix, multips os. HVS taken ✓.
		Imp: ① UTI
		② Uterine irritability 2° UTI but now settling.
		℞ ① Start Abx for UTI
		② Analgesia
		③ f/v maré
		Zp-LIM 2334
		Note Measuring small → will need Growth Scan Monday CMW to repeat Urinalysis in 1/52, if still having glucosuria, will need OGTT
		ZP.
	0030	ORAL TRIMETHOPRIM 200mg given as charted CMcKay
	0110	Feeling uncomfortable since speculum, reports ↑pains. For assessment CMcKay
	0125	1 moderate tone contraction only in 10 mins. Left to try & sleep. Will call staff if sore CMcKay

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
14/3/11	Urinalysis ++ leucocytes M. Hammond
1200	Scan performed — no concerns. Hand
	Physiotherapy department informed Ltd visit this afternoon. Trimethoprim ordered as discharge
	prescription. Feels well. Hand
1400	Seen by physiotherapist. Stacey declined use of tubigrip. Declined analgesia. Can be referred to physiotherapy dept by C/M for review in 1/12. Advice given on bending, lifting, etc. Home on trimethoprim. Hand —

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
13/3/11	0800	Stacey feels she is still sore this morning — feels slightly worse than last night. Observations as per chart — all stable. CTG commenced to assess fetal well being. Plan — give analgesia, continue CTG, assess for uterine activity. Waters — (A Bargeon)
	0830	CTG discontinued, loss of contact +, baby very active. Re-assessing for uterine activity, will prepare for uterine activity. Waters —
	0840	3 mild feeds in 10 min. Stacey quite uncomfortable, going to take dihydrocodeine and for review on ward round. Waters —

Special Features

See maternity summary record ☐

Name Stacey Ellis

Age 22 Parity 1+0

Agreed EDD 30 / 5 / 11

Blood group O pos

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies Latex

BMI 19 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**

Name STACEY ELLIS CHI no 2804888 0160

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
13/03/11	0900	WR - Dr Fairley. 29/40 P1 ? Preterm labour 2° UTI (on ABx). P/A Soft non tender. Cx 9 Transverse lie ~~Symph~~ Symphysis pubis tenderness +. Plan - To stay in (transfer to Ashgrove) - Refer to physio - tubigrip. - USS for growth. Hw Hdyn3

To ay e my

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
14/3/11	Urinalysis ++ leucocytes M. Hammond
1200	Scan performed — no concerns. Offred
	Physiotherapy department informed mid shift
	this afternoon. Trimethoprim started as discharge
	prescription. feels well.
1400	Seen by physiotherapist. Stacey
	declined use of tubigrip. Declined analgesia.
	Can be referred to physiotherapy dept by C/M
	for review w/c 4/12. Advise given on bending,
	lifting, etc. Home on trimethoprim. Offred —

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
13/3/11	0910	Bed booked in summerfield ward. Waters
	0920	Given tubigrip and information leaflet re pelvic girdle pain. For transfer to summerfield. Waters
	1600	Admitted to Summerfield ward - Stacey quiet and a little upset - wishing to go off ward - advised to not stray away too long and TCB if concerns. Llwyd Hughes.
	1800	Stacey has been in and out and slept all day - no complaints Llwyd Hughes
	2210	Stacey advises she has some left sided abdo pain, analgesia given. Also advised some pv discharge, asked to leave pad next time at toilet. FH 128 bpm clear - regular with sonic aid. Will contact us if any concerns but hoping to get some sleep. M Sims.

Special Features

See maternity summary record ☐

Name Stacey Ellis

Age 22 Parity 1+0

Agreed EDD 30 / 5 / 11

Blood group O pos

Thrombosis risk factors

☐ Previous history ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies Latex

BMI 19 Smoker No ☐ Yes ☑

Pregnancy	
Special features	Plans for care

Name Stacey Ellis CHI no 2804880060

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
14/3/11	0035 No	contact overnight. M Sims
	0810	Stacey informs me she is going out to sort out her son at home. Will check BP on return. Hfendaa
	0820	Stacey has returned. Observations within normal limits. Analgesia given for (L) sided pain. Stacey reports symptoms have improved since yesterday. Feeling plenty fetal movements. Nil P.V loss. On palpation longitudinal lie, cephalic presentation F.H. 148bpm via sonicaid clear & regular. Asked to leave bed pan for urinalysis. M. Hammond
14/3/11		WR DR fullerton :
		Patient still getting some pain on pain relief
		On antibiotics for UTI
		Plan : 1) for AVC scan today
		2) If lightenings settled today then (H) label on today

28/3/11 SW

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care	
14/3/11	Urinalysis ++ leucocytes	M. Hammond
1200	Scan performed — no concerns. Referral Physiotherapy department informed Unit visit this afternoon. Trimethoprim started as discharge prescription. Feels well.	Ufuoma
1400	Seen by physiotherapist. Stacey declined use of tubigrip. Declined analgesia. Can be referred to physiotherapy dept by C/M for review wk 1/12. Advise given on bending, lifting, etc. Home on trimethoprim. Ufuoma — To see C/M next week.	Ufuoma
15.3.11		
23.15	called to unit for checking	
2hours	c/o history of feeling damp trickle of fluid c/o leaking. T36.1 P82 BP 130/55. FMF. urinalysis ++ leucocytes, ++ glucose.	
	on palpation, ?long lie, ?pres. FH 130 regular.	
	permission given for speculum creamy discharge only seen no evidence of liquor.	
	Swabs taken.	
	on antibiotics for UTI has further appt on monday at MAT.	
	plan - Home to rest.	
	call back if concerned.	
	L McFarlane SM	
28/3/11	31wks gest. Para 1/0 oPos	
	Into Unit for ANC. Doesn't feel well today.	
	B/P - 110/60	
	Urinalysis - NEG	
	Oedema - NIL	
	On palpation - Longitudinal lie, fetal movements felt.	
	Fundus = 28cm (prev. scan = no concerns)	Jacobelli SIM
	FH - 136 bpm	

* See attached photocopy of sheets of care given when notes were forgotten

Your postnatal care

Name Stacey Ellis CHI no 280480 0060

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that
	Stacey is not feeling much fetal movement today.
10:00	On to CTG
	Sl. ↑ risk due to small baby and ↓ FM's.
	Bloods obtained for Blood group and antibodies
	(for AMH).
10:35	CTG discontinued-
	Not contracting
	Baseline rate - 140bpm
	Accelerations - present
	Variability > 10bpm
	Decelerations - none
	Overall reassuring trace.
	Discussed candida infection (on lab report 15/3/11)
	Stacey requesting oral thrush treatment (request
	faxed)
	Next appt. 18/4/11 @ 11:30.
12/4/11	Antenatal clinic review made for
3pm.	Thursday 14th @ 2.35pm then will
	be decided whether growth scan
	needed or not Seen [signature]
	in MEU 11/4/11 @ 33wks + f/h = 2/52 RK
*	
17/4/11	33+6 wks. Called unit with history of abdominal pain
	radiating from ribs to pelvic area. Advised by s/m I Duckett
13.30hrs	to go to AMH as over 34 wks. Stacey phoned AMH who
	advised to take Paracetamol and a bath and to phone back
	in 2hrs. Took Co-Codamol at 12.30hrs as no Paracetamol
	at home. Came to unit c/o nausea and abdo pain.
	not drinking much fluids today.
	urine - trace protein, glucose ++++. Says she hasn't eaten
	or drunk any sugary items today. Does not take sugar
	in drinks.
	s/m Short

ANNAT BANK, LINKS HEALTH CENTRE, FRAN

ELLIS
STACEY
8 MILL PLACE
CRAIGO
MONTROSE

2804880060
F
DD10 9LB

TEAM V9 241

DATE 17/04/11

TIME 13:52

GESTATION 33+6.

abdo pain
not contracting

D90.

Shivaun 17/4/11

Photocopies

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880066

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20³⁰	28⁺⁶	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. Assmnt ALISON STUART S/M
15.3.11 23.30.	29 wks.	Called DO MIC for checking ? SROM, pad dry, fms.

Antenatal Care

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
		T 36⁴, P 90, BP. 112/73.
		On palpation, longitudinal lie, cephalic presentation
		Fundal height = 30cm FH 120-130 bpm. FM x1 felt by myself
		Hasn't felt baby kick or make any movements
		today. last felt FM's last night around 23.30pm.
		Abdomen Soft - no tightenings felt. Says pain feels
		like a "period like pain", but can't relate the pain
		to anything else. NO back pain. P.V loss normal, not bleeding
	13.50	CTG commenced as. reduced FM's.
	DR	↑ risk as abdominal pain ↓ FMs.
	C	Not contracting
	BR	Baseline rate 120 bpm.
	A	Accelerations noted to Fetal movements. x10 during CTG.
	V	Variability >10 bpm. NO decelerations
	O	Reassuring trace.
		Discussed with labour ward sister at AMH - to go to
		Westburn ward. S/M Spert.

* See attached photocopy of sheets of care given when notes were forgotten

Your postnatal care

Name Stacey Ellis CHI no 2804880060

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that
	stacey is not feeling much fetal movement today.
10:00	Onto CTG
	SI ↑ risk due to small baby and ↓ FM's.
	Bloods obtained for Blood group and antibodies
	(for AMH).
10:35	CTG discontinued-

Name ..... CHI no .....

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
17/4/11	16h40	Review. Pain (R) side of tummy
Clinician		Fetal movements at first slightly reduced
		°PV loss °PV bleeding
		°waxy implants ° hand implants
		Glycosuria. had OGTT (N)
		Obs: (N)
		abdo: nfl, non-tender
		°tenderness demonstrated. when w nft
		cephalic
		CBG reactive
		(P) Home
		Simple analgesia

2729.

Photocopies ✱

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880066

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20[30]	28[+6]	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. Asmant ALISON STUART S/M
15.3.11 23.30.	29 wks	Could do mic for chasing ? SBM, pad dry, fmf. On antibiotics for UTI

Antenatal assessments/admissions (continued) Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
17/4/11 RETROSPECT	1600	Montrose referral @ 33/40 with (R) sided abdominal pain since this morning. Co-codamol not affective. Reports fetal movements as (N) however noted that they were reported as reduced earlier. Pain not improving or getting any worse. Has not eaten much today. RBenyie
		Obs stable as charted. RBenyie
		On palpation - uterus soft, non tender - Ceph presentation - free.
		FH 133bpm, clear and regular. CTG reassuring in Montrose. RBenyie
	1630	Dr Chittenden asked to review (see review on previous page) RBenyie
	1730	Analgesia given as charted. Stacey unhappy with consultation with Dr Chittenden - feels he thought she was not really in pain.

* See attached photocopy of sheets of care given when notes were forgotten

Your postnatal care

Name Stacey Ellis CHI no 280488 0060

Antenatal

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that
	Stacey is not feeling much fetal movement today.
10:00	On to CTG
	SI ↑ risk due to small baby and ↓ FM's.
	Bloods obtained for Blood group and antibodies
	(for AMH).
10:35	CTG discontinued-

Name ..... CHI no .....

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
17/4/11	cont	Wishes to go (H) although feels issues have not been resolved. Advised to stay if not happy with advice and be seen by different member of medical staff. Refused - wants to go (H). Discussed stretching uterus and pregnancy pains. Advised regular Paracetamol and to also start wearing tubigrip again. To contact ward if any further concerns. RBenyié
19/4/11	1235	Stacey transfered to Westburn via A&E following accidental overdose of 22 Solpadol tablets containing paracetamol & Codeine.
Admit (5)		O/A - Stacey has IV fluid - Parvolex insitu to remain until 2000hrs @ 625mls/hr
		Obs - T-37°, P-110, BP-145/60, RR-19, Sats 97%

Photocopies

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880006

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 2030	28wks	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. Asmart ALISON STUART S/M
15.3.11 23.30.	29 wks	Called to MIC for checking ? SROM, pad dry, fmf. no antibiotics A

STACEY ELLIS.

Antenatal Care

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
19/4/11	1235 CONT	Wearing thick night gown- Removed, window open, encouraged to increase fluids.
		O/E Fundus soft
		longitudinal lie
		Cephalic Presentation
		Head 4/5ths Palpable
		CTG commenced to monitor fetal well-being
		Stacey very quiet.
		PLAN- Complete CTG
		- Complete IV Parvolex.
		- Dr to Review. KMaitland
	1330	

CTG REVIEW *(Refer to laminated guide on CTG machine)* Date: Time: 1330

Baseline rate: (110-160) 140 bpm **Accelerations:** (Yes) / No **Contraction frequency:** 0 :10

Maternal Pulse: 105 **Decelerations:** (No) / Yes → Typical Variable / Atypical Variable / Late

Variability: ≥5) 75 bpm

Membranes: (intact) / ruptured **Amniotic fluid:** clear / blood stained / **none seen** / meconium: / thick / thin / old / fresh

OVERALL IMPRESSION (circle): **NORMAL** (all features normal) **SUSPICIOUS** (one feature non-reassuring) **PATHOLOGICAL** (≥2 non-reassuring or 1 feature abnormal)

PLAN: FMF. Rpt as clinically indicated.

Signature: KMaitland Print: KMAITLAND Grade: R/M

CG3 09/2005

* See attached photocopy of sheets of care given when notes were forgotten

Your postnatal care — Name Stacey Ellis CHI no 2804880060 — Postnatal

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that
	Stacey is not feeling much fetal movement today.
10:00	On to CTG
	Sl. ↑ risk due to small baby and ↓ FM's.
	Bloods obtained for Blood group and antibodies
	(for AMH).
10:35	CTG discontinued-
	Not contracting

Name ..... CHI no .....

Antenatal assessments/admissions (continued) — Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
19/4/11	1830	Obs - T-37.4, P-105, RR-18, BP-115/66, ~~RR~~ Sats 99% in Air
		Stacey states that she has pain ~~in~~ epigastric ~~area~~ epicare top of fundus - ? epigastric.
		Requesting to go out for cigarette Asked to wait until medical staff Reviewed.
		SOU awaited. K Maitland
	1400	33+2 ; P1
		2/7 Hx of Right Sided pain
		Intermittent + worsened by eating
		Relieved temporarily by analgesia
		°radiation, °vomiting, °fevers/shivers
		Took 22 solpadeine over 24hr ; took 3 tabs every 3hr.
		Just wanted pain to go

Photocopies ✱

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880060

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20[30]	28[+6]	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. A/Smart ALISON STUART S/M
15.3.11 23.30.	29 wks.	called to MAU for checking ? SROM, pad dry, fmf. ↓ antibiotics for UTI

Antenatal assessments/admissions (continued) Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
19/4/11 (cont)		Did not deliberately cause harm to herself or baby. Did not have suicidal thoughts Denies stress at home FMs ✓ CTG: baseline 140; var >5; accels ✓ ° decels ✓ ° uterine activity ole t37[+]; p105 tender ++ ° Ceph; 4/5th ° rebound Promont Umbs ° guarding ° mass USS - growth AC 50th LV (P) Plan: c/t Pabrinex until 20[00] + bloods ok

* See attached photocopy of sheets of care given when notes were forgotten

Your postnatal care

Name Stacey Ellis CHI no 280480 0060

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that
	stacey is not feeling much fetal movement today.
10:00	On to CTG
	SI ↑ risk due to small baby and ↓ FM's.
	Bloods obtained for Blood group and antibodies
	(for AMH).
10:35	CTG discontinued-
	[illegible]

Name ..... CHI no .....

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
		MSSU
		Abdo USS
		to stay o/n, if
19/4/11	1530	SOU - +Glucose, 4+Ketones, +Blood,
		+Protein, trace leucocytes. MSSU sent
		KMaitland
	1535	For abdo scan 20/4/11 @ 0900am
		to have full bladder. KMaitland
	1900	Obs - T-37°, P-106, RR-18, Sats - 98% in Air
		BP-127/65
		FH - 158bpm.
		Asked to remove dressing gown in
		view of ↑Temp, declined. Wishing
		to go outside for walk.
		IV fluids disconnected to go for
		walk. KMaitland

Siemens Diagnostics
Clinitek Status®

Patient:

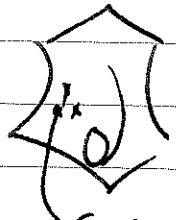
Multistix® 8 SG
Test date 19-04-2011
Time 3:23PM
Operator
Test number 4975

Photocopies

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880060

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20³⁰	28⁺⁶	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. Assmart ALISON STUART S/M
15.3.11 23.30.	29 wks.	Called DO MIC for checking ? SRM, pad dry, fmf. DO antibiotics for UTI

Antenatal assessments/admissions (continued) Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
19/4/10	1910	SOU. +Ketones, trace Blood, +Leucocytes KMc
9/4/11	21:25	Wd SR
		Unintentional paracetamol OD On Nacetyl cysteine @ present. Stit ↓/o R sided abdl pain. Fm - o PV bleeding BO /
		 Tender; ° guarding/ rebound
		Plan Ap d.w.w for paracetamol levels + LFTs ?? ↓ n/v.
	2215	Obs stable as charted.

KMcLoughlin
RBenyon

* See attached photocopy of sheets of care given when notes were forgotten

Your postnatal care

Name Stacey Ellis CHI no 2804880060

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that Stacey is not feeling much fetal movement today.
1	ue to small baby and ↓ FM's. d for Blood group and antibodies .

... CHI no .....

CHI no .....

missions (continued)

Antenatal Care

ch entry

31.4.11	2200	Review: Paracetamol tx.
		Discussed this lady & her treatment & the A+G Dr. Since the OD was staggered, the nomogram in the BNF if not useful. Bloods need to be repeated - I'll take these just now. If the LFTs, INR (esp. PT) are improved, the tx can stop but if they are worse or not improved, a further 8 hr bag is required. The A+E doc. kindly offered assistance O/N if any concerns about this lady's management.
		[signature] STEVENSON STI 2394
1/4/11	0010	Review of Bloods:
		Hb - 96 Na 134 Glucose 8
		Plts - 418 K 3.5 CRP 50
		Wcc - 19.6 Cl 105
		Neut - 13.6 Urea 2.0 (N) LFTs, PT & INR (N)
		PT - 12.1 Creat 60 ∴ further bag of N-acetyl cysteine
		INR - 1.1 Br 8 not required. Confirmed w A+E Dr also
		APTT - 29.2 ART 8 [signature] STEVENSON STI 2394
		Alb 152

Photocopies ✱

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880066

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20³⁰	28⁺⁶	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn ward. For GTT to be arranged due to glycosuria. Ashmart ALISON STUART S/M
15.3.11 23.30.	29 wks.	could do mic for chasing ? SBM, pad dry, fmf.

Antenatal Care

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
20.4.11	0900	Reviewed: (Dr. Ashraf)
		22yr ♀ P1+0. 33⁺³ wks.
		. admitted with (R) sided abd. pain
		+ paracetamol overdosage.
		. Pain subsided now.
		Obs - stable.
		Abd - soft
		non tender
		guarding°, rigidity°.
		Plan:
		· For Abd. Scan today
		. CTU.
		· Repeat blood.
		. Review by psy team.
		Study
	0910	Bloods taken for FBC, clotting, UE's, LFT's, CRP (L'DODLINSKI) Dodinski R/M
		Paracetamol levels.
	0940	Temp 36.6°C Pide BP 116/68 Resps 16.

* See attached photocopy of sheets of care given when notes were forgotten

Your postnatal care — Name Stacey Ellis CHI no 2804880060

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that
	Stacey is not feeling much fetal movement today.
10:00	Onto CTG
	Sl. ↑ risk due to small baby and ↓ FM's.
	Bloods obtained for Blood group and antibodies
	(for AMH).

Name ..... CHI no .....

Name ..... CHI no .....

Antenatal assessments/admissions (continued) — Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
		Feels right sided abdo pain is better but still occuring. Aware of lower back pain since yesterday evening ~ 1:10 lasting ~ 40secs. Nil associated tightenings. Mucousy loss PV on wiping. Fetal Movements felt (FMF) by Stacey. Fetal Heart Heard & Regular (FHHR) @ 125bpm. Cardiotocograph (CTG) commenced. L Dodunsd. Scan now @ 1100 - Stacey aware. L Dodunsd.
		Seen for ultrasound scan. Urinalysis: ++ Ketones, ++ leucocytes. For clean catch & repeat urinalysis. L Dodunsd.

STACEY ELLIS
tistix® 8 SG
date 20-04-2011 11:38AM
ber 4995
Not Entered
Not Entered

CTG REVIEW *(Refer to laminated guide on CTG machine)* Date: 20.04.11 Time: 1030

Baseline rate: (110-160) 135 bpm **Accelerations:** (Yes) No **Contraction frequency:** 1 :10

Maternal Pulse: 106 **Decelerations:** (No) / Yes: → Typical Variable / Atypical Variable / Late

Variability: ≥5) 5-10 bpm

Amniotic fluid: clear / blood stained / **none seen** — meconium: thick / thin — old / fresh

Membranes: (intact) / ruptured

OVERALL IMPRESSION (circle): **NORMAL** (all features normal) **SUSPICIOUS** (one feature non-reassuring) **PATHOLOGICAL** (≥2 non-reassuring or 1 feature abnormal)

PLAN: DISCONTINUE.

Signature: L Dodunsd Print: L DODUNSKI Grade: R/M

CGO 080225

Photocopies

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880060

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20[30]	28[+6]	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. Assmart ALISON STUART S/M
15.3.11 23.30.	29 wks.	Called to MIC for checking ? SROM, pad dry, fmf. ov antibiotics for UTI

Antenatal Care

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
20/4/11	15[40]	Maternal observations satisfactory, no c/o abdo pain @ present. Fetal movements felt. J Muirhead RM
	1640	Reviewed (WR Dr. Mathew)
		· No pain · No eye contact during conversation.
		Obs - stable.
		USS Abd - Mild hydronephrosis on Rt. ??
		Plan:
		· Review by psy. team.
		Kheddij's
	20[20]	Maternal observations satisfactory, given FeSO4 as prescribed. Fetal movements felt, FH 148bpm. Stacy c/o tightenings and backache but uterus soft on palpation. Declines analgesia. Veriflon removed at Stacy's request. J Muirhead RM
	22[30]	T37 P92 RR15 BP 102/64. Stacy aware of tightenings/ period-type cramps as before - not wishing analgesia. No uterine activity palpated FH 128bpm clear + regular

* See attached photocopy of sheets of care given when notes were forgotten

Your postnatal care

Name Stacey Ellis CHI no 280488 0060

Postnatal

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that
	Stacey is not feeling much fetal movement today.
10:00	On to CTG
	SI. ↑ risk due to small baby and ↓ FM's.
	Bloods obtained for Blood group and antibodies
	(for AMH).

Name ..... CHI no .....

Name Stacey Ellis CHI no 280488 0060

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
20/4/11	Continued	via Sonicaid. Advised to let staff know if discomfort
		persists or worsens. HALLAN S/m HALLAN
	23^{15}	Appears asleep S/m H.Allan
21/4/11	06^{50}	No complaints overnight - remains asleep; not disturbed
		S/m HALLAN
	08^{10}	Maternal observations satisfactory, FH 142bpm
		clear & regular. Offers no c/o abdo pain.
		Uterus soft on palpation. J Muirhead RM
21/4/11	09:30	Referral faxed to psych. E Clark CMHN 21/4
	09^{55}	Following D/w Stacey re above, she is not keen to
		wait another night for psych review as wishes to go
		home to see her son. Will inform medical staff. J Muirhead RM
	10^{00}	FY2 informed, will come to speak to Stacey. J Muirhead RM
	11^{30}	Stacey S/B Martin Blair (liason psych nurse).
		For further referral to peri-natal mental health as
		O.P.
	12mn	Discharged home. J Muirhead RM

Photocopies ✱

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880066

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20³⁰	28⁺⁶	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. Assmart ALISON STUART S/M
15.3.11 23.30.	29 wks.	Called to unit for checking ? SROM, pad dry, fmf. ↓ antibiotics for UTI

Antenatal Care

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		36²/₇
4.5.11	14.15	Into Montrose c/o regular tightenings since 12.00 hr. No show, no SROM.
		T- 36²/₇ P92 111/75
		Feels contractions have increased in both strength & frequency since yesterday
		Advised that @ 36²/₇ she is recommended to attend AMH for assessment and birth. P Winter
		Cardiotocograph commenced to assess fetal wellbeing.
		Baseline 130 bpm.
		Variability 10-15 bpm.
		Accelerations present. No decelerations
		Uterine tightenings felt and recorded.
		Fetal movement felt.
		Urinalysis - +++ Leucocytes.
		D/W GP - no need for antibiotics at present.

* See attached photocopy of sheets of care given when notes were forgotten

Your postnatal care

Name Stacey Ellis CHI no 2804880060

Postnatal

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that
	Stacey is not feeling much fetal movement today.
10:00	On to CTG
	SI ↑ risk due to small baby and ↓ FM's.
	Bloods obtained for Blood group and antibodies
	(for AMH).
10:25	CTG discontinued.

Name ..... CHI no .....

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
4.5.11		await MSSU.
		Stacey c/o pressure 1/c contractions.
		Requesting vaginal examination
		Discussion re same, Stacey feels
		it would reassure her.
		Gentle vaginal exam.
		Parous os - 1 cm dilated.
		Vertex - spines - 2.
		FH 142 bpm.
		Findings ~~(set)~~ as discussed. Stacey not
		in labour. Advised to go home,
		rest and take mild analgesia. To contact
		unit if symptoms persist or labour
		establishes
		P. Winters RM.

Photocopies ✱

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880060

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20[30]	28[+6]	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. ASMant ALISON STUART S/M
15.3.11 23.30.	29 wks.	Called DO MIC for checking ? SRM, pad dry, fmf. DO antibiotics for UTI

Antenatal Care

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
11.5.11	1930hrs.	37[+2] EDD 30/5/11 Called into MIC for checking with history of backache and contractions since 4pm today. Lies no show, no SRM fmf. T 36.5 P 88 BP 120/72 Urinalysis – ++ glucose. On palpation – long lie, cephalic pres, head 3/5 palpable Fundal height = 36cm. FH 150[B] permission given for VE. Pelvis OS, 1cm dilated. Ischial spines – ± FH 146[B] Discussed plan, will stay in unit for a couple

* See attached photocopy of sheets of care given when notes were forgotten

Your postnatal care

Name Stacey Ellis CHI no 2804880060

Antenatal

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that
	stacey is not feeling much fetal movement today.
10:00	On to CTG
	SI. ↑ risk due to small baby and ↓ FM's.
	Bloods obtained for Blood group and antibodies
	(for AMH).
10:35	CTG discontinued.

Name Stacey Ellis CHI no 2804880060.

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
11/5/11		of hours, if labour does not escalate - home.
		has scan appt at AMH tomorrow.
		refreshments given.
		care handed over to J Cabrelli (referral SM
11/5/11	20:00	Care taken over by s/m J Cabrelli. Stacey obviously upset and very worried re. contractions. Stacey feels she has been contracting for a week and a half and is no longer coping. Wishing to go to AMH today for augmentation - advised that this may not be the route that AMH takes.
		Phoned AMH Westburn Ward - unable to speak to Medical staff as at Ward Round - Explained this to Stacey and will phone

Photocopies

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880060

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20³⁰	28⁺⁶	medical review. SHO Reg at AMH. Transferred via ambulance to Westburn ward. For GTT to be arranged due to glycosuria. ASMart ALISON STUART S/M
15·3·11 23·30.	29 wks.	Could do wee for chasing ? SRM, pad dry, fmf. on antibiotics for UTI

Antenatal Care

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
11/5/11		AMH back at 21:00. Stacey adamant she wants some sort of pain relief but states she is not allowed PARACETAMOL or CODEINE (since accidental overdose). Will discuss this with Reg at AMH. JCabrelli.
	21:00	Obs Reg bleeped. Happy to admit Stacey overnight to cope with her pain relief and get her scanned in the morning (Has scan appt tomorrow) Stacey unsure whether this is how she wants to proceed - left to discuss same with her father and friend Alesha - JCabrelli.
	21:25	Stacey has decided to head to Aberdeen JCabrelli
		———
11/5/11	2255	Stacey admitted to Westburn via Maternity EERAD Montrose @ 37⁺² wks gestation with history of contracting since

* See attached photocopy of sheets of care given when notes were forgotten *

Your postnatal care

Name Stacey Ellis CHI no 2804880060

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that
	Stacey is not feeling much fetal movement today.
10:00	On to CTG
	SI ↑ risk due to small baby and ↓ FM's.
	Bloods obtained for Blood group and antibodies
	(for AMH).
10:35	CTG discontinued-
	Not reactive

Name ..... CHI no .....

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
11/5/11		4/5/11, Cervix not dilatating.
		Stacey not taken any analgesia
		as states was told not too, after
		overdose.
		O/A- ~~Stacey~~ Obs- T-37', P-95, BP-119/70, RR-16
		O/E Fundus soft
		Longitudinal lie
		Cephalic Presentation
		Head 4/5ths Palpable
		CTG commenced to monitor fetal
		well-being
		SOU- 2+ leucocytes - MSSU sent.
		PLAN- Medical staff to Review &
		discuss analgesia. KMaitland
		/ / /

Photocopies ✱

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880062

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20³⁰	28⁺⁶	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. ASMart ALISON STUART S/M
15.3.11 23.30.	29 wks	Could do mic for chasing ? SROM, pad dry, fmf. Ov antibiotics for UTI

Antenatal assessments/admissions (continued) Antenatal Care

Date	Time	Details
Please use 24 hour clock		**CTG REVIEW** *(Refer to laminated guide on CTG machine)* Date: 11/5/11 Time: 2350
		Baseline rate: (110-160) 125 bpm **Accelerations:** (Yes) / No **Contraction frequency:** 1 :10
		Maternal Pulse: 95 **Decelerations:** No / Yes: ⟹ Typical Variable / Atypical Variable / Late
		Variability: ≥5) >5 bpm
		Membranes: (intact) / ruptured **Amniotic fluid:** clear / meconium: / blood stained thick / thin / **none seen** old / fresh
		OVERALL IMPRESSION (circle): **NORMAL** (all features normal) **SUSPICIOUS** (one feature non-reassuring) **PATHOLOGICAL** (≥2 non-reassuring or 1 feature abnormal)
		PLAN: Medical staff to Review CTG & Stacey.
		Signature: KMC Print: KMAMAND Grade: R/M CGD 69225
11/5/11	2350	
	0010	Apologies given for delay in medical staff Reviewing, explained Ward busy. KMC
	0015	Gone to use bath in Ashgrove. KMC
	0150	Returned from bath, continues to be aware of ?tightenings, explained that medical staff have stated she can take paracetamol & Dihydrocodeine, but Stacey not keen. Keen to have Vaginal Examination KMC

* See attached photocopy of sheets of care given when notes were forgotten

Your postnatal care

Name Stacey Ellis CHI no 2804880060

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that
	Stacey is not feeling much fetal movement today.
10:00	Onto CTG
	SI ↑ risk due to small baby and ↓ FM's.
	Bloods obtained for Blood group and antibodies
	(for AMH).
10:35	CTG discontinued-
	Not contracting

Name ..... CHI no .....

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
12/5/11	0205	Vaginal Examination performed with consent to assess dilatation. Aquagel used as lubricant forewaters felt & left intact. No cord, limb or placenta tissue felt.

BISHOP SCORE FOR STATUS OF THE CERVIX

SCORE	0	1	2	3
Dilation (cm)	0	(1-2)	3-4	5+
Length of cervix (cm)	(3)	(2)	1	0
Station	-3	(-2)	-1,0	+1, +2
Consistency	firm	(medium)	soft	
Position	posterior	(mid)	anterior	5

SCORE EACH COMPONENT THEN ADD SCORES FOR TOTAL BISHOP SCORE

PLAN. Have advised to stay & analgesia. KM

	0220	37+2, P1
		Long latent phase - cont every 10-15 mins
		FMs ✓
		CTG baseline 130, var >5, accels ✓ decels
		No other concerns
		Does not want to stay - had been told
		not to take paracetamol & IOHC due

Photocopies

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880060

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20³⁰	28⁺⁶	medical review. Ad Mw Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. ASMant ALISON STUART S/M
15·3·11 23·30.	29 wks.	Called to MIC for [illegible]

Antenatal Care

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
		to prev accidental overdose
		? reason - nil documented
		(2) LFTs
		Plan: can go (H)
		: has ANC + USS to m [signature] FMWCRTM
20·5·11	14·45	called for check.
		38+4.
		wishes sweep. permission
		given.

CERVICAL SCORE

Score	0	1	2	3	Patient Score
Dilation (cm)		(<2)	2-4	>4	1
Length (cm)		≥2	(1-2)	<1	2
Consistency	Firm	Av	(Soft)		2
Position	Post.	(Mid Ant)			1
Level of Pres. Part	Spines -3	Spines (-2)	Level Spines	Below Spines	1
				TOTAL	7

FH 130(S)
after sweep.
further
appt 00
25·5·11
L midwife
SM

grow pad checks to determine if SRM.

* See attached photocopy of sheets of care given when notes were forgotten *

Your postnatal care

Name Stacey Ellis CHI no 2804880060

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that
	Stacey is not feeling much fetal movement today.
10:00	Onto CTG
	SI ↑ risk due to small baby and ↓ FM's.
	Bloods obtained for Blood group and antibodies
	(for AMH).
10:35	CTG discontinued.
	Not contracting

Name ..... CHI no .....

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
25/5/11	09:45	39+2 OPas P1/0
		Stacey into unit requesting further sweep.
		Urinalysis ++leucocytes. MSSU ✓
		On palpation - longitudinal lie, cephalic presentation
		3/5ths palpable.
		FHI 148bpm

CERVICAL SCORE

Score	0	1	2	3	Patient Score
Dilation (cm)		<2	(2-4)	>4	
Length (cm)		≥2	(1-2)	<1	
Consistency	Firm	Av	(Soft)		
Position	Post.	(Mid. Ant)			
Level of Pres. Part	Spines -3	(Spines -2)	Level Spines	Below Spines	
				TOTAL	8

Findings discussed with Stacey.

To return for further VE/sweep on 30/5/11 unless signs of labour - will phone if needs us.

JGabrelli SIM

Photocopies ✱

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880066

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20³⁰	28⁺⁶	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. Asmant ALISON STUART S/M
15.3.11 23.30.	29 wks.	Cwd do mic for checking ? SRM, pad dry, fmf. do antibiotics for UTI

Antenatal assessments/admissions (continued) Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
27/5/11	18⁰⁰	Stacey into unit with history of SRM at 16⁰⁰hrs today. Described trickling clear fluid and a large gush which soaked clothing. Has been damp ever since. Has pad in situ which has not been in long. Discussed speculum. Stacey declines just now, feeling sure she has had SRM. Fetal movements normal today. No urinary symptoms. In good spirits. Temp 36.1°C BP 119/78 Pulse 72bpm FH 140bpm O/P long lie cephalic 2/5 palpable moderate contraction felt followed by movement. Plan Stacey to relax in unit for a couple of hours to see if labour establishes. Feels contractions are coming more regularly. For regular pad checks to determine if SRM.

* See attached photocopy of sheets of care given when notes were forgotten

Your postnatal care

Name Stacey Ellis CHI no 2804880060

Date/time	Further information/planning, delivering and evaluating ~~postnatal care~~ Antenatal care
28/3/11	For CTG due to previous concerns and that
	Stacey is not feeling much fetal movement today.
10:00	On to CTG
	SI. ↑ risk due to small baby and ↓ FM's.
	Bloods obtained for Blood group and antibodies
	(for AMH).
10:35	CTG discontinued-
	Not reactive

Name Stacey Ellis CHI no 2804880060.

Antenatal assessments/admissions (continued)

Antenatal Care

Date	Time	Details
Please use 24 hour clock and sign each entry		
27/5/11	Cont'd	Either
		a) at 2000 hrs no further uterine activity - for CTG (since unable to come in to unit until 9 or 10 am) to assess fetal well-being ? Speculum if Stacey agrees. Home.
		b) at 2000 hrs labour will be establishing & so Stacey will remain in unit.
		Stacey happy with plan - into relaxation room for refreshments, music, friend & sister with her for support. Lora Duckett RM.
		care taken over by
27.5.11	20.00	L McFarlane.
		permission given for CTG. does not like speculum. Feels liquor draining PV and good history of SROM low risk.
		contracting 1:3,

Photocopies

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880066

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20[30]	28[+6]	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. ASmart ALISON STUART S/M
15.3.11 23.30.	29 wks.	Cried to mic for chasing. ? SROM, pad dry, fmf. on antibiotics for UTI

Antenatal Care

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
27.5.11		baseline rate - 140.
		variability good 5 - 15.
		accelerations noted.
		no decelerations.
		overall reassuring trace.
	21.10	permission given for VE.
		Os central, 3cm dilated 1cm long, soft, spines -2, FH 130(D) after completion.
		Findings discussed with Stacey mobilising at present.
		Into pool when wishes.
		L McFarlane

Photocopies

Maternity Summary Record (continued) Name STACEY ELLIS CHI no 2804880060

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20³⁰	28⁺⁶	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. Asmart ALISON STUART S/M
15.3.11 23.30.	29 wks.	Called to unit for checking ? SRM, pad dry, fmf. On antibiotics for UTI Urinalysis ++ leucocytes ++ glucose. Speculum done, no evidence of liquor seen Swab taken. Next appt mon 21.3.11 L McFarlane SM
18.3.11	29+4	Vaginal swab shows profuse growth of candida - Stacey informed - will pick up prescription on monday advised live yogurt in the meantime as does not want to go to pharmacy tomorrow Sandra Wrayen
19/03/11	29⁺⁵	Phoned Stacey. To come in on Monday for GTT. Will also require group and antibody screen for AMH. Letter sent to antenatal clinic, AMH informing them of Stacey's wish to birth there if transfer. Asmart ALISON STUART S/M
21/3/11	30	Attended unit for GTT - same carried out Blood also obtained for group and antibody screen for Aberdeen. G. Watson S/N GTT result normal G. Watson SN
28/3/11	31	To unit for CTG. ↓ FM's. CTG reassuring ✓ Prescription request for thrush treatment ✓ J Gebrelli

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
2/4/11 1530hrs	31+5	Arrived at the unit. Did not phone. Wo. obstetric notes with her. Feeling lob of. abdominal pressure. Had treatment for Candida infection in the vagina in March. now says that she is fine. Passing urine well. Still having glucose in urine ++. on urinalysis today. OGTT normal @ 30 weeks. Abdomen Soft Not having regular uterine contractions. Vague history of Spontaneous Rupture of Membranes. on Wed of this week. Did not visit the unit. For Vaginal Speculum – performed with Stacey's consent to rule out Spontaneous Rupture of Membranes.
		On Vaginal Speculum.
		Cervical os posterior – Parous os only.
		No liquour visible in Vaginal canal.
		? Candida type discharge visible HVS ✓
		CTG – Cardio-Tocograph. Commenced at 1530 hrs. Fetal Heart 146 bpm.
	DR	CTG Reactive – T Risk due to prematurity.
	C	– Not having regular uterine contractions'
	BR	Baseline Rate 135–140 bpm.
	V	Variability – good 5–15 bpm.
	A	Accelerations present on the tracing.
	D	no deceleration patterns.
		occassional Loss of contact – Baby active.
	O	Overall picture Reassuring.
		Plan I/. Discontinue – To go home meantime. To go to AMU if labour commenced in view of prematurity. or to telephone Maternity unit.
		Leanne Merrill Midwife
3/5/11	36/52	In with contractions, did not establish. all documentation in labour notes. CTG x 2 performed both reassuring. → Home. Sam Menzies
	2140	

Forgot Notes

Maternity Summary Record (continued) Name Stacey Ellis ..... CHI no 2804880060

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
7/4/11 17.15	32+3	Stacey into MRI maternity c/o R sided abdo pain for past couple of hours, pain is not intermittent and does not feel like tightening pain. T: 36.4°C P: 82bpm BP: 112/62. Urinalysis: tr protein - has thrush & PV discharge ++, glucose ++ - been drinking coke. Not aware of any FMs today. Discharge PV - has thrush, bought more treatment today. BO + PU normally. Has not taken any analgesia. O/E: fundus = dates Longitudinal lie Cephalic pres Vx free FH: 153bpm.
17.24		External CTG commenced to assess fetal wellbeing as ↓ FMs. dKnox(SpR)
17.45		Discussed above with Reg at AMH - Dr Ragnarsdottir - happy with my plan to recommend analgesia, send home and advice to call back if pain worsens, any PV bleeding, concerns re. FMs or other concerns. dKnox(SpR) CTG discontinued ↑ Risk - abdo discomfort, ↓ FMs Not contracting Baseline Rate = 140bpm ~~Accelerations~~ dK Variability = 5 - 10bpm Accelerations present No decelerations present FM x 16 Overall reassuring trace. Recommended above plan to Stacey - declines analgesia, aware to phone unit if problems persist or worsen. dKnox(SpR)

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your baby is born

Special features	Plans for care	Notes for paediatrician
LATEX ALLERGY		Does this baby require BCG Immunisation? YES NO If yes record on labour summary

Antenatal Steriods given No ☐ Yes ☐ Date ../../.. Time .. Details .....

Repeat dose Date ../../.. Time .. Date ../../.. Time ..

Information for you

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

	Date received
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)	../../..
Benefits and Entitlements	
• 'A Guide to Maternity Benefits' NI 17A www.dwp.gov.uk	../../..
• 'Pregnancy and work: what you need to know as an employee' www.dti.gov.uk	../../..
Blood tests in pregnancy	
• 'A Guide to Routine Blood Tests Offered During Pregnancy'	../../..
• 'A Guide to the Screening Test for Spina Bifida and Down's Syndrome'	../../..
Pregnancy, babycare and breastfeeding	
• 'Ready, Steady, Baby!'	../../..
• Information on wearing a car seat belt safely during pregnancy	../../..
• 'Reduce the Risk of Cot Death' www.sidscotland.org.uk	../../..
• 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby'	../../..
• 'Breastfeeding and Returning to Work' www.healthscotland.com	../../..
• 'A Parents' Guide to Newborn Blood Spot screening'	../../..
• 'Your Baby's Hearing screen'	../../..
• 'BCG and your baby' www.healthscotland.com	../../..
• 'Talking about postnatal depression' www.healthscotland.com	../../..
• 'Smoking - giving up during pregnancy: A guide for pregnant women who want to stop smoking' www.healthscotland.com	../../..
Others	
•	../../..
•	../../..
•	../../..
•	../../..
•	../../..

Your ultrasound scans

Details of any ultrasound scans that you may choose to have will be entered below or the computer print out results of your scans will be attached.

Dating Scan

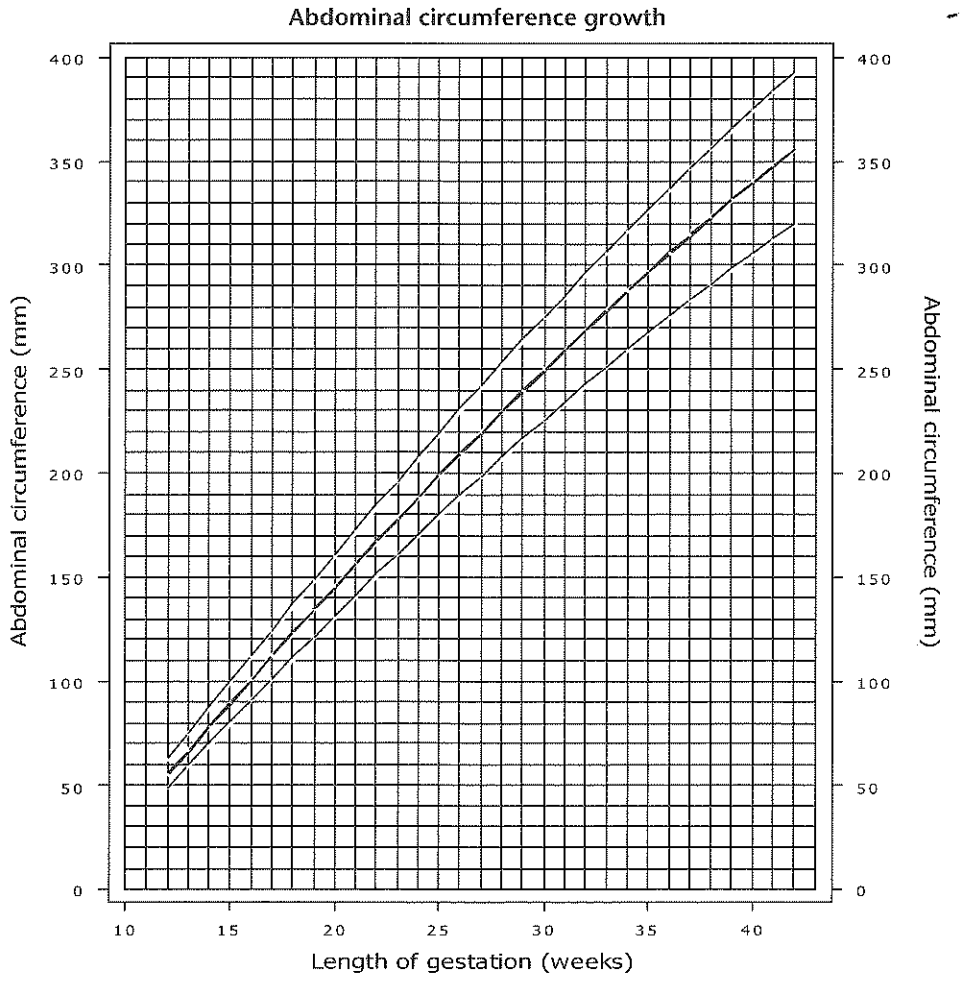
Date	Gestation	EDD by scan	Fetal heart	Signature
17-11-10	12+1	30-5-11	No ☐ Yes ☑	FU Jones
Details	FMV CRL 55cm			

Detailed Scan

Date	Summary of findings	Signature

Other Scans

Date	Gestation	Amniotic Fluid Index (AFI) Oligo/normal/ polyhydramnios	Growth Within Normal Limits/<5th Centile/>95th Centile	Fetal presentation (Cephalic, breech, transverse)	Fetal movement/ heart activity	Placental position	Doppler	Signature



Growth charts supplied by the British Medical Ultrasound Society
(lines show 5th, 50th and 95th Centiles)

DEPARTMENT OF ULTRASOUND

Directorate of Women's, Children's and Reproductive Health

ELLIS 2804880060
STACEY F
8 MILL PLACE
CRAIGO
MONTROSE DD10 9LB

ANNAT BANK, LINKS HEALTH CENTRE, FRAN

EARLY PREGNANCY SCAN

RECORD SHEET

8·10·10

Trans abdominal	(YES)	NO
Trans vaginal	YES	(NO)
Intrauterine pregnancy confirmed	(YES)	NO
Sac size in mm	20 mm	
Sac outline	(Regular)	Irregular
Fetus present	(YES)	NO
Number of fetuses	1	
Yolk sac present	(YES)	NO
Fetal heart present	(YES)	NO
Fetal movement present	YES	(NO)
R.P.O.C	YES	(NO)

GESTATIONAL AGE

straight

a	CRL (<12 weeks)	5 mm
b	BPD (>12 weeks)	mm
c	Femur length	mm
d	Gestation	6

LMP 26·8·10
= 6wks

Rt sided abdo pain
H/o past pelvic infections.

Normal Adnexae (YES) NO

Comment

Abnormal Features:

Comment/Recommendations

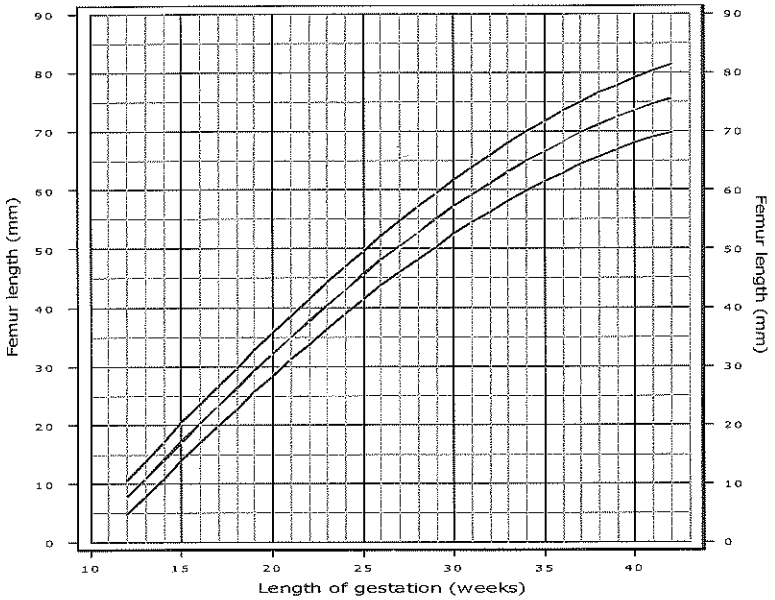
RpV @ 12wks.

Signature KMacDonald

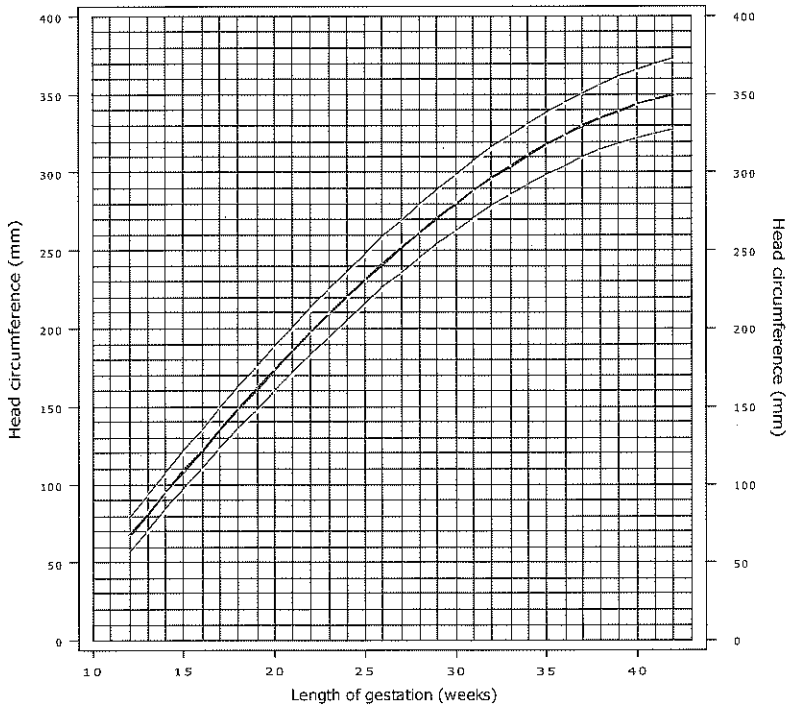
Your ultrasound scans (continued)

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?	No partner, just professionals.
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.	birthing ball, chair, privacy and quiet.
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).	Birthing pool, breathing, walking.
Vaginal examinations to assess my progress during labour My feelings about these are:	Don't mind.
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).	position as and when whatever I feel comfortable with. injection to deliver placenta
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?	Feed via breast & yes I would like baby to have Vitamin K.

Other questions or special requirements that I have

Fag break
Coffee

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.

No pain relief!

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

Signature: SEW **Date** 21 / 05 / 11

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.

Plan of care for your pregnancy

This chart is used to record a plan of care for your pregnancy. Your midwife or doctor will tick the boxes to show when an appointment is due, where it will take place, and whether a blood test or ultrasound scan is planned. Details of each appointment can be written below.

If this is your first baby you will usually have 10 appointments, if you have had a baby before you will usually have 7 appointments.

Week number	8		10		12		14		16		18		20		22		24		26		28		30		32		34		36		38		40	41	42
Health centre/surgery																																			
Maternity unit																																			
Home																																			
Blood tests																																			
Ultrasound																																			

Your appointments

Day	Date	Time	Where & who with	Things you want to discuss
Thurs	9.12.10	2pm.	MEI M/W	15/16wks
	~~est bay~~ 13.1.11	11.50	N/W's	20wk scan
Thurs	10/3/11	11.00	MRI - MW	28wk check
Mon	18/4/11	11:30	MRI	34 wk Check.
Thurs	12/5/11	1.40 | 2.10	US+ANC SE	
Wed	25/5/11	10[00]	MRI	

Your antenatal care and planned place of birth

Type of antenatal care . . . . . .

. . . . . .

. . . . . .

Lead professional
Name . . . . . .

Role . . . . . .

Planned place of birth . . . . . .

. . . . . .

. . . . . .

Plans discussed & agreed
Signed . . . . . / . . / . .

Change(s) to type of antenatal care/lead professional or planned place of birth

. . . . . .

. . . . . .

Reason for change(s)

. . . . . .

. . . . . .

Plans discussed & agreed
Signed . . . . . / . . / . .

Change(s) to type of antenatal care/lead professional or planned place of birth

. . . . . .

. . . . . .

Reason for change(s) . . . . . .

. . . . . .

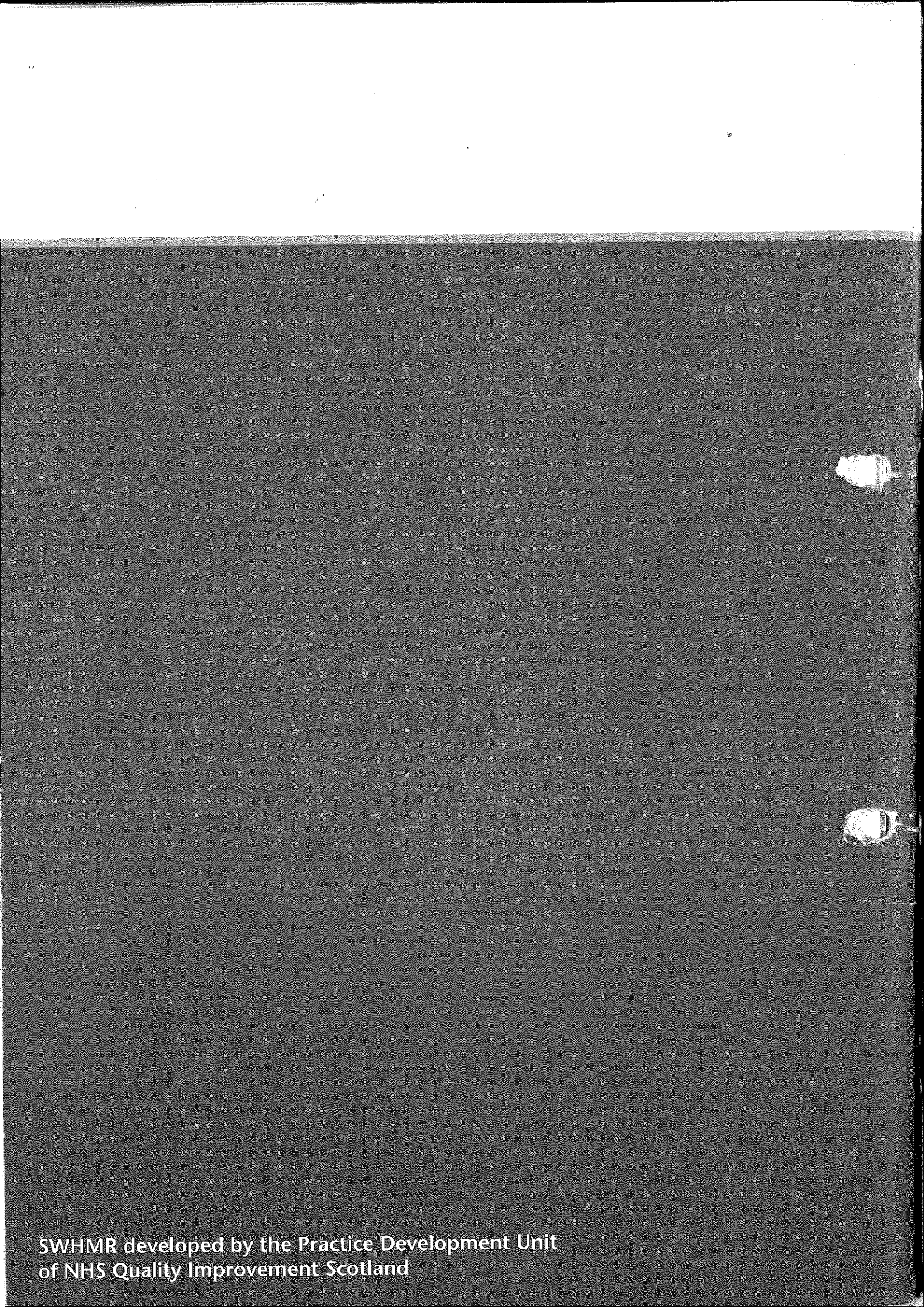
. . . . . .

Plans discussed & agreed
Signed . . . . . / . . / . .

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
Kate Menzies	K Menzies	R/M.
Suzanne Knox	SKnox	Midwife.
Fiona McInnes	FMcInnes	RM.
ALISON STUART	AStuart	MIDWIFE
Lena Fenton	Lfenton	RM
M. HAMMOND	M. Hammond	student midwife
LORNA McFARLANE	LMcFarlane	SCM.
KSHEARER	KShearer	SCM.
RBENZIE	RBenzie	RM.
L DODUNSKI	LDodunski.	R/M
HEATHER ALLAN	H. Allan	R.M
GILLIAN WATSON	G. Watson	MIDWIFE
Phyllis Wunlos	P. Wunlos	Midwife
KATEM MAITANI	KM	MIDWIFE
IONA DUCKETT	Iona Duckett	midwife



SWHMR developed by the Practice Development Unit
of NHS Quality Improvement Scotland

Seen by Liaison Psych Nurse on 21.4.11 (see yellow DSH sheet for details) Due referred to Peri-Natal Mental Health Clinic and requested that her appointment is for Thursday 12th May, (in view of the distance she would) - time of appt as yet unknown.

Martin Blair
liaison psych nurse
pager 4255

FILE IN SECTION B

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** **01382 632559**

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9LB

Clinician: - NOT GIVEN
Mon Roy Inf Maternity Unit

CPA Accredited 0221

11B169936 Date/Time of Specimen: 25 May 2011 10:00
Midstream Urine

Urine Culture No Growth

Date of Report: 26 May 2011 AUTH:
PRIMATY NG

REPORT RECEIVED
CC 27/5/11
DOCTOR'S INITIALS

21P - 8003-8400

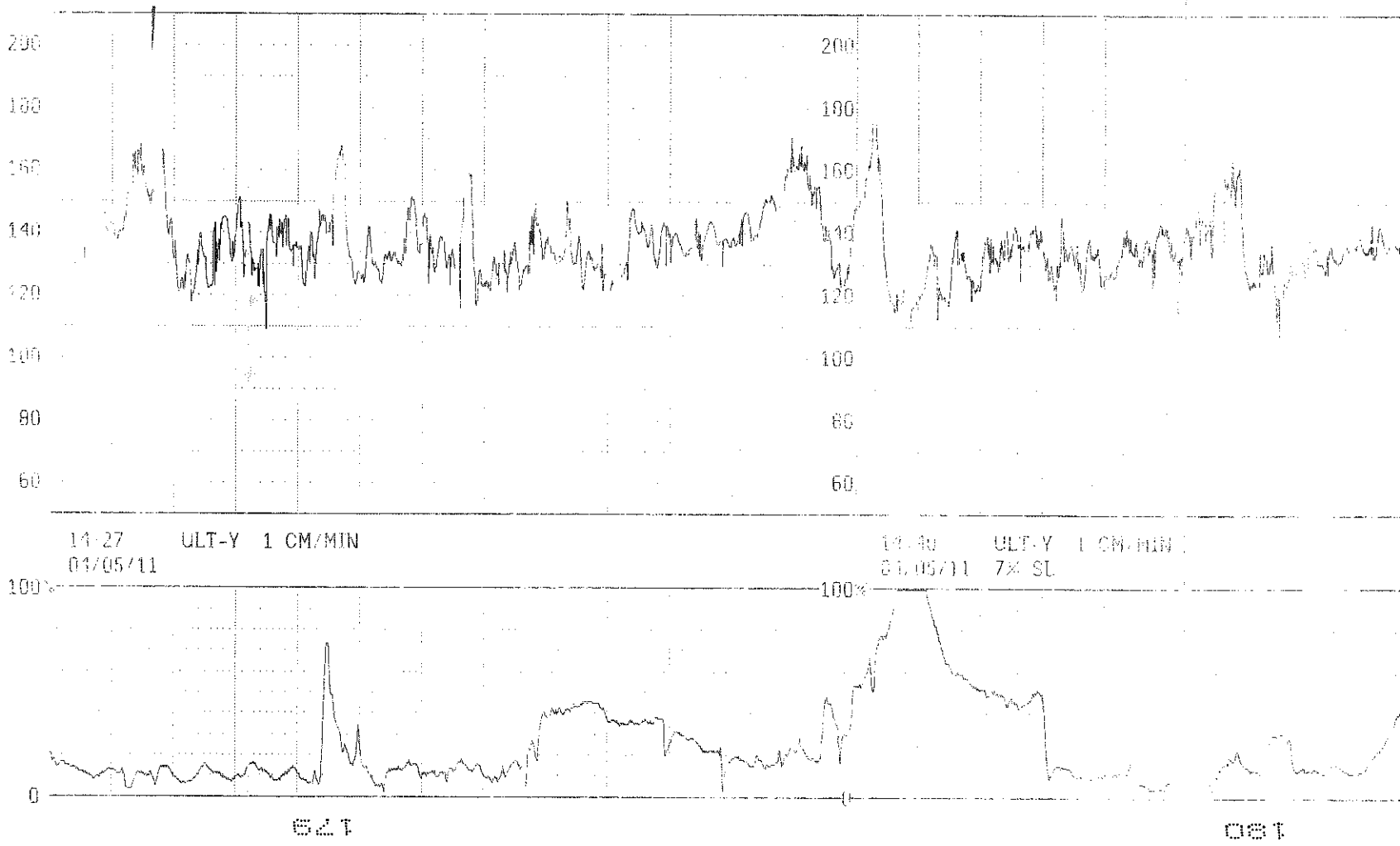
TEAM V9.341

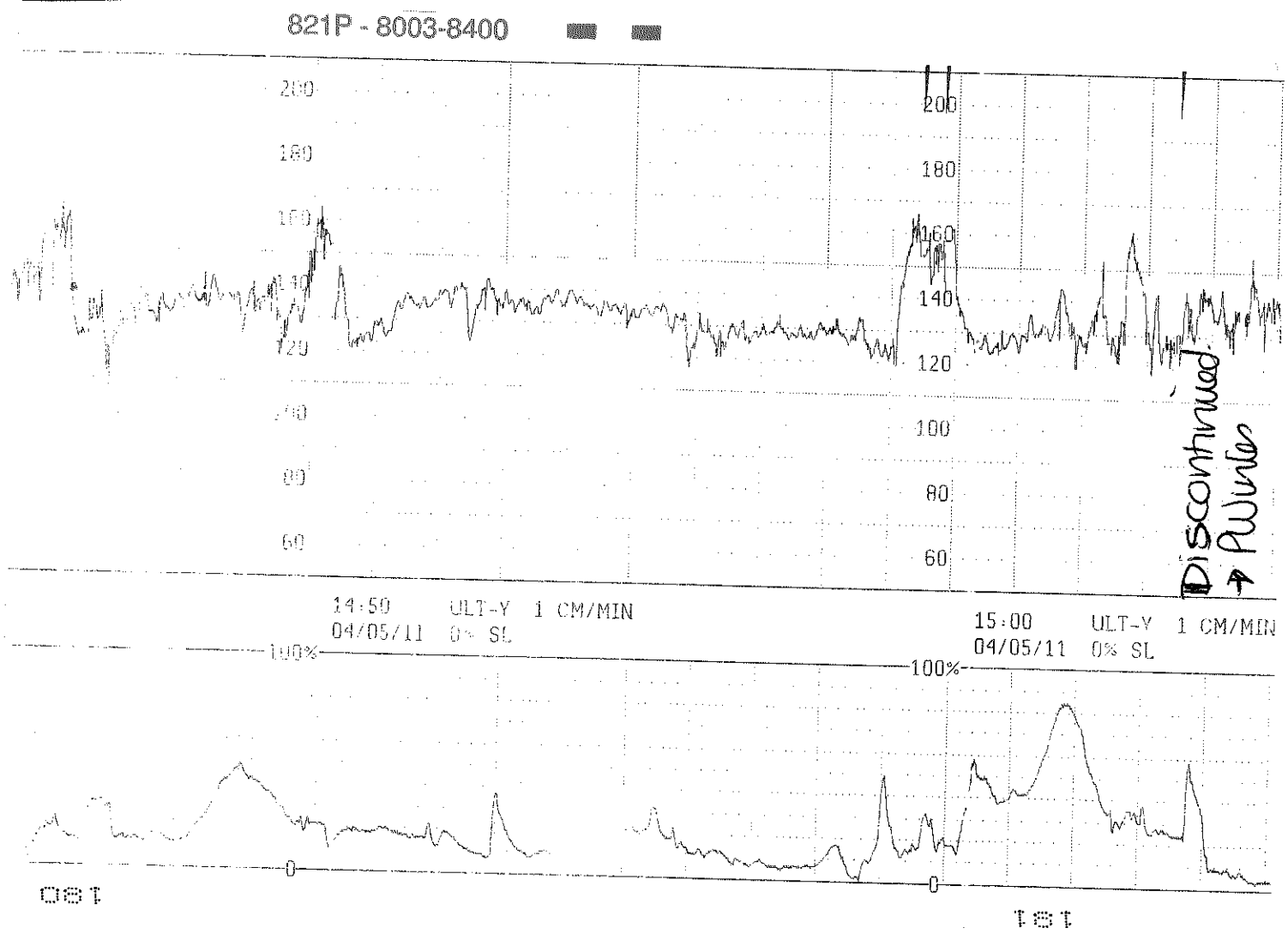
DATE: 04/05/11

TIME: 14:27

GESTATION: 36 2/7

mat pulse - 92




821P - 8003-8400
200
180
160
140
120
100
80
60
Discontinued
14:50 ULT-Y 1 CM/MIN
04/05/11 0% SL
100%
0
15:00 ULT-Y 1 CM/MIN
04/05/11 0% SL
100%
0

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9LB

Clinician: - NOT GIVEN
Mon Roy Inf Maternity Unit

11B159412 Date/Time of Specimen: 04 May 2011 14:00
Midstream Urine

No Growth

AUTH:

Date of Report: 06 May 2011
MRIMATY NG

MOUNT SH

REPORT RECEIVED
cc 7/5/11.
DOCTOR'S INITIALS

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DOCTOR'S INITIALS

REPORT RECEIVED

DOCTOR'S INITIALS

DOCTOR'S INITIALS

[redacted] Entered: 21 Mar 2011 16:56 Report Printed: 21 Mar 2011

REPORT RECEIVED
AS.
DOCTOR'S INITIALS

Request Entered: 07 Mar 2011 18:35 Report Printed: 07 Mar 2011 19:33

REPORT RECEIVED
JC.
DOCTOR'S INITIALS

REPORT RECEIVED
JC.
DOCTOR'S INITIALS

DOCTOR'S INITIALS

REPORT RECEIVED
SG
DOCTOR'S INITIALS

REPORT RECEIVED
11.10.10 ES
DOCTOR'S INITIALS

DOCTOR'S INITIALS

[redacted] Entered: 05 Oct 2010 13:07 Report Printed: 05 Oct 2010 13:21

REPORT RECEIVED

Note: Remove strip to reveal gummed area

MICROBIOLOGY

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9LB

Clinician: - NOT GIVEN
Mon Roy Inf Maternity Unit

11B159412 Date/Time of Specimen: 04 May 2011 14:00
Midstream Urine

No Growth

Date of Report: 06 May 2011 AUTH:
MRIMATY NG

[redacted]

Request Entered: 21 Mar 2011 16:56 Report Printed: 21 Mar 2011

[redacted]

Request Entered: 07 Mar 2011 18:35 Report Printed: 07 Mar 2011 19:39

[redacted]

REPORT RECEIVED
cc 7/5/11.
DOCTOR'S INITIALS
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REPORT RECEIVED
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JC.
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REPORT RECEIVED
SC
DOCTOR'S INITIALS
REPORT RECEIVED

MOUNT

DMR320

Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9LB

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

11B156611 Date/Time of Specimen: 27 Apr 2011 14:00
Midstream Urine

No Growth

Date of Report: 29 Apr 2011 AUTH:
MRIMATY LYNP1H

[redacted]

REPORT RECEIVED
DOCTOR'S INITIALS

REPORT RECEIVED
DOCTOR'S INITIALS

DOCTOR'S INITIALS

[redacted] Entered: 21 Mar 2011 16:56 Report Printed: 21 Mar 2011

REPORT RECEIVED
DOCTOR'S INITIALS

[redacted] Request Entered: 07 Mar 2011 18:35 Report Printed: 07 Mar 2011 19:55

REPORT RECEIVED
DOCTOR'S INITIALS

MOUNT SH

JB-6267

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9LB

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

CPA Accredited 0221

11B145140 Date/Time of Specimen: 02 Apr 2011 16:20
VAGINAL SWAB

Culture:
1) Profuse Growth of Candida

12/4/11
Has had individual treatments for thrush recently
ICWS
R

No Polymorphs
No Trichomonas

? Further treatment organised by SUZ 7/4/11.

Date of Report: 06 Apr 2011
MRIMATY LYNP1H AUTH: olvw

REPORT RECEIVED
DOCTOR'S INITIALS
DOCTOR'S INITIALS

Request Entered: 21 Mar 2011 16:56 Report Printed: 21 Mar 2011

REPORT RECEIVED
AS.
DOCTOR'S INITIALS

Request Entered: 07 Mar 2011 18:35 Report Printed: 07 Mar 2011

REPORT RECEIVED
JC.
DOCTOR'S INITIALS

REPORT RECEIVED
JC.
DOCTOR'S INITIALS

MOUNT SH

DMR

MICROBIOLOGY
Tayside Clinical Laboratory Services

BACTERIOLOGY

01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9LB

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

74

11B136174 Date/Time of Specimen: 15 Mar 2011 23:30
VAGINAL SWAB
LOW

Culture:
1) Profuse Growth of Candida
No growth of pathogenic bacteria
N. gonorrhoeae NOT isolated

No Polymorphs
No Trichomonas

? treated

AUTH: olvw

Date of Report: 18 Mar 2011
MRIMATY LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS

Request Entered: 21 Mar 2011 16:56 Report Printed: 21 Mar 2011

REPORT RECEIVED
AS.
DOCTOR'S INITIALS

Request Entered: 07 Mar 2011 18:35 Report Printed: 07 Mar 2011 19:55

REPORT RECEIVED
JC.
DOCTOR'S INITIALS

REPORT RECEIVED
JC.
DOCTOR'S INITIALS

REPORT RECEIVED
DOCTOR'S INITIALS

REPORT RECEIVED
DOCTOR'S INITIALS

MOUNT SH

11

10

10

DMR 374

BIOCHEMICAL MEDICINE

74

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C1104376960
Mon Roy Inf Maternity Unit Clinician: Dr P. LYNCH MRIMATY LYNP1H

GLUCOSE TOLERANCE TEST

Time	Lab no.	GLUCOSE mmol/L
0905	C110437696	3.9
1105	C110437697	4.5

MOUNT SH

Lab.Comments:

Sample Date/Time
21 Mar 2011

Clin.Details: 30WKS PREGNANT GLYCOSURIA +++

Request Entered: 21 Mar 2011 16:56 Report Printed: 21 Mar 2011

REPORT RECEIVED
AS.
DOCTOR'S INITIALS

Request Entered: 07 Mar 2011 18:35 Report Printed: 07 Mar 2011 19:39

REPORT RECEIVED
DOCTOR'S INITIALS

REPORT RECEIVED
DOCTOR'S INITIALS

REPORT RECEIVED
DOCTOR'S INITIALS

BIOCHEMICAL MEDICINE

DMR 374

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F PID: 2804880060 — DoB: 28 Apr 1988
Lab No: C110430482
MRIMATY LYNP1H

Mon Roy Inf Maternity Unit — Clinician: Dr P. LYNCH

GLUCOSE (preserved tube)	4.8	mmol/L	(	3.3-5.8)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
07 Mar 2011 11:45

Clin.Details: 28WKS PREGNANT ROUTINE

Request Entered: 07 Mar 2011 18:35 — Report Printed: 07 Mar 2011 19:33

REPORT RECEIVED
DOCTOR'S INITIALS
REPORT RECEIVED
DOCTOR'S INITIALS
DOCTOR'S INITIALS
REPORT RECEIVED
DOCTOR'S INITIALS

MOUNT SH...

HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988

Lab No: H110430482

Mon Roy Inf Maternity Unit — Clinician: Dr P. LYNCH — MRIMATY LYNP1H

HGB	11.1	L g/dL	(12.0-16.0)	WBC	21.1	H x10^9/L	(4.0-11.0)
RBC	3.84	x10^12/l	(3.8-4.8)	NE#	16.6	H x10^9/l	(2.0-7.5)
HCT	0.338	L	(0.37-0.47)	LY#	2.9	x10^9/l	(1.5-4.0)
MCV	88.0	fl	(80-96)	MO#	1.4	H x10^9/l	(0.2-0.8)
MCH	28.9	pg	(27-32)	EO#	0.25	x10^9/l	(0.0-0.4)
MCC	32.8	g/dl	(32-36)	BA#	0.0	x10^9/l	(0.0-0.1)
				PLT	337	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
07 Mar 2011 11:45

Clin.Details: 28WKS PREGNANT ROUTINE

Request Entered: 07 Mar 2011 18:35

Report Printed: 07 Mar 2011 20:19

REPORT RECEIVED

DOCTOR'S INITIALS

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9LB

Clinician: Dr P. LYNCH
Mon Roy Inf Antenatal Clinic

CPA Accredited 0221

10B250334 Date/Time of Specimen: 17 Nov 2010 10:00
Midstream Urine

No Growth

Date of Report: 18 Nov 2010 AUTH:
MRIANC LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS
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REPORT RECEIVED
11.10.10 ES
DOCTOR'S INITIALS
DOCTOR'S INITIALS
REPORT RECEIVED
DOCTOR'S INITIALS

Report Printed: 05 Oct 2010 13:21

MOUNT SH
12

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9LB

Clinician:Dr P. LYNCH
Mon Roy Inf Maternity Unit

CPA Accredited 0221

MOUNT SH 12

ROUTINE SEROLOGY. Venous blood
Specimen Number 10V021988
Date Taken 04 Oct 2010

Rubella IgG antibody	:DETECTED
Hepatitis B (HBsAg) screen	:Negative
HIV1&2 Antigen/Antibody	:Negative
Syphilis total antibody	:Negative

GUIDANCE ON INTERPRETING RUBELLA RESULTS:
Rubella IgG DETECTED - consistent with past immunisation, MMR is not indicated.
Rubella IgG NOT detected - no evidence of past immunisation detected, woman may be susceptible. Post-partum MMR may be indicated.
If 2 documented doses of MMR have been given further MMR is NOT indicated.
PATIENTS AT RISK OF HEPATITIS B INFECTION: please consider vaccination of such patients who are currently HBsAg negative.

Date of Report: 06 Oct 2010
MRIMATY LYNP1H

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REPORT RECEIVED
11.10.10 ES
DOCTOR'S INITIALS
DOCTOR'S INITIALS
REPORT RECEIVED
DOCTOR'S INITIALS

Report Printed: 05 Oct 2010 13:21

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician:Dr P. LYNCH
Dob : 28 Apr 1988 Sex: F Mon Roy Inf Maternity Unit
Post Code: DD10 9LB Source:Mon Roy Inf Maternity Unit

CPA Accredited 0221

INCORRECT CHI NUMBER ON FORM - STATED AS 0600

- - - COBAS PCR SERVICE - - - Urine
Specimen number 10V110023
Date taken 04 Oct 2010

Chlamydia trachomatis PCR : Negative

NB: ONLY use YELLOW-top "Roche Cobas PCR" containers any other will be rejected

PLEASE NOTE - In infected patients who have been compliant with therapy and in whom there is no risk of reinfection, a test of cure need NOT be performed. However, if required, this should be performed a minimum of 5 weeks after initiation of therapy, to avoid false positive results.

Date of Report: 07 Oct 2010
MRIMATY LYNP1H

REPORT RECEIVED
11.10.10 KMcF ES
DOCTOR'S INITIALS
DOCTOR'S INITIALS
REPORT RECEIVED
DOCTOR'S INITIALS

Report Printed: 05 Oct 2010 13:21

MICROBIOLOGY

Tayside Clinical Laboratory Services

BACTERIOLOGY

01382 632559

CPA 74 Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060 Sex: F
DoB : 28 Apr 1988
Post Code: DD10 9LB

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

10B238873 Date/Time of Specimen: 23 Oct 2010 16:00
Midstream Urine

No Growth

AUTH:

Date of Report: 26 Oct 2010
MRIMATY LYNP1H

REPORT RECEIVED
27.10.10
DOCTOR'S INITIALS

REPORT RECEIVED
DOCTOR'S INITIALS

Report Printed: 05 Oct 2010 13:21

MOUNT SH
292

BIOCHEMICAL MEDICINE

DMR 374

MOUNT SH

292

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C106153765

Mon Roy Inf Maternity Unit Clinician: Dr P. LYNCH MRIMATY LYNP1H

GLUCOSE (preserved tube)	4.3	mmol/L	(	3.3-5.8)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
04 Oct 2010 15:15

Clin.Details: pregnant - booking white, north european

Request Entered: 05 Oct 2010 13:07 Report Printed: 05 Oct 2010 13:48

REPORT RECEIVED
SG
DOCTOR'S INITIALS

Report Printed: 05 Oct 2010 13:21

REPORT RECEIVED
OK
DR'S INITIALS

HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988

Lab No: H106153765

Mon Roy Inf Maternity Unit — Clinician: Dr P. LYNCH — MRIMATY LYNP1H

HGB	13.2	g/dL	(12.0-16.0)	WBC	12.8	H	x10^9/L	(4.0-11.0)
RBC	4.72	x10^12/l	(3.8-4.8)	NE#	8.5	H	x10^9/l	(2.0-7.5)
HCT	0.403		(0.37-0.47)	LY#	3.3		x10^9/l	(1.5-4.0)
MCV	85.4	fl	(80-96)	MO#	0.8		x10^9/l	(0.2-0.8)
MCH	28.0	pg	(27-32)	EO#	0.19		x10^9/l	(0.0-0.4)
MCC	32.8	g/dl	(32-36)	BA#	0.0		x10^9/l	(0.0-0.1)
				PLT	291		x10^9/L	(150-400)

Lab.Comments:

Sample Date/Time
04 Oct 2010 15:15

Clin.Details: pregnant - booking white, north european

Request Entered: 05 Oct 2010 13:07 — Report Printed: 05 Oct 2010 13:21

REPORT RECEIVED
DK
R'S INITIALS

7

6

7

6

821P - 8003-8400

TEAM V9.34

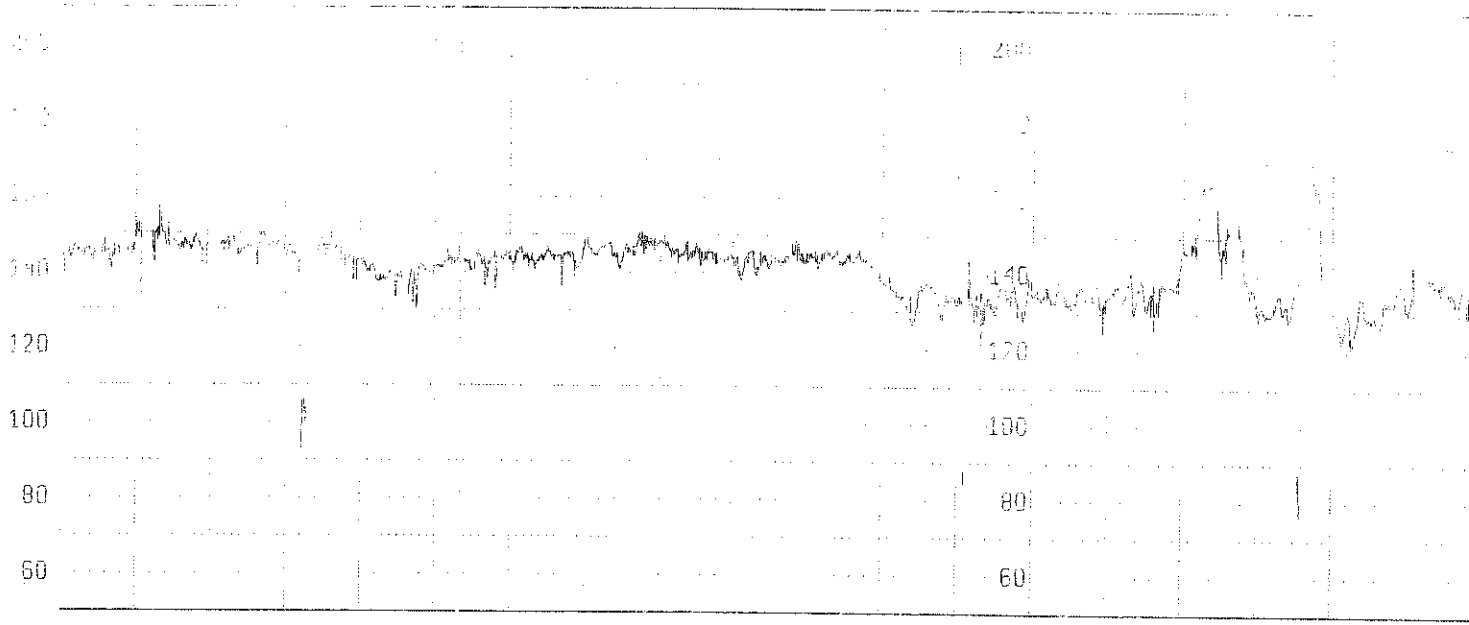
DATE 27/05/11

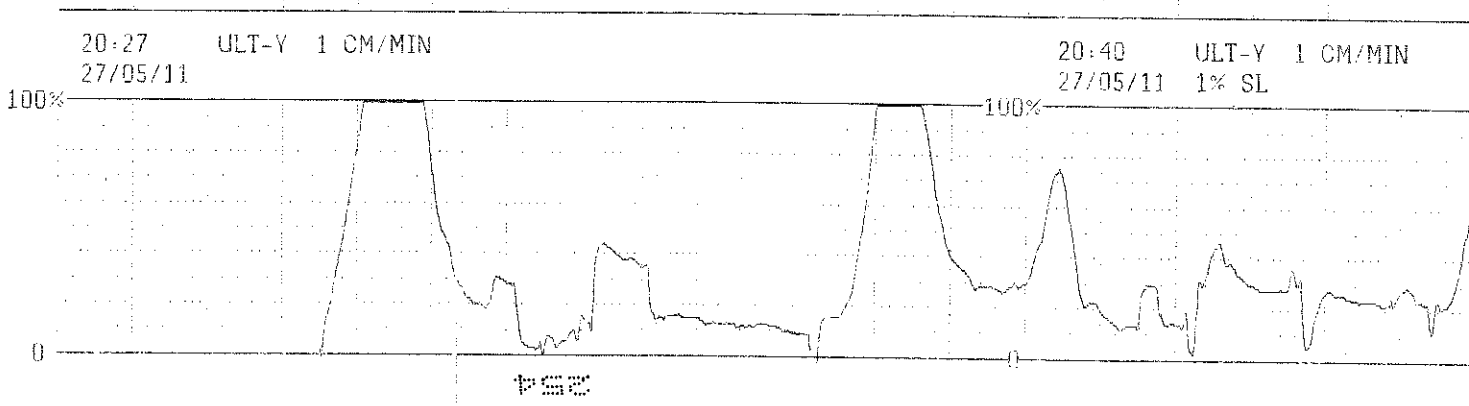
TIME 26:26

GESTATION 39+4.

ELLIS 2804880060
STACEY F
8 MILL PLACE
CRAIGO
MONTROSE DD10 9LB

ANNAT BANK, LINKS HEALTH CENTRE, FRAN





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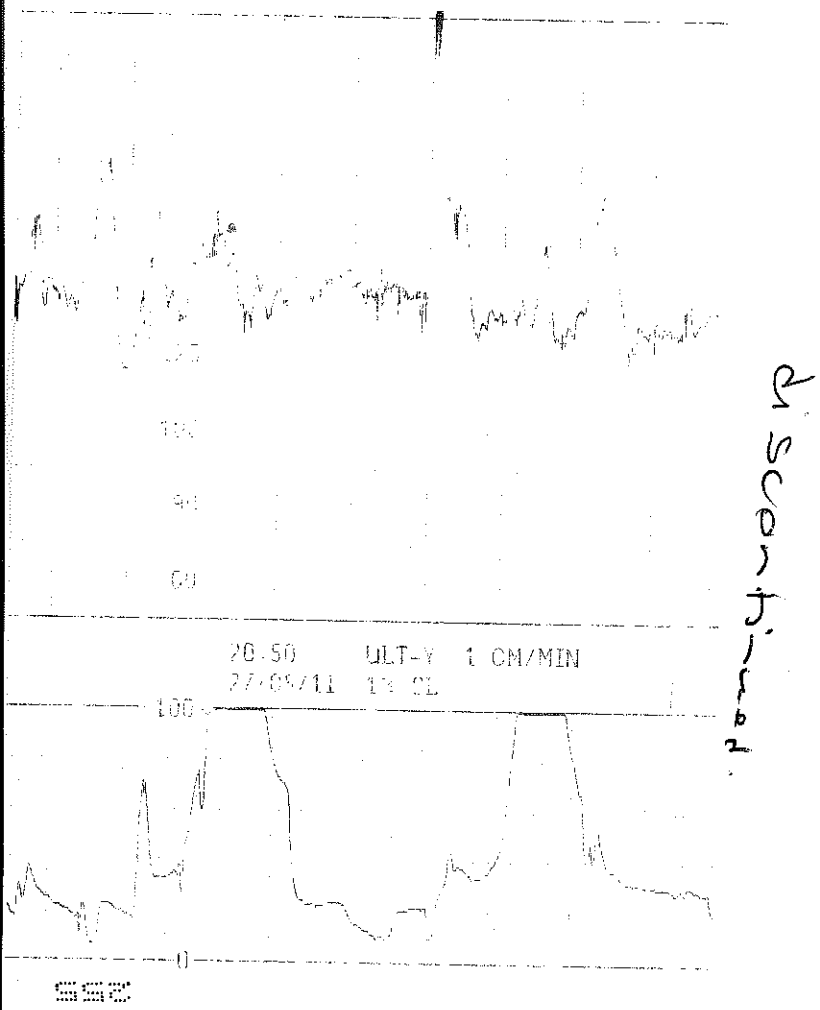
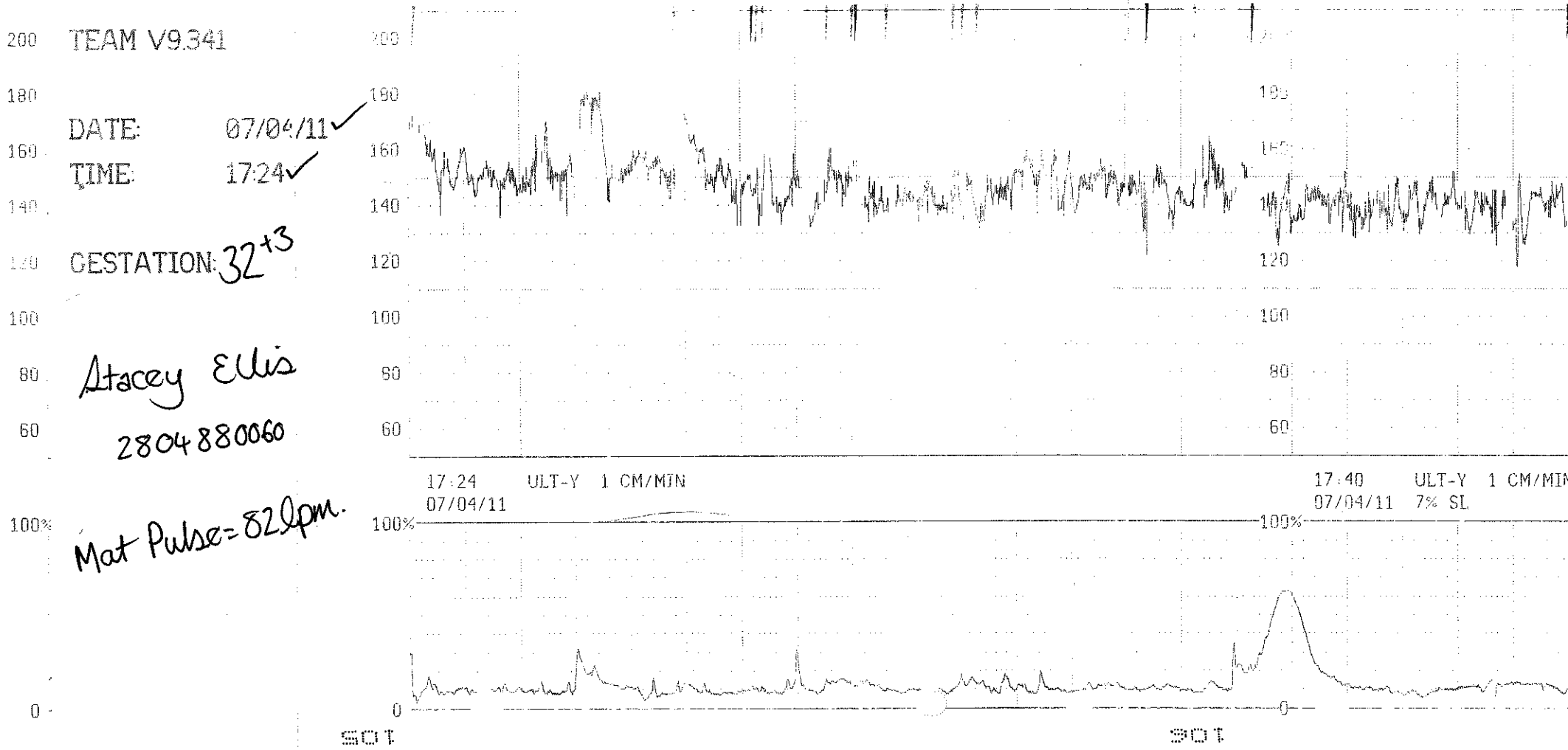
REPORT
ADHESION.



R. Scott Jr. 1/16/2

821P - 8003-8400



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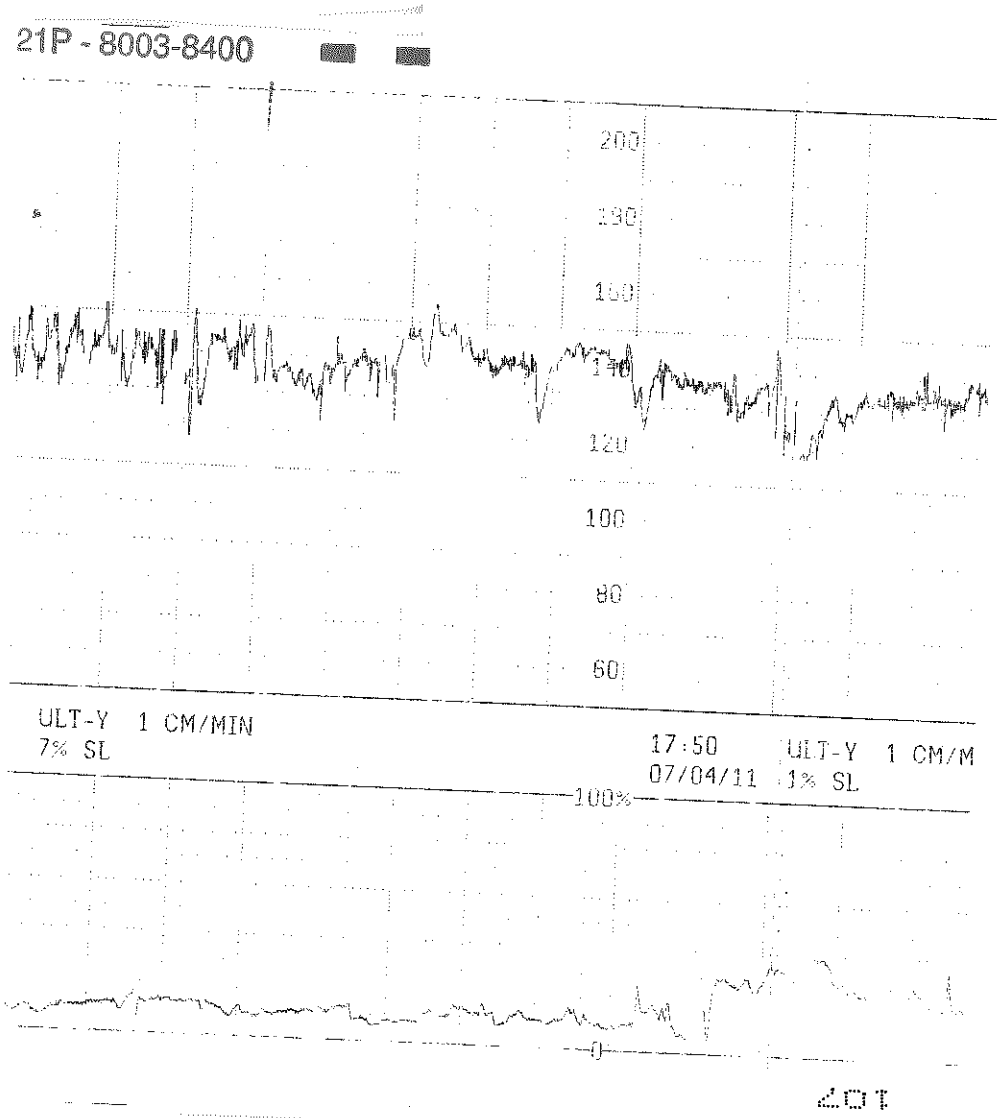


discontinued 17.55 Mwa Sm.

NHS GRAMPIAN

Obstetrics Ante-natal

SCAN REPORT	SURNAME
CONSULTANT	FIRST NAME
G.P'S NAME	ADDRESS
ADDRESS	
	CHI
EDD 30·05·2011	POST CODE
	DATE OF BIRTH

ELLIS
STACEY 2804880060
MEARNSVIEW, CHURCH ROAD, LUTHERM
UNKNOWN
NK010AA
28 APR 1988

2804880060

DATE	14-3-11	14-4-11	12-5-11	
INDICATION FOR SCAN	9	PR/Dia	9	
GESTATION [weeks]	29+0	33+3	37+3	
FETAL NUMBER	one	1	1	
FETAL HEART	+ve	Ve	+ve	
PRESENTATION	cephalic	Cephalic	aph	
CRL size in mms				
weeks				
BPD size in mms				
weeks				
HC size in mms	275	319	333	
weeks				
AC size in mms	235	294	336	
weeks				
FEMUR LENGTH size in mms	55	60	65	
weeks				
AMNIOTIC FLUID Deepest single pool cms	(N)	(N) (55cm)	(N)	
PLACENTAL SITE	Ant. Not Low	Anterior	Ant	
BRAIN				
CEREBELLUM				
[illegible]				
SPINE				
HEART 4 chambers				
outflow tracts				
DIAPHRAGM				
KIDNEYS	✓✓	✓✓	✓✓	
BLADDER	✓	✓	✓	
STOMACH	✓	✓	✓	
ABDOMINAL WALL				
LIMBS hands				
feet				
UA DOPPLER END DIASTOLIC FLOW				
MACHINE	B	L	J	
SIGNATURE OF SONOGRAPHER	[signature]	[signature] Woodhouse	[signature]	

Date	TVS	TAS
Gestation Sac	Yes	No
Mean Sac Diameter mm	Regular	Irregular
Fetal Pole	Yes	No
Fetal Heart Beat	Yes	No
Yolk Sac	Yes	No
R.P.C.	Yes	No
Ovaries	Yes	No
Adnexal mass	Yes	No
Free Fluid P of D	Yes	No

Signature

ADDITIONAL COMMENTS AND DATE

✓	Appears normal
*	See comment

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Details of Shoulder Dystocia at Birth

Date and time of delivery of head / / : :

Position of woman before and during birth .....

	Action	Yes	No	Time	Effect
H	Assistance Summoned				
	Assistance Arrived				
E	Episiotomy				
L	McRoberts Position				
P	Supra Pubic Pressure				
E	Woods' Screw Manoeuvre				
R	Delivery of posterior shoulder				
R	Women moved into all fours				
	Other Manoeuvres				

Time of delivery of rest of baby : :

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'V pregnancy record.		

ert your details in 'Whose signature?' section on the back cover of the

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Details of operative delivery

Type of delivery ..... Decisior

Indication(s) ..... Procedu

..... Time of

..... Procedu

..... Locatior

..... RCA/RC

Operator .....

Assistant ..... Anaesthetist

Pre-operative delivery findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'V pregnancy record.		

** **1 Emergency:** immediate threat to life of woman or fetus; **2 urgent:** maternal or*
3 Scheduled:** needing early delivery but no maternal or fetal compromise; **4 Electi

ert your details in 'Whose signature?' section on the back cover of the

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Operative delivery (continued)

Perineum

- ☐ Intact
- ☐ Grazes
- ☐ 1st degree tear
- ☐ 2nd degree tear
- ☐ 3rd degree tear
- ☐ 4th degree tear
- ☐ Episiotomy

(For 3rd degree tear please complete Third Stage complications page)

Perineal suturing Suturing material .....

Anaesthesia .....

Technique .....

.....

.....

Rectal exam prior to suturing ☐ No ☐ Yes

Haemostasis achieved ☐ No ☐ Yes

Rectal exam following suturing ☐ No ☐ Yes

Swabs, needles & instruments correct ☐ No ☐ Yes

Advised on perineal care ☐ No ☐ Yes

Sutured by .....

Supervised by .....

Estim

Pleas
for f

Anta

☐ C

Anae

☐ C

☐ P

Bloo

Bloo

Postoperative instructions

Ensure all relevant prescribing u

Revised thrombosis risk

☐ Low ☐ Moderate ☐ High

Actions required

.....

Antibiotics

☐ Prophylactic ☐ Other ☐ None

Details

.....

Catheter ☐ In/Out ☐ Indwelling

Details

.....

Details completed & relevant prescribing by .....

Swabs, needles & instruments checked & correct ☐ No ☐ Y

Signed (scrub staff) ..... Signed (floor s

Comments .....

.....

Oxytocics

Details .....

.....

Analgesia D

.....

Postoperative c

☐ Intensive ca

Other .....

ert your details in 'Whose signature?' section on the back cover of the

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Details of third stage complications

Complication(s) please tick all that apply

☐ Repair of episiotomy - specify ☐ Extended (Document uncomplicated sutu

☐ Repair of tear - specify degree ☐ 3a ☐ 3b ☐ 3c ☐ 4th

☐ Manual removal of placenta & membranes

☐ Primary post partum haemorrhage - due to .....

☐ Other - please specify .....

Anaesthesia Please see attached anaesthetic record for further details

Antacids ☐ Sodium citrate ☐ Ranitidine ☐ Other .....

Anaesthesia ☐ Spinal ☐ Epidural ☐ Pudendal block

☐ Combined spinal/epidural ☐ General ☐ Other .....

Details of findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'W pregnancy record.		

Manual removal of placenta and membranes

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in 'Wl pregnancy record.		

degree tear

☐ Partial ☐ Complete

☐ Yes

erlapping ☐ End-to-end

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

Space for visual documentation of repair if required

nsert your details in 'Whose signature?' section on the back cover of the

gnation .....

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Details of Post Partum Haemorrhage management

Blood bank and haematologist informed ☐ No ☐ Yes time

Head down tilt ☐ No ☐ Yes time

Facial oxygen ☐ No ☐ Yes time

IV access ☐ No ☐ Yes time

Haemobate ☐ No ☐ Yes time

Syntocinon ☐ No ☐ Yes time

Transfusion ☐ No ☐ Yes time

Cross matched blood ☐ No ☐ Yes time

☐ Crystalloids ☐ Colloi

Note keeper appointed ☐ No ☐ Yes name .....

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in 'W pregnancy record.		

Lead professional ..... design

Assisted by ..... design

Other professionals involved .....

.....

.....

mplication

gnature: ..... Date / / :

lication *Ensure all relevant prescribing undertaken*

Oxytocics .....

Laxatives .....

Site of care ☐ Ward ☐ High dependency unit
☐ Intensive care ☐ Transfer to other hospital

Other .....

Print name .....

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		
28.5.11	00.07	ow cam midwife called.
	00.10	Vertex visible. L McFarlane
	00.12	progressed to Spontaneous birth of male Infant. cord slipped over head.
	00.15	cord clamped + cut.
	00.17	Syntometrine 1 amp given Im
	00.25	Two CO-codamol tablets given.
	00.29	placenta + membranes delivered by controlled cord traction. placenta + membranes appear complete. 1° tear not sutured. blood loss < 500ml. baby skin to skin on bed. wishes to breastfeed. L McFarlane

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		
27.5.11	22.00	Pool filled, pool temp 37.4 Stacey into Pool.
	22.15	Stacey feels contractions becoming stronger + closer together. has 1: 2/3.
	22.45	Stacey becoming quite distressed, does not wish to use entonox. encouragement given.
	22.55	feels pressure with contractions.
	23.00	wishes further analgesia. Diamorphine discussed wishes to have it now.
	23.20	out of pool. Midwife SMW
*	23.25	Diamorphine 5mgs given IM.
	23.50	resting well between contractions.
28.5.11	00.05	SRM - clear liquor. FH 140(S)

Labour and birth summary - mother page 1

	Date	Onset	Duration	
First stage	27/5/11	20:00	4hrs10	Delivered PIN No. of delivering Mid
Second stage	28/5/11	00:10	2mins	Also pres
Third stage	28/5/11	00:12	17mins	Most senio midwife pr
End of third	28/5/11	00:29		**Type of d** (If operative d
Total duration of labour			4hrs29	
SRM /ARM	27/5/11	6hrs12		

Induction of labour	☑ No	☐ Yes	Analge
Indication			☐ T.E.
Augmentation of labour	☑ No	☐ Yes	☑ Wat
Indication			☐ Epi
Presence of meconium liquor	☑ 1st stage	☐ 2nd stage	
Maternal pyrexia in labour	☑ No	☐ Yes	
Maternal antibiotics given	☑ No	☐ Yes	Analge
Details			☐ Spin
Shoulder dystocia at birth	☑ No	☐ Yes	☐ Com
Maternal bloods taken	☑ No	☐ Yes	Other
Indication			If gene
One-to-one midwifery care received throughout labour & childbirth	☐ No	☑ Yes	Cormac Intubati
Comments			Complic
			PLEASE SE
Labour & birth discussed	☐ No	☑ Yes	
Preferences for labour & birth met	☐ No	☑ Yes	
Comments			

Signature: L McFarlane Date

Routine Oxytocic drug administered	Dose	Route
Syntocinon 1 Amp	Im	

Blood loss 2500 ml

Blood transfusion/products received ☐ No ☐ Yes

Details

Post delivery

Maternal observations

First set on 28/5/11 at 00:45.

Temperature 36.7 °C Pulse 80 BP 129/78

Pain/analgesia co-codamol

Fundus firm Lochia average.

Second set on / / at

Temperature °C Pulse BP /

Pain/analgesia

Fundus Lochia

Urinary function

Revised thrombosis risk after birth

☑ Low ☐ Moderate ☐ High

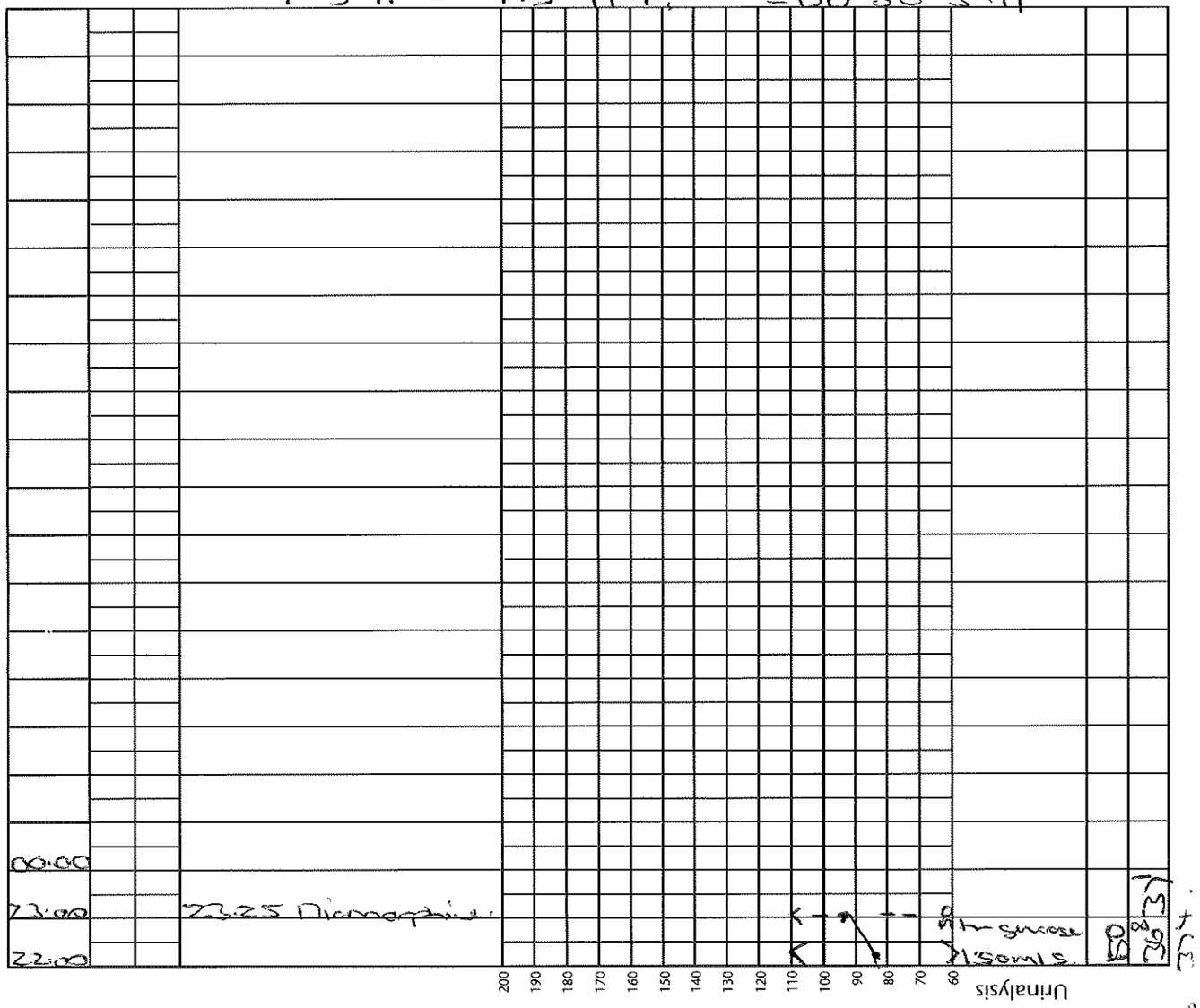
Actions Required:

Mother transferred on / / at

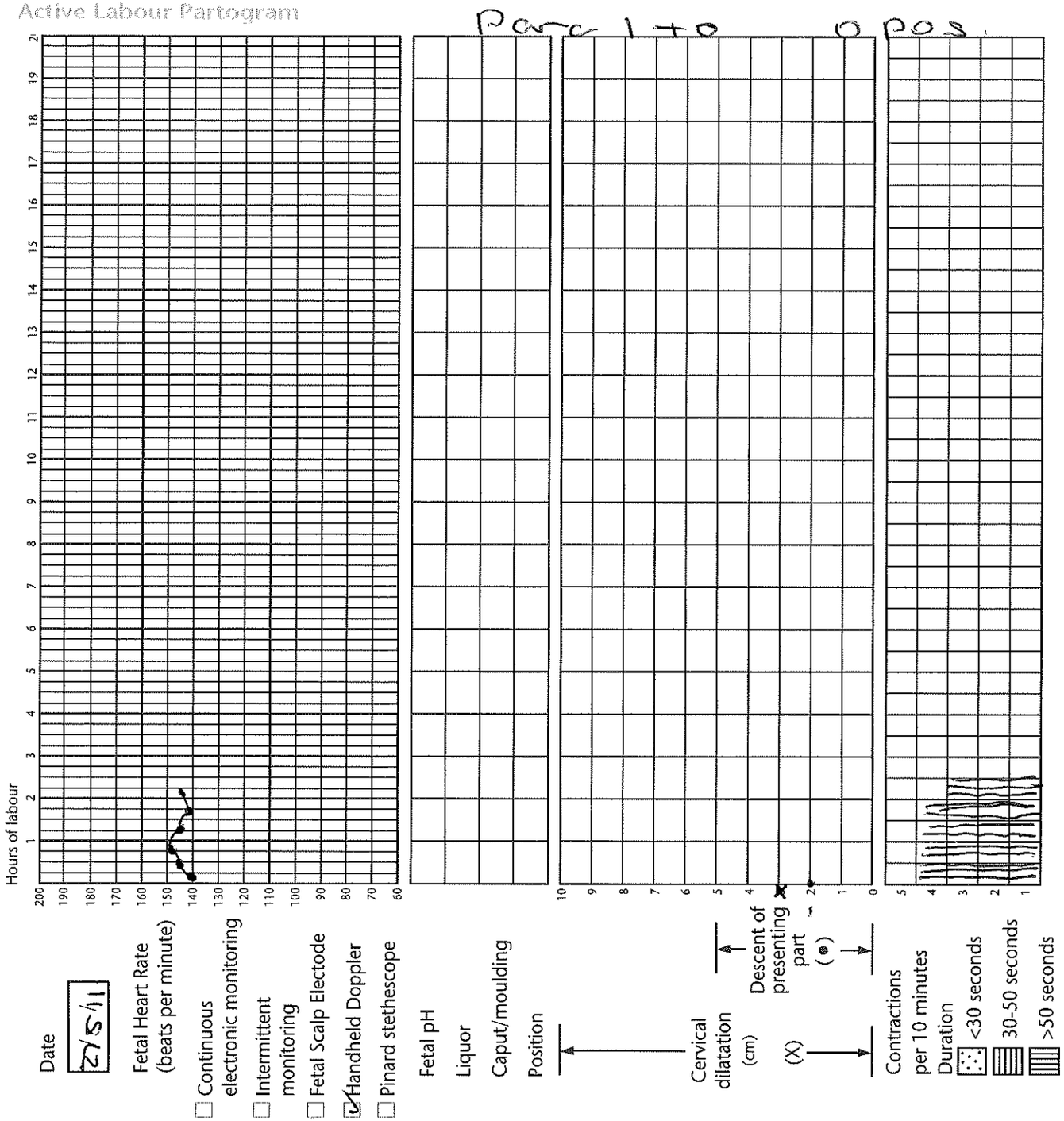
To

Reason

7.3.11 – 145 11.1. 500 30.5.11



Active Labour Partogram



Labour and birth summary - baby page 1 (If multiple bir

Mode of delivery SVD. on Sat day 28/5

Indication Iuco. Presentation cep

Livebirth/Stillbirth Gestation 39+5 Birthweight g

APGAR	1min	5mins	10mins
Activity (muscle tone)	2	2	
Pulse	2	2	
Grimace (reflex, irritability)	2	2	
Appearance (skin colour)	1	1	
Respiration	2	2	
Total scores	9	9	
Time to first breath	0 : 1		

Cord blood take
Indication

Cord pH results
Venous
pH
Base
Excess

Skin-to-skin conta
Ended 28/5
Reason discontin
Comments

First feed offered
Type of feed
Comments

Resuscitation (tick all that apply) ☑ Nil ☐ Facial oxygen

☐ Mask & IPPV ☐ Drugs-specify below ☐ Cardiac massag

Description of baby at birth/resuscitation details

Complete details of initial examination on baby record

Resuscitation performed by			**Baby i**
Signed	Print name	Designation/Grade	Signed
			Ime

tiple birth

1

Labour and birth record: Initial assessment for spontaneous labour

Date 27/5/11 Time 18:00. Gestation 39+4 Location MAU

Referred from Home Referred by Self.

History of contractions contractions since 16.00hrs now 1:3.

Current contractions 3 per 10 minutes Strength SE Duration 50. seconds

Membranes ☐ Intact ☐ Unsure ☑ Ruptured on 27/5/11 at 16:00.

Liquor colour clear. Other vaginal loss

Pulse 72 BP 119/78 Temp 36°C Urinalysis

Oedema NIL Fetal movements

Abdominal examination

Fundal height cm Lie long

Presentation cephalic Position ROA.

Presenting part - 5th palpable 2/5.

Fetal heart rate 140. Maternal pulse

Comments

Other observations/information on assessment

Signature: Midwife Date 27/5/11 21:00

Vaginal examination

Indication to assess

Procedure explained and verbal consent given ☑

Cervix: position central consistency soft.

effacement/ length 1cm

dilatation 3cm.

Presenting part: cephalic

relation to ischial spines -2

position ? caput -

moulding -

Membranes ☐ Intact ☑ Ruptured

Liquor seen ☑ No ☐ Yes Colour

Fetal heart after examination 130(s)

Comments

Signature: Midwife Date 27/5/11 21:00

Labour and birth summary - baby, multiple birth C

Infant 2	Infant

rt your details in 'Whose signature?' section on the back cover of the

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Labour and birth record: Induction/Augmentation of labour (continued)

Initial method of induction

☐ Prostaglandins Dose .....

☐ Other Name .....

Type ..... Route .....

Prescribed by .....

Administered by .....

Administered on ... / ... / ..... at ... : ...

Oxytocin infusion

Commenced on ... / ... / ... at ... : ...

Comments/details .....

Amniotomy

Fetal heart rate before .....

Performed by .....

Performed on ... / ... / ... at ... : ...

Liquor volume normal / excessive / reduced / nil

Liquor colour .....

Fetal heart rate after .....

Cord/Limbs felt ☐ No ☐ Yes

Comments .....

Signed .... / ... / ...

Discussion of preferences for labour and birth, comments and details of any revised preferences

Signed ..... Print .... / ... / ... at ... : ...

Plans for continued process of induction following discussion with the woman (including monitoring)

Signed ..... Print .... / ... / ... at ... : ...

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in ' pregnancy record.		

t your details in 'Whose signature?' section on the back cover of the

Labour and birth record: Induction/Augmentation of labour (continued)

First review following Induction/Augmentation

Date ../../.. Time ..:..

Details of fetal monitoring ..... Uterine activity ☐ No ☐ Yes Details .....

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on ../../.. at ..:.. liquor .....

Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate ..... Maternal pulse .....

Comments .....

.....

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details .....

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

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

Comments .....

Second review following Induction/Augmentation

Date ../../.. Time ..:..

Details of fetal monitoring ..... Uterine activity ☐ No ☐ Yes Details .....

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on ../../.. at ..:.. liquor .....

Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate ..... Maternal pulse .....

Comments .....

.....

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details .....

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

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

Comments .....

Labour and birth record: Induction/Augmentation of labour

Date ... / ... / ... Time ... : ... Gestation ... Location ...

Induction authorised by ... Explanation given ☐ No ☐ Yes

Designation/grade ... History of contractions ☐ No ☐ Yes

Indication for induction

☐ Pregnancy beyond 41 completed weeks gestation – membranes swept? ☐ No ☐ Yes on ... / ... / ...

☐ Obstetric complication: specify ...

☐ Other: specify ...

Initial assessment

Uterine activity ☐ No ☐ Yes Details ...

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on ... / ... / ... at ... : ...

Liquor colour ... Other vaginal loss ...

Pulse ... BP ... / ... Temp ... °C Urinalysis ...

Oedema ... Fetal movements ...

Abdominal examination

Fundal height ... cm Lie ...

Presentation ... Position ...

Presenting part - 5th palpable ...

Fetal heart rate ... Maternal pulse ...

Comments ...

Cervical scoring

Total score ...		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

* Relative to the ischial spines

Comments ...

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

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in pregnancy record.		

NHS
SCOTLAND

Labour and Birth Record

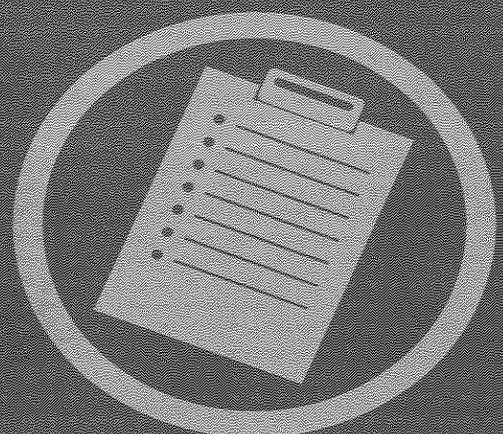
To be attached inside the Pregnancy Record following the antenatal section

Confidential

PLEASE USE BLACK INK

ELLIS	2804880060
STACEY	F
8 MILL PLACE	
CRAIGO	
MONTROSE	DD10 9LB

ANNAT BANK, LINKS HEALTH CENTRE, FRAN



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

NHS
SCOTLAND

Postnatal Maternal Record

Confidential

PLEASE USE BLACK INK

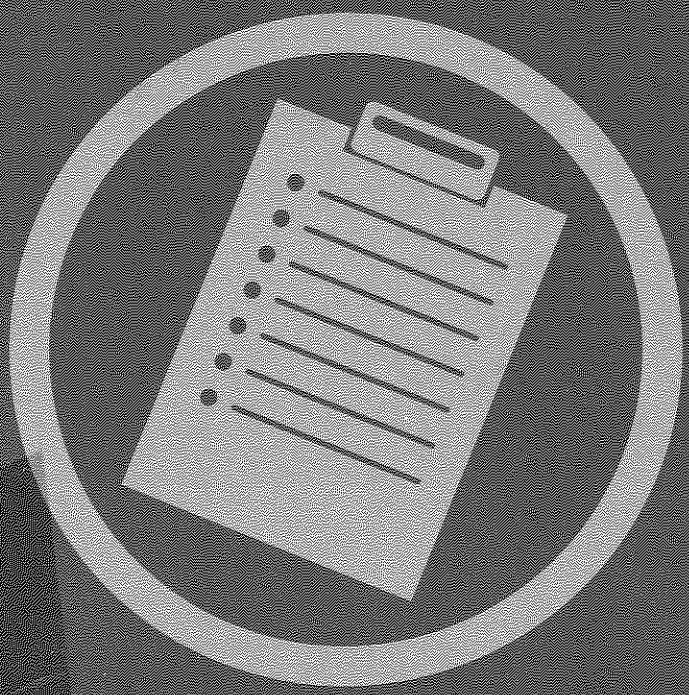
45A High St
Montrose

Stacey Ellis.

UNIT LABEL HERE

280488 0060.

8 Mayfield Place, Craigo
DD10 9LB.



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

This is your Postnatal 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 hold your record when you receive care at home/when you have been discharged home from a maternity unit. This will help communication between you and your maternity care team.

Some women may prefer not to hold their Postnatal Record. If you do not want to hold 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 Postnatal Record safe, confidential and protect it from damage. Please take it with you if you have any appointments at your health centre, GP practice or maternity unit. If you lose your Postnatal Record, please contact your midwife or maternity unit as soon as possible.

You can write in your Pregnancy Record where you see this symbol:

Your Postnatal 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 with the rest of your maternity record. 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.

Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Protecting Personal Information'. This is available from your midwife, General Practitioner or on-line at **http://www.show.scot.nhs.uk/confidentiality** (see under 'Patient Guidance').

Help and advice

Please use the following services

✆ .....

✆ .....

Contact details

General Practitioner .....

Address .....

.....

✆ ..... Practice code .....

Named midwife .....

Midwifery team .....

Base .....

✆ .....

Maternity unit .....

✆ .....

✆ .....

Health Visitor .....

Base .....

✆ .....

Community support/other contacts

Social worker .....

Base .....

✆ .....

Name .....

Base .....

✆ .....

Other support/other contacts

Name .....

Base .....

✆ .....

Name .....

Base .....

✆ .....

Domestic Abuse Helpline (10am - 10pm: 7days a week) ✆ 0800 027 1234

Scottish Women's Aid ✆ 0131 475 2372 (national) ✆ ..... (local)

NHS 24 ✆ 08454 24 24 24

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal discharge summary Discharged from MRI

To (address) 8 mill pl ✆ 07892630591.

GP Craigo. at ✆

Obstetrician Lynch Midwife L mcfarlane Paediatrician

Labour, birth and postnatal period ☐ Gravida ☑ Para

Onset of labour ☑ Spontaneous ☐ Induced: indication

Mode of delivery SVD on Sat day 28/5/11 at 00:12 Sex m.

Indication low. Presentation Cephx Location mrzf.

Livebirth/Stillbirth Gestation 39+5 Birthweight 3160. g Blood loss 2500. mls

APGARs 9 1minute 9 5 minutes 9 10 minutes Placenta/membranes appear complete

Perineum/abdominal wound 1° tear Sutures —

Haemoglobin 11.1 g/dl on 7/3/11 Repeat ☐ Not needed ☑ ☐ done due on / /

Blood group O Pos anti-D needed ☑ No ☐ Yes anti-D given on / /

Rubella status Immune Vaccination needed ☑ ~~No~~ ☐ Yes Vaccinated on / /

Contraception/sexual health needs discussed ☑ No ☐ Yes

Details

Cervical smear due ☐ No ☑ Yes: due in 9/10. (month) 20 NOV 2011

Discharge medication ☑ No ☐ Yes: details

Postnatal check with Arranged for / / Mother to arrange ☐

Problems identified during pregnancy, labour/birth

Problems in the postnatal period/referrals, investigations or results pending

Summary completed by (Print name) L McFarlane Date 28/5/11

Signed L McFarlane Designation SM

Your progress

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
		Lochia.	Revised postnatal thrombosis risk	Soft	Firm	average	1° tear		routine care.	Unfamiliar.
*	28/5/11	T 36.7 P 82 BP 120/78	mobile.							
*	28/5/11 16:30	Well, tired Some afterpains does not wish PARACETAMOL obs all normal	mobile	no problem	not palpated	rubra	comfortable	voiding	JC	JCabrelli 5/11
1	29/5/11	Well, afterpains remain but bearable without analgesia. T. 36.4 P: 77bpm RR: 12/min.	↓Risk fully mobile Legs: NAD.	Soft, no pain.	Not palpated	Rubra, average. some tiny clots.	quite nippy when PUing - advised to ↑ H_2O intake.	PUV No problems BNO	Visit tomorrow.	dKnox SHO
2	30/5/11	Feels well but tired	Mobile. Muscular pain in (R) leg.	Filling	NIP.	Rubra, average.	Tender but OK.	PUV BNO.	Visit tomorrow.	JC 1/6/11
5	2/6/11	Well.	fully mobile Legs: NAD.	Ixfull.	Not palpated	minimal	comfortable	PUV No problems BOV	Telephone tomorrow.	dKnox SHO

Your progress

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
10	7/6/11	Well, no pain. Feels emotional at times. Advised to see GP	Revised postnatal thrombosis risk: Low; mobile	comfy	N/P	average non offensive	comfortable	voiding BC	Handover to MW.	P. Wunley RM

Your progress

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots Revised postnatal thrombosis risk	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Date/time	Further information/planning, delivering and evaluating postnatal care
28/5/11	16:45
	Out of hours SW contacted (01382 436430) to
	advise of birth of baby and Stacey's imminent
	discharge home - to phone MRI back. JCabrelli.
17:10	SW phoned MRI back to check who will be
	at home with Stacey - informed it will be Stacey's
	foster sister Kate. SW to check with foster
	carer Evelyn Morton and then get back to us.
	JCabrelli
17:30	SW will visit Stacey this evening. Stacey
	informed. JCabrelli

Date/time	Further information/planning, delivering and evaluating postnatal care

Feeling confident with your baby

Whether you are a first time parent, or if you have experience of looking after new babies, there may be things that you want to discuss and practice with maternity care staff. The list below can be used as a starting point to ensure that you feel confident meeting your baby's needs. Please sign off the items when you feel ready. Remember there can be lots to learn, and it can be quite normal for this to take a while.

Don't forget that your 'Ready, Steady, Baby!' book contains useful advice and information that you and your partner/supporter can refer to.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
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 General Practitioner	... / ... / ...	... / ... / ...

Other things I want to ask about: .....

.....

.....

.....

.....

.....

.....

Information for you (indicate when received) ☐ ... / ... / ...

Do you still have your copy of 'Ready, Steady, Baby!' ☐ No ☐ Yes ☐ ... / ... / ...

☐ ... / ... / ... ☐ ... / ... / ...

☐ ... / ... / ... ☐ ... / ... / ...

Please remember that some health advice changes over time. Friends and relatives may be unaware of new guidance about preventing cot death. Please share your information with them to help keep your baby safe.

Breastfeeding your baby

Breastfeeding your baby may be a new experience for you, or you may already have skills and confidence. This section contains items for discussion, observation and support as you breastfeed your baby. Your midwife and maternity care team will support you. When you and your midwife feel you are confident with the items, you can then sign them off to mark your progress.

Your copy of 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' provides sound advice that you and your partner can refer to. Please let your midwife know if you need another copy.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding	... / ... / ...	... / ... / ...
Positioning my baby for breastfeeding	... / ... / ...	... / ... / ...
Principles of good attachment	... / ... / ...	... / ... / ...
How to recognise that my baby is feeding well	... / ... / ...	... / ... / ...
My baby's feeding and sleeping patterns for the first few days	... / ... / ...	... / ... / ...
'Baby led' feeding	... / ... / ...	... / ... / ...
When my milk 'comes in'	... / ... / ...	... / ... / ...
Rooming in at the maternity unit	... / ... / ...	... / ... / ...
Sharing a bed with my baby - the risks discussed	... / ... / ...	... / ... / ...
Winding my baby	... / ... / ...	... / ... / ...
My baby's needs (exclusive breastmilk for around the first six months of life)	... / ... / ...	... / ... / ...
Why dummies or teats should not be used	... / ... / ...	... / ... / ...
How to hand express my breastmilk		
Expressing breastmilk a) sterilising equipment	... / ... / ...	... / ... / ...
b) safe storage	... / ... / ...	... / ... / ...
Signs that my baby is feeding well and thriving	... / ... / ...	... / ... / ...
Breastfeeding support in my community	... / ... / ...	... / ... / ...

Other things that I want to ask about: .....

.....

.....

.....

Bottle feeding your baby

As with general baby care, you may already be skilled in making up formula feeds and bottle feeding your newborn baby, or it may be a new challenge. Your midwife and maternity care team will support you. The list below can be used to check that you feel confident bottle feeding your baby. Please sign off the items when you feel ready.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Using bottled milk/disposable teats in the maternity unit	..../..../....	..../..../....
The importance of good hand hygiene	..../..../....	..../..../....
Sterilising equipment	..../..../....	..../..../....
Making up a formula feed correctly and safely (always following the manufacturer's instructions)	..../..../....	..../..../....
Giving a bottle feed correctly and safely	..../..../....	..../..../....
Winding my baby	..../..../....	..../..../....
My baby's feeding and sleeping patterns for the first few days	..../..../....	..../..../....
'Baby led' feeding	..../..../....	..../..../....
'Rooming in' at the maternity unit	..../..../....	..../..../....
Sharing a bed with my baby - the risks discussed	..../..../....	..../..../....
Choosing the right type of milk for my new baby (whey based)	..../..../....	..../..../....
Signs that my baby is feeding well and thriving	..../..../....	..../..../....

Other things about feeding that I want to ask about: .....

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful. The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

How I feel I am coping

My mood and emotions

How I feel I am doing as a parent

Not liking my baby at the moment

Difficulties with my baby's feeding

Managing my tiredness

Questions about my baby

Coping with my baby's crying

My anxieties

Relationships with my family

Thinking about your pregnancy, labour and birth

Pregnancy, labour, birth and the time afterwards are unique experiences. They can have a powerful effect on how you feel and your relationships with your baby, partner, family and your maternity care team.

Your midwife will ask you about your experiences in the early days following the birth. You may have questions that you want to ask or issues to discuss – or you may not. You may find it helpful to think about your experiences of maternity care so far, and discuss events with your partner or the person supporting you. Please use the space below to jot down any questions or issues to discuss.

Please remember that you can talk to any member of your maternity care team (such as your midwife, General Practitioner or obstetrician) about your experiences *at any time after the birth*. Some women wish to do this a few weeks, or even many months after the birth, or if they are thinking about becoming pregnant again.

Your health after the birth

Blood tests/other tests and results				
Date	**Time**	**Investigation**	**Indication**	**Result/actions**

Discharge from midwifery care

Date 7/6/11 Days postnatal 10 Assessed by P. Wintes

Special features identified (please sign and date each entry)

BP /

General wellbeing and mental health

well. Mood low at times

Current smoker? ☐ No ☑ Yes /day

Risk of passive smoking to baby explained? ☐ No ☑ Yes

	Any problems		Details
Passing urine	☑ No	☐ Yes	
Pelvic floor	☑ No	☐ Yes	
Bowel function	☑ No	☐ Yes	
Breasts	☑ No	☐ Yes	
Perineum/abdomen	☑ No	☐ Yes	
Lochia/menstruation	☑ No	☐ Yes	
Cervical smear due	☐ No	☐ Yes	

Contraception and sexual health

discussed - keen on coil

Concerns

Handover to health visitor completed ☐ No ☑ Yes Details

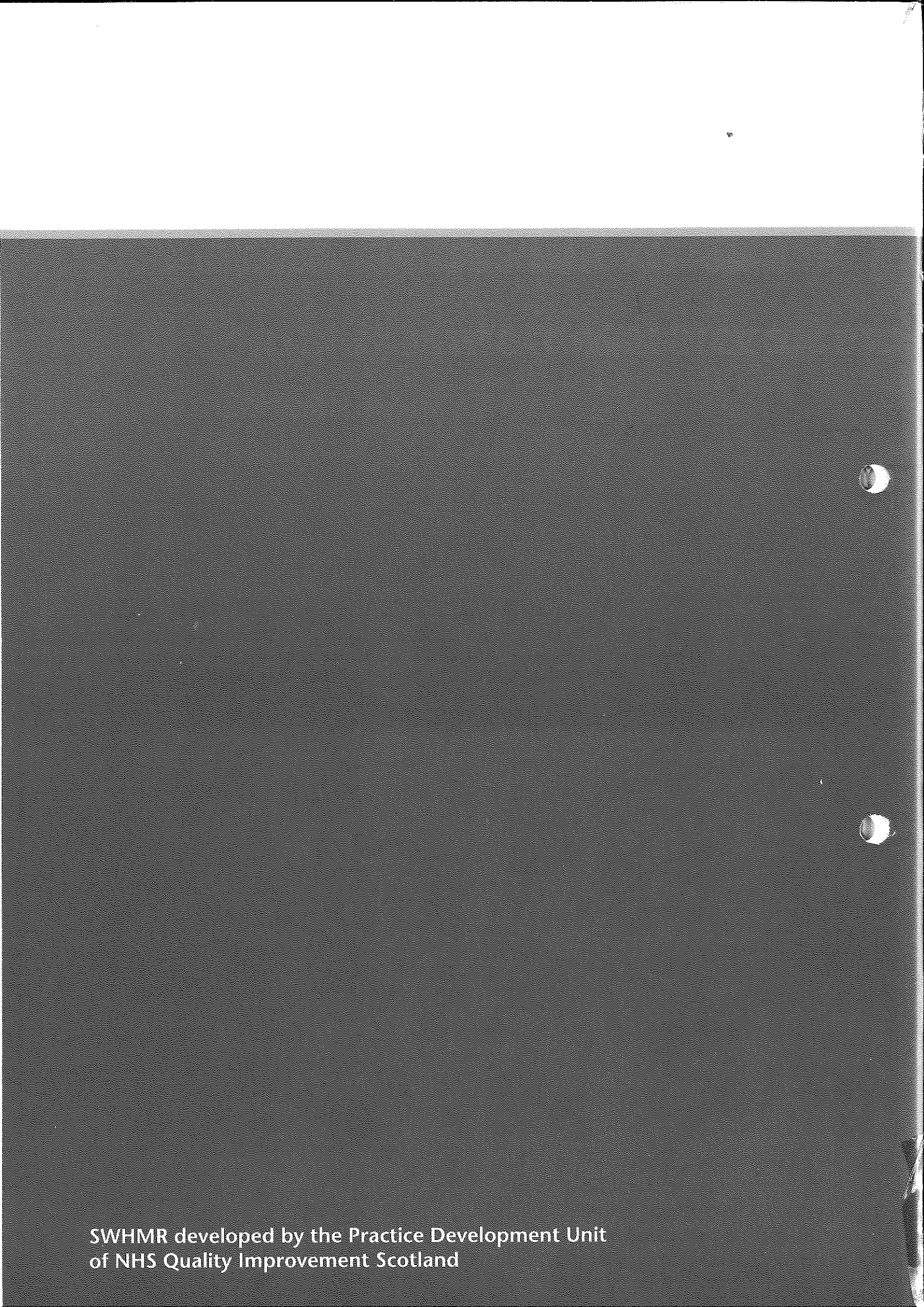
Six week follow-up appointment discussed/arranged ☐ No ☑ Yes Details GP

Signed P Wintes Print name P. Wintes Designation Midwife

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
SUZANNE KNOX	SKnox	Midwife.
GILLIAN WATSON	G. Watson	MIDWIFE
Phyllis Wintes	P.Wintes	Midwife.



SWHMR developed by the Practice Development Unit
of NHS Quality Improvement Scotland

NHS Tayside

Consent for Newborn Blood Spot Screening for Phenylketonuria (PKU), Congenital Hypothyroidism (CHT), Cystic Fibrosis (CF), Sickle Cell Disorders (SCD) and Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD)

I have received and read the information leaflet "Your guide to newborn screening tests" 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 healthcare professionals.

Baby's Name..... Riley Ellis..... Date of birth 28/5/11

CHI Number..... 280511 8170.....

☑ **I wish** ☐ **I do not wish** my baby to be tested for Phenylketonuria

☑ **I wish** ☐ **I do not wish** my baby to be tested for Congenital Hypothyroidism

☑ **I wish** ☐ **I do not wish** my baby to be tested for Cystic Fibrosis

☑ **I wish** ☐ **I do not wish** my baby to be tested for Sickle Cell Disorders

☑ **I wish** ☐ **I do not wish** my baby to be tested for MCADD

I understand that the Newborn Blood Spot Screening Programme needs to obtain my permission to store the newborn blood spot card beyond the initial 12 month testing period and to use any of the blood spots left over after testing is complete for anonymised research, such as the development of new screening tests. If any research was proposed in which the researcher would be able to identify me or my baby, a member of staff from the Newborn Bloodspot Screening Programme would always contact me again to seek my approval.

☑ **I agree** ☐ **I do not agree** for the storage of my baby's blood spot sample beyond the initial 12 month testing period.

☑ **I agree** ☐ **I do not agree** to the use of any left over blood spots for anonymised research.

Signature:..... **(Parent)** **Date** 2/6/11

Signature: Suzanne Knox **(Witness: Healthcare professional)**

Print: Suzanne Knox

Designation: Midwife **Date** 2/6/11

Note to healthcare professional – all relevant information needs to be recorded on the Newborn Blood Spot Card

Date/time	Further information/planning, delivering and evaluating care

Date/time	Further information/planning, delivering and evaluating care

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if botttle feeding) and condition of mouth	Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									
Temperature °C Route									

Date/time	Further information/planning, delivering and evaluating care

Date/time	Further information/planning, delivering and evaluating care

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if bottle feeding) and condition of mouth
Signed		P.Winter RM		
ID Check				
Dirty nappies		yellow		
Wet nappies		voiding		
Skin: including buttocks and cord		intact		
Feeding: type, frequency (and volume if bottle feeding) and condition of mouth				Bottle feeding frequently 20z 4°.
10	7/6/11	Well. Healthy, alert baby.	x2 clear	
Temperature °C Warm Route				
Temperature °C Route				
Temperature °C Route				
Temperature °C Route				
Temperature °C Route				

Consent for Newborn Blood Spot Screening for Phenylketonuria, Congenital Hypothyroidism & Cystic Fibrosis

I have received and read the information leaflet "A Parent's Guide to Newborn Blood Spot Screening for Phenylketonuria, Congenital Hypothyroidism and Cystic Fibrosis" 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 healthcare professionals.

Baby's Name . . Date of birth / /

CHI Number . . .

☐ **I wish** ☐ **I do not wish** my baby to be tested for Phenylketonuria

☐ **I wish** ☐ **I do not wish** my baby to be tested for Congenital Hypothyroidism

☐ **I wish** ☐ **I do not wish** my baby to be tested for Cystic Fibrosis

We also need to obtain your permission to store the blood spot card beyond the 12 month testing period and to use any of the blood spots left over after testing is complete for anonymised research, such as the development of new screening tests. If any research was proposed in which the researcher would be able to identify you or your baby, we would always contact you again to seek your approval.

☐ **I agree** ☐ **I do not agree** for the storage of my baby's blood spot specimen beyond the 12 month testing period

☐ **I agree** ☐ **I do not agree** to the use of any left over blood spots for anonymised research

Signature: **(Parent) Date** / /

Witness: **(Health professional)**

(Please sign and print name)

Designation: **Date** / /

Discharge of baby from midwifery care

Date / / Baby's age days Assessed by

Weight chart

Postnatal day	Date	Time	Weight g	Details:- including percentage of birth weight lost
*	28.5.11		3160.	
5	2/6/11		3060	↓100g <10% of BW
10	7/6/11		3260g	↑200g

Vitamin K

Vitamin K ☑ Im ☐ Oral ☐ Declined

Repeat oral doses given on / / By ☐ Declined

/ / By ☐ Declined

Feeding

☐ Breast ☑ Bottle ☐ Mixed ☐ Supplementary feeds given

Details

Vaccinations

BCG vaccination needed ☑ No ☐ Yes BCG given as prescribed on / /

Hepatitis B vaccination needed ☑ No ☐ Yes Hepatitis B vaccination given on / /

Screening

Newborn bloodspot screening done on / / By ☐ Declined

Newborn hearing screening done on / / By ☐ Declined

Any problems identified

Jaundice ☑ No ☐ Yes ☐ SBR taken Highest SBR

Other

Hand over to health visitor complete ☐ No ☑ Yes

Follow-up appointments required ☐ No ☐ Yes

Other

Signed: P.Winter Print name P.Winter Date 7/6/11

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if bottle feeding) and condition of mouth	Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
*	28/5/11	Pink. Warm	clear x2	breastfeeding	Intact. cord clamped	PuV	1050.	/	mcfarlane.
Temperature °c Route									
*	29/5/11 Up 30	Pink and alert	(L) sticky (R) ✓	6/8 on demand	Cord clamped skin dry - olive oil applied.	voiding	meconium ++		JCabrelli SIM.
Temperature °c Route									
1	29/5/11	Appears well baby. Good colour & tone. Alert. Fontanelles: NAD.	x2 clear.	Breastfeeding on demand & hourly only advised to increase slightly. Mouth clean & moist. 24hr check	skin slightly dry - advised use of olive oil. cord & clamp on - NAD.	PuV	Meconium	Home.	dKnox SM
Temperature Warm °c Route to touch.									
2	30/5/11	Looks well Pink Alert Fontanelles NAD	Clear x2.	Breastfeeding on demand - frequently overnight. Mouth clean + moist - lips dry.	Intact.	PuV Urates in nappy wet - was only feeding 8 baby - advised.	Meconium		30/5/11
Temperature Warm °c Route									
35	2/6/11	Appears well baby. Good colour & tone. Alert. Fontanelles: NAD.	x2 clear.	Now settlefeeding on demand. Cau & Gate on demand. Wt ↓ 100g <10% Mouth clean & moist -	Intact. healthy & cord off - NAD.	PuV	Yellow.	Home.	dKnox SM
Temperature °c Route									

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal discharge summary

Discharged from MRI

To (address) 8 mill Pl ✆

GP Annan Bank. at ✆

Obstetrician Lyncia Midwife Paediatrician

Labour, birth and postnatal period

Onset of labour ☑ Spontaneous ☐ Induced: indication

Mode of delivery SVD on Sat day 28/5/11 at 00:12 Sex m

Indication loc Presentation cephx Location mrl

Gestation 39+5 Birthweight 3160 g Blood loss ~500 mls

APGARs ☑ 1 minute ☑ 5 minutes ☑ 10 minutes Placenta/membranes appear complete

Maternal blood group O Pos Anti-D needed ☑ No ☐ Yes Anti-D given on / /

Rubella status Immune. Vaccination needed ☑ No ☐ Yes Vaccinated on / /

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

Baby

CHI 280511 Discharged home with mum ☐ No ☑ Yes Feeding: type/comments BIF

Length 47 cm OFC 34.5 cm Discharge Weight g

BCG vaccination needed ☑ No ☐ Yes: given on / /

Newborn blood spot screening done ☐ No: due on / / ☐ Yes: on / / ☐ Declined

Newborn hearing screening done ☐ No: due on / / ☐ Yes: on / / ☐ Declined

Vitamin K administered ☐ No ☑ Yes: details 0.1 mg

Admitted to neonatal unit ☐ No ☐ Yes: details

Discharge medication ☐ No ☐ Yes: details

Further details, including problems identified/referrals, investigations or results pending:

Summary completed by (print name) L McFarlane **Date** 28/5/11

Signature: L McFarlane **Designation** SM

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
SUZANNE KNOX	SKnox	Midwife.
HILLIAN WATSON	H. Watson.	MIDWIFE
Phyllis Wintes	P. Wintes	Midwife.

NHS
SCOTLAND

Baby Record -
Midwifery Care

Confidential

PLEASE USE BLACK INK

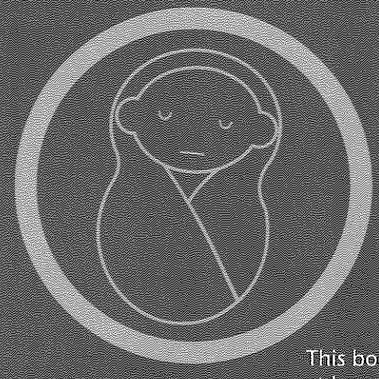
Riley

BABY'S LABEL HERE

Sarah Ellis.

MOTHER'S LABEL HERE

280488 0060.



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

This booklet will document the care given to your baby in the first days in hospital and at home. When you and your baby are discharged from community midwifery care, the booklet will be returned to the baby's hospital medical record.

SWHMR developed by the Practice Development Unit
of NHS Quality Improvement Scotland

STACEY ELLIS

NHS SCOTLAND

Pregnancy Record

Confidential

PLEASE USE BLACK INK

LATEX ALLERGY.

Stacey
Ellis
~~Mearnsview~~ Church Road 26 Westward Walk
~~Luthermuir~~
Laurencekirk Montrose.
AB30 1YS
Chi 2804880060
DOB 28/04/1988

If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

Name _____ ELLIS STACEY 280488 0060 _____ CHI

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 Pregnancy Record safe, confidential and protect it from damage. If you lose your Pregnancy Record, please contact your midwife or maternity unit as soon as possible.

Please remember to take your 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 Pregnancy Record with you when you go out and about.

You can write in your Pregnancy Record where you see this symbol:

Your Pregnancy 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 'Protecting Personal Information'. This is available from your midwife, GP practice or on-line at **http://www.show.scot.nhs.uk/confidentiality** (see under 'patient guidance').

Help and advice

Please use the following services

☎ .....

☎ .....

Contact details

General Practitioner
Laurencekirk Surgery
42 Blackiemuir Avenue
Laurencekirk
AB30 1DX
Tel: 01561 377258
Practice code 32529

Community Midwives are:
Christine Mann / Fiona Carr /
~~Bernie Prentice~~ Julie Spence
Mearns Area
Inverbervie **01561 360903**
Laurencekirk **01561 378325**

ABERDEEN MATERNITY HOSPITAL
Midwives unit:- Tel: 01224 552777
Main desk:- 01224 553602

MIDWIFERY OUT OF HOUR COVER AFTER 5PM TIL 8.30AM

CONTACT:- 01224 552606

ASK FOR **BLEEP HOLDER**

Community support

Health Visitor .....

Name Morrice

Base .....

☎ 01674 83215

Health Visitors
Kate Smith / Clare Nixon
Laurencekirk Health Centre
& Auchenblae Surgery
42a Blackiemuir Avenue
Laurencekirk AB30 1DX
Tel: 01561 378589

Name .....

Implanon®
Batch no: 299139/344768
For physician file

Domestic Abuse Helpline (10am - 10p
Scottish Women's Aid ☎ 0131 475 2

28693.100
(local)
VERSION 2.0, NOVEMBER 2006

Name _____ CHI

Plan of care for your pregnancy

This chart is used to record a plan of care for your pregnancy. Your midwife or doctor will tick the boxes to show when an appointment is due, where it will take place, and whether a blood test or ultrasound scan is planned. Details of each appointment can be written below.

Week number	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	41	42
Health centre/surgery									✓				✓		✓	✓			
Maternity unit			✓		✓						✓			✓			✓		
Home														✓					
Blood tests					✓						✓			✓					
Ultrasound			✓				✓												

Your appointments

Day	Date	Time	Where & who with	Things you want to discuss
Tues	22/01	1.40pm	Dundee, Scan	Sex!
Mon	10/03	9.00am	midwife, clinic@Mo!	

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.

ANTE-NATAL CLINIC
Laurencekirk
Thursday 9.20am– 12 noon

PARENTCRAFT
Robert Street, Stonehaven
Monday – 10am – 12 noon

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.

CHI ELLIS STACEY 280488 0060

Central Registration Number_____

Important information

Surname/family name ELLIS

First name(s) STACEY

Likes to be called

Date of Birth 28/04/88

Your address 26 Westwood Walk

Montrose Angus

Postcode DD10 9DA

Home ☎

Other ☎ 07908813072

Please tell your midwife if you move house or change your telephone number. Your midwife will inform the maternity unit.

Change of address/phone details

Postcode

Home ☎

Other ☎

Your partner/supporter for this pregnancy

Name Alan Means

Occupation bankman/slinger

Relationship to you partner

Address 26 Westwood Walk

Montrose

Postcode DD10 9DA

Home ☎

Other ☎ 07892630476

Emergency contact person/next of kin
Who would you like contacted in an emergency?

☑ **Your partner/supporter** ☑ **Alternative person:** (Give details below)

Name mrs susan Ellis

Relationship to you mother

Address means view

Luthermuir

Postcode

Home ☎ 01674 840628

Other ☎

Other personal information

How would you describe your ethnic group?

White

What language do you usually use at home?

English

Do you need help with interpreting, communicating or reading or writing? No ☑ Yes ☐

Details

What is your current religion or faith, if any?

None

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? No ☑ Yes ☐

Details

Your occupation (if currently working)

None

Health and safety advice needed related to your work/workplace? No ☑ Yes ☐

Details

Your home circumstances and support needs

This section is used to note any important information to help plan care during your pregnancy and afterwards.

Name _____ CHI | | | | | | | | | | |

Your previous pregnancies

This section is for recording details of any previous pregnancies. If you would like any information to be treated in confidence, please talk to your care provider.

Please let us know if someone else cares for any of your children. N/A

Pregnancy outcome		**Date** / /
Any problems? No Yes	Details	Place
During pregnancy ☐ ☐		Weeks
Labour and birth ☐ ☐		Birth weight g
After the birth ☐ ☐		Sex of baby
Baby at birth ☐ ☐		Full name
Child's health now ☐ ☐		Feeding

Pregnancy outcome		**Date** / /
Any problems? No Yes	Details	Place
During pregnancy ☐ ☐		Weeks
Labour and birth ☐ ☐		Birth weight g
After the birth ☐ ☐		Sex of baby
Baby at birth ☐ ☐		Full name
Child's health now ☐ ☐		Feeding

Pregnancy outcome		**Date** / /
Any problems? No Yes	Details	Place
During pregnancy ☐ ☐		Weeks
Labour and birth ☐ ☐		Birth weight g
After the birth ☐ ☐		Sex of baby
Baby at birth ☐ ☐		Full name
Child's health now ☐ ☐		Feeding

Pregnancy outcome		**Date** / /
Any problems? No Yes	Details	Place
During pregnancy ☐ ☐		Weeks
Labour and birth ☐ ☐		Birth weight g
After the birth ☐ ☐		Sex of baby
Baby at birth ☐ ☐		Full name
Child's health now ☐ ☐		Feeding

Name _____ CHI

Your previous pregnancies (continued)

Pregnancy outcome		**Date** / /
Any problems? No Yes	Details	Place
During pregnancy		Weeks
Labour and birth		Birth weight g
After the birth		Sex of baby
Baby at birth		Full name
Child's health now		Feeding

Pregnancy outcome		**Date** / /
Any problems? No Yes	Details	Place
During pregnancy		Weeks
Labour and birth		Birth weight g
After the birth		Sex of baby
Baby at birth		Full name
Child's health now		Feeding

Pregnancy outcome		**Date** / /
Any problems? No Yes	Details	Place
During pregnancy		Weeks
Labour and birth		Birth weight g
After the birth		Sex of baby
Baby at birth		Full name
Child's health now		Feeding

Pregnancy outcome		**Date** / /
Any problems? No Yes	Details	Place
During pregnancy		Weeks
Labour and birth		Birth weight g
After the birth		Sex of baby
Baby at birth		Full name
Child's health now		Feeding

Name _____ CHI | | | | | | | | | | |

Your previous pregnancies (continued)

Pregnancy outcome		**Date** / /
Any problems? No Yes	Details	Place
During pregnancy ☐ ☐		Weeks
Labour and birth ☐ ☐		Birth weight g
After the birth ☐ ☐		Sex of baby
Baby at birth ☐ ☐		Full name
Child's health now ☐ ☐		Feeding

Pregnancy outcome		**Date** / /
Any problems? No Yes	Details	Place
During pregnancy ☐ ☐		Weeks
Labour and birth ☐ ☐		Birth weight g
After the birth ☐ ☐		Sex of baby
Baby at birth ☐ ☐		Full name
Child's health now ☐ ☐		Feeding

Pregnancy outcome		**Date** / /
Any problems? No Yes	Details	Place
During pregnancy ☐ ☐		Weeks
Labour and birth ☐ ☐		Birth weight g
After the birth ☐ ☐		Sex of baby
Baby at birth ☐ ☐		Full name
Child's health now ☐ ☐		Feeding

Pregnancy outcome		**Date** / /
Any problems? No Yes	Details	Place
During pregnancy ☐ ☐		Weeks
Labour and birth ☐ ☐		Birth weight g
After the birth ☐ ☐		Sex of baby
Baby at birth ☐ ☐		Full name
Child's health now ☐ ☐		Feeding

Name ELLIS STACEY 280488 0060 _____ CHI

Family health Does anyone in your family, or your baby's father's family, have a history of the following:

	No	Yes	Don't know	Details
Asthma or allergies	☐	☑	☐	mother
Diabetes	☑	☐	☐	
Genetic disorders/attending a genetics clinic	☑	☐	☐	
Pre-eclampsia	☑	☐	☐	
Blood clots (thrombosis)	☑	☐	☐	
Recent/active Tuberculosis (TB)	☑	☐	☐	
Hip problems detected at birth or shortly afterwards	☑	☐	☐	
Abnormalities present at birth	☑	☐	☐	
Learning disabilities	☑	☐	☐	
Serious mental illness	☑	☐	☐	
Permanent hearing loss	☑	☐	☐	
Are you and your baby's father blood relatives?	☑	☐	☐	

Your health Have you ever had, or do you currently have, any of the following:

	No	Yes	Details
Operations	☐	☑	Lazy left eye ALLERY LATEX.
Problems with anaesthetics	☑	☐	
Admission(s) to intensive care	☑	☐	
Difficulties accessing your veins	☑	☐	
Asthma or lung problems	☑	☑	
High blood pressure	☑	☐	
Heart problems	☑	☐	
Diabetes/thyroid disorders	☑	☐	
Epilepsy/neurological problems	☑	☐	
Blood transfusions	☑	☐	
Blood clots/clotting problems	☑	☐	
Kidney or urinary problems	☑	☐	
Liver problems or hepatitis	☑	☐	
Gastro-intestinal disorders	☑	☐	
Problems with fertility or your reproductive system	☑	☐	
Vaginal infections	☑	☐	
Female circumcision	☑	☐	
Mental health problems (including depression)	☐	☑	Depression Tx +CPN
Psychiatric referral or admission	☑	☐	
Genetic disorder	☑	☐	
Cancer of any kind	☑	☐	
Problems with bones or joints	☑	☐	
Any disabilities	☑	☐	

	No	Yes
Is there anything else about your health which you feel is important for your care providers to know?	☑	☐

Details

Name ELLIS STACEY 280488 0060 CHI

Other health-related questions

	No	Yes	Details, information given and referrals
Have you been taking folic acid?	☑	☐	Start date / / Dose of folic acid ☐ 400mcg ☐ 5mg advised to start.
Date of your last cervical smear (month/year)	?04.		Result normal. Next smear due ✱. postnatal ✱
Have you ever been referred for colposcopy?	☑	☐	
Your body mass index (BMI) (weight [kg]/height [m]²)	20·1		Weight at booking 50kg Height 1·56m
Do you have any special dietary needs?	☑	☐	
Do you go to the dentist regularly?	☐	☑	
How many units of alcohol do you currently drink each week?	0		One unit of alcohol = half a pint of 3.5% beer or lager or one 25ml measure of spirits. One small (125ml) glass of average strength (12% wine) contains 1.5 units.
Have the risks of drinking alcohol in pregnancy been explained to you?	☐	☑	

Smoking cigarettes and passive smoking

Have you smoked cigarettes in the past 12 months prior to pregnancy?	☐	☑	
Do you smoke now?	☐	☑	
Current smokers: cigarettes smoked per day	7/8		cut down. advised re smoking cessation.
Former smokers: date stopped	/ /		
Everyone: are you exposed to cigarette smoking at home?	☐	☐	
Have the risks of smoking in pregnancy been explained to you?	☐	☑	—
Have you been offered advice on how to stop smoking?	☐	☑	✓

Are you taking any medication prescribed to you by a doctor, or have you stopped any medication recently?	☑	☐	
Are you taking any 'over the counter' preparations or medications not prescribed to you? (If yes, include indications)	☑	☐	
Have you ever used any street drugs, gas or glue?	☑	☐	
If yes, are you currently using any street drugs, gas or glue?	☑	☐	
Have you ever injected drugs?	☑	☐	
Has a current or ex-partner ever used or injected drugs?	☐	☑	

Prescribed medication	Dose	Frequency	Route	Duration

Name ELLIS STACEY 280488 0060 CHI

Age 19	Parity 0
Agreed EDD	8/06/08
Blood group	OPos.
Thrombosis risk	none
Allergies	LATEX

Pregnancy	
Special features	Plans for care

When is your baby due?

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.

Date of the first day of bleeding of your last menstrual period (LMP)? 26/8/07

How sure are you of this date? sure ☐ fairly sure ☐ not sure ☑

Average number of days between the first day of each period (monthly cycle)

Have you had any vaginal bleeding since your last menstrual period? No ☑ Yes ☐

Had you been using any contraception? No ☑ Yes ☐

Type / Date stopped / /

Comments/details

Provisional EDD based on LMP and monthly cycle 10/5/08

EDD using dating scan 8/6/08

Agreed EDD 8/6/08

Agreed by Signed

Your antenatal care and planned place of birth

Type of antenatal care
Routine

Lead professional
Name
Role

Planned place of birth
Montrose

Plans discussed & agreed

Signed 29/10/07

Change(s) to type of antenatal care/lead professional or planned place of birth

Reason for change(s)

Plans discussed & agreed

Signed / /

Change(s) to type of antenatal care/lead professional or planned place of birth

Reason for change(s)

Plans discussed & agreed

Signed / /

HISTORY/CONTINUATION SHEET

MRI UNIT/WARD/DEPT.

Ward/Clinic/Hosp. .....

Surname .. ELLIS 280488
First Name STACEY 0060
Address .. 26 WESTWOOD WALK
MONTROSE
DD10 9DA

G.P. & Addl DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
MONTROSE 13706

Cons. .....
Y Y C.H.I. No. .....
M. Stafe .....
Sex .....
USE BLOCK LETTERS OR PATIENT LABEL

DATE	39+2 gest. OPos PRIM. Page .....
3/6/08 23:55	Into Unit from Lutheruir, does not have notes.
	Spontaneous rupture of membranes today @ 23:15 - clear liquor.
	Urinalysis = NEG.
	Keen for vaginal examination to assess progress
	On palpation = longitudinal lie, cephalic presentation

Name ELLIS STACEY 280488 0060 CHI

Blood tests and other tests

During your pregnancy you will be offered several blood tests to check on your health and your baby's health. Your midwife will give you information leaflets on many of these tests (see page 13). Maternity care staff will discuss all the blood 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 (see page 16).

You may also be advised to have other tests during your pregnancy (eg a urine test). Again, the need for any tests will be explained to you.

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.

To know whether you should be offered blood tests for Sickle cell and Thalassaemia, it is useful to know your ethnic/family origins. These inherited blood disorders can be found in all peoples, but are more common in peoples from Africa, Asia, the Middle East and the Mediterranean.

What are your ethnic/family origins?

Test	Gestation when test due	Date taken indicate if declined	Results/Action
Blood Group			
Full Blood Count			
Rubella status	16		
Syphillis			
Hepatitis B			
HIV			
Screening for ☐ Spina Bifida ☐ Down's Syndrome			
Antibody check	28		
Full Blood Count			
MSU		29/10/07	
Chlamydia			

If you have Rhesus Negative blood

This section ☐ Does not apply to you ☐ Applies to you

Your blood is Rhesus Negative. You will be offered 'anti-D' to prevent any problems developing.

Discussions/plans	Signed	/ /
'Anti-D' given 28 weeks	Signed	/ /
'Anti-D' given 34 weeks	Signed	/ /

Name ELLIS STACEY 280488 0060 CHI

Age 19	Parity 0	Pregnancy	
Agreed EDD	8/06/08	Special features	Plans for care
Blood group	OPos.		
Thrombosis risk: none			
Allergies: LATEX			

When is your baby due?

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

Name ELLIS STACEY 280488 0060 CHI

Antenatal appointments

Date	Weeks pregnant	Blood pressure	Urinalysis	Oedema (swelling)	Height of uterus (cm)	Presenting part	Fifths palpable	Baby's heartbeat	Baby's movements
29.10.07	?8	102/50	tr glucose	—				✓	
28.11.07	12+5							✓ scan.	✓
18/12/07	15+3		+Protein, most leucocytes + small non-indem. blood		16cm		—	—	—
15.2.08	24	110/50	tr glucose, some leucocytes.	nil.	=22	—	—	FHH	FMF.
10.3.08	29+1	112/62	NAD		26	fetal parts felt		FH ✓	FMF
24308	29+4	118/60	no specimen of urine.	Nil.	26.	cephalic	Brim of pelvis	FHHM (S)	FMF.
070408	31+1	100/60	NO spec.	Nil	28.	ceph	Brim	FHH	FMF
28/4/08	34+1	100/60	TRACE GLUCOSE (HAS BEEN DRINKING POWERADE)	NIL	32cms	CEPHALIC US		US	7/10/10.

HISTORY/CONTINUATION SHEET

MRI UNIT/WARD/DEPT.

Ward/Clinic/Hosp. .....

Surname .. ELLIS
First Name STACEY
Address .. 26 WESTWOOD WALK
MONTROSE
DD10 9DA

G.P. & Addr DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
MONTROSE 13706

Cons. .....
C.H.I. No. 280488 0060
M. State .....
Sex .....

USE BLOCK LETTERS OR PATIENT LABEL

DATE	39+2 gest. OPos PRIM. Page .....
3/6/08	Into Unit from Kuthermuir, does not have notes.
23:55	Spontaneous rupture of membranes today @ 23:15 - clear liquor.
	Urinalysis = NEG.
	Keen for vaginal examination to assess progress
	On palpation = Longitudinal lie, cephalic presentation

Name Stacey Ellis CHI 280488 0060

Weight at 36 weeks kg

Please remember to complete the 'Whose signature?' section

Other information/plans/referrals etc	Return in (weeks)	Signature
Nausea only. Advised. Has now moved to Montrose, advised re care there. Letter to MRI.	16	
Couldn't wait to discuss NEA + Booking bloods	3/52.	
Came to unit after missing ANC yesterday. C/O crampy pains at level of fundus since finding out about pregnancy. No bowel problems. MSSU + LVS taken + sent. Had chlamydia testing at last M/W never heard result. Otherwise felt.		
Hb 12.7 Sickle: Seen.	4/52	
Feeling well today, patient info leaflets given	2/52	
24/3/08 - For growth Scan to be arranged	2/52.	
Has an appointment for 25th April for Low Lying Placenta Will keep this forward.		
For growth scan at 34 wks at Nairnwells. Still C/O cramps and backache. See at own GP surgery 7/52. NW's 3/52. ↓ FM's past couple of days, to attend MRI for CTG.		
well apart from occasional musculoskeletal pain part. (R) side. USS today shows normal growth liquor & flow progressing, no longer (a) routine care		

Notes reviewed P. Thompson MW.

By Dr. Lynch, return

Name ELLIS STACEY 280488 0060 CHI

Age 19	Parity 0
Agreed EDD	8/06/08
Blood group	OPos

Thrombosis risk: none

Allergies: ~~LATEX~~

Pregnancy	
Special features	Plans for care

When is your baby due?

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

Name Stacey Ellis CHI 2804880060

Antenatal appointments (continued)

Date	Weeks pregnant	Blood pressure	Urinalysis	Oedema (swelling)	Height of uterus (cm)	Presenting part	Fifths palpable	Baby's heartbeat	Baby's movements
02·05·08	8+5	110/72	negative	Nil	33cm	Cephalic	Free	FHHV	FMFV
16/5/08	36+5	115/61		Nil	34	cephalic			FMF

HISTORY/CONTINUATION SHEET

MRI UNIT/WARD/DEPT.

Ward/Clinic/
Hosp. .....

Surname .. ELLIS
First Name STACEY
Address .. 26 WESTWOOD WALK
MONTROSE
DD10 9DA

G.P. & Addl DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
MONTROSE 13706

Cons.
CHI No. 280488 0060
M. State
Sex
USE BLOCK LETTERS OR PATIENT LABEL

Page .....

DATE	
3/6/08 23:55	39+2 gest. OPos PRIM. Into Unit from Lethermuir, does not have notes. Spontaneous rupture of membranes today @ 23:15 - clear Liquor. Urinalysis = NEG. Keen for vaginal examination to assess progress On palpation = Longitudinal Lie, cephalic presentation

Name Stacey Ellis CHI 280488 0060

Weight at 36 weeks kg

Please remember to complete the 'Whose signature?' section

Other information/plans/referrals etc	Return in (weeks)	Signature
Feels well. c/o sore back and lower abdomen on walking. Advice given and tobi-grip provided for support. Betamethasone 12mg given Im. Requires Canesten for thrush and iron, prescription organised.		P. Winter.
Well. Still uncomfortable & has been quite stressed	2/52	gpmidwife STM. J Rowatt SIM

Name ELLIS STACEY 280488 0060 CHI

Age 19	Parity 0	Pregnancy	
Agreed EDD	8/06/08	Special features	Plans for care
Blood group	OPos.		
Thrombosis risk: none			
Allergies: ~~LATEX~~			

When is your baby due?

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

Name _____ CHI

Antenatal assessments/admissions

Date	Time	Details
		Please use 24 hour clock and sign each entry
1/4/08	1905	Referred by MRU for review re. heavy feeling pv. Had reassuring CTG in MRU. Obs normal and ~~NVD~~ D/W Dr. Lynch. For speculum. GmO Lynch.
1/4/08	1930hrs	Pr. reviewed. Ref: Heaviness but no bld PV/other symptoms Detail: noted. Qe: GC & vitals: stable PIA: UT size = Dates. Lower abdo - tenderness. PVE: ~~three~~. CTG: (N). CDone @ Monitored) Scan: (N) - No lower anterior placenta praevia. Urine: NAD (MSSU - awaited) Imp: ~~Lower~~ Heaviness in pelvis - examination findings - (N) Plan: Reassurance. Report if new symptoms/contractions. Cr. ~~routine~~ care as planned. Apt scan as agreed dgp Parikh (ST3)
ps: Cervix closed. Steroids 2/5 HVS done		

HISTORY/CONTINUATION SHEET

MRI UNIT/WARD/DEPT.

Ward/Clinic/Hosp. .....

Surname .. ELLIS

First Name STACEY

Address .. 26 WESTWOOD WALK
MONTROSE
DD10 9DA

G.P. & Addr DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
MONTROSE 13706

Cons. .....

C.H.I. No. Y Y 280488 0060

M. State .....

Sex .....

USE BLOCK LETTERS OR PATIENT LABEL

Page .....

DATE	
	39+2 gest. OPos PRIM.
3/6/08 23:55	Into Unit from Lutheruir, does not have notes. Spontaneous rupture of membranes today @ 23:15 - clear liquor. Urinalysis = NEG. Keen for vaginal examination to assess progress On palpation = Longitudinal lie, cephalic presentation

Name Stacey Ellis CHI 280488 0060

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
070408	11/30	Attended for CTG due to ↓ FMs for
		past couple of days.
	11/39	CTG commenced
	12/10	Discontinued
		Increased risk
		NOT contracting
		Baseline Rate 140bpm
		Variability 15bpm
		Accelerations present
		1 x decelerations, FM at the
		time. Recovered to baseline.
		Otherwise reassuring.
		For growth scan 3/52. Astuart S/m.
		A/w Dr Laxman - to fax CTG
		to NW's and they will call back.
		Astuart S/m
		S/B Dr Laxman - CTG normal, no
		repeat required. Astuart S/m

Name ELLIS STACEY 280488 0060 CHI

Age	19	Parity	0
Agreed EDD			8/06/08
Blood group			OPos

Thrombosis risk: none

Allergies: LATEX

Pregnancy	
Special features	Plans for care

When is your baby due?

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

Name _____ CHI

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
1/5/08		ST2 Corner
29 2 dcm		sep drainage
		for Dexamethasone 12mg 1/m tomorrow
		at Matron 0930hrs
		. we will let Matron aware
		Alison Horner
12/5/08	10⁰⁰/	Seen at NRI. FBC and CRP, Ferritin obtained. ASmith SHO
29/5/08		PRIM OPOS Gest. 38+4
	19:15	Into Unit from home with h/o abdo cramping and back pain, ? early labour. Keen for VE to assess.
		Urinalysis: NEG.
		On palpation - Longitudinal lie, cephalic presentation
		Vx 3/5ths palpable
		FH = 150bpm

HISTORY/CONTINUATION SHEET

MRI UNIT/WARD/DEPT.

Ward/Clinic/Hosp. .....

Surname .. ELLIS 280488
First Name STACEY 0060
Address .. 26 WESTWOOD WALK
MONTROSE
DD10 9DA
G.P. & Addr DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
MONTROSE 13706

Cons. .....
Y Y C.H.I. No. .....
M. State .....
Sex .....

USE BLOCK LETTERS OR PATIENT LABEL

Page .....

DATE	
	39+2 gest. OPos PRIM.
3/6/08	Into Unit from Luthermuir, does not have notes.
23:55	Spontaneous rupture of membranes today @ 23:15 - clear liquor.
	Urinalysis = NEG.
	Keen for vaginal examination to assess progress
	On palpation = Longitudinal lie, cephalic presentation

Name Stacey Ellis CHI 280488 0060

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
29/5/08		On VE
		Vulva and vagina appear normal.
		Stacey very uncomfortable, examination performed with difficulty. Os just tipped. FH 155 bpm.
		Discussed with Stacey.
		Home to await labour. Knows to contact MRI if labour establishes, rupture of membranes occurs or needs advice/reassurance. JShoohay/SJM
4/6/08.	39+3	Back in to unit for checking as now 12 hrs since
		SRM, still has damp pad. Contracting 1:10 moderate
	36.9	On palpation :- longitudinal lie
	P 116	cephalic presentation
	BP 110/60	FH 160 bpm.
		FMF.
	11.40	CTG commenced.
	DR	↑ risk as SRM
	C	Contraction 1:10 minutes
	BR	Baseline rate 130-140 bpm.
	A	Accelerations present with fetal movements ++.
	V	Variability > 10-15 bpm.
	D	2x episodes of decelerations after periods of fetal activity
	O	Overall - non reassuring trace.
		Passed to labour suite, Discussed with Bonnie
		McStea (Sister). Decision made to transfer to
		wards for observation. VE to assess with

Name ELLIS STACEY 280488 0060 CHI

Age 19	Parity 0	Pregnancy	
Agreed EDD	8/06/08	Special features	Plans for care
Blood group	OPos.		
Thrombosis risk: none			
Allergies: LATEX			

When is your baby due?

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

Name _____ CHI

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
		Stacy's permission
		Cx central 2-3 cm dilated, 50% effaced.
		no presenting part felt. FH 150 bpm SPark-

HISTORY/CONTINUATION SHEET

MRI UNIT/WARD/DEPT.

Ward/Clinic/Hosp. .....

Surname .. ELLIS
First Name STACEY
Address .. 26 WESTWOOD WALK
MONTROSE
DD10 9DA

G.P. & Addr DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
MONTROSE 13706

Cons. .....
C.H.I. No. 280488 0060
M. Stat .....
Sex .....

USE BLOCK LETTERS OR PATIENT LABEL

Page .....

DATE	
	39+2 gest. OPos PRIM.
3/6/08 23:55	Unto Unit from Lothermuir, does not have notes. Spontaneous rupture of membranes today @ 23:15 - clear liquor. Urinalysis = NEG. Keen for vaginal examination to assess progress On palpation = Longitudinal lie, cephalic presentation 3/5ths palpable. On V.E - verbal consent obtained. Vulva and vagina appear normal. Cx posterior, thick, soft 1cm dilated. Show and clear liquor noted per vaginum (P.V.) Swab obtained with consent.
	Stacey cannot get home again as she has no money for taxi and no transport. To be staying at her friend's house in Montrose. Gave Stacey the option to have a bed at MRI tonight but declined.
	Plan - home to friend's house meantime to await labour establishing. - Knows to come back to MRI if any concerns or labour establishes. - to attend MRI in any case tomorrow for CTG @ 11:00am. JStrachan.
4/6/08 00:20	Maternal obs T=36.5°C, P=91 B/P = 117/73 JStrachan.
00:30	2x PARACETAMOL administered, to try and have both at friend's house JStrachan.

DATE

05/06/06
16 05

ATSP by Dr. Lynch.

Dr. Lynch has already counselled the lady for implanon.

Suggested counselling for Implanon use:

Organon

Patient's name Stacey Ellis

- ☑ The advantages (e.g. effective, non user dependent) and possible side effects (e.g. weight changes, mood changes, headaches) of Implanon.
- ☑ Contraindications/warnings and precautions
- ☑ Probable changes in the bleeding pattern.
- ☑ The correct time to insert.
- ☑ Insertion and removal techniques.
- ☑ Possible complications of insertion or removal (e.g. bruising, infection).
- ☑ When Implanon should be removed.
- ☑ The option to discontinue Implanon at any time.
- ☑ The rapid return of pre-existing fertility after removal of Implanon (commensurate with age)
- ☑ The provision of supportive information about Implanon
- ☑ Implanon palpated in situ
- ☑ Date of insertion 05/06/08
- ☑ Due date for removal 01/06/2011
- ☑ Batch number see below

It is recommended that each box is ticked when counselling is complete and this checklist is kept in the patient's notes.

Organon Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 0FL, UK. Telephone: 01223 432700.
Organon Laboratories, Ireland, c/o United Drug plc., Belgard Road, Tallaght, Dublin 24 Telephone: (01)4041524

Implanon® 68 mg etonogestrel

Implanon®

Batch no: 299139/344768

For patient file

07702

28693.100

Dr M Fitzgibbon

J LA
left arm
aseptic
pre caution
implanon
inserted
Bandage
applied
Card given

Name Stacey Ellis CHI 280488 0060

Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
	MRI.	
LATEX ALLERGY		

Whose signature?

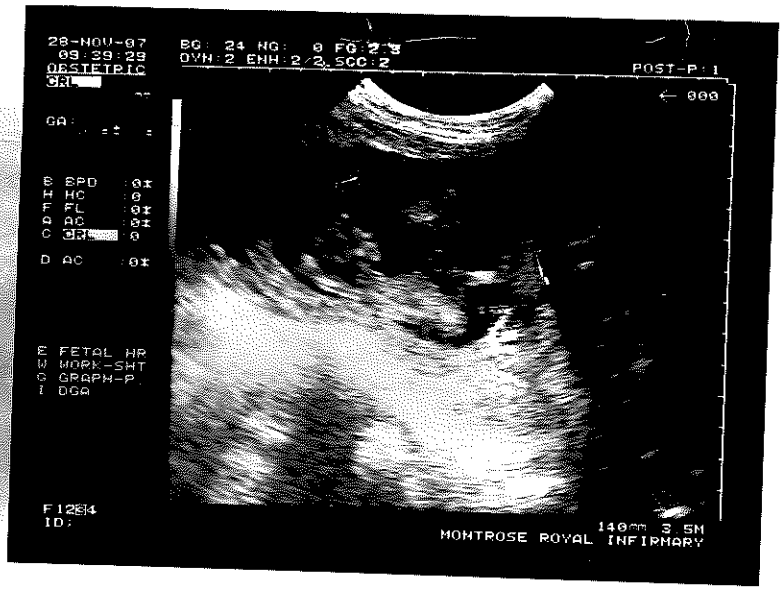
Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
CHRISTINE MANN	C Mann	CMW.
LORRAINE MULLAN	L Mullan	Midwife.
A. STUART	A Stuart	MW.
IONA DUCKETT	Iona Duckett	MW.
SIOBHAN BURNS.	Siobhan Burns	MW.
CATHERINE ROYLE	Catherine Royle	Midwife
~~Mary~~ MARY THOMSON	Mary Thomson	M/W

Name Stacey Ellis CHI 2804880060

Your ultrasound scans

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



Baby ellis at 18 + 5 weeks. Taken at M.R.I.

DEPARTMENT OF ULTRASOUN
Directorate of Women's, Children's and Reprodi

ELLIS 280488
STACEY 0060
26 WESTWOOD WALK
MONTROSE
DD10 9DA

DR. PD MULCAHY
HOWE OF THE MEARNS
BLACKIEMUIR AVENUE
LAURENCEKIRK 32529

EARLY PREGNANCY SCAN

RECORD SHEET

Name
MPI
Cons P Lynch.
Date 28.11.07

Trans abdominal	(YES)	NO
Trans vaginal	YES	(NO)
Intrauterine pregnancy confirmed	(YES)	NO
Sac size in mm		mm
Sac outline	(Regular)	Irregular
Fetus present	(YES)	NO
Number of fetuses	1	
Yolk sac present	YES	(NO)
Fetal heart present	(YES)	NO
Fetal movement present	(YES)	NO
R.P.O.C	YES	(NO)

GESTATIONAL AGE straight

a	CRL (<12 weeks)	61 mm
b	BPD (>12 weeks)	mm
c	Femur length	mm
d	Gestation	10+5

Normal Adnexae (YES) NO Comment

Abnormal Features:

Comment/Recommendations

Signature

DATESH.DOC
H. DRIVE.
INFO. DIRECTORY 27/11/2007 18:21

HISTORY/CONTINUATION SHEET

UNIT/WARD/DEPT.

Ward/Clinic/Hosp. N/W PL Cons

D D M M Y Y
2 8 0 4 8 8 0 0 6 0 C.H.I. No.

Surname Ellis

First Name Stacey M. State

Address Sex

G.P. & Address (G.P. Requests only)

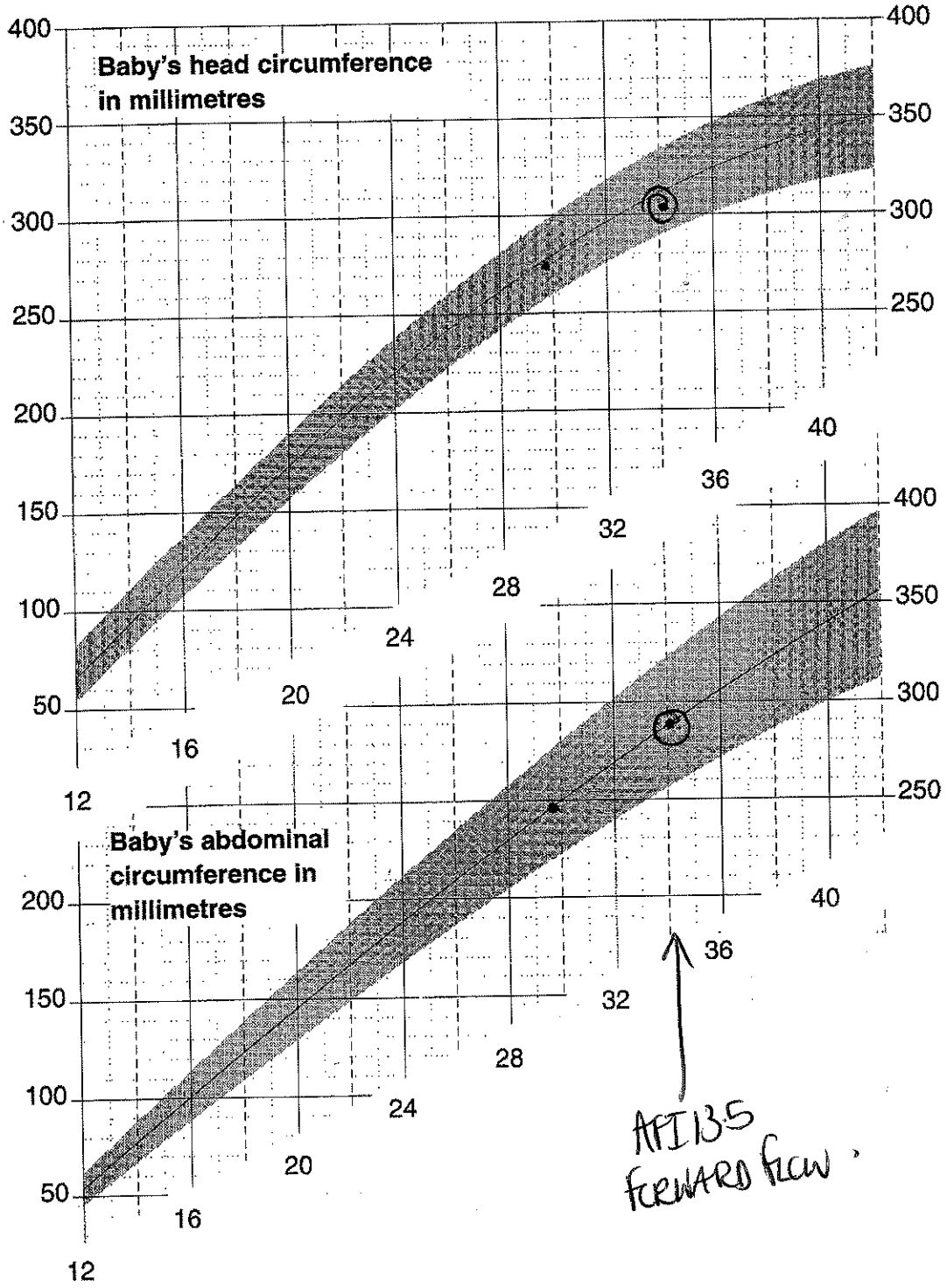
USE BLOCK LETTERS OR PATIENT LABEL

Page

DATE	
28/3/08	EDD 8/6/08. 29+5 gest
1/1/30	No Notes *
	Attended for USS review. Forgotten notes. Reports nil of note re medical obstetric history.
	USS today: Growth on 50th centile AFI & Pl Normal. Placenta still low Hosp apt @ 32/52. Plenty AMF. Had AN exam this week. Report NAD. Nil pv. Knows T.C.I.C.E pv bleeding. Has midwife appt in 2/52.
	G Ellis

FETAL GROWTH CHART

Name: Stacey Ellis **CHI:** 2804880060



Chitty et al., British Journal of Obstetrics and Gynaecology 1994

Ninewells Obstetric Scan Report 2008

Surname:	Firstname:	Dob/Chi:	Address:		Consultant	Lynch
ELLIS	STACEY	2804880060			Referred by:	

Scan no. 2 Date: 28/03/2008 Scan reason Growth

If other:

Scan Report:

Cephalic presentation
Fetal Heart observed
FHC 273
FAC 247
Liquor AFI 10.7
Umb Art forward flow in diastole
Placenta Anterior - still lowish but does not cover the os
To keep 34 weeks appt

U ArtPI:
High PI: No
FAC: 247
AEDF: No
Abs/rv flows: No

Scanned by: JRL

Checked by: LS

Ref: LJN

Reviewed by:

Ninewells Obstetric Scan Report 2008

Surname:	Firstname:	Dob/Chi:	Address:	Consultant	Lynch
ELLIS	STACEY	2804880060		Referred by:	

Scan no. 1 Date: 22/01/2008 Scan reason Screening

If other:

Scan Report:

Single Fetus
Fetal Heart observed
Neural tube checked
Placenta Anterior - low at present
repeat at 34 weeks
BPD 46
FHC 177
FL 31

U ArtPI:

High PI No

FAC:

AEDF No

Abs/rv flows No

Scanned by: JMM

Checked by:

Ref: LJN

Reviewed by:

Ninewells Obstetric Scan Report 2008

Surname:	Firstname:	Dob/Chi:	Address:		Consultant	
ELLIS	STACEY	2804880060			Referred by:	

Scan no. 1 Date: 28/04/2008 Scan reason Placenta

If other:

Scan Report:

Presentation cephalic
Fetal Heart observed
BPD 82
FHC 304
FAC 289
Liquor AFI 13.5
UA - forward flow in diastole - WNL
Placenta anterior - no longer low

U ArtPI:

High PI No

FAC:

AEDF No

Abs/rv flows No

Scanned by: JMM

Checked by: LJN

Ref: LS

Reviewed by:

Name _____ CHI | | | | | | | | | | |

Information for you

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

	Date received
Forms	
• FW8 Maternity Exemption form (your entitlement to free prescriptions during pregnancy and for one year after your baby is born)	29/10/07
• 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)	/ /
Benefits	
• 'Babies and Children' or 'A Guide to Maternity Benefits'	29/10/07
Blood tests in pregnancy	
• 'A Guide to Routine Blood Tests Offered During Pregnancy'	29/10/07
• 'A Parent's Guide to the Screening Test for Spina Bifida and Down's Syndrome'	29/10/07
Pregnancy, babycare and breastfeeding	
• 'Ready, Steady, Baby!'	29/10/07
• Information on wearing a car seat belt safely during pregnancy	29/10/07
• 'Reduce the Risk of Cot Death'	/ /
• 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby'	29/10/07
• 'Breastfeeding and Returning to Work'	/ /
• 'A Parents' Guide to Newborn Screening for Phenylketonuria, Congenital Hypothyroidism and Cystic Fibrosis'	/ /
Others	
•	/ /
•	/ /
•	/ /

Your notes and questions

Responding to your questions
(Maternity care staff - please sign and date all entries)

Name _____ ELLIS STACEY 280488 0060 _____ CHI

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).	Syntometrine Inl IM agreed
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?	Vit K IM agreed. CRoylesh 4/6/08

Name ELLIS STACEY 280488 0060 CHI

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)

Signed / /

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	For your baby
• 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 • • • •

Please note
If you are travelling by car your baby will need a properly fitted car seat for all journeys.

Name ELLIS STACEY 280488 0060 CHI

Consent for blood tests offered in pregnancy (Down's Syndrome and Spina Bifida)

I have received the information leaflet *'A Parent's Guide to the Screening Test for Spina Bifida and Down's Syndrome'* 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.

☐ I wish ☑ I do not wish to be tested for Spina Bifida

☐ I wish ☑ I do not wish to be tested for Down's Syndrome

Signature: SEllis **Date** 18/12/07

Witness: Cheryl Cooper **(Health professional)**

(Please sign and print name)

Designation: Midwife **Date** 18/12/07

Consent for blood 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.

☑ I wish ☐ I do not wish to be tested for Blood Group

☑ 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

Signature: SEllis **Date** 18/12/07

Witness: Cheryl Cooper **(Health professional)**

(Please sign and print name)

Designation: Midwife **Date** 18/12/07

ELLIS STACEY 280488 0060

Infant Feeding - Antenatal Checklist

All of the following topics should be discussed with all pregnant women by 32 weeks of pregnancy

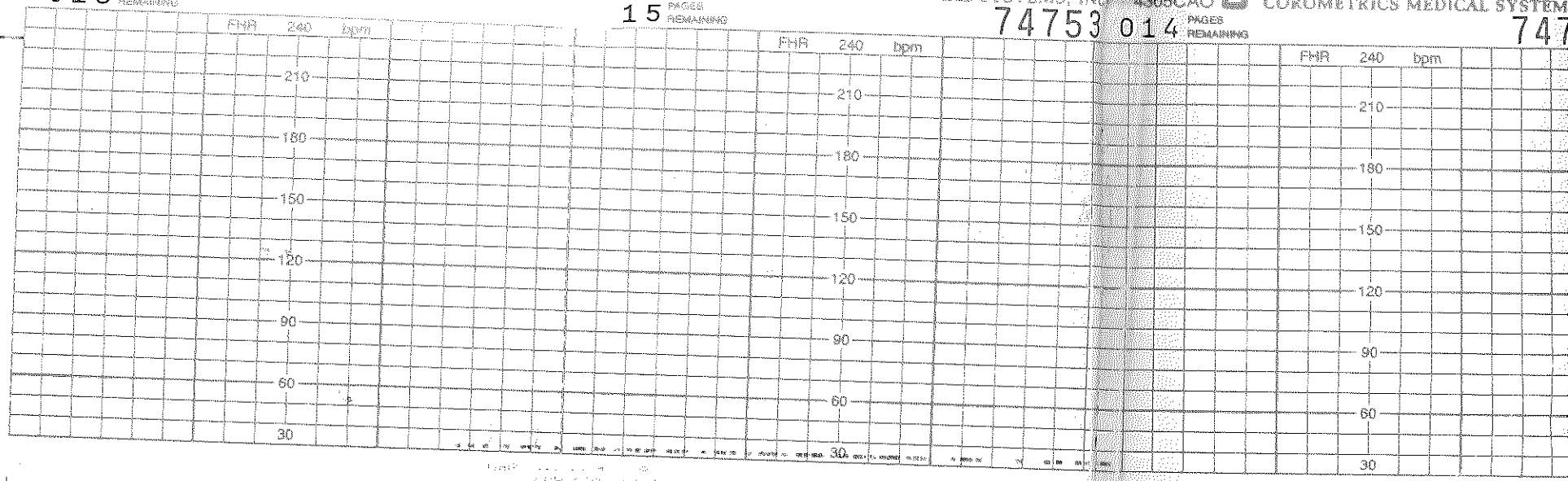
	Discussed (or note if mother declined discussion)	Signed	Date
Benefits of breastfeeding to the baby (protects against gastro-enteritis and diarrhoea, urinary tract infections, ear infections and chest infections; may also protect against allergies and diabetes)	Y		
Benefits of breastfeeding to the mother (protects against breast cancer, ovarian cancer and hip fractures in later life)	Y	J Duckett	16/5/08
No other food or drink needed (for up to 6 months)	Y		
Importance of skin-to-skin contact after delivery (keeps baby warm and calm, promotes bonding, helps breastfeeding)	Y		
Importance of good positioning and attachment	Y		
Getting feeding off to a good start	Y		
• Baby-led feeding	Y		
• Problems with using teats, dummies, nipple shields	Y	J Duckett 16/5/08	
• Help will be available with feeds	Y		
• Importance of rooming-in/keeping baby nearby	Y		
• Benefits of and contraindications to bed sharing	Y		

(To reduce risk of cot death, babies should sleep in parents'room until 6 months. Bed sharing helps with breastfeeding but is not safe if either parent is a smoker, has been drinking or has taken drugs which make them very sleepy; also not safe on sofas or old sagging mattresses.)

Leaflets given and discussed

_____	☐		
_____	☐		
_____	☐		
_____	☐		

With thanks to UNICEF Baby Friendly Initiative for permission to reprint



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DR.
ANN
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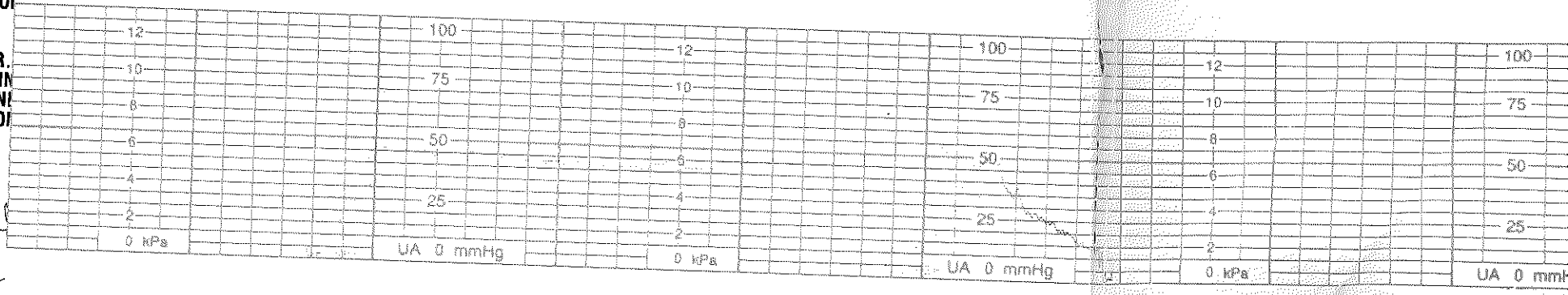


Ma

67

246

SRM at 23:15 on 3/6/08 FAO Obs Registrar 821P - 8003-8400

39+3

ELLIS 280488
STACEY 0060
26 WESTWOOD WALK
MONTROSE
DD10 9DA

DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
MONTROSE 13706

Mat Pulse 116

Temp 36.9
BP 110/60

242

242

242

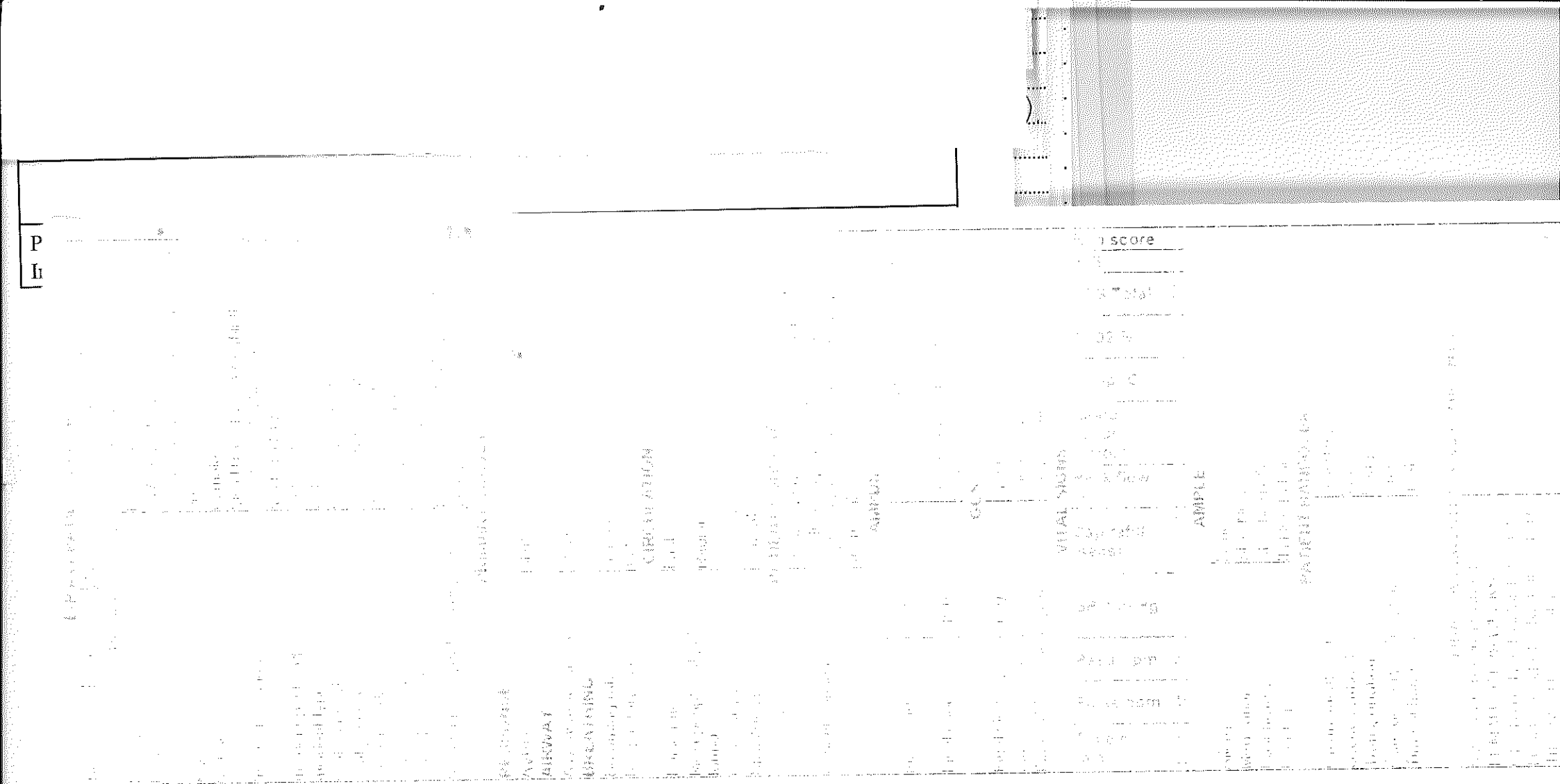
VERSION 2.0, NOVEMBER 2006

244

245

821P - 8003-8400

4/6/08
Faxed to LSNW's
+ phoned to confirm JS.



SWHMR developed by the Practice Development Unit
of NHS Quality Improvement Scotland

MOUNT SHEET

Note: Remove strip to reveal gummed area.
Attach reports from bottom to top.
Please set them accurately.

CTG ONLY

JB-R267

BIOCHEMICAL MEDICINE

DMR 374

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: C080694401
N/W Labour Suite — Clinician: Dr P. LYNCH — NLABR LYNP1H

SODIUM	136	mmol/L	(135-147)	
POTASSIUM	4.4	mmol/L	(3.5-5.0)	
UREA	3.8	mmol/L	(3.3-6.6)	
CREATININE	69	umol/L	(44-80)	
URATE	0.32	mmol/L	(0.18-0.36)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
04 Jun 2008 15:00

Clin.Details: IN LABOUR ^ BP

Request Entered: 04 Jun 2008 16:01 — Report Printed: 04 Jun 2008 18:19

REPORT RECEIVED
DOCTOR'S INITIALS
DOCTOR'S INITIALS
DOCTOR'S INITIALS

Signed: .....

Report Destination:

Dr. LYNCH
Antenatal Clinic
Ninewells Hospital
Dundee

DD1 9SY

Copies of Report to:

IVED
TIALS
to
U/S 4/52

PEE
ALONG PF

UK PATENT No. GE

HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: H080694401
N/W Labour Suite — Clinician: Dr P. LYNCH — NLABR LYNP1H

HGB	10.1	L g/dL	(12-16)	WBC	23.7	H x10^9/l	(4-11)
RBC	3.87	x10^12/l	(3.8-4.8)	NE#	20.2	H x10^9/l	(2.0-7.5)
HCT	0.313	L	(0.37-0.47)	LY#	2.3	x10^9/l	(1.5-4.0)
MCV	80.9	fl	(80-96)	MO#	1.2	H x10^9/l	(0.2-0.8)
MCH	26.1	L pg	(27-32)	EO#	0.00	x10^9/l	(0-0.4)
MCC	32.3	g/dl	(31.5-36.0)	BA#	0.0	x10^9/l	(0-0.1)
				PLT	315	x10^9/l	(150-400)

APTT	25.6	secs.	(22-30)
APTT Ratio	1.0		
Prothrombin Time	9.7	secs.	(9-12)
PT Ratio:	0.9		

Lab.Comments:

Sample Date/Time
04 Jun 2008 15:00

Clin.Details: IN LABOUR ^ BP

Request Entered: 04 Jun 2008 16:01 — Report Printed: 04 Jun 2008 17:07

REPORT RECEIVED
DOCTOR'S INITIALS
DOCTOR'S INITIALS

Signed: .....

Report Destination:

Dr. LYNCH
Antenatal Clinic
Ninewells Hospital
Dundee

DD1 9SY

Copies of Report to:

PEE
ALONG PF

UK PATENT No. GE

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: Dr P. LYNCH
N/W Ward 37A

Ur Labour

CPA Accredited 0221

08B142707 Date/Time of Specimen: 01 Apr 2008 19:30
HIGH VAGINAL SWAB

1) Light Growth of Candida

Few Polymorphs
No Trichomonas

letter sent 040408
S/w SBrown.

Date of Report: 03 Apr 2008 AUTH: locm
N37A LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS

Signed: K. Conrad

Report Destination:

Dr. LYNCH
Antenatal Clinic
Ninewells Hospital
Dundee

DD1 9SY

Copies of Report to:

PEE
ALONG PI

UK PATENT No. GE

821P - 8003-8400

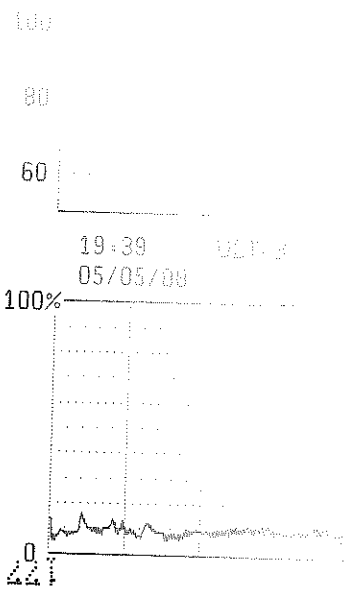
35+1.

Mrs Ellis.

04888 0060.

Normal

HR 90bpm.



Signed: K. Conrad

Destination:

Clinic
Hospital

Copies of Report to:

RECEIVED
INITIALS
to Mrs Ellis

G PI

Department of Transfusion Medicine
Ninewells Hospital, Dundee

CPA **IMMUNOHAEMATOLOGY**

Name (Surname & Forename) & Address:

ELLIS, STACEY
26 WESTWOOD WALK
MONTROSE

EDD / Gestn: 08/06/2008 / 35 week(s)

Date Specimen Received: 28/04/2008

Report Date: 30/04/2008

Sex: **Female**
D.O.B.: 28/04/1988 CHI / Unit No.: 2804880060

SNBTS No.: 6585676

Results for Specimen No: **2880857**

Comments:

Pel 4/6/08

ABO / RhD: **O RhD Positive**

Additional Blood Groups:

Red Cell Antibody Screen: **Negative**

Other Screening Results:

Signed: .....

Report Destination:

Dr. LYNCH
Antenatal Clinic
Ninewells Hospital
Dundee

DD1 9SY

PEE
ALONG PF

UK PATENT No. GE

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services **BACTERIOLOGY** 4160 **01382 632559**

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: Dr P. LYNCH
N/W Ward 38

CPA Accredited 0221

08B173111 Date/Time of Specimen: 05 Jun 2008 04:00
SWAB - Exudates
PLACENTA FETAL SIDE

CULTURE
No Growth

Date of Report: 06 Jun 2008 AUTH:
N38 LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS

PEE
ALONG PF

UK PATENT No. GE

7

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services

BACTERIOLOGY

01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: Dr P. LYNCH
N/W Ward 38

08B173110 Date/Time of Specimen: 05 Jun 2008 04:00
SWAB - Exudates
PLACENTA MATERNAL SIDE

CULTURE
No Growth

AUTH:

Date of Report: 06 Jun 2008
N38 LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS

PEE
ALONG PF

UK PATENT No. GE

to N/W ward

821P - 8003-8400

Stacey
Ellis
2804880060

MP
60.

060

160

ALONG PF

UK PATENT No. GE

092

DISCONTINUED

faxed to NWIS

AS

2 1

31+1

ELLIS 280488
STACEY 0060
26 WESTWOOD WALK
MONTROSE
DD10 9DA

DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
MONTROSE 13706

lower Abdominal discomfort.
Bleeds pressure

Maternal Pulse 88

dgf

290

890

BIOCHEMICAL MEDICINE

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C080684567
Mon Roy Inf Maternity Unit Clinician: Dr P. LYNCH MRIMATY LYNP1H

C-REACTIVE PROTEIN	LT3	mg/L	(	up to 5)
FERRITIN	14	ug/L	(	13-150)

ab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
12 May 2008 10:15

n.Details: 36WKS GEST

Test Entered: 12 May 2008 17:00 Report Printed: 12 May 2008 18:23

REPORT RECEIVED
DOCTOR'S INITIALS

Central Vision - NHS Tayside: STACEY ELLIS: Tayside CHI - 2804880060

Report Details: Authorised | **View:** Original

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: H080679889
N/W Labour Suite Clinician: Dr P. LYNCH NLABR LYNP1H

HGB	10.3	L g/dL	(12-16)	WBC	18.2	H x10^9/1	(4-11)
RBC	3.70	L x10^12/1	(3.8-4.8)	NE#	12.7	H x10^9/1	(2.0-7.5)
HCT	0.306	L	(0.37-0.47)	LY#	3.9	x10^9/1	(1.5-4.0)
MCV	82.7	fl	(80-96)	MO#	1.3	H x10^9/1	(0.2-0.8)
MCH	27.8	pg	(27-32)	EO#	0.26	x10^9/1	(0-0.4)
MCC	33.7	g/dl	(31.5-36.0)	BA#	0.0	x10^9/1	(0-0.1)
				PLT	342	x10^9/1	(150-400)

ab.Comments:

Sample Date/Time
01 May 2008 04:15

n.Details: ?PRETERM LABOUR

Test Entered: 01 May 2008 04:50 Report Printed: 01 May 2008 04:53

GP faxed for prescription for urgent 2/5/08.

MOUNT SHEET

Note: **Remove strip to reveal gummed area. Attach reports from bottom to top. Please set them accurately.**

CTG ONLY

JB-8267

12

12

Central Vision - NHS Tayside: STACEY ELLIS: Tayside CHI - 2804880060

Report Details: Authorised | **View:** Original

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C080679889
N/W Labour Suite Clinician: Dr P. LYNCH NLABR LYNP1H

C-REACTIVE PROTEIN	LT3	mg/L	(up to 5)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
01 May 2008 04:15

In.Details: ?PRETERM LABOUR

Request Entered: 01 May 2008 04:50 Report Printed: 01 May 2008 05:16

[redacted]

DOCTOR'S INITIALS
DOCTOR'S INITIALS
CC 24/12
DOCTOR'S INITIALS
JS 21/12/07
DOCTOR'S INITIALS
DOCTOR'S IN.
DO

Signed: .....

RECEIVED
1/12/07
R'S INITIALS
STOR'S INITIALS

Report Destination:

Copies of Rep

Copy to : ANC

DMR292

HAEMATOLOGY

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988

Lab No: H080684567

Mon Roy Inf Maternity Unit — Clinician: Dr P. LYNCH — MRIMATY LYNP1H

HGB	11.0	L g/dL	(12-16)	WBC	15.7	H x10^9/l	(4-11)
RBC	4.03	x10^12/l	(3.8-4.8)	NE#	11.4	H x10^9/l	(2.0-7.5)
HCT	0.341	L	(0.37-0.47)	LY#	3.0	x10^9/l	(1.5-4.0)
MCV	84.6	fl	(80-96)	MO#	1.0	H x10^9/l	(0.2-0.8)
MCH	27.3	pg	(27-32)	EO#	0.19	x10^9/l	(0-0.4)
MCC	32.3	g/dl	(31.5-36.0)	BA#	0.0	x10^9/l	(0-0.1)
				PLT	353	x10^9/l	(150-400)

Lab.Comments:

Sample Date/Time
12 May 2008 10:15

Clin.Details: 36WKS GEST

Request Entered: 12 May 2008 17:00 — Report Printed: 12 May 2008 17:27

REPORT RECEIVED
DOCTOR'S INITIALS
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DOCTOR'S INITIALS
DOCTOR'S IN.

Signed: .....

Copies of Rep

RECEIVED
12/07
R'S INITIALS
DOCTOR'S INITIALS

Report Destination:

Copy to : ANC

10

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services

BACTERIOLOGY

01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

08B158508 Date/Time of Specimen: 03 May 2008 15:30
Midstream Urine

No Growth

Date of Report: 07 May 2008 AUTH:
MRIMATY LYNP1H

[redacted]

REPORT RECEIVED
DOCTOR'S INITIALS
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DOCTOR'S INITIALS
DOCTOR'S IN.

Signed: .....

RECEIVED
R'S INITIALS
STOR'S INITIALS

Report Destination:

Copies of Rep

Copy to : ANC

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** **01382 632559**

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

CPA Accredited 0221

07B256907 Date/Time of Specimen: 18 Dec 2007 10:30
VAGINAL SWAB
LOW

1) Light Growth of Candida
No growth of pathogenic bacteria
N. gonorrhoeae not isolated

No Polymorphs
No Trichomonas

message sent as phone No not working 31/12/07

5/1/08 on treatment - from GP JS.

Date of Report: 20 Dec 2007
MRIMATY LYNP1H

AUTH: locm

REPORT RECEIVED
CC 24/12
DOCTOR'S INITIALS
JS 21/12/07
DOCTOR'S INITIALS
DOCTOR'S IN.
CC 7
DO
RECEIVED
12/07
R'S INITIALS
CTOR'S INITIALS

Signed: .....

Report Destination:

Copies of Rep

Copy to : ANC
Montrose Infirmary

DMR 374

BIOCHEMICAL MEDICINE

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C070611598
Mon Roy Inf Antenatal Clinic Clinician: Dr P. LYNCH MRIANC LYNP1H

GLUCOSE (preserved tube)	3.6	mmol/L	(	3.3-5.8)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
18 Dec 2007 10:30

Clin.Details: ROUTINE PREGNANCY BOOKING

Request Entered: 18 Dec 2007 16:52 Report Printed: 18 Dec 2007 18:02

REPORT RECEIVED
JS 21/12/07
DOCTOR'S INITIALS

Signed:

Report Destination:

Copies of Rep

Copy to : ANC
Montrose Infirmary

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

07B256901 Date/Time of Specimen: 18 Dec 2007 10:30
Midstream Urine

No Significant Bacteriuria

Date of Report: 19 Dec 2007 AUTH:
MRIMATY LYNP1H

REPORT RECEIVED
JS 21/12/07
DOCTOR'S IN.
CC 24
DOCTOR'S I

Signed: .....

Report Destination:

Copies of Report to:

Copy to : ANC

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician:Dr P. LYNCH
Mon Roy Inf Maternity Unit

CPA Accredited 0221

ROUTINE SEROLOGY. Venous blood
Specimen Number 07V048339
Date Taken 18 Dec 2007

Rubella IgG:	25 IU/ml
Hepatitis B (HBsAg) screen:	Negative
HIV1&2 Antigen/Antibody	Negative
Syphilis total antibody:	Negative

RUBELLA IgG: 10 IU/ml or GREATER = Immune, BELOW 10 IU/ml = Susceptible.
SUSCEPTIBLE PATIENTS are recommended to be vaccinated taking precautions to avoid vaccination during pregnancy.
PATIENTS AT RISK OF HEPATITIS B INFECTION: please consider vaccination of such patients who are currently HBsAg negative.

Date of Report: 20 Dec 2007
MRIMATY LYNP1H

REPORT RECE
CC 24
DOCTOR'S

Signed: .....

Report Destination:

Copy to : ANC
Montrose Infirmary

Copies of Report to:

Department of Transfusion Medicine
Ninewells Hospital, Dundee

IMMUNOHAEMATOLOGY

CPA

Name (Surname & Forename) & Address:
ELLIS, STACEY
26 WESTWOOD WALK
MONTROSE

EDD / Gestn: 08/06/2008 / 16 week(s)

Date Specimen Received: 19/12/2007

Report Date: 19/12/2007

Sex: **Female**
D.O.B.: 28/04/1988 **CHI / Unit No.:** 2804880060

SNBTS No.: 6585676

Results for Specimen No: 2705427

Comments:

Rh (D) Positive repeat at 28 to 36 weeks.

ABO / RhD: **O RhD Positive**

Additional Blood Groups:

Red Cell Antibody Screen: **Negative**

Other Screening Results:

Signed: .....

Report Destination:

Copy to : ANC
Montrose Infirmary

Copies of Report to:

DMR292

HAEMATOLOGY

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988

Lab No: H070611598

Mon Roy Inf Antenatal Clinic — Clinician: Dr P. LYNCH — MRIANC LYNP1H

HGB	13.7	g/dL	(12-16)	WBC	19.7	H x10^9/l	(4-11)
RBC	4.37	x10^12/l	(3.8-4.8)	NE#	15.4	H x10^9/l	(2.0-7.5)
HCT	0.400		(0.37-0.47)	LY#	2.9	x10^9/l	(1.5-4.0)
MCV	91.5	fl	(80-96)	MO#	1.1	H x10^9/l	(0.2-0.8)
MCH	31.4	pg	(27-32)	EO#	0.28	x10^9/l	(0-0.4)
MCC	34.3	g/dl	(31.5-36.0)	BA#	0.0	x10^9/l	(0-0.1)
				PLT	252	x10^9/l	(150-400)

Lab.Comments:

Sample Date/Time
18 Dec 2007 10:30

Clin.Details: ROUTINE PREGNANCY BOOKING

Request Entered: 18 Dec 2007 16:52 — Report Printed: 18 Dec 2007 17:30

REPORT RECEIVED
JS 21/12/07
DOCTOR'S INITIALS
DK
DOCTOR'S INITIALS
DOCTOR'S INITIALS

BIOCHEMICAL MEDICINE

DMR 374

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: C080654221
Mon Roy Inf Maternity Unit — Clinician: Dr P. LYNCH — MRIMATY LYNP1H

GLUCOSE (preserved tube)	4.3	mmol/L	(	3.3-5.8)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
10 Mar 2008 09:15

Clin.Details: 28WKS GEST

Request Entered: 10 Mar 2008 13:52

Report Printed: 10 Mar 2008 14:20

REPORT RECEIVED
DOCTOR'S INITIALS

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** **01382 632559**

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

CPA Accredited 0221

08B120562 Date/Time of Specimen: 15 Feb 2008 11:15
Midstream Urine

No Significant Bacteriuria

Date of Report: 18 Feb 2008
MRIMATY LYNP1H

AUTH:

REPORT RECEIVED

NHS Tayside

WOMEN & CHILD HEALTH CLINICAL GROUP

MATERNITY PHONE REFERRAL/ADVICE RECORD

Date of referral	Time of referral	Addressograph Label (Name/Address/CHI)
6/6/08	12.45.	STACEY ELLIS 26 Westwood Walk Marhose.

Parity	EDD	Gestation
PRM	8/6/08	39T3.

REASON FOR REFERRAL/ADVICE

SRM 23.15pm on 3/6/08.

ASSESSMENT

FMF	PV loss including Date and Time SROM
✓ ~~+~~.	clear leaker.

RELEVANT INFORMATION	YES	NO	Details
Significant Present Pregnancy Complications			
Significant Past Obstetric History			
Significant Neonatal History			
Significant Medical Disease/Disorder			
Significant Surgical History			
Significant Present Intrapartum Complication			
CTG Referral	✓		Reason non-reassoring
Has CTG been faxed	✓		

Name of referring midwife	S. PERT.	Signature:	S. Pert.	Date 4/6/08.
Name of Obstetrician reviewing case		Signature:		

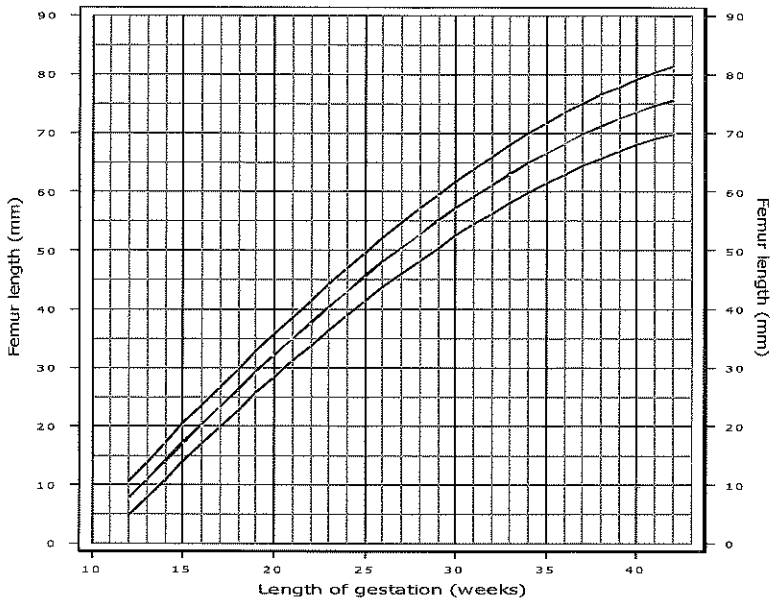
Advice Given by Obstetrician			
Action taken:	Name	Signature	Designation
	Name	Signature	Designation

SHN

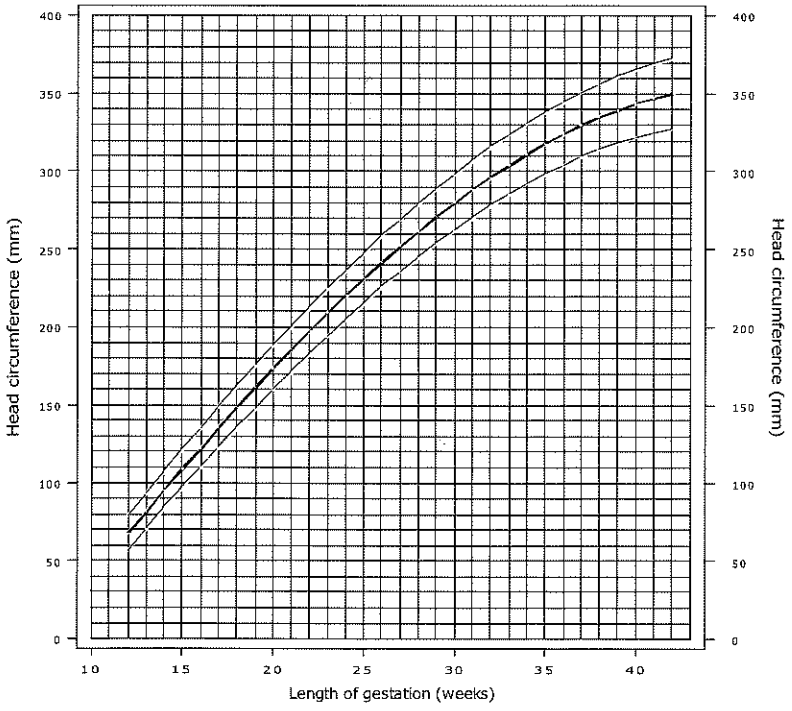
Your ultrasound scans (continued)

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?

normal birth.

Who do I want with me during labour and birth?

Vicky.

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.

quiet, relaxed atmosphere.

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?

Sonicaid.
CTG.

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).

Pool, Entonox.

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

If necessary.

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).

discussed.
knows if it is a boy
Syntometrine if necessary.

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?

discussed.
Vit K discussed.
IM.

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: L mcfarlane **Date** 5/5/08.

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.

Tayside University Hospitals NHS Trust - PRI MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Female**	GP	**Rc Cranswick 145 High Street Montrose Angus**
		Hospital Number	**2804880060**		
		Midwife	**None Recorded**		**DD10 8QN**
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**None Recorded**	Telephone	**01674 673400**

PRE/ADMISSION REVIEW on 4/6/2008 (Printed 4 June 2008)

Admission

Time of Admission	**14:00**	Admitted to	**Labour Ward**
Admitted by	**Dr Pauline Lynch**	Primary Admission Reason	**Other**

Administration

of clinician	**Consultant**	Name of clinician	**Dr P Agustsson (Consultant)**
Type of review	**Pre/Admission Review**	Date of review	**4/6/2008**
Primary reason for review	**Other non reassuring ctg**		
Parity	**0+0**		
Gestation at review	**39 weeks 3 days**	Final due date	**8/6/2008 *Basis:* Booking Letter only**

Maternal Health

Blood pressure reading	**Sitting: 100/47 mmHg**	Pulse or heart rate	**88 bpm**
Temperature	**36.7 oC**		
		ABO blood group	**O**
Rhesus blood group	**Positive**		

Fetal HealthSingleton

Fetal presentation	**Cephalic**	Fetal identifier	**A**
Fetal lie	**Longitudinal**	Fetal heartbeat	**Suspicious *Rate:* 190 bpm *Method:* Hand held doppler**

ess of Labour

Contractions	**Regular *Date:* 4/6/2008 *Time:* 10:00 *Strength:* Moderate *Duration:* 50 secs *Frequency(per 10 mins):* 1**

Vaginal Examination

Speculum	**No**	Bishops Score	**0**
Other findings on V/E	**No**		

Follow Up

Time review completed	**14:45**

Clinician Details Name:_____ Status:_____ Signed:_____ Date:_____

Date	Time	Details

Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.

4/6/08 2100

EFM ASSESSMENT

D R	Determine Risk	Low / ~~Increased~~
C	Contractions 10 /10min./ 60 secs.	Co-ordinate / Inco-ordinate / Hypertonus
B R A	Baseline RAte 130 bpm	Tachycardia / Bradycardia / Rising Baseline
V	Variability 10 bpm	~~Normal~~/Reduced / Absent
A	Accelerations	~~Present~~ / Absent
D	Decelerations	Absent / ~~Early~~ / Variable / Late
O	Overall Assessment & Written Plan	Reassuring / ~~Non-reassuring = ACTION!~~

RN 2000 ALSO ® (UK)

? IVOR augmentation epidural.

will monitor early decelerations and report any deterioration

cfoyle

2115 Stacey comfortable.

2140 Epidural top up, self administered

Details of Shoulder Dystocia at Birth

Date and time of delivery of head ... / ... / ... ... : ...

Position of woman before and during birth .....

	Action	Yes	No	Time	Effect
H	Assistance Summoned				
	Assistance Arrived				
E	Episiotomy				
L	McRoberts Position				
P	Supra Pubic Pressure				
E	Woods' Screw Manoeuvre				
R	Delivery of posterior shoulder				
R	Women moved into all fours				
	Other Manoeuvres				

Time of delivery of rest of baby ... : ...

Date	Time	Details

Please use 24 hour clock and sign each entry and insert your details i pregnancy record.

ert your details in 'Whose signature?' section on the back cover of the

Date	Time	Details

Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.

4/6/08

2030 c/o painful contractions after epidural top up. Show +ve
Dr Bhagyi informed.

2045 VE to assess progress with consent
Cervix soft, anterior
Os dilated 6-7cm thick anterior lip.
Position not determined
At Spines -1.
Fit 30 post VE.
Silicone catheter inserted with consent
in view of abdominal discomfort.

2050 C. D. ... epidural top up.

* Do not use if unit package is opened or damaged. * Ne pas utiliser si l'emballage est
confezione individuale è aperta o danneggiata. * No utilizar si el paquete está abierto
förpackningen är öppnad eller skadad. * Niet gebruiken wanneer de steriele verpakking
eller beskadiget. * Nie używać, jeśli opakowanie jest otwarte lub uszkodzone. * Não utilizar se a embalagem estiver aberta ou danificada. * Nu folosiți dacă ambalajul este deschis sau deteriorat. * Nepoužívajte, ak je obal otvorený alebo poškodený. * Ne uporabljajte, če je embalaža odprta ali poškodovana. * Älä käytä, jos tuotepakkaus on auki tai vahingoittunut. * Nepoužívejte, je-li obal otevřen nebo poškozen. * Nie używać w przypadku stwierdzenia otwarcia lub uszkodzenia opakowania. * Не използвайте, ако опаковката е отворена или повредена. * Nu folosiți dacă ambalajul este deschis sau deteriorat. * Nepoužívajte, ak je obal otvorený alebo poškodený. * Ne uporabljajte, če je embalaža odprta ali poškodovana. * Älä käytä, jos tuotepakkaus on auki tai vahingoittunut. * Nepoužívejte, je-li obal otevřen nebo poškozen. * Nie używać w przypadku stwierdzenia otwarcia lub uszkodzenia opakowania. * Не използвайте, ако опаковката е отворена или повредена.

LOT
STER

07L3328
2007-12

28 04 88
0060

STACEY ELLIS

2012-12

LE
sale by or
G
AND LIMITED, TULLAMORE

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		
27/6/08	1900.	

EFM ASSESSMENT

D R	Determine Risk	Low / Increased
C	Contractions 2 /10min./ 60 secs.	Co-ordinate / Inco-ordinate / Hypertonus
B R A	Baseline RAte 120 bpm	Tachycardia / Bradycardia / Rising Baseline
V	Variability 10 bpm	Normal/Reduced / Absent
A	Accelerations	Present / Absent
D	Decelerations	Absent / Early / Variable / Late
O	Overall Assessment & Written Plan	Reassuring / Non-reassuring = ACTION!

RN 2000 ALSO ® (UK)

? IUGR, augmentation, epidural.

quick recovery to baseline

will montor, any deterioration will inform medical staff
Cleglesn

19.10 Syntocinon 3u at 4ml/hr Cleglesn

1935 Epidural top up, self administered

2000. Stacey feeling pain at height of contractions.
Show pv.
Contracting 3:10 strong

Details of operative delivery

Type of delivery: Ventouse

Indication(s): Suboptimal CTG

Operator: Dr S Britt

Assistant:

Decision

Procedu

Time of

Procedu

Locatio

RCA/RC

Anaesthetis

Pre-operative delivery findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in pregnancy record.		
05/06/08	03.00	Washed + draped, Bladder em
		VE Cx fully dilated OP
		Silastic cup applied. Rim
		Gradual descent + delivery
		efforts coinciding with n
		Failure of vutex to rota
		Cord around neck x2 -
		Easy delivery male infan
		Clot = 100 mls removed C
		placenta

* *1 Emergency: immediate threat to life of woman or fetus; 2 urgent: materna*
3 Scheduled: needing early delivery but no maternal or fetal compromise; 4 El

ert your details in 'Whose signature?' section on the back cover of the

s delivered intact x CCT.

Small 2nd degree tear.

eedles correct.

S Britt

(SHO)

Date	Time	Details

Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.

4/6/18 1800. In/out silicone catheter
150 ml of urine obtained
VE unchanged.
No change.
ARS sign

1810 Tea break relief by SIM ~~Tina Ross~~

Strategy positioned to re-site epidural. Procedure

commenced by Dr Bhatia. ~~TRoss~~

1820 Procedure completed. BP's as charted. CTG commenced.

HR 120bpm. ~~TRoss~~

1835 Strategy feels ~~more~~ epidural now more effective

though remains slightly uncomfortable. Some sacral pr.

Some early/variable decelerations noted ± spontaneous

recovery. Will observe closely. Good variability. 15-10bpm.

HR 110-120bpm. ~~TRoss~~

1850 Syntocinon 3rd at 2ml/hr

recommenced. ARS sign.

Date	Time	Details

Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.

4/6/8 1730

EFM ASSESSMENT

D R	Determine Risk	Low / ~~Increased~~
C	Contractions 3 /10min./ 60 secs.	~~Co-ordinate~~ / Inco-ordinate / Hypertonus
B R A	Baseline RAte 130 bpm	Tachycardia / Bradycardia / Rising Baseline
V	Variability 10 bpm	Normal/Reduced / Absent
A	Accelerations	Present / Absent
D	Decelerations	Absent / Early / Variable / Late
O	Overall Assessment & Written Plan	Reassuring / **Non-reassuring = ~~ACTION!~~**

RN 2000 ALSO ® (UK)

? IUGR epidural. augmentation

will monitor CTG

1730 Symtoms 3m V 2ml/hr CTG's discussed with Dr Youssoff (Reg). to be examined re ? progress

Operative delivery (continued)

Perineum
- ☐ Intact
- ☐ Grazes
- ☐ 1st degree tear
- ☑ 2nd degree tear
- ☐ 3rd degree tear
- ☐ 4th degree tear
- ☐ Episiotomy

(For 3rd degree tear please complete Third Stage complications page)

Perineal suturing — Suturing material

Anaesthesia: Epidural

Technique: Routine repair of small 2nd degree tear

Rectal exam prior to suturing	☑ No	☐ Yes
Haemostasis achieved	☐ No	☑ Yes
Rectal exam following suturing	☐ No	☑ Yes
Swabs, needles & instruments correct	☐ No	☑ Yes
Advised on perineal care	☐ No	☐ Yes

Sutured by: S Brett

Supervised by:

Postoperative instructions — *Ensure all relevant prescribing*

Revised thrombosis risk
- ☑ Low ☐ Moderate ☐ High

Actions required

Antibiotics
- ☐ Prophylactic ☐ Other ☑ None

Details

Catheter ☐ In/Out ☑ Indwelling

Details

Details completed & relevant prescribing by

Swabs, needles & instruments checked & correct ☐ No

Signed (scrub staff)

Comments

Oxytocics

Details

Analgesia

Postoperative

☐ Intensive

Other

Signed (floor

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		
	1650	CTG.
		→ po ↔ 20:45 insulin directly
		is started
		V Kay Lockhart.
	1700.	Syntocinon 3in at 4ml/hr Oxytocin.
	1715	Stacey c/o pain with contractions
		Dr Bhagat informed. No bladder palpable
		Stacey sitting more upright.
		nil pv.
		Early decelerations noted, good recovery to baseline
	1725	Top up by Dr Bhagat (Anaesthetist)
		Tried on bedpan, unable to pass
		urine.

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		
4/6/08.		
	1600	Contracting 1:5 - strong. Epidural effective. CRyles
	1615	Lack of variability noted, will monitor. CRyles
4/6/08	1630	CTG - reviewed CTG - BSVER. 120bpm, contracting 1:10 mins - good variability & acceleration - ↓ variability <20mins (P) for syntocinon VAV UCHOMAN ST30+6
	1645	Syntocinon 3in commenced at 2ml/hr Epidural top up, self administered. CRyles

Details of third stage complications

Complication(s) please tick all that apply

- ☐ Repair of episiotomy - specify ☐ Extended (Document uncomplicated
- ☐ Repair of tear - specify degree ☐ 3a ☐ 3b ☐ 3c ☐
- ☐ Manual removal of placenta & membranes
- ☐ Primary post partum haemorrhage - due to
- ☐ Other - please specify

Anaesthesia Please see attached anaesthetic record for further details

Antacids ☐ Sodium citrate ☐ Ranitidine ☐ Other

Anaesthesia ☐ Spinal ☐ Epidural ☐ Pudendal block

☐ Combined spinal/epidural ☐ General ☐ Other

Details of findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in pregnancy record.		

Manual removal of placenta and membranes

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details ir pregnancy record.		

egree tear

☐ Partial ☐ Complete
☐ Yes
apping ☐ End-to-end

☐ Yes
☐ Yes
☐ Yes

☐ Yes

☐ Yes

Space for visual documentation of repair if required

t your details in 'Whose signature?' section on the back cover of the

on

Date	Time	Details

Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.

4.6.08

Anaesthetist Blegh **Date** 4/6/08 **Time** 1445

Previous Epidural info (Y)N, verbal/written
Source: info leaflet/clinic/ward/labour suite/other.....
Consent: procedure/failure/hypotension/missed segment/ unilateral block/PDPH< 1:100 **Consent given** (Y)N
Discussion: backache/assisted vaginal delivery/ LSCS/other.....
Birth partner present Y/N **Midwife present** (Y)N
Asepsis: mask/gown/gloves/cap/(all)
Position: R/L lateral decubitus/sitting. Level: L3-L4
(2%) Lignocaine infiltration to skin, (16)/18g Tuohy
L.O.R. to saline/air@ 4 cm Catheter Depth 3 cm
Test dose:.....
Initial bolus: ..... Caudal
Immediate complications: none/ .....

Easy - 1 - attempt
NOCIF/ Bilat Lep.
Catheter threaded easily. Aspirated.
5+5+5ml 0.25% pl
Rear Officer
Blegh

1530 Tea break relief by m/w SBURNS. Epidural PCEA top up via PCEA.
5min BPs as charted fm. 130bpm. Siobhan Burns RM

1540 **EFM ASSESSMENT**

D R	**D**etermine **R**isk	Low / (Increased)
C	**C**ontractions 2 /10min./ ____ secs.	Co-ordinate / (Inco-ordinate) / Hypertonus
B R A	**B**aseline **RA**te 120bpm	Tachycardia / Bradycardia / Rising Baseline
V	**V**ariability ≥5 bpm	(Normal)/Reduced / Absent
A	**A**ccelerations	(Present) / Absent
D	**D**ecelerations	Absent / (Early) / Variable / Late
O	**O**verall Assessment & Written Plan	Reassuring / **Non-reassuring = ACTION!**

RN 2000 ALSO ® (UK)

moderate ↑Baseline on admission

↓Baseline from 135-140bpm originally 190bpm on admission

occasional

Continue to monitor closely. Although ↓Baseline trace appears reassuring

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		
4/6/08		Care taken over by C. Royle Snr (Royle)
	1445	Transferred to Rm 7.
		Attached to STAN Monitor
		7NW0381
		BP 124/59 P84. T36.2.
		Procedures explained to Stacey.
		Contracting 3:10 mod. Nil PV.
		Urinalysis :- + protein
		Passed 120 ml of urine.
	1455	Epidural in progress.
	1520	S/B Dr. Agmstrong
		CTG reviewed
		Baseline - 120bpm
		variability - 5-10bpm
		no Accels.
		reassuring.
		Al for for HBS post move.

Rhys Thurman
Strom

Details of Post Partum Haemorrhage management

Blood bank and haematologist informed	☐ No	☐ Yes	time
Head down tilt	☐ No	☐ Yes	time
Facial oxygen	☐ No	☐ Yes	time
IV access	☐ No	☐ Yes	time
Haemobate	☐ No	☐ Yes	time
Syntocinon	☐ No	☐ Yes	time
Transfusion	☐ No	☐ Yes	time
Cross matched blood	☐ No	☐ Yes	time
	☐ Crystalloids	☐ Co	
Note keeper appointed	☐ No ☐ Yes name		

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in pregnancy record.		

Lead professional ..... des

Assisted by ..... des

Other professionals involved .....

plication

ture: Date / / :

tion *Ensure all relevant prescribing undertaken*

Oxytocics

Laxatives

Site of care ☐ Ward ☐ High dependency unit
☐ Intensive care ☐ Transfer to other hospital

Other

Print name

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		
		Epidural PH's PH's obs CBG's
4/6/08	0430	pr reviewed.
		20 ; Po+o ; sat ; c/b Dr. Agustsson.
		PM. U+L dates
		cephalic.
		VE - C. 50% effaced
		OS 3cm dilated. V. -1 station.
		Membrance absent.
		OT.
		(P) for FBS after Epidural.
		Continue CTG.
		Vaj Delivery
		Stable.

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		
4/6/08		Primigravida
		39+w
	0215	SRM - last night
		contracting 3:10
		BP / pulse normal
		CTG in monitor: variable
		decel - but good variability
		⇒ Transfer N/W.
		FH: 180-190 with decel.
		but good variability
		⇒ Appears small baby.
		⇒ Transfer to L/R
		I.V access: FBC U/S E/S
		urate LFTs clotting.

Labour and birth summary - mother page 1

	Date	Onset	Duration	
First stage	4/6/08	19.00	7h35	Delive PIN No. delivering
Second stage	5/6/08	02:35	59	Also p
Third stage	5/6/08	03:34	3	Most s midwif
End of third	5/6/08	03:37	8:37	Type (If operat
Total duration of labour				V
(SRM) ARM	3/6/08	23:15	28h14	

Induction of labour ☐ No ☐ Yes

Indication .....

Augmentation of labour ☐ No ☑ Yes

Indication Slow progress.

Presence of meconium liquor ☐ 1st stage ☐ 2nd stage

Maternal pyrexia in labour ☑ No ☐ Yes

Maternal antibiotics given ☑ No ☐ Yes

Details .....

Shoulder dystocia at birth ☑ No ☐ Yes

Maternal bloods taken ☑ No ☐ Yes

Indication .....

One-to-one midwifery care received throughout labour & childbirth ☐ No ☑ Yes

Comments .....

Labour & birth discussed ☐ No ☑ Yes

Preferences for labour & birth met ☐ No ☑ Yes

Comments .....

Signature: .....

Ana

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Routine Oxytocic drug administered	Dose	Route
Syntometrine	1ml	IM.

Blood loss 200 ml

Blood transfusion/products received ☑ No ☐ Yes

Details

Post delivery

Maternal observations

First set on 5/6/08 at

Temperature 37.5°C Pulse 82 BP 140/73.

Pain/analgesia —

Fundus Firm + central Lochia Rubra.

Second set on / / at

Temperature °C Pulse BP /

Pain/analgesia

Fundus Lochia

Urinary function

Revised thrombosis risk after birth

☐ Low ☐ Moderate ☐ High

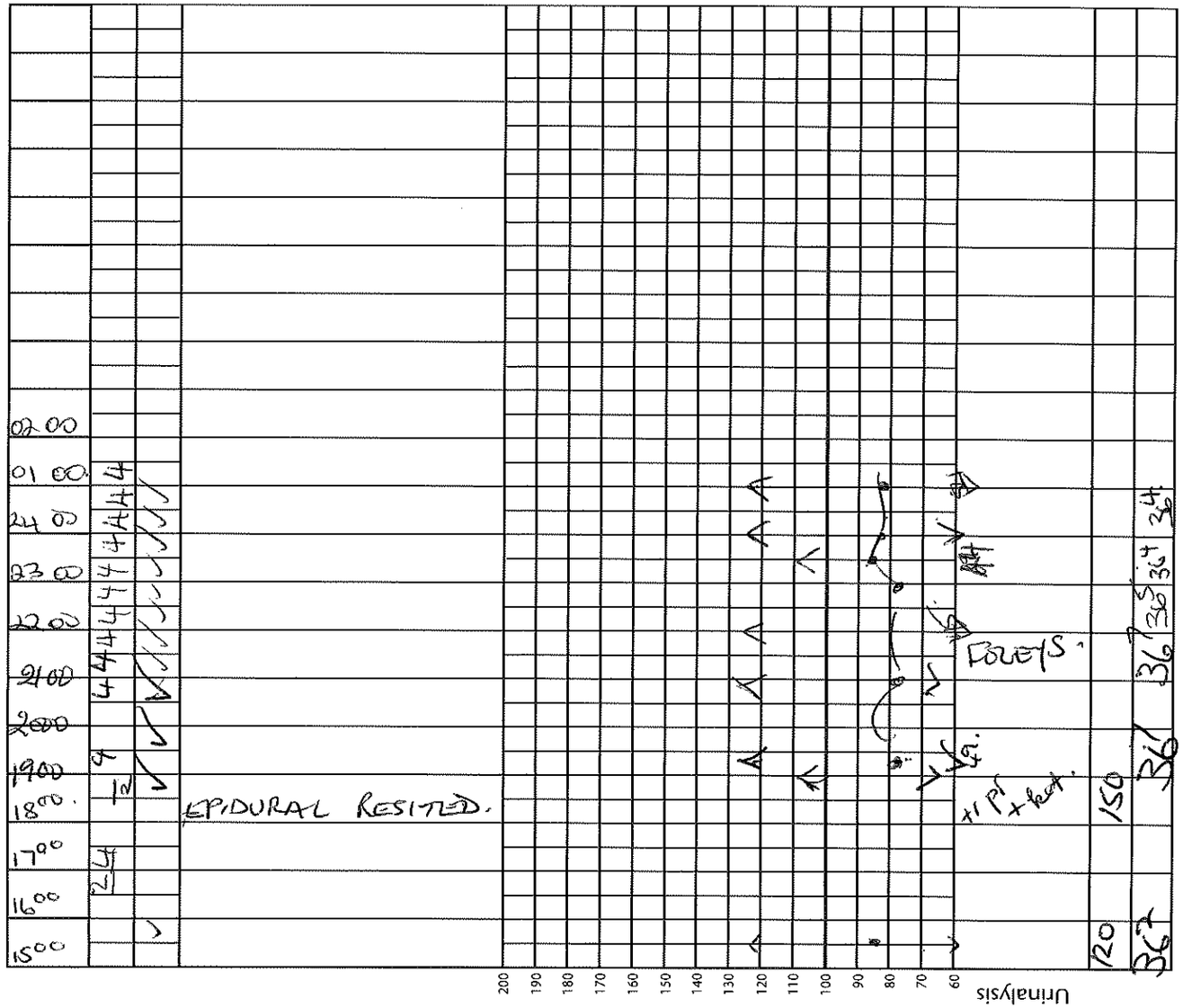
Actions Required:

Mother transferred on / / at

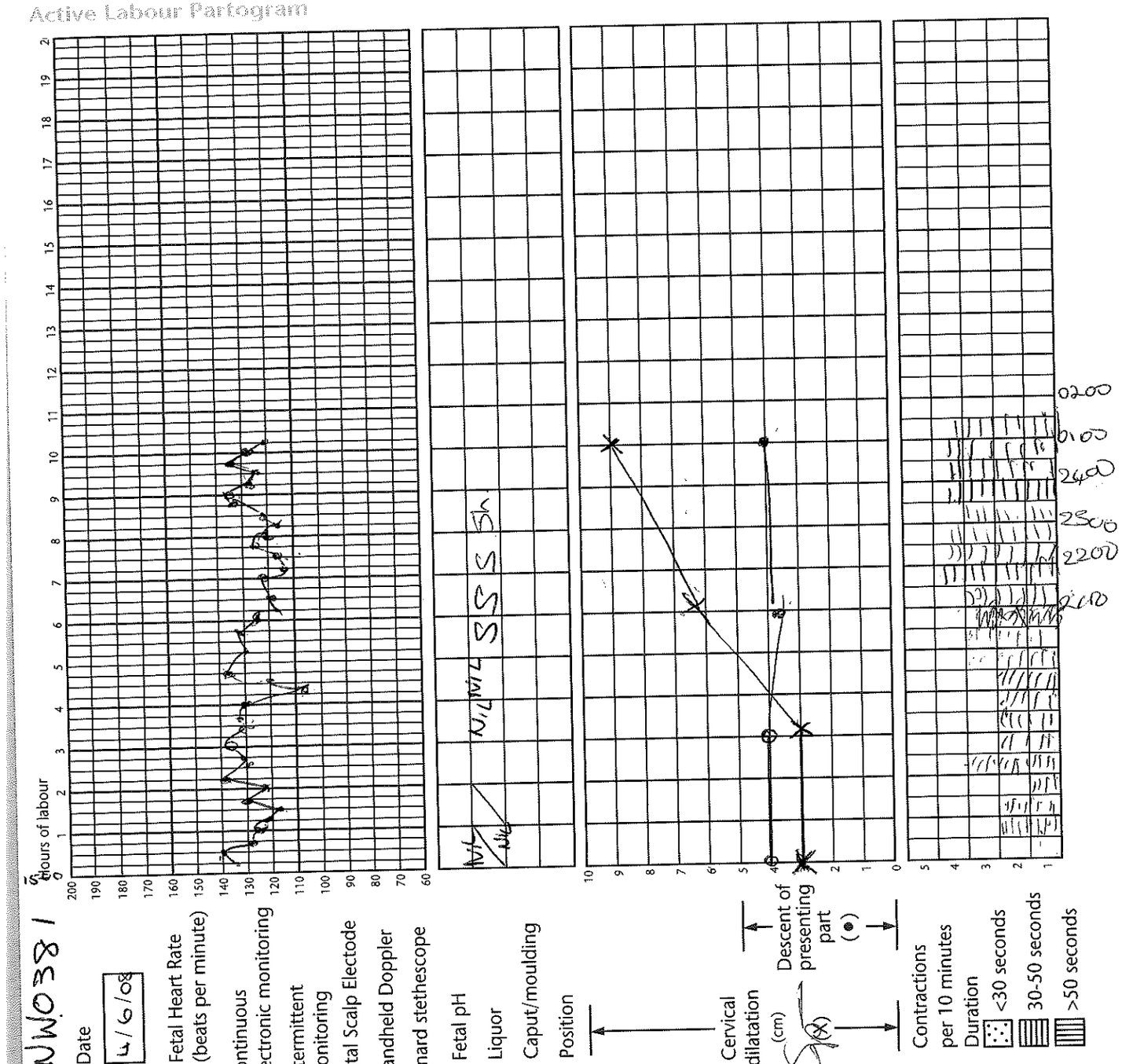
To

Reason

O/O 39+ EDD 8.6.08. OPOS PL.



Active Labour Partogram



Labour and birth summary - baby page 1 (if multiple bir

Mode of delivery Vaginal on Thur day 5/ 6

Indication Delay + fetal distress Presentation Ceph

Livebirth/Stillbirth Gestation 39 Birthweight 2809g

APGAR	1min	5mins	10mins
Activity (muscle tone)	1	2	
Pulse	2	2	
Grimace (reflex, irritability)	2	2	
Appearance (skin colour)	1	1	
Respiration	2	2	
Total scores	8	9	
Time to first breath	00:30		

Cord blood take

Indication

Cord pH result

Venous pH 7.21

Base Excess -7

Skin-to-skin cont

Ended /

Reason discont

Comments

First feed offere

Type of feed

Comments

Resuscitation (tick all that apply) ☑ Nil ☐ Facial oxygen

☐ Mask & IPPV ☐ Drugs-specify below ☐ Cardiac massa

Description of baby at birth/resuscitation details

Complete details of initial examination on baby record

Resuscitation performed by			**Bab**
Signed	Print name	Designation/Grade	Sign

iple birth

Labour and birth record: Initial assessment for spontaneous labour (continued)

Discussion of preferences for labour and birth
Comments and details of any revised preferences

Reviewed by Dr Agustsson (Cons.)
- for epidural ? FBS.

Signature: CRoyle Date 4,6,08

Plans for initial care following discussion with the woman

Agreeable to Syntometrine for 3rd stage.
Agreeable to Vit K IM for baby

Initial monitoring intentions for fetal heart rate:

Method STAN Reason for choice epidural.

Frequency Signature: Date 4/6/08.

Labour and birth record: Initial assessment for spontaneous labour

Date / / Time : Gestation Location

Referred from Referred by

History of contractions

Current contractions ☐ per 10 minutes Strength Duration seconds

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on / / at :

Liquor colour Other vaginal loss

Pulse BP / Temp °C Urinalysis

Oedema Fetal movements

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Other observations/information on assessment

Signature: Date / / :

Vaginal examination

Indication

Procedure explained and verbal consent given ☐

Cervix: position consistency

effacement/ length

dilatation

Presenting part:

relation to ischial spines

position caput

moulding

Membranes ☐ Intact ☐ Ruptured

Liquor seen ☐ No ☐ Yes Colour

Fetal heart after examination

Comments

Signature: Date / / :

Labour and birth summary - baby, multiple birth C

Infant 2	Infant

t your details in 'Whose signature?' section on the back cover of the

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		
4.6.08	14^{00}	Transferred from Montrose by Ambulance
		Non-reassuring CTG.
		On admission Distressed with contractions.
		Contracting 1:10 mild/med. 50/60 sec long.
		FH 190bpm on auscultation. Small baby.
		Attached to external CTG
		T- 36.7°C P88 BP $^{100}/_{64}$. Feels well
	1415	CTG non reassuring

Labour and birth record: Induction/Augmentation of labour (continued)

Initial method of induction

☐ Prostaglandins Dose .....

☐ Other Name .....

Type ..... Route .....

Prescribed by .....

Administered by .....

Administered on ... / ... / ... at ... : ...

Oxytocin infusion

Commenced on 4 / 6 / 08 at 06 30

Comments/details for Augmentation

Amniotomy

Fetal heart rate before .....

Performed by .....

Performed on ... / ... / ... at ... : ...

Liquor volume normal / excessive / reduced / nil

Liquor colour .....

Fetal heart rate after .....

Cord/Limbs felt ☐ No ☐ Yes

Comments .....

Signed ..... / ... / ...

Discussion of preferences for labour and birth, comments and details of any revised preferences

Signed ..... Print ..... / ... / ... at ... : ...

Plans for continued process of induction following discussion with the woman (including monitoring)

Signed ..... Print ..... / ... / ... at ... : ...

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in pregnancy record.		

t your details in 'Whose signature?' section on the back cover of the

Labour and birth record: Induction/Augmentation of labour (continued)

First review following Induction/Augmentation

Date 04 /06/08 Time 14 : 20

Details of fetal monitoring Non reassuring CTG Uterine activity ☐ No ☑ Yes Details MILD 1:10

Membranes ☐ Intact ☐ Unsure ☑ Ruptured on 03 /06/ 08 at 23 15 . liquor clear

Abdominal examination

Fundal height . . cm Lie

Presentation . . Position . . .

Presenting part - 5th palpable . . .

Fetal heart rate 192 Maternal pulse 88

Comments . . . . . .

. . . . . .

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details . . .

Signature: . . . Date / / . :

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

Comments

Second review following Induction/Augmentation

Date / / Time :

Details of fetal monitoring . Uterine activity ☐ No ☐ Yes Details

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on / / at : liquor . .

Abdominal examination

Fundal height . . cm Lie . .

Presentation . Position . .

Presenting part - 5th palpable . . .

Fetal heart rate . . . Maternal pulse . .

Comments . . . . . .

. . . . . .

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details . . .

Signature: . . . Date / / : . .

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

Comments . . . . . .

Labour and birth record: Induction/Augmentation of labour

Date / / Time : Gestation Location

Induction authorised by

Designation/grade

Explanation given ☐ No ☐ Yes

History of contractions ☐ No ☐ Yes

Indication for induction

☐ Pregnancy beyond 41 completed weeks gestation – membranes swept? ☐ No ☐ Yes on / /

☐ Obstetric complication: specify

☐ Other: specify

Initial assessment

Uterine activity ☐ No ☐ Yes Details

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on / / at :

Liquor colour

Other vaginal loss

Pulse BP / Temp °C Urinalysis

Fetal movements

Oedema

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

* Relative to the ischial spines

Comments

Signature: Date / / :

Date	Time	Details

Please use 24 hour clock and sign each entry and insert your details in pregnancy record.

NHS
SCOTLAND

Labour and Birth Record

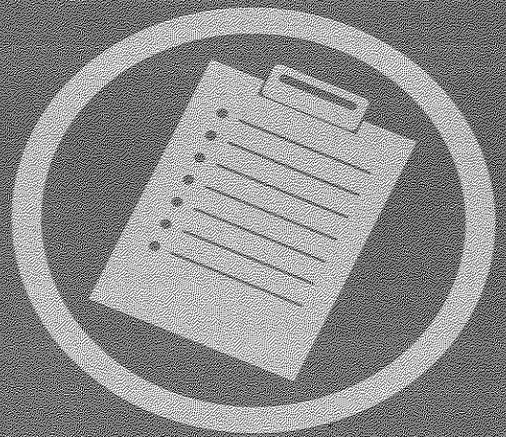
To be attached inside the Pregnancy Record following the antenatal section

Confidential

PLEASE USE BLACK INK

ELLIS 280488
STACEY 0060
26 WESTWOOD WALK
MONTROSE
DD10 9DA

DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
MONTROSE 13706



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

Name STACEY ELLIS CHI 28

Date	Time	Progress notes: Labour and birth
Please use 24 hour clock. SIGN EACH ENTRY and insert your details in 'Whose		
4/6/08	22.50	Care taken over by May D Dr Bonnes (anaesthetist) informed bag erupting.
4/6/08	22.10	Fb SROM <24hrs 39/40 Clear liq Appyrexial PR CTG - Baseline 120 bpm Good variability +Accelerations Syntocin 4 mls/hr. Contractions 4'10 Moderate + strong 6-7 cms @ 20.45. Abx received 00.45.
	22.15.	Stacey to discomfort on (R) advised to try lying on allow epidural to spread as she says this is h Not due drop up for 2 will observe meantime, hu side. May D Syntocinon 3L4 mainta M

lis. CHI 280488 0060

notes: Labour and birth

N EACH ENTRY and insert your details in 'Whose signature?' section (page 11)

EFM ASSESSMENT

etermine **R**isk	Low Increased
ontractions /10min./ secs.	Co-ordinate Inco-ordinate Hypertonus
aseline **RA**te **bpm**	Tachycardia Bradycardia Rising Baseline
ariability **bpm**	Normal/Reduced Absent
ccelerations	Present / Absent
ecelerations	Absent / Early Variable / Late
verall ssessment & ritten Plan	Reassuring **Non-reassuring** **= ACTION!**
)	ALSO ® (UK)

Epidural + syntocon

capping

Plan: careful observation

Mary Thomson mlw.

see again. PCEA attempted,
available yet.
by again in 10/mins.
Mary Thomson mlw.

top up (R) side.
Mary Thomson mlw.

taken over by SM J Fennick
at contract due to risk's ft.

Name Stacey Ellis. CHI 2

Date	Time	Progress notes: Labour and birth
Please use 24 hour clock. SIGN EACH ENTRY and insert your details in 'Whose		
1/6/08	2340	bare reviewed by May Thomas PCEA top up Self admin
	2400	

EFM ASSESSMENT

D R	**D**etermine **R**isk	Low (Increased)
C	**C**ontractions 3~4/10min./ 50 secs.	Co-ordinate (Inco-ordinate) Hypertonus
B R A	**B**aseline **RA**te 120bpm	Tachycardia Bradycardia Rising Baseline
V	**V**ariability 7 ≤ bpm	(Normal/Reduced) Absent
A	**A**ccelerations	(Present) / Absent
D	**D**ecelerations	Absent (Early) Variable / Late
O	**O**verall Assessment & Written Plan	(Reassuring) **Non-reassuring = ACTION!**

RN 2000 ALSO ® (UK)

Epidural

Plan:- Co observe he

Syntocinon 3U main band

5/6/08	0043	PCEA top up. Due for VE, will await top up. May T

LHS CHI 2804880060

notes: Labour and birth

N EACH ENTRY and insert your details in 'Whose signature?' section (page 11)

und palpation -
us = 36 wks.
lie, cephalic pres.
45 ewp.
tion ROL.
Meg Thomson MRCO.

E Yc consent.
+ vagina NAD.
9 cms dilated. — thick oedematous
ener rim + cervix (R) ~~left~~ side.
e 5 -1.
tion ? ROL - P.
reactive throughout.
degree seen. - shown.
Meg Thomson mRCO.

Reassess in 2hrs.

EFM ASSESSMENT

Determine Risk	Low (Increased)
Contractions 3 /10min./ 45 secs.	Co-ordinate (Inco-ordinate) Hypertonus
Baseline RAte 150 bpm	Tachycardia Bradycardia Rising Baseline
Variability 10 bpm	(Normal)/Reduced Absent
Accelerations	(Present) / Absent
Decelerations	Absent / (Early) Variable / Late
Overall	(Reassuring)

Syntocinon, epidural.

Plan: Continue

Name STACEY ELLIS CHI 2 8

Date	Time	Progress notes: Labour and birth
Please use 24 hour clock. SIGN EACH ENTRY and insert your details in 'Whose		
5/6/08	01.30	Syntocinon 3iu ↑ 6mu/hr contractions incoordinate May Neon
	0150	Uterus overstimulated ↑ SI distressed ++ 1/c pedal Nil visible. Syntocinon ↓ 4mu/hr. PIEA top up @ 01.39 hs Acoust top up to be May
	0200	

EFM ASSESSMENT

D R	**D**etermine **R**isk	Low Increased
C	**C**ontractions ~~4-5~~/**10min./** ~~30~~ **. secs.**	Co-ordinate Inco-ordinate Hypertonus
B R A	**B**aseline **RA**te **___ bpm**	Tachycardia Bradycardia Rising Baseline
V	**V**ariability **___ bpm**	Normal/Reduced Absent
A	**A**ccelerations	Present / Absent
D	**D**ecelerations	Absent / Early Variable / Late
O	**O**verall Assessment & Written Plan	Reassuring **Non-reassuring = ACTION!**

RN 2000 ALSO ® (UK)

Syntocinon

0210 Pressure ++ . Caput visible in

CHI

notes: Labour and birth

N EACH ENTRY and insert your details in 'Whose signature?' section (page 11)

deep broad lobe decelerations
off.
to left side.
ated
early + occ. late decelerations
5bpm
140-150 bpm
ained liq
ol
fully dilated + Caput ? OA : DOP IIA ok palpable
active pushing
ble + adversely
ases top-up to prepare for assisted delivery
dwell top up for assisted
ry
in stirrups
ed for assisted delivery.
t out catheter.
down for further epidural
up as initial top up not fully
up.
back into stirrups
ose cap applied.
hose delivery of a male
, maybe distd to VA
. (Face to pubes)

Name STACEY ELLIS. CHI

Date	Time	Progress notes: Labour and birth
Please use 24 hour clock. SIGN EACH ENTRY and insert your details in 'Whose		
5/6/08 @	.	Syntometrine 1mL given
	0345	Written in retrospect
		Promised after top-up
		OP Vx 5^{+2} +Caput
		Plan For Ventouse in room
	0337.	Placenta +membranes delivered
		CCT.
		Placenta complete, slight calci
		Membranes complete x 2.
		Cord x 3 vessels.
		2° tear repaired 1/c vicryl r
		EBL 200 mls.
		Volfoxd Suppository 100 mg
		Silicon catheter inserted.
		water in balloon.
		Placental + fetal surface swab
		For PROM.
		Baby Skin to sk
		& delivery
		Tactile Stimulat
		HR 7 100
		Apgars 8 1, 9
		IM Vit K.
		BW. 2800 gm
		Mrs Rhon

CHI 2804880060

notes: Labour and birth

N EACH ENTRY and insert your details in 'Whose signature?' section (page 11)

Obs' — T37.5. P.80 BP 140/73
s pm + carbol, Cadua Nibra
g po Less.
ved catheter removed — blue lip
on capped off.
ithout.

Mary Norwood MRCM.

Name _____ CHI

Date	Time	Progress notes: Labour and birth
Please use 24 hou		

CHI | | | | | | | | | | |

notes: Labour and birth

N EACH ENTRY and insert your details in 'Whose signature?' section (page 11)

Name _____ CHI

Date	Time	Progress notes: Labour and birth
Please use 24 hour clock. SIGN EACH ENTRY and insert your details in 'Whose		

CHI

notes: Labour and birth

N EACH ENTRY and insert your details in 'Whose signature?' section (page 11)

Name _____ CHI

Date	Time	Progress notes: Labour and birth
Please use 24 hour clock. SIGN EACH ENTRY and insert your details in 'Whose		

CHI

notes: Labour and birth

N EACH ENTRY and insert your details in 'Whose signature?' section (page 11)

THB(MR) 024SS

NHS Tayside

DATE OF ADMISSION _____
RECORD START DATE _____

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

Hospital /Ward: **Consultant:** **On admission:** **Weight:** **Height:**	Patien ELLIS 280488 STACEY 0060 26 WESTWOOD WALK CHI n MONTROSE DD10 9DA Date DR. RC CRANSWICK ANNAT BANK PRACTICE LINKS HEALTH CENTRE MONTROSE 13706 (Attach printed label here)

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

Date									
Weight									
Signature									

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
5/06/14	03.45	Voltarol	100 mg	PR	SBrett	03.45	SBrett

KNOWN MEDICINE ALLERGIES/ SENSITIVITIES (if NONE confirmed write NKA in Box 1)			
1.	2.	3.	4.

OTHER MEDICINE CHARTS IN USE

Chart Type	Signed	Chart Type	Signed
1. Insulin		5. Anticoagulant	
2. Epidural / Pain relief		6. Mental Health Act	
3. Fluid		7. Symptomatic Relief Administration Record	
4. Anaesthetic Chart		8. Other	

AS REQUIRED THERAPY

Medicine / Form		Date										
SYMPTOMATIC RELIEF POLICY		Time										
Dose & Frequency	Route	Dose										
		Initials										
Signature	Start Date	Date										
	5/6/08	Time										
Indication / Notes	Pharmacy	Dose										
		Initials										

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
		Initials										
Signature	Start Date	Date										
		Time										
Indication / Notes	Pharmacy	Dose										
		Initials										

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
		Initials										
Signature	Start Date	Date										
		Time										
Indication / Notes	Pharmacy	Dose										
		Initials										

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
		Initials										
Signature	Start Date	Date										
		Time										
Indication/ Notes	Pharmacy	Dose										
		Initials										

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
		Initials										
Signature	Start date	Date										
		Time										
Indication / Notes	Pharmacy	Dose										
		Initials										

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
		Initials										
Signature	Start Date	Date										
		Time										
Indication / Notes	Pharmacy	Dose										
		Initials										

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

NHS

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Female**	GP	**Rc Cranswick 145 High Street Montrose Angus**
		Hospital Number	**2804880060**		
		Midwife	**None Recorded**		**DD10 8QN**
Telephone		Obstetrician	**Dr Pauline Lynch**		
		Paediatrician	**Dr Mohammed Ibrahim**	Telephone	**01674 673400**

DELIVERY SUMMARY

Labour Onset	**Spontaneous**		
Augmentation	**Syntocinon infusion**	Membrane Rupture To Birth Interval	**28:19 (hrs:mins)**
Intrapartum Problems	**No**	First Stage	**07:35 (hrs:mins)**
Third Stage	**Controlled Cord Traction Oxytocics: Syntometrine i/m**	Second Stage	**00:59 (hrs:mins)**
Sterilisation	**Not Applicable**	Third Stage	**00:03 (hrs:mins)**
Pain Relief	**Labour: Epidural**		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**		
Perineum	**Second - Injury to the perineum involving perineal muscles but not involving the anal sphincter damage Sutured With Vicryl Rapide**		
Postpartum Problems	**No**		

Livebirth 03:34 Thursday 05 June 2008

Baby	**Baby Ellis (Male)**	Other number	**050608**	Birth Status	**Livebirth at 39+4 weeks**
Birth Order	**1 of 1**	Hospital Number	**M25416**	Birth Weight	**2800 grams (6 lbs & 3 ozs)**

Method of Delivery	Ventouse (non-rotational)
Indication	Suboptimal CTG (no mec)
Time of Birth	03:34
Resuscitation	None
Drugs	Not administered
Liquor	Clear
Apgar Scores	8 at 1 min, 9 at 5 min
Mins To Reg Resp	Within one minute
Special Care	No
Shoulder Dystocia	No
Delivered By	Dr Sandra Brett (SpR (Registrar))

Signature Mary Thomson Date 5/6/08

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Female**	GP	**Rc Cranswick 145 High Street Montrose Angus DD10 8QN**
		Hospital Number	**2804880060**		
		Birth Order	**1 of 1**		
		Midwife	**None Recorded**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Dr Mohammed Ibrahim**	Telephone	**01674 673400**

Birth Register

Total Length Of Labour (hr:min)	**08:37**	Place of Delivery	**Labour**
Estimate of Gestation	**39+4 weeks**	Parity	**0+0**
Booking Status	**Antenatal Care**		
Onset	**Spontaneous**	Memb Rupt To Birth	**28:19 (hrs:mins)**
Presentation	**Other Cephalic**	First Stage	**07:35 (hrs:mins)**
Augmentation	**Syntocinon infusion**	Second Stage	**00:59 (hrs:mins)**
Third Stage	**Controlled Cord Traction**	Third Stage	**00:03 (hrs:mins)**
Placenta	**Condition: Normal**	Membranes	**Complete,**
	Completeness: Complete		
Pain Relief	**Labour: Epidural**		
Perineum	**Second - Injury to the perineum involving perineal muscles but not involving the anal sphincter damage Sutured With Vicryl Rapide**		
Delivered By	**Dr Sandra Brett (SpR (Registrar))**		
Assisted By			
Midwife Present	**Mrs Mary Thomson (Hospital Midwife)**		
CTG Results	**Not applicable**		
Blood Loss	**200 mls**		
Intrapartum Problems	**No**		
Postpartum Problems	**No**		
PN Analgesia/Anaesthesia			
Feeding Intention	**Breast**		

Livebirth Baby: 1 03:34 Thursday 05 June 2008

Other number	**050608**		
Hospital Number	**M25416**	Sex	**Male**
Birth Weight	**2800 grams (6 lbs & 3 ozs)**	Resuscitation Method	**None**
Head Circumference		Resuscitation Drugs	**Not administered**
Length		Apgar	**8 at 1 min / 9 at 5 mins / Not Known at 10 mins**
Vitamin K	**Konakion given Intramuscular (1 mg)**	Liquor	**Clear**
Admitted To Special Care	**No**	Mins to Spontaneous Respiration	**Within one minute**
		Method of Delivery	**Ventouse (non-rotational)**
		Congenital Anomaly	**No**
		Indication	**Suboptimal CTG (no mec)**

Signed _____ **Midwife/SHO/Registrar/Consultant** **Date** _____

ayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

NHS

	Stacey Ellis	Other number		Date of Birth	**28/4/1988**
ıss	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Female**	GP	**Rc Cranswick 145 High Street Montrose Angus**
		Hospital Number	**2804880060**		
		Midwife	**None Recorded**		**DD10 8QN**
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Dr Mohammed Ibrahim**	Telephone	**01674 673400**

Thromboembolism Prophylaxis Summary

Factor **Score**
Total Score

The suggested action is:
Early mobilisation and hydration

Tayside University Hospitals NHS Trust - PRI MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Female**	GP	**Rc Cranswick 145 High Street Montrose Angus DD10 8QN**
		Hospital Number	**2804880060**		
		Midwife	**None Recorded**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**None Recorded**	Telephone	**01674 673400**

ASSISTED DELIVERY SUMMARY (Printed 5 June 2008)

Baby 1 03:34 Thursday 05 June 2008

Assessment of fetus

No. fetal blood samples	**0**

Abdominal findings prior to delivery

Abdominal Lie	**Longitudinal**
Presentation prior to delivery	**Cephalic**
Abdominal station	**0/5**

Vaginal findings prior to delivery

Cervical dilation	**10**
Presenting part	**Cephalic**
Station of presenting part	**+2**
Caput	**+**
Moulding	**Minimal**
Liquor state	**Bloodstained**

Type of operative delivery **VENTOUSE (NON-ROTATIONAL)**

Delivered by	**Dr Sandra Brett, SpR (Registrar)**		
Type of decision authority	**Hospital Doctor**	Decision Authorised by	**Dr Sandra Brett, SpR (Registrar)**
Others Present	**No**		

Procedure details

Indication for ventouse	**Suboptimal CTG (no mec)**
Time of ventouse application	**03:30**
Timing of Ventouse application	**Low**
Reapplication Required	
No. of contractions with cup	**3**
Ventouse delivery successful	**Yes**

Perineum

Episiotomy performed	**No**	Hospital follow-up of perineum	**No**
Degree of perineal tearing	**Second - Injury to the perineum involving perineal muscles but not involving the anal sphincter**		

Suturing

Damage required suturing	**Yes**	Correct needle count	**None Recorded**
Suture material used	**Vicryl Rapide**	Correct swab count	**Yes**
		Check P.R. P.V.	**Yes**
Revised post delivery findings	**No**		

Cord blood results

Cord gases at delivery	**Yes**

Arterial blood gases

Arterial pH	**7.218**
Arterial Base Excess	**-7.9**
Arterial pCO2	**6.74**

Venous blood gases

Venous pH	**7.223**
Venous Base Excess	**-8.2**
Venous pCO2	**6.47**

Third stage

Total Blood Loss	**200 mls**
Completeness of placenta	**Complete**

ıpleteness of membranes	**Complete**		
:heterized	**Yes**	Type of Catheter	**Foley**
ılume of Urine	**30 mls**	Remove in	**1 days**
olour of Urine	**Clear**		

ıdditional operative details

Cord around neck x2. Clot- approx. 100 mls after delivery of fetus and before delivery of the placenta

Name of person recording Name: **Dr Sandra Brett** Status: **SpR (Registrar)** Signed: SBrett Date: 05/06/08

Maternity Summary Record

Please use black ink

CONFIDENTIAL

Personal details

CHI 280488 dddd Age 19

Surname/family name Ellis

First name(s) Stacey

Likes to be called Stacey

Address 26 Lossiemouth

Losiemouth, Moray

Postcode IV10 9DA.

Home ☎ 07892620501

Other ☎

Other ☎

Parity Prim Agreed EDD 8/6/08

LMP / / Blood group

Thrombosis risk

Low risk.

Allergies

Latex.

Change of details

Address

Postcode

Home ☎

Other ☎

Previous pregnancies

Prim.

	Date	Outcome	Sex	Weight	Full name/comments
1					
2					
3					
4					
5					
6					

Health issues/special features (including regular medications) **Plans for care**

Long standing history of depression.
CPN + medications.
History of self harm.

Planned type of antenatal care/place of birth

Lead professional Lorna McFarlane.

Designation Midwife.

Change(s) to type of antenatal care/place of birth

Reason

Signed / /

Likes to be called

First name(s)

Surname/family name

Name Stacey Ellis CHI 2804830000

Personal details

Ethnic group ..... White .....

Current religion or faith ..... none .....

Language used at home ..... English .....

Help needed with interpreting, communicating or advocacy No ☑ Yes ☐

Cultural requirements/details on the above

Occupation ..... Housewife .....

Health and safety advice needed No ☑ Yes ☐

Maternity benefits advice needed No ☑ Yes ☐

Details on the above

Social circumstances/family support

having weekly visits from family support

Referrals

/ /	To
/ /	To
/ /	To

Health status

BMI at booking 20

Specific dietary needs No ☑ Yes ☐

Smoking status 7-8 a day

At risk of passive smoking No ☐ Yes ☑

Problem drug/alcohol use No ☑ Yes ☐

Details of any of the above

Domestic abuse

Seen alone at booking No ☑ Yes ☐

Issue raised at booking No ☑ Yes ☐

Issue raised on / / at weeks

Comments

Child protection

Issues first identified on / /

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

Key professionals

Named midwife .....

Midwifery team .....

Base .....

☎ .....

Obstetrician .....

Clinic .....

☎ .....

Health Visitor .....

Base .....

☎ .....

Social Worker

Base .....

☎ .....

General Practitioner .....

Base .....

☎ .....

Practice code .....

Other .....

Designation .....

Base .....

☎ .....

Other .....

Designation .....

Base .....

☎ .....

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Name Stacey Ellis CHI 280483 0060

Partner/supporter details Please tick if emergency contact ☐

Name Alan Mason

Relationship Partner

Address SLA

.....

..... Postcode .....

Home ☎ .....

Other ☎ .....

Alternative/emergency contact

Name Susan Ellis

Relationship Stepmum

Address Mansus Wise

Lindsmuir

..... Postcode .....

Home ☎ 01674 840623

Other ☎ .....

Directions to home

Booking completed by ..... Print ..... Designation .....

Date / / Gestation weeks Location .....

Date	Gestation	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry		
6.3.08	26+0	Home visit for visit after family support care worker Maria Scobie phoned to let me know Ellis is feeling depressed, feels partner not supportive. On speaking to her today feels she is coping at moment. having weekly visits from social care, will inform health visitor of situation. has appt for 28 wks re Hb. further scan at Nuffield for placenta site, anxious about baby, as her mother lost a baby due to IUGR. L McFarlane.
10.3.08	27+	Seen at ANC. Feels mood has improved. Measuring slightly smaller - for review in 2 weeks. P. Winters.
25.3.08		Growth scan organised - continues to measure small.

Name Stacey Ellis CHI

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
25.3.08		Call from family support worker re Stacey. PRAM meeting next week. Stacey has nothing prepared for baby - apparently partner gives her no financial support. Stacey's foster mum has breast cancer & undergoing chemotherapy. Agreed that increased midwifery support would benefit Stacey - one to one parent education to be offered P. Winters RM
		Spoke to Kate McCusker - 678509.
28.3.08		phoned family support, meeting tomorrow. Stacey happy with input from support team, only concern partner not showing interest re baby. had scan today, growth within normal limits. further scan at 34 wks. weekly visits from support team to continue. L McFarlane SCM.
1/4/08	15.40	Stacey into unit for check - Notes at parents
	36+1	house - She feels pressure when sitting
		Urinalysis - NAD BP 120/60 P88
		Fundus measures 24cm. not contracting
		On palpatation longitudinal lie, cephalic presentation 2/5 palpable.
		CTG commenced
		Discussed with Reg in N/W's.
		To go down to Ninewells labour Suite triage for assessment
		CTG Baseline 140 bpm Variability between 5-15bpm
		Accelerations present no decelerations present
		Reassuring trace.
		To go home for latest scan result due 28/4/08 E Dalgetty

Name Stacey Ellis CHI

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
25.3.08		Call from family support worker re Stacey. PRAM meeting next week. Stacey has nothing prepared for baby - apparently partner gives her no financial support. Stacey's foster mum has breast cancer & undergoing chemotherapy. Agreed that increased midwifery support would benefit Stacey - one to one parent education to be offered P. Winters RM
28.3.08		Spoke to Kate McGuckin - 628509. phoned family support, meeting tomorrow. Stacey happy with input from support team, only concern partner does not show any interest re baby. had scan today, growth within normal limits. further scan at 34 wks, weekly visits from support team to continue. L McFarlane Sm.
1/4/08	15.40 6yrs 30+1	Stacey into unit for check - Notes at parents house - She feels pressure when sitting urinalysis - NAD BP 120/60 P88 Fundus measures 24cm. not contracting On palpatation longitudinal lie, cephalic presentation 2/5 palpable. CTG commenced Discussed with Reg in N/W's. To go down to Ninewells labour Suite triage for assessment CTG Baseline 140 bpm Variability between 5-15bpm Accelerations present no decelerations present Reassuring trace. To go home for latest scan result time 29/3/08 E Doherty

Name Stacey Ellis CHI 280488 0060

Maternity Summary Record (continued)

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
02·05·08	34^{+5}.	Stacey attended MAU CNU last night in ? preterm labour, she was assessed by L. MacLeod (Midwife) who transferred Stacey to Nineswells Hospital for assessment. Stacey discharged herself from Nineswells against medical advice as she felt unhappy with the care that she was recieving. She was advised to attended MAU today for an antenatal check and a Betamethasone injection which she did. Stacey appeared well on examination, no further signs of labour. BP 110/72, urinalysis negative, FMF. O/E - 33cms symphysis - fundal height, cephalic presentation, PP - free, FHH(s) 130bpm, accelerations heard, no decelerations heard. Tubi-grip provided for lower backache and pelvic discomfort.
		Gemma Smith.
16/5/08	36^{+}	Attended ANC. Feels quite stressed following events. Discussed relaxation techniques, sleep + healthy eating. Feels able to by + doesn't feel the need for extra support.
		Appears in cheerful mood. Anticipating birth.
		J Duckett RM.

VERSION 2.0, NOVEMBER 2006

MICROBIOLOGY

Tayside Clinical Laboratory Services

PIN BACTERIOLOGY

DMR320

01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: - NOT GIVEN
N/W Labour Suite

CPA Accredited 0221

08B173033 Date/Time of Specimen: 04 Jun 2008 00:05
HIGH VAGINAL SWAB

1) Light Growth of Candida
No growth of pathogenic bacteria
N. gonorrhoeae not isolated

No Polymorphs
No Trichomonas

13.6.08 09^{30} no answer
phoned back 10^{30}.

Date of Report: 06 Jun 2008
NLABR NG

AUTH: smis

REPORT RECEIVED
DOCTOR'S INITIALS

Result : see results.

Pharmacy: will collect prescription from surgery this pm.

ICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services — BACTERIOLOGY — 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

CPA Accredited 0221

08B175153 Date/Time of Specimen: 09 Jun 2008 11:30
HIGH VAGINAL SWAB

	Sensitivities	1
	Metronidazole	S

No Candida Isolated
1) Profuse Growth of Mixed Anaerobes
N. gonorrhoeae not isolated
Clue cells seen on microscopy
Consistent with Gardnerella infection

Many Polymorphs
No Trichomonas

Date of Report: 11 Jun 2008
MRIMATY LYNP1H

AUTH: solr

REPORT RECEIVED

DOCTOR'S INITIALS

Result : see results.

Pharmacy: will collect prescription from surgery this pm.

Fax from Montrose Maternity Unit.

Blood/swab results requiring treatment.

Patient Name : Stacey Ellis

CHI: 2804880060

EDD: 10 days P/N

Result : see results.

Pharmacy: will collect prescription from surgery this pm.

Maternity Summary Record

Please use black ink

CONFIDENTIAL

Personal details

CHI 2 8 0 4 8 8 0 0 6 0 Age 19

Surna ....

First r ....

Likes ....

Addre ....

Stacey
Ellis
Mearnsview Church Road 26 Westwood
Luthermuir Walk
Laurencekirk Montrose
AB30 1YS
Chi 2804880060
DOB 28/04/1988

.....

..... Postcode .....

Home ☎ ~~07908813072~~ .....

Other ☎ 07892630501 .....

Other ☎ .....

Likes to be called

First name(s) Stacey

Surname/family name Ellis

Parity [ ] Agreed EDD 1/06/08

LMP 26/8/07 Blood group [ ]

Thrombosis risk

Allergies LATEX.

Change of details

Address .....

.....

..... Postcode .....

Home ☎ .....

Other ☎ .....

Previous pregnancies

	Date	Outcome	Sex	Weight	Full name/comments
1					
2					
3					
4					
5					
6					

Health issues/special features (including regular medications)

acne vulgaris
02/06 depression - CPN - see notes.
group 6 study 05/05

Plans for care

Mum 01674 840628.

BMI 20.1
Ht 156
Wt 50kg

Planned type of antenatal care/place of birth

MRI

Lead professional CMan

Designation CMW

Change(s) to type of antenatal care/place of birth

Reason

Signed / /

Name _____ CHI

Personal details

Ethnic group .....

Current religion or faith .....

Language used at home .....

Help needed with interpreting, communicating or advocacy No ☐ Yes ☐

Cultural requirements/details on the above

Occupation .....

Health and safety advice needed No ☐ Yes ☐

Maternity benefits advice needed No ☐ Yes ☐

Details on the above

Social circumstances/family support

Referrals

/ /	To
/ /	To
/ /	To

Health status

BMI at booking

Specific dietary needs No ☐ Yes ☐

Smoking status

At risk of passive smoking No ☐ Yes ☐

Problem drug/alcohol use No ☐ Yes ☐

Details of any of the above

Domestic abuse

Seen alone at booking No ☐ Yes ☐

Issue raised at booking No ☐ Yes ☐

Issue raised on / / at weeks

Comments

Child protection

Issues first identified on / /

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

Key professionals

Named midwife .....

Midwifery team .....

Base .....

☎ .....

Obstetrician .....

Clinic .....

☎ .....

Health Visitor .....

Base .....

☎ .....

Social Worker

Base .....

☎ .....

General Practitioner .....

Base .....

☎ .....

Practice code .....

Other .....

Designation .....

Base .....

☎ .....

Other .....

Designation .....

Base .....

☎ .....

Name _____ CHI

Partner/supporter details Please tick if emergency contact ☐

Name .....

Relationship .....

Address .....

.....

..... Postcode .....

Home ☎ 07892630501 (Stacey)

Other ☎ .....

Alternative/emergency contact

Name .....

Relationship .....

Address .....

.....

..... Postcode .....

Home ☎ .....

Other ☎ .....

Directions to home

Booking completed by CMann Print CMANN Designation .....

Date 29/10/07 Gestation ?8 weeks Location Lawenekark

Date	Gestation	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry		
29.10.07		Initially considered TOP, changed mind
		H/O self harm, depression
	?8wk.	Moved to Montrose (May 07) booking later scan
		Horse (MRI) re advised re changing GP.
		Abd N/A apart gin. Unsure re LMP for USS MRI
		CMann.
6/6/08		Message from N/Wells - Stacy had
		VE delivery 4/6/08 boy 2500g
		staying with mother meantime at
		Nearns View, Church St Luthermuir
		Mum's phone no 01674 840628 Agreed
13/6/08	0900	Message left on answer phone of Health visitors High Street Montrose
		for Stacey to be handed over after weekend visits from CMW.
	1645	seen by myself today complains of tender perineum, montrose visit
		have advised antibiotics for result of CUS. No analgesia taken
		at present using warm baths for pain relief.
		Lochea red/watery at times frequent changes of pads
		Pad checked - no concerns at present lochea normal for 8 days
14/6/08	see other Evaluation sheet	post delivery. CMann
15/6/08	10am	Not present at foster parents home on first home visit. Have
		spoken to Stacey to arrange convenient time to visit today.
	1215	Maud in today, unsettled night at own post. Declan fed 2hrly.
		Both Declan and Stacey slept very little. Stacey upset when

Name _____ CHI | | | | | | | | | | |

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
		Spoken to by myself. Appears to be over tired from attending to Declan overnight. Voices she feels guilty about asking for help to look after baby so she made the decision to go through with the pregnancy. I have explained to Stacey that she appears to be putting self-imposed pressure/guilt on herself. ~~Stepfather & Step~~ foster parents have assured Stacey she can stay over a few nights in Luthermuir and the other nights spend it at own house sometimes with family staying over too for assistance.
		Mood appeared brighter once we had discussed several areas of concern to Stacey. Happy to be handed over to Health visitor Monday a.m. Will be in own home Monday and Tuesday in Montrose.
		~~I have reassured Stacey that~~ Given telephone no's and asked to call if needs advice. Reassured
		Through handover given to Bonny Troop's Staff Nurse who is assisting her. Advised midwives to visit Wednesday 11/6/08 to check fundus as static over weekend. Health visitors aware. Stacey also to collect prescription for antibiotics

ABERDEEN ROYAL HOSPITALS NHS TRUST CLINICAL LABORATORIES

REQUESTING PRACTITIONER	**PATIENT DETAILS**		LAB NO.
	CHI NO 2804880060		
Tel no: 01561 377258	**Surname** Ellis		**SPECIMEN**
Dr	**Forename** Stacey		TYPE
Laurencekirk Medical Centre	**Address** Mearnsview		DATE
Blackiemuir Avenue	Church Road Luthermuir		TIME
AB30 1GX			
	Laurencekirk AB30 1YS		Temporary resident
Practice code 0061	Home: 01674 840628		
Signature	**DOB** 28/04/1988	**Title** Miss	Private patient

BIOCHEMISTRY		**MICROBIOLOGY**	**CLINICAL DETAILS**
U&E	Thyroid	Culture & sensitivity	[Please include antibiotic, other medication + date of onset]
Liver	Lipids [fasting]	Ova Csts Parasites	
Glucose	Pregnancy test	Chlamydiazyme	
HbA1c	Urate	Serology [specify]	
LH/FSH	ACR	Histology	
Lithiu	BONE	FOB	
Progesterone	**CRP**		

HAEMATOLOGY		**VIROLOGY**		**IMMUNOLOGY**	
FBC	MONOSPOT	**Rubella:**	**Hep B**		
ESR	FOLATE	*pregnant*	**Hep A**	Rheumatoid Factor	
INR	FERRITIN	*Non-preg*	**Hep C**	Autoantibodies	
B12		*ill*	*Pre vaccine*	Thyroid Antibodies	
			Post vaccine		
			other		

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LH/FSH	ACR	Histology	
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Progesterone	**CRP**		

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			Post vaccine		
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HbA1c	Urate	Serology [specify]	
LH/FSH	ACR	Histology	
Lithiu	BONE	FOB	
Progesterone	**CRP**		

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			Post vaccine		
			other		

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REQUESTING PRACTITIONER	PATIENT DETAILS		LAB NO.
	CHI NO 2804880060		
Tel no: 01561 377258	**Surname** Ellis		**SPECIMEN**
Dr D Macdonald	**Forename** Stacey		TYPE vb
Laurencekirk Medical Centre	**Address** Mearnsview		DATE
Blackiemuir Avenue	Church Road Luthermuir		TIME
AB30 1GX			
	Laurencekirk AB30 1YS		Temporary resident
Practice code 0061	Home: 01674 840628		
Signature	**DOB** 28/04/1988	**Title** Miss	Private patient

BIOCHEMISTRY		MICROBIOLOGY	CLINICAL DETAILS
U&E	Thyroid	Culture & sensitivity	[Please include antibiotic, other medication + date of onset]
Liver	Lipids [fasting]	Ova Csts Parasites	
Glucose	Pregnancy test	Chlamydiazyme	16 wk gestation
HbA1c	Urate	Serology [specify]	Routine bloods
LH/FSH	ACR	Histology	
Lithiu	BONE	FOB	
Progesterone	**CRP**		Copy to AMH/ANC please

HAEMATOLOGY		VIROLOGY		IMMUNOLOGY
FBC	MONOSPOT	**Rubella:**	**Hep B**	
ESR	FOLATE	*pregnant*	**Hep A**	Rheumatoid Factor
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U&E	Thyroid	Culture & sensitivity	[Please include antibiotic, other medication + date of onset]
Liver	Lipids [fasting]	Ova Csts Parasites	
Glucose	Pregnancy test	Chlamydiazyme	28 wk gestation
HbA1c	Urate	Serology [specify]	Routine bloods
LH/FSH	ACR	Histology	
Lithiu	BONE	FOB	
Progesterone	**CRP**		Copy to AMH/ANC please

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12		*ill*	*Pre vaccine*	Thyroid Antibodies
			Post vaccine	
			other	

HISTORY/CONTINUATION SHEET

UNIT/WARD/DEPT.

Ward/Clinic/

Hosp. ..... Cons.

D D M M Y Y

2 8 0 4 8 8 0 0 6 0 C.H.I. No.

Surname STACEY ELLIS

First Name ..... M. State

Address ..... Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

DATE	Page .....
9.06.08 11.30 am MK1	Stacey came to be checked over. 4th day BP 100/50 mmHg. feeling well. Feeling quite tender due to stitches. Came in to have a vaginal swab. Lochia Rubra. Moderate has discharge. Stacey feels like the discharge has a strange odour to it. No pain in stomach On observation perineum seems smaller very tender. Swab taken for analysis. Advised to keep clean and dry. Bathing when can Temp 35.6°C Pulse 84bpm. Mestelt
	Declan. - baby check feeding well via bottle on demand eyes clear x2 mouth clean and moist cord on. Passing urine. stools - yellow. Appears fine. Mestelt (Fosted) ST/M.
10/6/08	Perineum remains very tender; advised Feels mood is ok. Planning to stay with parents until Sunday, will let us know if plans change. Pearce
11/6/08	Feeding discussed on auxious re variable on demand times / volumes. Declan looks well, content. General queries / anxieties discussed Happy for day off tomorrow but will phone if any concerns has contact no's Pearce
13/6/08	visited by myself following day off yesterday well. Concerned re heavy lochia, pad changed (lochia normal for 8 days post delivery Reassurance offered Fundus - firm. Has to collect prescription for antibiotics for perineum. Declan content and happy Plan to visit tomorrow
15/6/08 cont'd	as having problems with ex-partner / Declan's father. Putting emotional stress onto stacey. New partner very supportive - Stacey states
16/6/08	seen today. Well in general. Baby Declan content feeding on demand well Stacey voices - ex partner will have no contact with Declan as there has been a history of drug misuse. Does not plan in the near

DATE	
	Future contact with Declan's father: Living alone with Declan in own flat in Montrose. Plans to return Sunday 15/6/08 p.m. Has still to collect prescription from G.P practice. Glamorgan Cnty.
18/6/08	Called at mothers house in Lutherwell - No reply, tried mobile, no reply. Handover already completed to HV, on has all contact numbers JPaul

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Baby	**Baby Ellis**	Other number	**050608**	Date of Birth	**5/6/2008**
Address	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Male**	GP	**Rc Cranswick 145 High Street Montrose Angus DD10 8QN**
		Hospital Number	**0506085058**		
		Birth Order	**1 of 1**		
		Midwife	**None Recorded**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Dr Mohammed Ibrahim**	Telephone	**01674 673400**

BABY'S DISCHARGE SUMMARY (Printed 5 June 2008)

Weight	**2800 grams**	Sex	**Male**
Delivery	**Ventouse (non-rotational)**	Birth Order	**1 of 1**
Indication	**Suboptimal CTG (no mec)**		
Gestation	**39 weeks**	Paediatric Estimate	**Same**
Method of Resuscitation	**None**	Spont. respiration	**Within one minute**
Drugs Administered	**Not administered**		
Apgar Scores	**8 at 1 min, 9 at 5 mins**		
U[illegible] l Vessels	**Normal**	Cord Round Neck	**Yes, Slipped over**
Baby Length	**46.5 cm**	Head Circumference	**34.5 cm**
Neonatal transfer at birth	**No**		

Livebirth Baby: 1 03:34 Thursday 05 June 2008

Mother	**Stacey Ellis**	Born	**28/4/1988 (20 years)**	Hospital Number	**2804880060**
Marital Status	**Single**	Social history		Smoking Status at Delivery	**Smoker**

Later Neonatal Unit Admission **No**

Examination Problems

Hip **Normal**

Jaundice			
Vitamin K given	**Intramuscular (1 mg)**	Metabolic Screen (PKU)	**Not Done**
Hearing test	**Normal**	Hip screening	**Normal**
Diagnosis	**1) None Recorded**	Abnormality	**1) None Recorded**
	2)		**2)**
	3)		**3)**
Discharge Weight	**Not Recorded**	Weight Change	**Not calculated**
Method of feeding	**Breast**	Feeding pattern	**Regular**
Feeding problems	**None Recorded**		
Urine passed	**Yes**	Bowels opened	**Yes, Meconium**
Eyes	**Normal**	Umbilicus	**Cord attached**
Problems			

Discharge plan **5/6/2008 at 18:00 from Ward 38, with mother**

Follow up arrangements

Referrals **None Recorded**

Recommendations **No**

Discharge Assessment completed by (sign).....[signature]..... Status.....[signature]..... Date...050608

COPY FOR

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

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Eyes	**Normal**	Umbilicus	**Cord attached**
Problems			
Discharge plan	**5/6/2008 at 18:00 from Ward 38, with mother**		
Follow up arrangements			
Referrals	**None Recorded**		
Recommendations	**No**		

Discharge Assessment completed by (sign)..... Status..... Date..050608.

COPY FOR

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Female**	GP	**Rc Cranswick 145 High Street Montrose Angus**
	means rien, church of cathermuir	Hospital Number	**2804880060**		
		Midwife	**None Recorded**		**DD10 8QN**
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Dr Mohammed Ibrahim**	Telephone	**01674 673400**

MOTHER'S DISCHARGE SUMMARY (Printed 5 June 2008)

Social history	**Single**	Obstetric History	
Smoking Status	**at booking Smoker at delivery**	Onset	**Spontaneous**
Augmentation	**Syntocinon infusion**	Membrane To Birth	**28:19**
Delivery (most significant method)	**Ventouse/Vacuum Extraction**	First Stage	**07:35**
Indication	**Suboptimal CTG (no mec)**	Second Stage	**00:59**
Intrapartum Problems	**No**		
Third Stage	**Controlled Cord Traction**	Third Stage	**00:03**
Management	**Primary Oxytocic** : Syntometrine i/m.		
Tubal Ligation	**No**		
Pain Relief	**Labour:** Epidural		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**	Postpartum Problems	**No**
Perineum	**Second - Injury to the perineum involving perineal muscles but not involving the anal sphincter damage Sutured With Vicryl Rapide**		

Livebirth Baby: 1 03:34 Thursday 05 June 2008

Baby	**Baby Ellis (Male)**	Other number	**050608**	**Livebirth at 39 weeks**
Birth Order	**1 of 1**	Hospital Number	**0506085058**	**2800 grams**

Blood Group	**O**	Rhesus Group	**Positive**
Mother's HB	**10.1 g/dl (4/6/2008)**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Breast**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharged	**5/6/2008 at 18:00 from Ward 38, with baby**	Postnatal Stay	**0 days**
Family Planning	**Discussed, Planned method Implant**		
Postnatal Smear	**Recommended**		
Medication	**Iron, ferrous sulphate**		
Follow Up	**Postnatal check at Health Centre/Surgery.**		
Recommendation	**Yes, follow up from Cpn**		
Discharged To	**Not Recorded**		

ASSESSED FIT FOR DISCHARGE Name: **Joan Graham** Status: **Hospital Midwife** Signed: Joan Graham Date: 050608

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

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Blood Group	**O**	Rhesus Group	**Positive**
Mother's HB	**10.1 g/dl (4/6/2008)**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Breast**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Sec ıry PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharged	**5/6/2008 at 18:00 from Ward 38, with baby**	Postnatal Stay	**0 days**
Family Planning	**Discussed, Planned method Implant**		
Postnatal Smear	**Recommended**		
Medication	**Iron, ferrous sulphate**		
Follow Up	**Postnatal check at Health Centre/Surgery.**		
Recommendation	**Yes, follow up from Cpn**		
Discharged To	**Not Recorded**		

SSESSED FIT FOR 'SCHARGE Name: **Joan Graham** Status: **Hospital Midwife** Signed: Joan Graham. Date: 050608

NHS Tayside

Ninewells Hospital

Breast Feeding Chart

Hospital	NIW
Ward	L/S
Surname	ELLIS
First Name	BABY
Date of Birth	050608.
Time of Birth	0334hrs.

Date	Time	Comments	Baby Sick after feed? Tick if yes	Wet Nappy Tick if yes	Dirty Nappy Colour	Signature
050608	1145	fixed & sucked				JD
	0650	fixed & sucking on (R)				
		breast - mum lying on side				LF
	10-11am	baby fed on left side				KMac
		lying on side - mums recollection				
		recard not filled in				
	1220	Breast fed (R) side.			✓	by
	1400hrs.	Breast fed well		✓	✓	by.

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Female**	GP	**Rc Cranswick 145 High Street Montrose Angus DD10 8QN**
		Hospital Number	**2804880060**		
		Midwife	**None Recorded**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Dr Mohammed Ibrahim**	Telephone	**01674 673400**

MOTHER'S DISCHARGE SUMMARY (Printed 5 June 2008)

Social history	**Single**	Obstetric History	
Smoking Status	**at booking Smoker at delivery**	Onset	**Spontaneous**
Augmentation	**Syntocinon infusion**	Membrane To Birth	**28:19**
Delivery (most significant method)	**Ventouse/Vacuum Extraction**	First Stage	**07:35**
Indication	**Suboptimal CTG (no mec)**	Second Stage	**00:59**
Intrapartum Problems	**No**		
Third Stage	**Controlled Cord Traction**	Third Stage	**00:03**
Management	**Primary Oxytocic** : Syntometrine i/m.		
Tubal Ligation	**No**		
Pain Relief	**Labour:** Epidural		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**	Postpartum Problems	**No**
Perineum	**Second - Injury to the perineum involving perineal muscles but not involving the anal sphincter damage Sutured With Vicryl Rapide**		

Livebirth Baby: 1 03:34 Thursday 05 June 2008

Baby	**Baby Ellis (Male)**	Other number	**050608**	**Livebirth at 39 weeks**
Birth Order	**1 of 1**	Hospital Number	**0506085058**	**2800 grams**

Blood Group	**O**	Rhesus Group	**Positive**
Mother's HB	**10.1 g/dl (4/6/2008)**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Breast**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharged	**5/6/2008 at 18:00 from Ward 38, with baby**	Postnatal Stay	**0 days**
Family Planning	**Discussed, Planned method Implant**		
Postnatal Smear	**Recommended**		
Medication	**Iron, ferrous sulphate**		
Follow Up	**Postnatal check at Health Centre/Surgery.**		
Recommendation	**Yes, follow up from Cpn**		
Discharged To	**Not Recorded**		

ASSESSED FIT FOR DISCHARGE Name: **Joan Graham** Status: **Hospital Midwife** Signed: Joan Graham Date: 050608

Date/time	Further information/planning, delivering and evaluating care

Date/time	Further information/planning, delivering and evaluating care

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if botttle feeding) and condition of mouth	Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
8	13/6/08 1040	Fontanelles ✓ Mouth ✓ Bottom ✓ Skin intact/pink	clear. clear.	Artificial formula SMA cold on demand.	Bottom skin intact Cemboicin. clean.	PU	✓		[illegible]
9	14/6/08	Well. content.	clean clear.	Feeding on demand 2 – 4hours.	Red mum using sudocrem for relief	PU	No B.O. since 17 ago		[illegible]
10	15/6/08	content. well.	clean & clear	Feeding 2hrly. unsettled at night.	Better.	PU.	B.O		[illegible]

Temperature ..... °C
Route .....

Temperature 36.8 °C
Route Axilla

Temperature ..... °C
Route .....

Temperature ..... °C
Route .....

Your baby's care (continued)

Date/time	Further information/planning, delivering and evaluating care

Your baby's care (continued)

Date/time	Further information/planning, delivering and evaluating care

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if bottle feeding) and condition of mouth	Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
6	11/06/08 10:30	colour Pink fontv Tone ✓ Resps ✓ Alert	both clear	on demand - variable times & volumes. 2-503 2-5hrly. Mouth clean & dry	skin ✓ buttocks ✓ cord dt - clean.	✓	NBO since 9/6 - advised		Dmadf
Temperature 36.4 °C Route									
Temperature ..... °C Route									
Temperature ..... °C Route									
Temperature ..... °C Route									
Temperature ..... °C Route									

Consent for Newborn Blood Spot Screening for Phenylketonuria, Congenital Hypothyroidism & Cystic Fibrosis

I have received and read the information leaflet "A Parent's Guide to Newborn Blood Spot Screening for Phenylketonuria, Congenital Hypothyroidism and Cystic Fibrosis" 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 healthcare professionals.

Baby's Name Declan Stuart Ellis Date of birth 05/06/08

CHI Number .....

☑ **I wish** ☐ **I do not wish** my baby to be tested for Phenylketonuria

☑ **I wish** ☐ **I do not wish** my baby to be tested for Congenital Hypothyroidism

☑ **I wish** ☐ **I do not wish** my baby to be tested for Cystic Fibrosis

We also need to obtain your permission to store the blood spot card beyond the 12 month testing period and to use any of the blood spots left over after testing is complete for anonymised research, such as the development of new screening tests. If any research was proposed in which the researcher would be able to identify you or your baby, we would always contact you again to seek your approval.

☑ **I agree** ☐ **I do not agree** for the storage of my baby's blood spot specimen beyond the 12 month testing period

☑ **I agree** ☐ **I do not agree** to the use of any left over blood spots for anonymised research

Signature: self **(Parent)** **Date** 10/06/08

Witness: Spence JSPENCE **(Health professional)**

(Please sign and print name)

Designation: CMN **Date** 10/6/08

Discharge of baby from midwifery care

Date 10 / .. / .. Baby's age ..... days Assessed by .....

Weight chart

Postnatal day	Date	Time	Weight g	Details:- including percentage of birth weight lost
BIRTH			2800	
3.	8.6.08.	1045.	2660.	
5	10.6.08	1100.	2680	
10.	15.6.08.	1210.	2840.	

Vitamin K

Vitamin K ☑ Im ☐ Oral ☐ Declined

Repeat oral doses given on .. / .. / .. By ..... ☐ Declined

.. / .. / .. By ..... ☐ Declined

Feeding

☑ Breast ☑ Bottle ☐ Mixed ☐ Supplementary feeds given

Details .....

Vaccinations

BCG vaccination needed ☑ No ☐ Yes BCG given as prescribed on .. / .. / ..

Hepatitis B vaccination needed ☑ No ☐ Yes Hepatitis B vaccination given on .. / .. / ..

Screening

Newborn bloodspot screening done on 10/6/08 By Pearce ☐ Declined

Newborn hearing screening done on .. / .. / .. By ..... ☐ Declined

Any problems identified

Jaundice ☐ No ☐ Yes ☐ SBR taken Highest SBR .....

Other .....

Hand over to health visitor complete ☐ No ☐ Yes .....

Follow-up appointments required ☑ No ☐ Yes .....

Other .....

Signed: ..... Print name ..... Date .. / .. / ..

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if bottle feeding) and condition of mouth	Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
*	5/6/08	Head bruised + moulded.	Clear x2.	Breast. Breast feeds well for first time.	Fluid. Cord dry.		Mec delivery.	x2 correct.	Meg Pearce RN
1.	6/6/08 1030.	Colour ✓ Pink. Tone ✓ Resps ✓ Well baba	Clear x2	BF 8D 1-5 hourly. Mouth clean + moist. Alert for feeds.	Skin ✓ Cord ok Cleaning + drying buttocks ✓	Plenty	Mec ✓		Flan
2	7/6/08 1015	Pink ✓ Tone ✓ Resps ✓ Skin ✓ Head bruising as before	Clear x2	BF frequently 8D 1x SMA Cold 50 mls changed to bottle feeding all night	Skin ✓ Cord ok ✓ Nappy removed minimal liquor in buttocks ✓	Plenty	Orange Soft		Flan
3	8/6/08 1030	Pink ✓ Tone ✓ Resps ✓ Well baba	Clear x2	BF 8D 1-5 hourly SMA Cold 1½-3oz 8D - 1-5 hourly Mouth clean + moist WT 2660g	Skin ✓ Cord ok, clean + dry.	Plenty ✓	Yellow Soft.		Flan
5	10/6/08	Colour ✓ Tone ✓ Resps ✓ Tone ✓ Well.	Both clear	SMA 8D 2-5 hourly 30-150 mls. Mouth clean + moist WT. 2804g	Skin ✓ buttocks ✓ Cord ok, clean + dry.	✓	✓		Pearce
	Temperature 37 °C Route Axilla	Temperature 36 °C Route Axilla	Temperature 36.9°C Route Axilla	Temperature 36.5 °C Route Axilla	Temperature °C Route				

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal discharge summary

Discharged from .....

To (address) .....

GP DR CRANSWICK at ANNAT BANK PRACTICE

Obstetrician DR P. LYNCH Midwife ..... Paediatrician .....

Labour, birth and postnatal period

Onset of labour ☐ Spontaneous ☑ Induced: indication SRM

Mode of delivery Ventouse on THURS day 5/6/08 at 0334 Sex MALE

Indication Fetal distress/delay Presentation Cephalic Location LOA

Gestation 39+4 Birthweight 2800 gms g Blood loss 200 mls

APGARs 8 1 minute 9 5 minutes ☐ 10 minutes Placenta/membranes Complete / Complete.

Maternal blood group O pos Anti-D needed ☑ No ☐ Yes Anti-D given on ../../..

Rubella status IMMUNE Vaccination needed ☑ No ☐ Yes Vaccinated on ../../..

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

Baby

CHI 050608 Discharged home with mum No ☐ Yes ☐ Feeding: type/comments .....

Length 46.5 cm OFC 34.5 cm Discharge Weight ..... g

BCG vaccination needed ☐ No ☐ Yes: given on ../../..

Newborn blood spot screening done ☐ No: due on ../../.. ☐ Yes: on ../../.. ☐ Declined

Newborn hearing screening done ☐ No: due on ../../.. ☐ Yes: on ../../.. ☐ Declined

Vitamin K administered ☐ No ☑ Yes: details 1mg in 0.1ml IM L. Shawstyn.

Admitted to neonatal unit ☐ No ☐ Yes: details .....

Discharge medication ☐ No ☐ Yes: details .....

Further details, including problems identified/referrals, investigations or results pending: .....

Summary completed by (print name) ..... **Date** ../../..

Signature: ..... **Designation** .....

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
Lynda Fraser	L Fraser	m/w.
ICM LAW	ICMLaw	BF volunteer
FIONA CLARK	FClark	CMW
J. SPENCE	JSpence	CMW
H EMSLEY	H Emsley	CMW

NHS
SCOTLAND

Baby Record -
Midwifery Care

Confidential

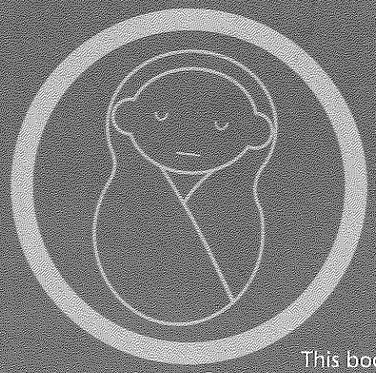
PLEASE USE BLACK INK

BABY'S LABEL HERE

Baby of:-

ELLIS 280488
STACEY 0060
26 WESTWOOD WALK
MONTROSE
DD10 9DA

DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
MONTROSE 13706



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

This booklet will document the care given to your baby in the first days in hospital and at home. When you and your baby are discharged from community midwifery care, the booklet will be returned to the baby's hospital medical record.

SWHMR developed by the Practice Development Unit of NHS Quality Improvement Scotland

Your postnatal care

Date/time	Further information/planning, delivering and evaluating postnatal care
4/6/08.	Ventouse delivery live male baby infant. 2° tear repaired 1/c vicryl rapide. EBL 200mls. Foleys catheter in situ. Breastfeeding. Kay Thomson mBU
0630	Transferred to WD 38 with baby. Foleys catheter in situ, shown buzzer system. Lynne stm
1300hrs	Patient slept this am. Breast feed well. PN check satisfactory requiring transfer to ANU awaiting bed. Lynne stm. Jean Hm
1600hrs	Implanon inserted for discharge to Montrose Royal Infirmary
1700hrs.	Catheter to be taken out Registrars instructions - PLICS as per protocol - for discharge to Montrose. Can follow up with CPN
1930hrs	Patient notified to go to Montrose HPU. Lynne. Informed re-community midwife visiting tomorrow will contact Montrose re-transfer. Discharge home. Jean Hm.
6.6.08 1030.	Staying at parents this they are holiday. Sister in law + Brother at home also. Good support. Contact numbers given. Offered BF support + advised re positioning, cabbage etc for discomfort. Smoker: discussed passive smoking (outer smoker outside). Leaflet given this sterilising equipment. FCan. Has offered bottle to comfort but states babe not keen. Aware re sterilising etc. To both babe today as not done yet. Left hand sore + oedematous from venflon site. Oedema reducing. Observe + continue. To elevate FCan. Staying with mum for at least next week. Delivery + care discussed + happy but wants to stay in hospital. FCan

Date/time	Further information/planning, delivering and evaluating postnatal care
7/6/08 1015.	Very tired & weepy. Decided to stop Breastfeeding. Given babe 1 bottle SMA Gold. Fully discussed + happy with decision. Breasts uncomfy, nipples sore - advised. Fully discussed sterilising equipment (microwave steriliser) making up feeds etc. Bottles away to buy more bottles today. Discussed storage, hand hygiene etc. During visit discussed concerns re going home, support + weepy. Will contact me re follow up CPN, not sure when by phone but advised needs family support meantime. Friends are post natal carer + children in house aged 9-10 so resting difficult. Coming back Mon. Sister in law supportive + advised to chat to her re feelings etc. Appears coping well with babe. Keen for smoking cessation support. Several quit attempts in pregnancy last 2 wks ago. Discussed options but to see GP. Possible if longer than 1 week suggest refer to TR at Lawrencekirk. Discussed bladder retraining as feels dribbling at times. PN exercises encouraged. Perineal check declined. Reports mane (R) hand red-ema much improved.
1130.	Montrose Midwives informed re Stacey staying in Luthermuir + aware. FCan
8/6/08 1030.	Much brighter. Feels coping well. Lochia slightly odour but pad overnight + healing changed. Discussed perineal + pad hygiene. Swab tomorrow if offensive. Uterus non tender on palpation well contracted + central. Passed small clot yesterday. Advised. Aware to call if feels wkey or unwell. FCan
9/6/08 1030.	Not in. Spoke to on phone. In Montrose forgot had appointment with social worker. Feels well but states perineum still tender, needs lochia checked also. Advised to go to Montrose RI + midwives will see there + swab. See tomorrow
10/6.	Montrose informed Happy to see there. Will let us know if any concerns. FCan
12/6.	Call from MW at Mel. Checked Stacey + Babe VS, obs all fine, mood bright. Will contact us with result when available. FCan

Feeling confident with your baby

Whether you are a first time parent, or if you have experience of looking after new babies, there may be things that you want to discuss and practice with maternity care staff. The list below can be used as a starting point to ensure that you feel confident meeting your baby's needs. Please sign off the items when you feel ready. Remember there can be lots to learn, and it can be quite normal for this to take a while.

Don't forget that your 'Ready, Steady, Baby!' book contains useful advice and information that you and your partner/supporter can refer to.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
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 General Practitioner	..../../....	..../../....

Other things I want to ask about: .....

Information for you (indicate when received) ☐ ..../../....

Do you still have your copy of 'Ready, Steady, Baby!' ☐ No ☐ Yes ☐ ..../../....

☐ ..../../.... ☐ ..../../....

☐ ..../../.... ☐ ..../../....

Please remember that some health advice changes over time. Friends and relatives may be unaware of new guidance about preventing cot death. Please share your information with them to help keep your baby safe.

Your progress

	Postnatal day	Date/time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots: Revised postnatal thrombosis risk	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
	10	15/6/08.	Tired. Unsettled night with Declan feeling unwell. Sweating little. Temp 36.8°. Pulse 72bpm.	Fully mobile	comfortable.	Firm just palpable c/s scar	Scanty	Sore but healing.	B.O P.U.	Handover to Health Visitor — Bonnie Today.	Midwife

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
5	10/6/08 10:30	Well. Pain - minimal.	Revised postnatal thrombosis risk: Low. Fully Mobile Legs ✓.	Full - advised. Nipples retain tender.	0-3	Average, red slight odour.	Very tender, advised. Ibuprofen etc.	PU ✓ BO ✓ PN exercises encouraged	See tomorrow	
6	11/6/08	Well. Not requiring any analgesia	Fully Mobile	Remain full	0 - 3/4	Red, less odour	Less tender	PU ✓ BO ✓	See 2/7.	
7		Day off.								
8.	13/6/08.	Well. Warm baths for perineum	Fully mobile	Tender but easing	- 6.	Red, watery at times.	Tender. Informed by Montrose requires prescription for antibiotics for us.	PU. B.O.	See 1/7 days.	
9	14/6/08	Well. Easing of pain still tender.	Mobile	Not comfortable	- 6.	Pink watery.	Tender but now easing	PU ✓ B.O	See 1/7 days.	

Breastfeeding your baby

Breastfeeding your baby may be a new experience for you, or you may already have skills and confidence. This section contains items for discussion, observation and support as you breastfeed your baby. Your midwife and maternity care team will support you. When you and your midwife feel you are confident with the items, you can then sign them off to mark your progress.

Your copy of 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' provides sound advice that you and your partner can refer to. Please let your midwife know if you need another copy.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding	/ /	/ /
Positioning my baby for breastfeeding	/ /	/ /
Principles of good attachment	/ /	/ /
How to recognise that my baby is feeding well	/ / ACTIVE FEEDING 14/6/08 Weaver	/ /
My baby's feeding and sleeping patterns for the first few days	/ / 14/6/08 Weaver	/ /
'Baby led' feeding	/ / 14/6/08 Weaver	/ /
When my milk 'comes in'	/ /	/ /
Rooming in at the maternity unit	/ /	/ /
Sharing a bed with my baby - the risks discussed	/ /	/ /
Winding my baby	/ / 14/6/08 Weaver	/ / Seen
My baby's needs (exclusive breastmilk for around the first six months of life)	/ /	/ /
Why dummies or teats should not be used	/ /	/ /
How to hand express my breastmilk		
Expressing breastmilk a) sterilising equipment	/ /	/ /
b) safe storage	/ /	/ /
Signs that my baby is feeding well and thriving	/ / 14/6/08 Weaver	/ /
Breastfeeding support in my community	/ /	/ /

Other things that I want to ask about:

Bottle feeding your baby

As with general baby care, you may already be skilled in making up formula feeds and bottle feeding your newborn baby, or it may be a new challenge. Your midwife and maternity care team will support you. The list below can be used to check that you feel confident bottle feeding your baby. Please sign off the items when you feel ready.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Using bottled milk/disposable teats in the maternity unit	...../../..	...../../..
The importance of good hand hygiene	...../../..	...../../..
Sterilising equipment	...../../..	...../../..
Making up a formula feed correctly and safely (always following the manufacturer's instructions)	...../../..	...../../..
Giving a bottle feed correctly and safely	...../../..	...../../..
Winding my baby	...../../..	...../../..
My baby's feeding and sleeping patterns for the first few days	...../../..	...../../..
'Baby led' feeding	...../../..	...../../..
'Rooming in' at the maternity unit	...../../..	...../../..
Sharing a bed with my baby - the risks discussed	...../../..	...../../..
Choosing the right type of milk for my new baby (whey based)	...../../..	...../../..
Signs that my baby is feeding well and thriving	...../../..	...../../..

Other things about feeding that I want to ask about: .....

.....

.....

.....

.....

.....

.....

Your progress

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots / Revised postnatal thrombosis risk	Breasts	Fundus	Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
*	5/6/08.	Good	Low Risk. Hydration Ambulate.	Soft	Firm 2 finger breadths above umbilicus	Normal	Intact	Voiding well. Bowels open.		Kathleen Mc.
1	6608 1030	Well Pain lowering mood ✓ Mild discomfort advised paracetamol T 36.4 P 78 BP 110/70	fully mobile	Soft (2) nipple (1) engorged	1 finger breadth below umbilicus	Red Minimal	Slight discomfort	Pu ✓ Bno.	Review tomorrow	
2	7608 1030	Tired + weepy Pain / discomfort managed w analgesia & paracetamol & ibuprofen. Breast advised to put head in bra.	fully mobile in legs ✓	tender	0-2	Pruning Red. average	Tightening some discomfort.	Pu. ✓ Bno PFE exercises encouraged	Review tomorrow	
3	8608 1030.	Mood brighter Pain/discomfort - paracetamol effective	fully mobile	full uncomfy - advised	0-3	Pruning Pink average *	Slight discomfort clean and healing well	Pu ✓ Bno.	Review tomorrow	

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal discharge summary

Discharged from .....

To (address) .....

GP DR CRANSWICK at AINAT BANK PRACTICE

Obstetrician DR. P. LYNCH Midwife ..... Paediatrician .....

Labour, birth and postnatal period

☒ 1 Gravida ☐ Para

Onset of labour ☒ Spontaneous ☐ Induced: indication .....

Mode of delivery Ventouse on THURS day 5/6/08 at 03:34 Sex MALE

Indication Fetal distress/baby poor Presentation Cephalic Location LA

Livebirth/Stillbirth Gestation 39 Birthweight 2800 g Blood loss 200mls

APGARs 8 1minute 9 5 minutes ☐ 10 minutes Placenta/membranes Complete/Complete

Perineum/abdominal wound 1st degree repaired Sutures Vicryl rapide

Haemoglobin ..... g/dl on ../../.. Repeat ☐ Not needed ☐ done due on ../../..

Blood group O pos anti-D needed ☒ No ☐ Yes anti-D given on ../../..

Rubella status IMMUNE Vaccination needed ☒ No ☐ Yes Vaccinated on ../../..

Contraception/sexual health needs discussed ☐ No ☐ Yes

Details .....

Cervical smear due ☐ No ☒ Yes: due in Never had (month) 20 ..

Discharge medication ☐ No ☐ Yes: details .....

Postnatal check with ..... Arranged for ../../.. Mother to arrange ☐

Problems identified during pregnancy, labour/birth

Problems in the postnatal period/referrals, investigations or results pending

Summary completed by (Print name) ..... Date ../../..

Signed ..... Designation .....

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful. The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

- How I feel I am coping
- My mood and emotions
- How I feel I am doing as a parent
- Not liking my baby at the moment
- Difficulties with my baby's feeding
- Managing my tiredness
- Questions about my baby
- Coping with my baby's crying
- My anxieties
- Relationships with my family

Thinking about your pregnancy, labour and birth

Pregnancy, labour, birth and the time afterwards are unique experiences. They can have a powerful effect on how you feel and your relationships with your baby, partner, family and your maternity care team.

Your midwife will ask you about your experiences in the early days following the birth. You may have questions that you want to ask or issues to discuss – or you may not. You may find it helpful to think about your experiences of maternity care so far, and discuss events with your partner or the person supporting you. Please use the space below to jot down any questions or issues to discuss.

Please remember that you can talk to any member of your maternity care team (such as your midwife, General Practitioner or obstetrician) about your experiences *at any time after the birth.* Some women wish to do this a few weeks, or even many months after the birth, or if they are thinking about becoming pregnant again.

Your health after the birth

Blood tests/other tests and results

Date	Time	Investigation	Indication	Result/actions

Discharge from midwifery care

Date 15/6/08 Days postnatal 10 Assessed by Helen Cameron

Special features identified (please sign and date each entry)

BP —/—

General wellbeing and mental health
Temp 36.8c
Pulse 72bpm.

Mood low at visit, brightened by end of long discussions re Stacey concerns about feeling guilty asking for help.

Over-tired today as slept very little as baby Declan unsettled. Fed 2hrly. Slept little.

Contraception and sexual health
Not decided.

Current smoker? ☐ No ☑ Yes /day

Risk of passive smoking to baby explained? ☐ No ☐ Yes

	Any problems		Details
Passing urine	☑ No	☐ Yes	
Pelvic floor	☑ No	☐ Yes	
Bowel function	☑ No	☐ Yes	
Breasts	☑ No	☐ Yes	
Perineum/abdomen	☐ No	☑ Yes	To collect prescription
Lochia/menstruation	☑ No	☐ Yes	
Cervical smear due	☐ No	☑ Yes	

Concerns

Handover to health visitor completed ☐ No ☑ Yes Details Contact made by telephone 13/6/08 further telephone call to be made 16/6/08 A.M. with update.

Six week follow-up appointment discussed/arranged ☐ No ☐ Yes Details

Signed H Cameron Print name HELEN CAMERON Designation Midwife

Your postnatal care

The chart below is used to plan your postnatal care. Your midwife (and sometimes other members of your maternity team) will discuss and arrange your care with you, according to your needs and your baby's needs. Maternity staff will explain the reasons for each appointment or visit, as well as where it will take place, who with and when.

ELLIS 280488
STACEY 0060
26 WESTWOOD WALK
MONTROSE
DD10 9DA

DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
MONTROSE 13706

Day	Date	Time*	Reason for visit/appointment	Where & who with

*For some home visits an approximate time or 'morning' or 'afternoon' visit may be given.

Your notes

Please use this space to jot down any notes or questions about your care or your baby's care.

This is your Postnatal 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 hold your record when you receive care at home/when you have been discharged home from a maternity unit. This will help communication between you and your maternity care team.

Some women may prefer not to hold their Postnatal Record. If you do not want to hold 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 Postnatal Record safe, confidential and protect it from damage. Please take it with you if you have any appointments at your health centre, GP practice or maternity unit. If you lose your Postnatal Record, please contact your midwife or maternity unit as soon as possible.

You can write in your Pregnancy Record where you see this symbol:

Your Postnatal 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 with the rest of your maternity record. 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.

Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Protecting Personal Information'. This is available from your midwife, General Practitioner or on-line at **http://www.show.scot.nhs.uk/confidentiality** (see under 'Patient Guidance').

Help and advice

Please use the following services

✆ .....

✆ .....

Contact details

General Practitioner .....

Address .....

.....

✆ ..... Practice code .....

Named midwife .....

Midwifery team .....

Base .....

✆ .....

Maternity unit .....

✆ .....

✆ .....

Health Visitor .....

Base .....

✆ .....

Community support/other contacts

Social worker .....

Base .....

✆ .....

Name .....

Base .....

✆ .....

Other support/other contacts

Name .....

Base .....

✆ .....

Name .....

Base .....

✆ .....

Domestic Abuse Helpline (10am - 10pm: 7days a week) ✆ 0800 027 1234

Scottish Women's Aid ✆ 0131 475 2372 (national) ✆ ..... (local)

NHS 24 ✆ 08454 24 24 24

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
LYNDA FINDLAY	Lynda	MW
FIONA CARR	FCarr	CMW
JULIE SPENCE	JSpence	CMW
HELEN CAMERON	HCameron	CMW

NHS
SCOTLAND

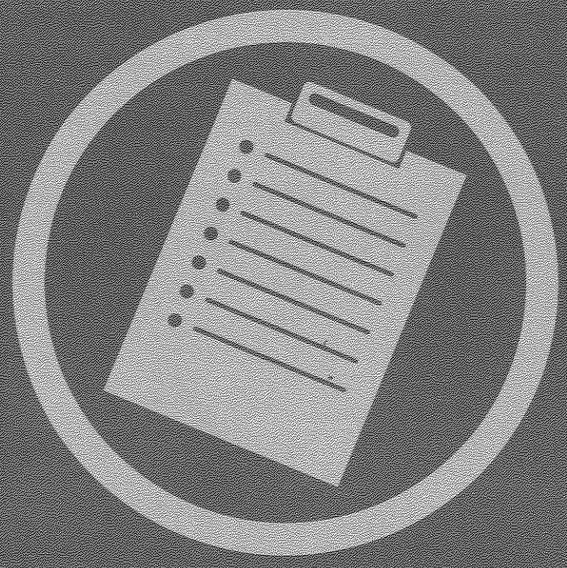
Postnatal Maternal Record

Confidential

PLEASE USE BLACK INK

ELLIS 280488
STACEY 0060
26 WESTWOOD WALK
MONTROSE
DD10 9DA

DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
MONTROSE 13706



* LATEX ALLERGY

If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

SWHMR developed by the Practice Development Unit of NHS Quality Improvement Scotland

TY HOSPITALS

MEDICAL ADVICE
AL)

ent's Medical Records
ient's G.P.

propriate

Ward/Clinic/
Hosp. N/W ..... Cons.

D D M M Y Y
2 8 0 4 8 8 0 0 6 6 C.H.I. No.

Surname ELLIS
First Name STACEY M. State
Address Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS
OR PATIENT LABEL

1 ELLIS of .....

harge from the hospital

..... aged .....
(State name and relationship)

t this is against the advice and wishes of the Consultant in Charge or his Deputy. I acknowledge formed of the dangers of doing so and I accept full responsibility for my action and any therefrom.

..... *patient/parent or guardian Date 1/5/08

..... Witness Date .....

I have explained to the patient the dangers that might arise out of his decision to take his own

dul/ST2/SIDDIK Medical Practitioner Date 1/5/08
2220hr

LL RECORD: Please complete clearly in black ink and BLOCK capitals for cts made within a 24hour period. *(Refer to guidance and file in main record when complete*

CALL DETAILS:

CALLER NAME (if different).....
RELATIONSHIP TO WOMAN.....
DATE 1./5./08.. TIME CALL RECEIVED 0045 ..hrs.
TIME CALL COMPLETED 0058 ... hrs.

Antenatal	☑	**Gestation** 34+4 wks
Pre Labour/ Intrapartum	☐	**E.D.D.** 8.6.08
Postnatal	☐	**Parity** PRim

Obstetric History SVD☐ Forceps/Ventouse☐ CS☐

Frequency 1 in ☐ **Strength** **Mild** ☐ **Mod** ☐ **Severe** ☐ **Duration** ☐ **secs.**

	Yes	No	N/A	
Fetal Movements	☑	☐	☐	**When felt** .....
Bleeding	☐	☑	☐	**Describe**.....
Meconium	☐	☑	☐	**Describe**.....
PV Discharge	☐	☑	☐	**Describe**.....

	None	Mild	Mod	Severe
Abdominal Pain *(not contractions)*	☐	☐	☐	☐
Anxiety/Distress	☐	☐	☐	☐

.....

ng PMH)

NHS SCOTLAND **MATERNITY CALL RECORD** cont. **Please complete clearly in black ink and BLOCK capitals**

ADVICE GIVEN To come into the unit for assessment

DECISION SUPPORT

Triage Pathway/Protocol ☐

Discuss with other MW/Obst ☐

Call Back Advice given ☐

CALL OUTCOME

Requested to attend Unit for assessment Yes ☑ No ☐

Ambulance Required ☐ **Time if arranged** ☐ **hrs**

999 ☐

Urgent ☐

Self Care ☐

GP ☐

Day Care ☐

Routine appointment ☐

Community Midwife ☐

Early Pregnancy Unit ☐

Signature/Designation [signature]

PRINT NAME Lorraine Mellor

If woman or midwife calls back within 24 hours, please record details of consultation below.

CALL BACK (1) **DATE** ..../..../..... **TIME** .....hrs.

Call Made by: **Woman** ☐ **Midwife** ☐ **Other caller** ☐ (Name.....)

CALL REASON

PLAN

Requested to attend Unit: **Yes** ☐ **No** ☐ **Signature/Designation** .....

PRINT NAME.....

CALL BACK (2) **DATE** ..../..../..... **TIME** .....hrs.

Call Made by: **Woman** ☐ **Midwife** ☐ **Other caller** ☐ (Name.....)

CALL REASON

PLAN ***Consider Face to Face assessment (Attend Triage Area or Home Visit)****

Requested to attend Unit: **Yes** ☐ **No** ☐ **Signature/Designation** .....

PRINT NAME.....

HISTORY/CONTINUATION SHEET

MRI Cons. UNIT/WARD/DEPT.

Ward/Clinic/
Hosp. ELLIS 280488
STACEY 0060
26 WESTWOOD WALK
Surname .. MONTROSE
First Name DD10 9DA
Address .. DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
G.P. & Add MONTROSE 13706

Cons.
Y Y
C.H.I. No.
M. State
Sex
USE BLOCK LETTERS OR PATIENT LABEL

DATE

ORM Positive EDD 8.6.08. Page One

1.5.08 Came to the unit with a history of uterine contractions
01.15am since yesterday. Becoming more regular at 00.45hrs today.
Baby active. Membranes Intact. 'No show'
Ds Lt 3+1+4cms. Cervix unchanged at 00.50hrs this evening
Advised to attend the unit.
on admission. Feeling nauseated has forgotten her obstetric notes.
Temp 36.3°C. Pulse 86bpm. Blood Pressure 110/60.
Urinalysis – No Protein in urine.
No oedema.
On palpation longitudinal lie. Cephalic presentation 2/5.
palpable. Fetal Heart 125bpm Clear & regular ½. Sonicaid.
Uterus 3in 10 mild–mod tone contractions.
Feeling a/ dishcarged with her contractions.
0125am For transfer to Nrewels Hospital – ambulance ordered. On call Midwife informed.
Stacey Husband to go – advised given. USS gynes to be transferred in view of gestation.
Fetal Heart 130bpm clear regular ½ Sonicaid. (Lorraine Macleod Midwife)
0130am Awaiting ambulance. Stacey is coping well.
Reexamined on Monday 28th April 2008. LORRAINE MACLEOD MIDWIFE
Placenta had been low lying now in normal situation.
(This cannot be checked as Stacey doesn't have her records with her). Not for vaginal examination in view of gestation.
0200am. Ambulance arrived. (Lorraine Macleod
Fetal Heart 132bpm clear regular ½ Sonicaid Midwife.)
Arrived at Nrewels Hospital. Care handed
0245am over to staff. (Lorraine Macleod Midwife)

03.00. Admitted to ANU observation area, via ambulance from MRI. Does not appear distressed.

Obs. BP 115/62 P 84 T 36.5

THB.(MR)3A

DATE

01.05.08

03.05. External CTG commenced.

1/5/08 — 0535hrs

Ward Round

* LATTER *

- Po
- c/o ARM pain since 0030hrs
- 34 +4
- transferred from Montrose
- ag ? PTL
- social issues (p/z see notes)

P/v/m P Fem Urine Lyte P bm Lyte

0855

P/o - Hbf 1:32
- Induction 3:10 - mmd
- CTG - reassuring

P/v not done -

PMP. Thrombo Intervention Release
pt not requesting Pethidine

(P) - Admit
- Shock x2 (Dysa)
- FBC + CRP + G+S -
- Hvs
- MSSV
- Feeds
- not for Tocolytics for now

P/o Reg on Call

Ward Staff

04.08. Dexamethasone 12 mg given IM as prescribed.

Flow.

FBC + CRP + G+S taken and sent

Flow.

Name STACEY ELLIS CHI 280488 0000

Date	Time	Progress notes: Labour and birth
Please use 24 hour clock. SIGN EACH ENTRY and insert your details in 'Whose signature?' section (page 11)		
1.5.08	0420	CTG ↑ Risk 36+4 wks.
		Tightening 3:10 mins.
		Baseline 130 bpm.
		Variability 5-10 bpm.
		Accelerations present.
		No decelerations.
		Stacey feels that tightenings are no worse than they were when she arrived, still not requiring pain relief. Neg PV.
		Noted on GP referral letter h/o group B strep. Awaiting review by Dr Siddiki re same. KLpm
	0430	SCBU contacted re Stacey's admission, paed will come and talk to Stacey when free. KLpm
	0500	Discussed issue of GP B strep w/c Dr Siddiki, as no change in tightenings, does not wish Stacey to have antibiotics at the moment. KLpm
	0505	Stacey asleep, CTG remains reassuring, left on. KLpm

TRACEY ELLIS CHI 280488 0060

Time	Progress notes: Labour and birth
e 24 hour clock. SIGN EACH ENTRY and insert your details in 'Whose signature?' section (page 11)	
0600	Stacey feels that tightenings are becoming stronger although still not requiring pain relief, also has feeling of bowels needing to open. Dr Sidaki aware, will review when free. CTG remains reassuring. KHan
0640	Stacey has gone back to sleep. KHan
0730	Stacey awake. Tightenings no different from before
0745	CTG discontinued. ↑ Risk 36+4 wks Tightening 3:10 Baseline 130 bpm Variability 5-15 bpm. Accelerations present. No decelerations. KHan
0830	Midwifery care taken over by s/m JTracey Stacey for uss this am - awaiting review on round. JTracey
0845	Stacey feels tightenings as before, 2x Co-codamol 30/500 given JTracey s/m
0900	Ward round - had uss monday but no notes available. uss contacted copy of report requested. If scan monday satisfactory stacey can go up to ward for observation. Jane Tracey s/m

Name STACEY ELLIS CHI 2804380060

ate	Time	Progress notes: Labour and birth
ase use 24 hour clock. SIGN EACH ENTRY and insert your details in 'Whose signature?' section (page 11)		
508	0910	Stacey away for walk to concourse. JTracey SM.
	0940	Stacey has been in touch with social work, they will contact us.
		Stacey continues to be uncomfy, tightenings mild uncoordinate 1-2:10
		NIL PV.
		BP - 97/49 P - 90 T - 36.9°C
		Stacey feeling nauseated. Fan given - observe. Jane Tracey/SM.
for	1100	Irreg white tightenings.
		No PV loss. Fm ✓
		No urinary symptoms.
		Bloods x1 ; non kader. Approach.
		Fundus = cephalic
		Cephalic.
		FHR ✓
		CTG ✓ Scan given ✓
		Steroids x1 given.
		Plan: - can go to ward
		- complete steroids.
		- check wire risks if haemorrhoids/blood w/ partner.
		(illegible)

TACEY ELLIS CHI 280488 0060

Time	Progress notes: Labour and birth
e 24 hour clock. SIGN EACH ENTRY and insert your details in 'Whose signature?' section (page 11)	
	CTG discontinued ↑ Risk 34wks Preterm labour
	tightening 1:10, mild, uncoordinate
	Baseline 120 bpm initially 150 bpm
	Variability 10 bpm
	Accelerations present
	No decelerations
	Reassuring CTG
	Nil pv, aware of backache
	To ward for obs. Jane Tracey SHM.
1100	Stacey transfered to ward 37 p., orientated to ward and shown call bell Neal J
1245	Stacey reports experiencing backache and tightenings 1 in 10-15 Stacey given 2 x Cocodamol tablets 30/500mg p.o. for same. Advised against going out to have a cigarette and to try to rest at present instead. Neal J
1330	Transferred to 37A from 37P. % tightenings & backache CTG commenced. feels warm T36.2 P90. MMillar MM MILLAR
1430	Tightenings settled. some loss of contact but otherwise reassuring. Discontinued. MMillar.

HISTORY/CONTINUATION SHEET

UNIT/WARD/DEPT.

Ward/Clinic/
Hosp. ..... Cons.
D D M M Y Y
C.H.I. No.
Surname .....
First Name ..... M. State
Address ..... Sex
.....
G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

DATE

Page .....

1/5/08
2215 Stacey unhappy that friend unable to stay on ward overnight. Explained ward policy does not permit partners to stay on ward. Wishes to go home. Asked Dr. Siddiki to speak to Stacey.
C. Olagbaju

1/5/08 ST2 / SIDDIKI
2230hrs

* Came to see pt
* pt already packed her bag - ready to leave.
* Stay dressings from Sept.
* Advised to go to maternity for 2nd dose of dexamethasone -
* Mentrax will be informed by m/w.

ST2/SIDDIKI

Maternity Summary Record

Please use black ink

CONFIDENTIAL

Personal details

CHI 280488 0000 Age 19

Surname/family name Ellis

First name(s) Stacey

Likes to be called Stacey

Address 26 Lossiewood

Lossie, Moray

Postcode IV30 9DA.

Home ☎ 07892630501

Other ☎

Other ☎

Parity Prim Agreed EDD 8/6/08

LMP / / Blood group

Thrombosis risk

Low risk.

Allergies

Latex.

Change of details

Address

Postcode

Home ☎

Other ☎

Previous pregnancies Prim.

	Date	Outcome	Sex	Weight	Full name/comments
1					
2					
3					
4					
5					
6					

Health issues/special features (including regular medications)

Long standing history of depression.
CPN + medications.
history of self harm.

Plans for care

Planned type of antenatal care/place of birth

Lead professional Lorna McFarlane.

Designation Midwife.

Change(s) to type of antenatal care/place of birth

Reason

Signed / /

Name Stacey Ellis. CHI 2304830060

Personal details

Ethnic group White.

Current religion or faith none

Language used at home English

Help needed with interpreting, communicating or advocacy No ☑ Yes ☐

Cultural requirements/details on the above

Occupation Housewife

Health and safety advice needed No ☑ Yes ☐

Maternity benefits advice needed No ☑ Yes ☐

Details on the above

Social circumstances/family support

having weekly visits from family support

Referrals

/ /	To
/ /	To
/ /	To

Health status

BMI at booking 20

Specific dietary needs No ☑ Yes ☐

Smoking status 7-8 a day

At risk of passive smoking No ☐ Yes ☑

Problem drug/alcohol use No ☑ Yes ☐

Details of any of the above

Domestic abuse

Seen alone at booking No ☑ Yes ☐

Issue raised at booking No ☑ Yes ☐

Issue raised on / / at weeks

Comments

Child protection

Issues first identified on / /

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

Key professionals

Named midwife

Midwifery team

Base

☎

Obstetrician

Clinic

☎

Health Visitor

Base

☎

Social Worker

Base

☎

General Practitioner

Base

☎

Practice code

Other

Designation

Base

☎

Other

Designation

Base

☎

VERSION 2.0, NOVEMBER 2006

HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp. Montrose Cons.
D D M M Y Y
2 8 0 4 8 8 C.H.I. No.
Surname Ellis
First Name M. State
Address Sex
G.P. & Address (G.P. Requests only)
USE BLOCK LETTERS OR PATIENT LABEL

Montrose UNIT/WARD/DEPT.

DATE

Page

EDD 8.6.08. 35+1 wks

5.5.08

19.20hrs. Called to unit for cheating/ bi-daily.

Stated last night smelt gush of fluid - clear at 23.30hrs. Nil since, not wearing pad does not feel damp. FMF, unsure if felt today. Agreed for CTG to be done. No contractions, long history, FM 14.08. CTG to assess foetal wellbeing. Not contracting. Baseline 140 bpm. Variability good 10-15 bpm. Accelerations noted. One brief deceleration, quick recovery. Overall reassuring trace.

T 36.8 P 90 bpm. Abdomen low fundal discomfort. Bi-daily speculum completed. PFEP discussed - declined. Home to rest. To call back if concerned. Plan as 16.5.08.

L McFarlane SM.

MONTROSE MATERNITY UNIT

ANTENATAL HOME VISIT CHECKLIST

Mother's name:.....Stacey....Ellis

DOB:.....28.04.88.....

- General health and wellbeing ✓
- Smoking issues – update form x
- Emotional adaptation to pregnancy- update form x
- Attending antenatal classes ✓
- Attending ANCs ✓
- Attending aquarobics x
- Birth plan completed ✓
- Fit for Birth leaflet ✓
- Vitamin K leaflet ✓
- Hearing test leaflet ✓
- Reducing cot death risk booklet ✓
- Transport to birthing hospital ✓
- Discussion on breastfeeding – offer Ann Yorke's support
- Any other questions?

Signature of midwife:.....,Date: 5.5.08

HISTORY/CONTINUATION SHEET

.....UNIT/WARD/DEPT.

Ward/Clinic/

Hosp. ..... Cons.

D D M M Y Y

2 8 0 4 8 8 0 0 6 6 C.H.I. No.

Surname ELLIS

First Name STACEY M. State

Address 26 Westwood walk. Sex

Mantrose

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

DATE	Page .....
	Pulse 78

THB.(MR)3A

NHS TAYSIDE

Acute Services Division

Directorate of Women and Child Health

Distribution:
1. All named agencies
2. Main notes (signed copy)
3. Maternity hand held notes
4. janeforbes@nhs.net

MATERNITY LIAISON SHEET

DOB/CHI: 7.8.04 280488 0060. **Name:** ELLIS STACEY 0060 **Addres** 26 WESTWOOD WALK MONTROSE DD10 9DA **Phone** DR. PD MULCAHY HOWE OF THE MEARNS BLACKIEMUIR AVENUE LAURENCEKIRK 32529 Dr Cranswick Arbroath.		**EDD:** 8.6.08 **Parity:** Prim	**Reason for multi-agency liaison:** 1. Alcohol misuse 2. Drug misuse 3. Domestic Abuse 4. Learning needs 5. Mental illness 6. Physical disability 7. Unborn baby protocol *(circle all applicable)*
G.P. Address: Phone no:	Dr Cranswick Arbroath Links Hse. 673400.	**Drug / Alcohol treatment Service** Address: Phone no:	
Health Visitor: Address: Phone no.	Rhona. Arbroath. Links Hse.	**Pregnancy & Newborn Support service** Address Phone no.	
Community Midwife: Address Phone no:	L McFarlane. maternity. Montrose 67175, 832175.	**Pharmacy** Address: Phone no:	
Midwifery Liaison Address Phone No.		**Community mental health** Address Phone no:	
Consultant Obstetrician: Address Phone no:	Dr Lynch. Nhoems.	**Social Wor. :** Address Phone no:	
Senior Nurse Child protection: Address: Phone no:		**Other Support Services:** Address: Phone no:	Family support team - Kate McGubben
Other Support Services: Address:		**Comments:**	Midwifery staff please ensure a copy of the liaison sheet is placed in the baby's paediatric notes before discharge / transfer from ward.

I understand that information relevant to this pregnancy may be shared by the above agencies.

Signed *(client)*.....Date.....

Completed by (*midwife*) ..... L McFarlane .....Date..... 1.0.3.0.8.

4

WOMEN'S AND REPRODUCTIVE HEALTH

NHS Tayside

Enquiries to: Team Leader - Lesley A Mays
Counsellors - Amanda Sullivan / Fiona M Carle
01382 660111 Bleep 4052
01382 660111 ext 35621
01382 425621

ELLIS 280488
STACEY 0060
26 WESTWOOD WALK
MONTROSE
DD10 9DA

DR. PD MULCAHY
HOWE OF THE MEARNS
BLACKIEMUIR AVENUE
LAURENCEKIRK 32529

Date: 25.12

Dear Doctor

DOWN'S SYNDROME SCREENING

The above patient was scanned on 28.11.07 and was 12[+6] weeks pregnant.

Her choice regarding Down's Syndrome Screening is:

- [x] Wishes screening
- [ ] Unsure about screening
- [ ] Does not wish screening
- [ ] Private NT screening
- [ ] Amniocentesis / CVS

Multiple Pregnancy Screening:

- [ ] Wishes screening
- [ ] Does not wish screening

reminder sent - LAM 27/12/07

She will attend:

- [ ] Your surgery / Midwife Clinic
- [ ] Ninewells Hospital / Perth Royal Infirmary
- [x] Peripheral Clinic

Returned

This will be done on 17.12.07

The patient's consultant is P Lynch

9.1.08 No sample received etc.

Please ensure all the details requested on the Biochemistry form are recorded.

Thank you.

Yours sincerely

Sign A Williams Print Name .....

Designation S/N.

POSITIVE ABOUT DISABLED PEOPLE

Fax from Montrose Maternity Unit

Blood/swab results requiring treatment

Patient Name: Stacey Ellis

DOB/CHI: 280488 0060

Gestation/EDD/Days postnatal: 15+5

Result: HVS

Light growth of candida.

Pharmacy: Please prescribe relevent treatment please.

Prescription to go to Lloyds pharmacy please.

Many Thanks

Suzanne Knox SM

Appendix 1

CHILD IN NEED

NHS Tayside

NOTE OF CONCERN FOR UNBORN BABY	
REFERRER'S NAME: L McFarlane.	**TEL NO & ADDRESS:** 07892630501.
DESIGNATION: midwife.	
MOTHER'S NAME & ADDRESS: Stacey Ellis. 26 Westwood walk. Nairn.	**NAME & ADDRESS – GP:** Dr Cranswick. Annat Bank. Links H.C.
DATE OF BIRTH: 280488 0060	
EXPECTED DATE OF DELIVERY: 8.6.08.	
IS PATIENT/CLIENT AWARE OF THIS REFERRAL? YES/NO	

SIBLINGS			
Name	**Date of Birth**	**Name**	**Date of Birth**
Siblings on Child Protection Register ☐ YES ☐ NO		**Social Work Involvement** ☐ YES ☑ NO	

REASON FOR CONCERN

long history of depression. Family support worker on visits for support.

ANGUS	DUNDEE	FIFE	PERTH & KINROSS
John Whamond Senior Nurse Child Protection Dept of Community Child Health, Bell View House, Springfield Gardens, Arbroath, DD11 1EL	**Eileen Tilbury** Senior Nurse Child Protection Ryehill Health Centre St Peter Street Dundee DD1 4JH	**Barbara Rowland** Senior Nurse Child Protection Kinghorn Health Centre Rossland Place KINGHORN, KY3 9RT	**Gwen Proctor** Specialist Health Advisor, Child Protection, Drumhar Health Centre, North Methven Street, PERTH, PH1 5PD

Fax from Montrose Maternity Unit.

Blood/swab results requiring treatment.

Patient Name : Stacey Ellis.

CHI: 28 04 88 0060.

EDD: 08 · 06 · 08

Result : Requires Canesten for thrush and Ferrous Sulphate for anaemia.

Pharmacy: Steeple Pharmacy
Montrose.

T.U.H. / T.P.C.

In / (Out) / Day / Comm / Private

Next Clinic Appointment .....

PHYSIOTHERAPY REQUISITION

(Urgent) / Post Op

Routine/Off Work

DIAGNOSIS

34wks pregnant 1k
Symphysis pubis pain ++
and lower backache
Has tried tubigrip
buk pain becoming
worse. Pain worse
when walking

Contra-indications .....

Signature ... A M Innes

Date ... 3-5-08

Report Required YES / (NO)

Ward / Clinic Mohy MRI Cons Plyrch

Hospital Montrose

Title Mr / Mrs / Ms / (Miss) / Mast

Sex F DOB 280488

Surname Ellis

Forename Shacey

CHI 0060

Address 26 Woodwood Walk
Montrose

Postcode DD10 9DA

Tel Contact no phone

GP Dr Cranswick
Arnotbank

Transport Required YES / (NO)

PHYSIOTHERAPY USE ONLY

Occupation .....

Hobbies .....

Referral Received .....

Referral Date .....

Referral Source .....

Speciality .....

Referral Reason .....

Patient Category .....

CODES

GP ..... Practice .....

Contract ID .....

Service Group .....

Consultant .....

Init Subjective Score .....

Init Objective Score .....

Duration of Condition

Under 2 / 6 / 12 weeks / 6 months

Over 6 months 1 / 10 / 20 years

Diagnosis .....

Primary Physiotherapy Impression .....

..... MIL MOD SEV

Incidental Diagnosis .....

.....

Assessed By ..... Date .....

DISCHARGE DETAILS

Date .....

Reason .....

Outcome Score Subjective .....

Outcome Score Objective .....

sent 3/5/08

AMR 300

THB(MR) 024SS

NHS Tayside

DATE OF ADMISSION _____
RECORD START DATE _____

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

Hospital /Ward: MRI / CMU.	**Patient Name:** Stacey Ellis
Consultant: Dr. Lynch.	**CHI number:** 280488 0060
On admission: **Weight:** **Height:**	**Date of Birth:** 28-04-88
	(Attach printed label here)

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

Date									
Weight									
Signature									

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
15/08	11.00	Betamethasone	12mg	im		11.00	P. Winters

KNOWN MEDICINE ALLERGIES/ SENSITIVITIES (if NONE confirmed write NKA in Box 1)

1.	2.	3.	4.

OTHER MEDICINE CHARTS IN USE

Chart Type	Signed	Chart Type	Signed
1. Insulin		5. Anticoagulant	
2. Epidural / Pain relief		6. Mental Health Act	
3. Fluid		7. Symptomatic Relief Administration Record	
4. Anaesthetic Chart		8. Other	

HISTORY/CONTINUATION SHEET

UNIT/WARD/DEPT.

Ward/Clinic/
Hosp. CMU URI Physio Cons

D D M M Y Y
28 04 80 060 C.H.I. No.

Surname Ellis
First Name Stacey M. State
Address 96 Westwood Walk Sex
Montrose

G.P. & Address (G.P. Requests only)
De Cranswick.

USE BLOCK LETTERS OR PATIENT LABEL

DATE	Page
3.5.08	Came into unit for checking 1/c 4/o supra pubic pain + lower backache. Has been shopping in Aberdeen most of today. 'Feels pressure on bladder + that her legs are about to go from under her.' Obs: T 36.6 P 82 BP 130/60 On palpation: size = 33cms, long lie, ceph pres, head high + free FH: 146 FMF. Urinalysis: Mod leucocytes & protein MSSU sent. Probable symphysis pubis dysfunction. Waddling type gait - although not correctly - advise given. Also for physio referral - same done. Advise given re getting in + out of bed, etc. Will contact unit if any further concerns. [signature]

THB.(MR)3A

Report Details: Authorised | **View:** Original

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: H080679889
N/W Labour Suite — Clinician: Dr P. LYNCH — NLABR LYNP1H

HGB	10.3	L g/dL	(12-16)	WBC	18.2	H x10^9/l	(4-11)
RBC	3.70	L x10^12/l	(3.8-4.8)	NE#	12.7	H x10^9/l	(2.0-7.5)
HCT	0.306	L	(0.37-0.47)	LY#	3.9	x10^9/l	(1.5-4.0)
MCV	82.7	fl	(80-96)	MO#	1.3	H x10^9/l	(0.2-0.8)
MCH	27.8	pg	(27-32)	EO#	0.26	x10^9/l	(0-0.4)
MCC	33.7	g/dl	(31.5-36.0)	BA#	0.0	x10^9/l	(0-0.1)
				PLT	342	x10^9/l	(150-400)

Lab.Comments:

Sample Date/Time
01 May 2008 04:15

Clin.Details: ?PRETERM LABOUR

Request Entered: 01 May 2008 04:50 — Report Printed: 01 May 2008 04:53

Lorna name/Mulch. MR PTO
NMC

ELLIS 280488
STACEY 0060
26 WESTWOOD WALK
MONTROSE
DD10 9DA

Tel: 07892630501
OR 07830149744
brOrangMCK

DR. PD MULCAHY
HOWE OF THE MEARNS
BLACKIEMUIR AVENUE
LAURENCEKIRK - 32529

ANNAT BANK
LINKS H.C.

Tel 07908830772 - NY not recognised.

LMP 260807 — Early scan 27.11.07
single 9+4
GA

EDD 8.6.08

Parity Prim — CRL 60mm = 12+5

Blood Group O POS

Book MRI

Feed

AFP/HCG due 17.12.07

P+F

34/52

MDT BI 11/4/08 ✓

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C080679889
N/W Labour Suite Clinician: Dr P. LYNCH NLABR LYNP1H

C-REACTIVE PROTEIN	LT3	mg/L	(up to 5)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
01 May 2008 04:15

Clin.Details: ?PRETERM LABOUR

Request Entered: 01 May 2008 04:50 Report Printed: 01 May 2008 05:16

Dundee and East of Scotland Blood Transfusion Service
NINEWELLS HOSPITAL DUNDEE Tel: 01382 660111 Ext.32933
ANTENATAL / SEROLOGY REPORT

Surname: ELLIS
Forename: STACEY
Address: 26 WESTWOOD WALK
MONTROSE

Cons / GP:

Dundee

Sex: Female
CHI: 2804880060
SNBTS Patient Ref.No. 6585676
EDD: 29/08/2007

Ward: Labour Suite
Facility Code: 0T101H\0LS

Blood Group: O Rh(D) Positive
Patient Phenotype:
Irregular Antibody Screen: No Atypical Red Cell Antibodies Detected

Group and Save Sample

Ev Number: 2884194
Date of Sample: 01/05/2008

Date Reported: 01/05/2008
Date Received: 01/05/2008 05:07

NHS TAYSIDE

PERINATAL MENTAL HEALTH INTEGRATED CARE PATHWAY
MIDWIFERY STANDARDS

Name	ELLIS 280488 STACEY 0060
Address	26 WESTWOOD WALK MONTROSE DD10 9DA
CHI	DR. PD MULCAHY HOWE OF THE MEARNS BLACKIEMUIR AVENUE LAURENCEKIRK 32529

GESTATION (Booking)

Date nov 07.

Risk factors for Perinatal Mental Illness are as detailed below:

Personal/parents or sibling history of bi-polar disorder, puerperal psychosis, schizophrenia. Personal history of bi-polar disorder, puerperal psychosis or schizophrenia requires referral to Community Mental Health team and Obstetrician at time of booking.

Date Referred to Obstetrician: _____

Date Referred to Community Mental Health Service: _____

	Yes	No	N/A
Did the GP referral letter detail any relevant personal or family history of mental health issues – bi-polar disorder, puerperal psychosis, schizophrenia?	☑	☐	☐

Other risk factors for Perinatal Mental Illness:

Previous history of postnatal depression

Family/social support ✓

Relationship difficulties

Recent major life events

	Yes	No
Any Perinatal Mental Health Risk factors identified at midwifery booking visit? Please detail in space provided below	☑	☐

Long history of depression
Social care Involvement – Family support.

Written information given to mother	☐	Date of Letter to HV	6.12.08.
Verbal information given to mother	☑	Date of Letter to GP	
Voluntary Sector (please state)		Other (please state)	

Date 10.3.08

GESTATION 24 – 28 weeks

Current Emotional Health: Please detail in space below or give reason code for non assessment ☐

well at moment.

Written information given to mother	☐	Date of Letter to HV	Date Referred to Obstetrician
Verbal information given to mother	☐	Date of Letter to GP	Date Referred to Community Mental Health Service
Voluntary Sector (please state)		Other (please state)	

Date

GESTATION 34 – 36 weeks

Current Emotional Health: Please detail in space below or give reason code for non assessment ☐

Written information given to mother	☐	Date of Letter to HV	Date Referred to Obstetrician
Verbal information given to mother	☐	Date of Letter to GP	Date Referred to Community Mental Health Service
Voluntary Sector (please state)		Other (please state)	

Date

GESTATION 38 – 41 weeks

Current Emotional Health: Please detail in space below or give reason code for non assessment ☐

Written information given to mother	☐	Date of Letter to HV	Date Referred to Obstetrician
Verbal information given to mother	☐	Date of Letter to GP	Date Referred to Community Mental Health Service
Voluntary Sector (please state)		Other (please state)	

Date

POSTNATAL (by Day 10)

Current Emotional Health: Please detail in space below or give reason code for non assessment ☐

Written information given to mother	☐	Date of Letter to HV	Date Referred to Obstetrician
Verbal information given to mother	☐	Date of Letter to GP	Date Referred to Community Mental Health Service
Voluntary Sector (please state)		Other (please state)	

Reason Code for Non- assessment:

1) Client did not attend	2) Client chooses not to answer question
3) Lack of appointment time	4) Other (please state

ANTE NATAL OBSERVATIONS

Hosp. ELLIS 280488
STACEY 0060
26 WESTWOOD WALK
MONTROSE
Surname
First Nam DD10 9DA
Address DR. RC CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
G.P. & Ac MONTROSE 13706

Cons.
A Y Y
C.H.I. No.
M. State
Sex
USE BLOCK LETTERS OR PATIENT LABEL

ORIENTATION TO WARD
INTRO TO STAFF — BUZZER — BIDET — SMOKING
INTRO TO NEIGHBOURS — W/C SHOWER — DAYROOM/PHONE — VISITORS

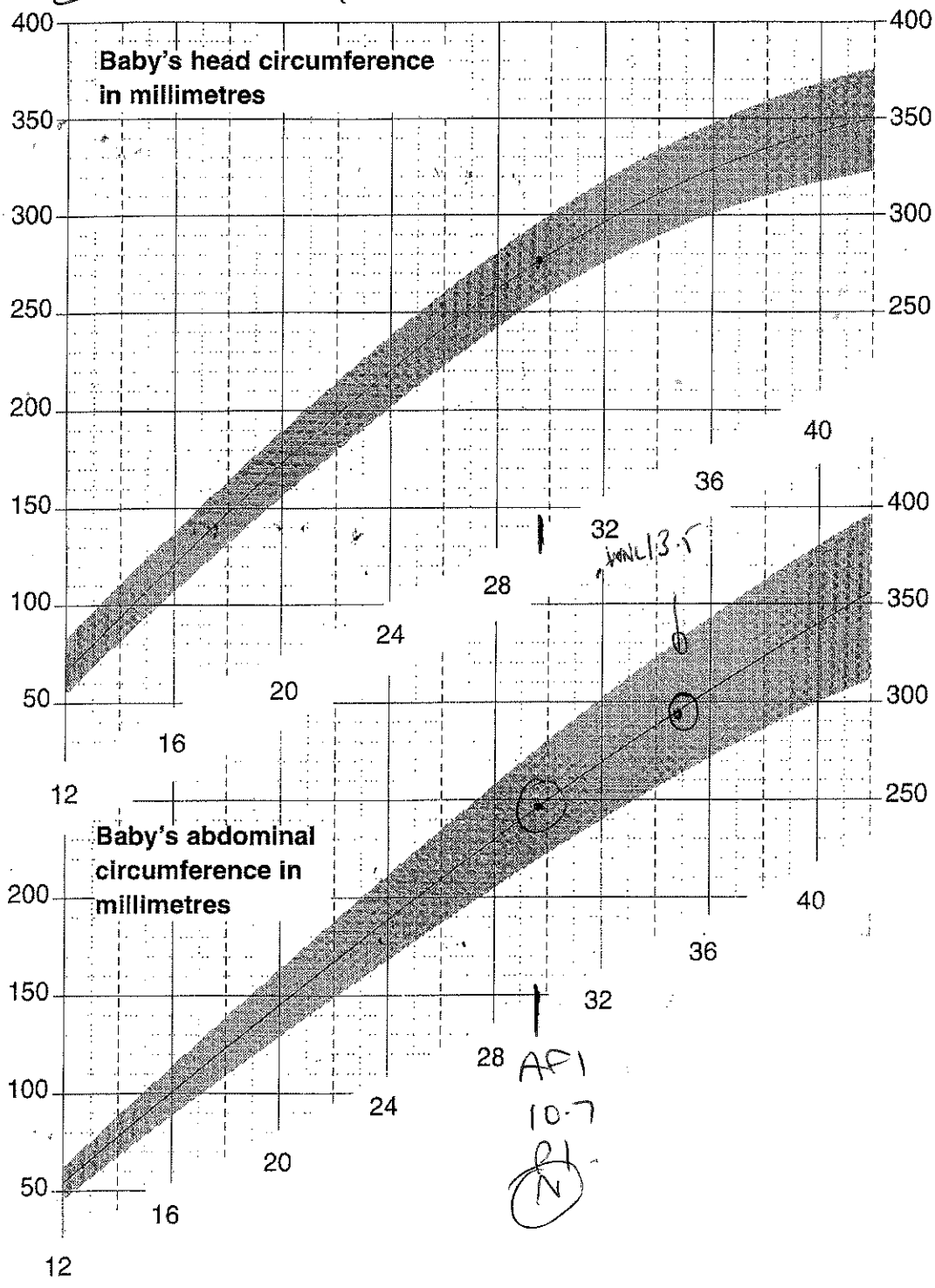
Date	1·5·08						
Gestation	34+4						
Reason for Admission	PTL						
Emotional and Physical Wellbeing							
Sleep							
Appetite/Diet							
Parentcraft Needs							
Breast/Nipples							
Fundal Height							
Abdominal Examination	tightenings. FTH						
Foetal Heart							
Foetal Movements	FmF						
Bowels							
Weight							
C.T.G.	In progress						
P.V. Loss	Nil						
Oedema	NIL						
Urinalysis	NEG.						
Temperature	36.2						
Pulse	76						
B.P.	100/50.						
Investigations	CBC✓ FBS✓						
	GpRS✓ MSSU✓						
	LUS✓						
Midwife's Signature	mmiller.						

THR MB 517

FETAL GROWTH CHART

EDD 8/6/08

Name: Stacey Ellis **CHI:** 2404880060



Taken from Chitty et al. British Journal of Obstetrics and Gynaecology 1994

Ninewells Obstetric Scan Report 2008

Surname:	Firstname:	Dob/Chi:	Address:		Consultant	
ELLIS	STACEY	2804880060			Referred by:	

Scan no. 1 Date: 28/04/2008 Scan reason Placenta

If other:

Scan Report:

Presentation cephalic
Fetal Heart observed
BPD 82
FHC 304
FAC 289
Liquor AFI 13.5
UA - forward flow in diastole - WNL
Placenta anterior - no longer low

U ArtPI:

High PI No

FAC:

AEDF No

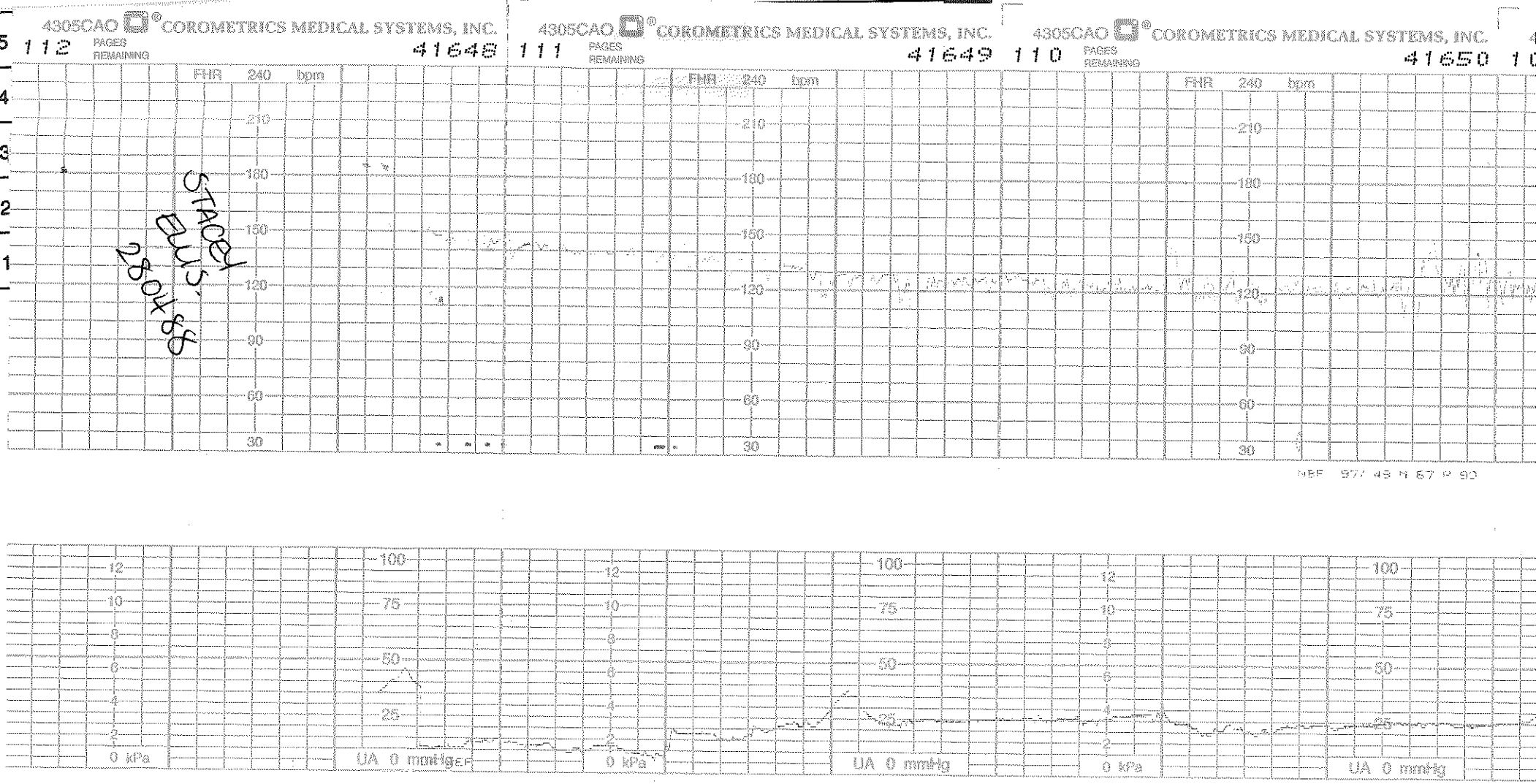
Abs/rv flows No

Scanned by: JMM

Checked by: LJN

Ref: LS

Reviewed by:


4305CAO
COROMETRICS MEDICAL SYSTEMS, INC.
112 PAGES REMAINING
41648
111 PAGES REMAINING
41649
110 PAGES REMAINING
41650
FHR 240 bpm
210
180
150
120
90
60
30
STACEY
EWS,
28/4/88
NBF 97/45 M 67 P 90
12
10
8
6
4
2
0 kPa
100
75
50
25
UA 0 mmHg

UK PAT

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109 PAGES REMAINING

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4305CAO ® COROMETRICS MEDICAL SYSTEMS, INC.

108 PAGES REMAINING

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107 PAGES REMAINING

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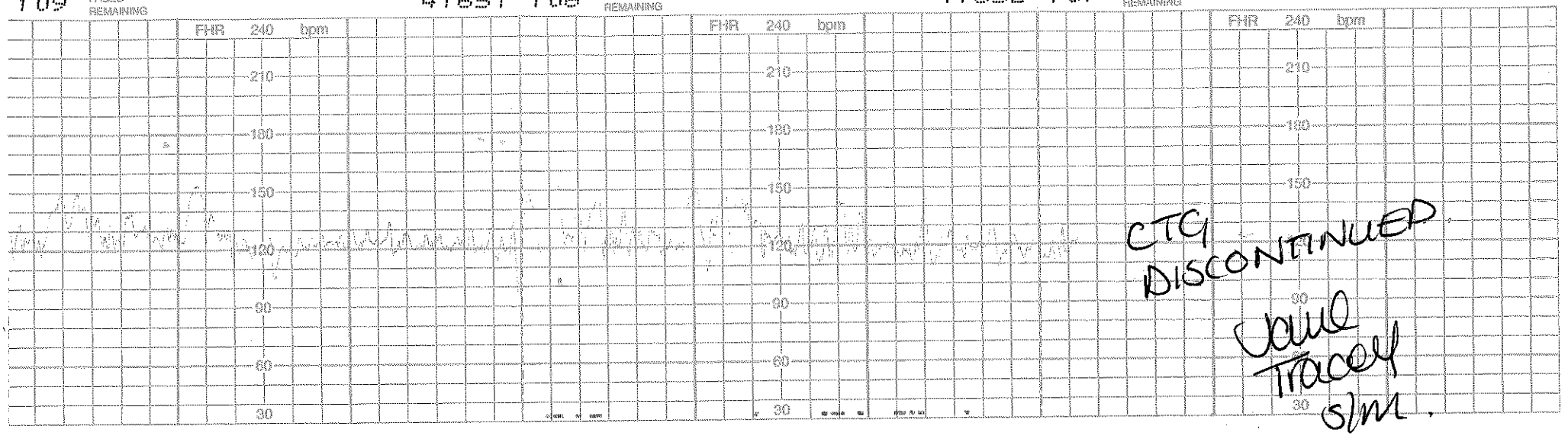
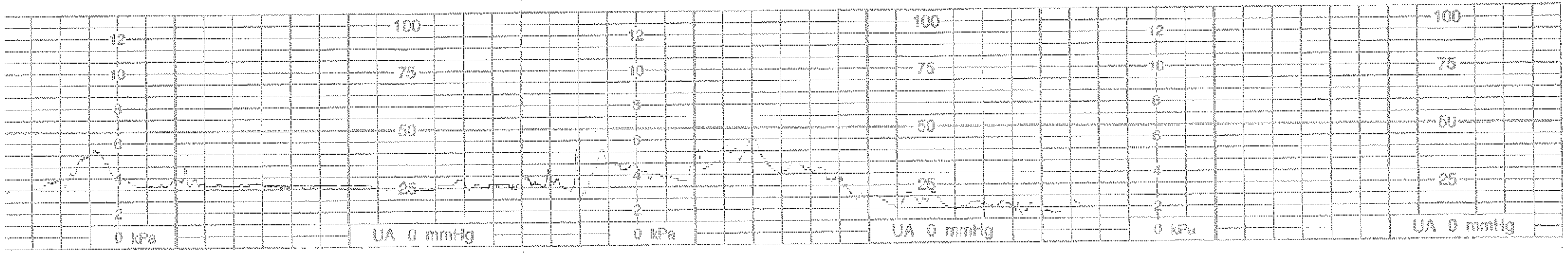




LSIX

ANTE-NATAL RECORD CARD

ALL AREAS MUST BE COMPLETE

ELLIS 280488
STACEY 0060
26 WESTWOOD WALK
MONTROSE
DD10 9DA

DR. PD MULCAHY
HOWE OF THE MEARNS
BLACKIEMUIR AVENUE
LAURENCEKIRK 32529

CONSULTANT: Wgam.

_____ AM / PM

CARE: SHARED / HOSPITAL

H.V.: Rhona

TELEPHONE: 07892630501 MIDWIFE: L mcfarlane

DATE OF BOOKING: Jan 08. WHERE BOOKED: mrt.

L.M.P.: 26.8.07 E.D.C.: 8.6.08 PARENTCRAFT: _____

OCCUPATION: — WORKING YES/NO (Please Circle)

PREVIOUS PREGNANCIES:	LIVE F.T.	PREM
(WITH DATES) Prim.	S.B.	MISCARRIAGES

OBSTETRIC HISTORY (SIGNIFICANT FACTORS) long history of depression

SMOKING: 7-8 day ALCOHOL: — MEDICATIONS: nil. FEEDING: _____

OTHER INFORMATION: weekly visit from family support

ALTERNATIVE ADDRESS: _____

PREGNANCY REFERRAL AND BOOKING LETTER

Referring GP: Dr M^a^Donald

Laurencekirk Medical Centre, Blackiemuir Avenue, Laurencekirk AB30 1GX
Tel 01561 377258 Fax 01561 378270

Client Name Miss Stacey Ellis

Address 26 Westwood Walk, Montrose DD10 **Home: 07908813072**

Unit Number **DOB 28/04/1988** **CHI 2804880060**

Previous Obstetric Problems		Medical Conditions		Current Pregnancy	
Perinatal death / morbidity including anomaly	☐	Diabetes Mellitus / Endocrine disorders	☐	Age <16 or > 40 years	☐
≥ 3 Miscarriages/one or more mid trimester miscarriages	☐	Essential hypertension	☐	Woment reqesting CVS/amniocentesis	☐
Preterm Labour < 34 weeks gestation	☐	Cardiac Disease	☐	Multiple pregnany	☐
Low birth weight < 2.5kg at term	☐	Renal Disease	☐	Hepatitis Carrier	☐
Hypertension requiring medication and/or delivery	☐	Epilepsy	☐	HIV positive	☐
Caesarean Section or difficult delivery	☐	Booking BMI <18 or ≥35	☐	Alcohol/Substance misuse	☐
Post partum haemmorrhage > 1000mls and any other 3rd stage complication	☐	Genetic disorder / significant family history	☐	Requests obstetric specialist	☐
Perineal problems	☐	Haematological problems	☐		
Previous uterine or cervical surgery	☐	Previous psychiatric illness or current illness requiring treatment	☐		
Previous treatment for CIN, record in notes under special features. No need for referral.					
Any other serious prolems including major surgery					

Any other appropriate information including past obstetric history, current medication etc.,

LMP = ?end august 2007 **Parity =0**

POH: PRIM

PMH:acne vulgaris
Long standing history of depression, CPN and medication tx, history self harm.
Initially considered TOP,with partner and changed mind.
Group B strep 05/05

Smoking cessation discussed states has cut down.
Intends to move GP to Montrose.

Contd on Page 2 ..../

for booking
Arthur
sent
1/11/07.

Amount per Day yes

Type of care requested:
Shared care by Hospital Obstetrician / Community ☐
G.P. / Midwife care only ☐x

Signature C Mann

Date 29/10/07

Ethnic Group	**white**
BMI	**20**
Weight	**50**
Height	**1.56**
Feeding	**bottle**
Date of last smear	**04**

Smoking Y/N yes 8/day

Do these notes require Obstetric Review? YES/NO
MW..... E MISC 0021 A
DATE....19-8-14.....
OBS.....
DATE.....8/10/14.....

NHS SCOTLAND

Your Combined Pregnancy and Postnatal Record

Confidential

PLEASE USE BLACK INK

ELLIS
STACEY 2804880060
F
17 ANNAT ROAD
MONTROSE DD10 8EF

Annat Bank Practice, Links Health Cent

Please bring your record to all healthcare appointments and hospital admissions.

If found please return this record to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

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 below 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

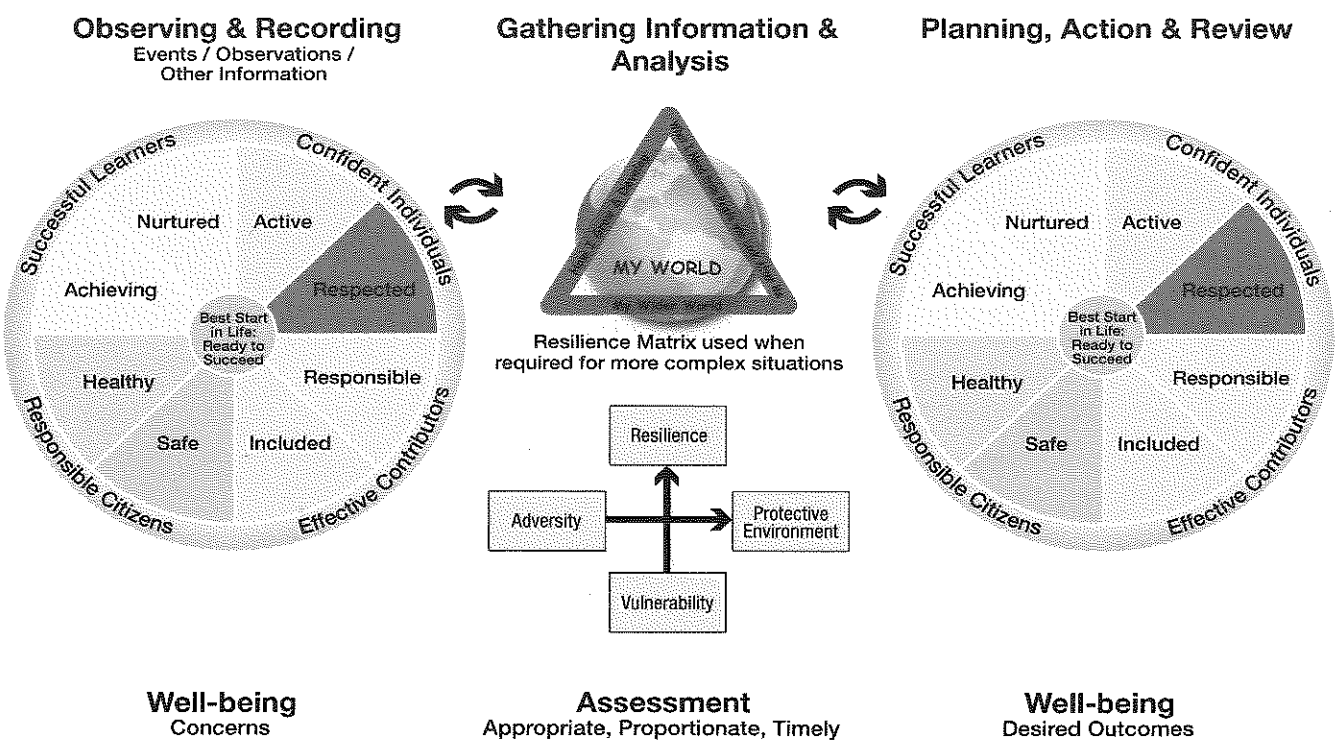
- The use of the wellbeing indicators – Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included – to determine appropriate assessment using the My World Triangle.
- The My World Triangle assessment considers the strengths and pressures for the woman and family around the three 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, multi-agency 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 well-being?
- 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 below

The National Practice Model



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

Outcome of referral: Health Plan Indicator allocated (circle as appropriate): core additional

Gestation at allocation

Health Visitor/Public Health Nurse details –

Name

Date

Your combined pregnancy and postnatal record

This is your pregnancy/postnatal 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 combined pregnancy/postnatal 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 you see this symbol:

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

✆ .....

Contact de

Maternity unit Montrose Maternity Unit
Bridge Street
✆ ..... Montrose DD10 8AJ
Tel: 01674 623401
✆ .....

Antenatal clinic .....

✆ .....

Delivery suite .....

✆ .....

Obstetric Ultrasound
Ninewells Hospital
Ultrasound department Tel: 01382 632019

✆ .....

Health Visitor ..... Health Visiting Team
Base ..... Links Health Centre
Montrose
✆ .....

Named midwife

Midwifery tean Emily Miscioscia
Base ..... Midwife
✆ 01674 623401

General Prac

Address ..... Annatbank Practice
(13706)
✆ ..... Links Health Centre
Montrose
GP informec Tel : 01674 673400

GP informed 09/2014.

Obstetrician

Base ..... Dr Pauline Lynch
✆ ..... Antenatal Clinic
Ninewells Hospital
Tel: 01382 660111

Domestic Abuse Helpline: 0800 027 1234 (24 hours)

Scottish Women's Aid: www.scottishwomensaid.co.uk

NHS 24: 08454 24 24 24

Rape Crisis Scotland Helpline: 08088 01 03 02 (free number) , 6pm to midnight
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.

Plan of care for your pregnancy

This chart is used to record a plan of care for your pregnancy. Your midwife or doctor will tick the boxes to show when an appointment is due, where it will take place, and whether a blood test or ultrasound scan is planned. Details of each appointment can be written below.
If this is your first baby you will usually have 10 appointments, if you have had a baby before you will usually have 7 appointments. The first appointment may be sometime between 8 and 12 weeks.

Week number	8		10		12		14		16		18		20		22		24		26		28		30		32		34		36		38		40	41	42
Health centre/surgery																																			
Maternity unit																																			
Home																																			
Blood tests																																			
Ultrasound																																			

Your appointments

Day	Date	Time	Where & who with	Things you want to discuss
Wed	24/9/14	1000	MW1 - midwife	12wk Scan
Tue	20/11/15	14:00	MRI - Emily	26 weeks -
Tue	17/11/15	10:00	MRI - Emily	32 weeks
Tue.	17/03/15	1400	MRI - Emily	38 wk.

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. Women allocated Amber status only whilst awaiting a further opinion from a member of the maternity team.

Booking Status: GREEN/RED (Please Circle)

Date/ Location of booking	Gestation	Agreed Pathway	Reason e.g. Previous LUSCS	Booked With Midwife/Obstetrician Name	Signature
19.3.14	7	Green	Fibroids	Emily / Dr Lynch	

Subsequent Changes

Date/ Location	Gestation	Pathway Change e.g. green to red, red to green	Reason for transfer to different pathway e.g. raised BP	Care transferred to e.g. Midwife to Obstetrician, obstetrician to Midwife. Insert Name	Signature
9.12.14	24	Green	Reviewed by Dr Lynch	Emily	

Important information

Affix label here or complete by hand

Unit no

CHI 2804 88 0060

Surname/ family name Ellis

First name(s) Stacey

Previous surname Leonard

Likes to be called

Date of birth 28/04/88

Your address 17 Annat Road

Montrose

Angus Postcode DD10 8EF

Home ✆ 01674 959209

Other ✆ 07840470020

Occupation Homemaker

Change of address/phone details

Postcode

Home ✆

Other ✆

Planned place of birth		Lead professional
Home		
Hospital		
CMU		
Other		

Your partner/supporter for this pregnancy

Name Steven Grant

Occupation labourer

Relationship to you fiance

Partner's date of birth 15.06.85

Address 17 Annat Road

Postcode

Home ✆

Other ✆

Emergency contact person/next of kin
Who would you like contacted in an emergency?

☑ **Your partner/supporter** ☐ **Alternative person:**

Name

Relationship to you

Address

Postcode

Home ✆

Other ✆

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.

Date of the first day of bleeding of your last menstrual period (LMP)? 26/6/14

How sure are you of this date? ☐ sure ☑ fairly sure ☐ not sure

Average number of days between the first day of each period (monthly cycle) 28

Have you had any vaginal bleeding since your last menstrual period? ☑ No ☐ Yes

Had you been using any contraception? ☑ No ☐ Yes

Type Date stopped / /

History taken by t MacLaren

Date of Booking Appointment 29/8/14

Agreed EDD 1/4/15

Use this EDD in all communication

Your body mass index (BMI) 18

(weight [kg]/height [m]²)

Weight at booking 47 kg Height 1.60 m

Comments/details

Provisional EDD based on LMP and monthly cycle? 2/4/15.

EDD using dating scan 1/4/15

Agreed by Signed

Your previous pregnancies

Is current pregnancy with a new partner No ☑ Yes ☐ Para ..... + ...

Full name Bentley Grant Boy ☑ Girl ☐ Date of birth 11.07.13 Type of birth SVD

Place of birth Ninewells Birthweight (g) 2610 Gestation 37+3

Labour onset Spontaneous ☑ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☑ Epidural/Spinal ☐ General ☐
3rd stage Normal ☑ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☑
Further relevant information
Problems A/N ? current APH is thrgh pregnancy ? Fibroid.
P/N .....
Psychological .....

Full name Riley Ellis Boy ☑ Girl ☐ Date of birth 28.5.11 Type of birth SVD

Place of birth Montrose Birthweight (g) 3160 Gestation 39+5

Labour onset Spontaneous ☑ Induced ☐ Planned Caesarean ☐
Anaesthetic None ☑ Epidural/Spinal ☐ General ☐
3rd stage Normal ☑ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☑ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☑ Formula ☑ (AP)
Further relevant information
Problems A/N .....
P/N .....
Psychological .....

Full name Declan Ellis Boy ☑ Girl ☐ Date of birth 05.6.08 Type of birth Ventouse

Place of birth Ninewells Birthweight (g) 2800 Gestation ~~39~~ 37+

Labour onset Spontaneous ☐ Induced ☑ Planned Caesarean ☐
Anaesthetic None ☐ Epidural/Spinal ☑ General ☐
3rd stage Normal ☑ Haemorrhage ☐ Retained placenta ☐
Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☑ Formula ☐
Further relevant information
Problems A/N .....
P/N .....
Psychological .....

Early Pregnancy Losses (less than 24 weeks)

Year	Gestation	Nature of loss	Comments

Your previous pregnancies

Full name..... Boy ☐ Girl ☐ Date of birth ..... Type of birth.....

Place of birth..... Birthweight (g) ..... Gestation.....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐

Further relevant information.....

Problems A/N.....

P/N.....

Psychological.....

Full name..... Boy ☐ Girl ☐ Date of birth ..... Type of birth.....

Place of birth..... Birthweight (g) ..... Gestation.....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐

Further relevant information.....

Problems A/N.....

P/N.....

Psychological.....

Full name..... Boy ☐ Girl ☐ Date of birth ..... Type of birth.....

Place of birth..... Birthweight (g) ..... Gestation.....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐

Further relevant information.....

Problems A/N.....

P/N.....

Psychological.....

Full name..... Boy ☐ Girl ☐ Date of birth ..... Type of birth.....

Place of birth..... Birthweight (g) ..... Gestation.....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐

Further relevant information.....

Problems A/N.....

P/N.....

Psychological.....

Your health – Have you ever had, or do you currently have, any of the following:

Allergies - Please document in special features

	No	Yes	Details
Operations	☐	☑	Eye Surgery
Problems with anaesthetics	☑	☐	Consider anaesthetic review
Admission(s) to intensive care	☑	☐	
Difficulties accessing your veins	☑	☐	
Asthma or lung problems	☑	☐	
High blood pressure	☑	☐	
Heart problems	☑	☐	
Diabetes/thyroid disorders	☑	☐	
Epilepsy/neurological problems	☑	☐	
Blood transfusions	☑	☐	
Blood clots/clotting problems	☑	☐	
Kidney or urinary problems	☑	☐	
Liver problems or hepatitis	☑	☐	
Gastro-intestinal disorders	☑	☐	
Problems with fertility or your reproductive system*	☑	☐	
Vaginal infections	☐	☑	Thrush
Chicken pox?	☐	☑	
Genetic disorder	☑	☐	

Date of your last cervical smear (month/year) ..... / 08 Result ..... Next smear due .....

Referred for colposcopy? ☐ ☐ Treatment .....

Cancer of any kind	☑	☐	
Problems with bones or joints	☑	☐	
Is there anything else about your health which you feel is important for your care providers to know?	☑	☐	

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

Family health – Does anyone in your immediate family, or your baby's father or his immediate family, have a history of the following:

	No	Yes	Don't know	Details
Family history of anaesthetic complications	☑	☐	☐	
Asthma or allergies	☐	☑	☐	Declan has asthma
Diabetes	☑	☐	☐	
Genetic disorders/attending a genetics clinic	☑	☐	☐	
Pre-eclampsia	☑	☐	☐	
Blood clots (thrombosis)	☑	☐	☐	
Recent/active Tuberculosis (TB)	☑	☐	☐	
Hip problems detected at birth or shortly afterwards	☑	☐	☐	
Abnormalities present at birth	☑	☐	☐	
Family history of twins or multiple births	☑	☐	☐	
Learning disabilities	☑	☐	☐	
Permanent hearing loss	☑	☐	☐	
Are you and your baby's father blood relatives?	☑	☐	☐	

Family Origin Questionnaire (If mixed, tick more than one box)

How do you describe your ethnic group origin Scottish

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.

	You	Baby's father
A African or African Caribean (Black)		
1 Caribbean Islands	☐	☐
2 Africa (excluding North Africa)	☐	☐
3 Any other African or African-Caribbean family origins. Please write in		
B South Asia (Asian)		
1 India or African-Indian	☐	☐
2 Pakistan	☐	☐
3 Bangladesh	☐	☐
C South East Asia (Asian)		
1 China including Hong Kong, Taiwan, Singapore	☐	☐
2 Thailand, Indonesia, Burma	☐	☐
3 Malaysia, Vietnam, Philippines, Cambodia, Laos	☐	☐
4 Any other Asian family origins (eg Caribbean-Asian) Please write in		
D Other non-European (Other)		
1 North Africa, South America etc	☐	☐
2 Middle East (Saudi Arabia, Iran etc)	☐	☐
3 Any other Non-European family origins Please write in		
E Southern and Other European (White)		
1 Sardinia	☐	☐
2 Greece, Turkey, Cyprus	☐	☐
3 Italy, Portugal, Spain	☐	☐
4 Any other Mediterranean country	☐	☐
5 Albania, Czech Republic, Poland, Romania, Russia etc	☐	☐
F *United Kingdom (White) refer to guidance on FOQ		
1 England, Scotland, N Ireland, Wales	☑	☑
G *Northern European (White) refer to guidance on FOQ		
1 Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2 Scandinavia, Switzerland etc	☐	☐
3 Any other European family origins, (eg Australia, N America, S Africa) Please write in		

*Hb Variant Screening may be requested by parents in low risk groups

Higher risk for alpha zero thalassaemia

Don't know (incl. pregnancies with donor egg/sperm) ☐

Declined to answer ☐

Declined screening ☐

For more information on the use of the FOQ see www.nsd.scot.nhs.uk

What language do you usually use at home?

Do you need help with interpreting, communicating?
No ☑ Yes ☐ Details

What is your current religion or faith, if any?

Is blood transfusion acceptable to you? No ☐ Yes ☐
Details

Female genital cutting or piercing No ☐ Yes ☐
Details

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?
No ☐ Yes ☐
Details

Are you a refugee or an asylum seeker? No ☐ Yes ☐
Details

Have you had a full medical examination since arriving in the UK? No ☐ Yes ☐
If no refer to GP

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

TB risk questions:

	No	Yes
Has either parent or any grandparents been born in a high prevalence area (40 per 100,000)?	☑	☐
Details		
Is family likely to live for more than 3 months in a high prevalence area?	☐	☐
Details		
Baby requires BCG	☑	☐
Details		

- If yes to any of these questions please document need for neonatal BCG on the baby's special features box 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 ☐ Yes ☐

Other health-related questions to be discussed with maternity team staff

	No	Yes	Details of information given		
Have you been taking folic acid? Encouraged to take – important one planned	✓		☐ Pre-conception ☐ Before 12 weeks ☐ After 12 weeks	Dose of folic acid	400mcg 5mg
Vitamin D (10 mcg/day),	✓		Healthy Start vitamins No ☐ Yes ☐	Other vitamins/supplements No ☐ Yes ☐	
What do you know about healthly eating during pregnacy?	Good for you		Do you have any special dietary needs?		
Dietetic referral made					
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	Good for you.		Advice given Further information is available from www.takelifeon.co.uk		
Do you go to the dentist regularly?					
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?			Advice given www.hse.gov.uk		
What do you know about drinking alcohol in pregnancy?					
How many units of alcohol did you drink each day before you were pregnant? Number 0	How many units of alcohol a day are you drinking now? Number 0 How many units of alcohol do you drink in an average week? Number - If drinking where are you drinking, at home, in clubs/pubs				
The Chief Medical Officer for Scotland's current guidance is to avoid alcohol completely if pregnant or trying to conceive. One unit of alcohol = half a pint of 3.5% beer or lager or one 25ml measure of spirits. One small (125ml) glass of average strength (12% wine) contains 1.5 units. If unsure of units - ask type and amount of alcohol drunk e.g. wine, spirits, beers, alcopops					
Consider delivering brief intervention. Refer to Alcohol brief interventions antenatal professional pack					
What do you know about smoking in pregnancy?					
Have you smoked in the 12 months prior to pregnancy?		✓	CO level 30 Date 19.8.14	Former smokers: date stopped	
Do you or anyone in the household currently smoke?		✓	We encourage you to keep your baby smoke free before and after birth		
Are you interested in getting help to stop?		✓	Current smokers: cigarettes smoked per day Number 20		
Referral made to smoking cessation service		✓	Consider delivering brief intervention ✓BR 19.8.14 Risks associated with smoking discussed		
Have you used any street drugs, gas or glue in the last year?	✓		Substances used		
If yes, are you currently using any street drugs, gas or glue?	✓				
Have you ever injected drugs?	✓				
Does your current partner use any street drugs, gas or glue or inject drugs?	✓				
Referral for advice on substance abuse					
Do you currently or have you ever attended an addiction service? (including smoking and alcohol)	✓				
Does your partner currently or has s/he attended an addiction service	✓				
Self harm	✓				
Overdose	✓				

Medication

	No	Yes
Are you taking any medication prescribed to you by a doctor, or have you stopped any medication recently?	☑	☐
Are you taking any 'over the counter' preparations or medications not prescribed to you? (If yes, include indications)	☑	☐

Prescribed medication	Dose	Frequency	Route	Duration

Details .....

Your mental health	No	Yes
1. Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness? Details Mum, Gran		✓
2. Do you have a history of bipolar disorder (manic depression), puerperal psychosis, schizophrenia or other serious mental illness?	✓	
3. During the past month, have you often been bothered by feeling down, depressed or hopeless?	✓	
4. During the past month, have you often been bothered by having little interest or pleasure in doing things?	✓	
5. If "yes" to questions 3 or 4 then ask: 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 Details		
Home circumstances and support needs	✓	
Are you still in school?	✓	
Are you living in or leaving looked after care services?	✓	
Do you feel that you have someone to support you through your pregnancy?	✓	✓
Are you in temporary housing?	✓	
Do you need further advice on finances, benefits or housing issues?	✓	
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?		✓
If no, who looks after them?		
Does your current partner have any other children?	✓	
If yes, who looks after them?		
Have you ever needed social work assistance?		✓
Have you or your partner ever been involved in the Criminal Justice System?	✓	
Do you need support with reading or filling in forms	✓	
Do you consider yourself to have a disability, either physical, mental or do you have any learning difficulties	✓	
Do you get support or have you ever had support with independent living?		✓
Referral needed Details		

Other support and professionals, (social worker, smoking cessation, substance misuse team, etc)

Name (job title) .....

Contact no. ✆ .....
Address

.....

.....

Name (job title) .....

Contact no. ✆ .....
Address

.....

.....

Other involved workers
(family support, learning support worker, guidance teacher etc)

.....

.....

See Maternity summary record ☐

Special Features

Name Stacey Ellis

Age 26 Parity 3/1

Agreed EDD 1/4/15

Blood group O Pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other .....

Allergies LATEX

BMI 18 Smoker No ☐ Yes ☑

Pregnancy	
Special features	**Plans for care**
Previous recurrent APH –	
fundal fibroid detected Hb 28 & 34	
Smokes 20 cigarettes/day	USS on 16.2.15
to reading 36	

Routine Enquiry asked Yes ☑ Date 19/8/14

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.

Flu vaccine accepted/declined

Date administered / /

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

I have received the information leaflet *'Your Guide to Screening Tests 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.

☑ **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
☑ **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 .....

Partner requires testing Yes ☐ No ☐

Signature: X SELD **Date** 19/8/14

Witness: OM **(Health professional)**

Designation: MW **Date** 19/8/14

Please complete the "Whose Signature" page at the back of the record

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your ba'	
Special features	Plans for care
Allergy LATEX.	
Active 3rd Stage.	

Does this baby require BCG Immunisation?

YES NO
(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date / / Time Details

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 ..... weeks
- ☐ Growth scan as required
- ☐ Placental site scan 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 SELF ..... Date 19/8/14

Witness: Mrs. E. MacLeod ..... (Health professional)
(Please sign and print name)

Designation: MLW Date 19/8/14

For more information on the national screening programmes see www.nsd.scot.nhs.uk

See Maternity summary record ☐

Special Features

Name Stacey Ellis

Age 26 Parity 3|1

Agreed EDD 1/4/15

Blood group O Pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Previous recurrent APH -	
fundal fibroid detected Hb 28 & 34	
Smokes 20 cigarettes/day	USS on 16.2.15
to reading 36	

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	Date taken indicate if declined	Results/Action
Blood Group at booking	7+4	19.8.14	O Pos.
Antibody screen - 28 weeks	7+4	19.8.14	135
Full Blood Count - booking	29	20.1.15	111
28 weeks	36	6.3.15	102
36 weeks	7+4	19.8.14	Detected
Rubella status	"	"	Neg
Syphillis	"	"	Neg
Hepatitis B	"	"	Neg
HIV	"	"	
Haemoglobinopathy - sickle cell and thalassaemia -document outcome in baby's special features box and baby record			
Screening ☐ Fetal anomalies ultrasound ☐ Down's Syndrome	7+4	19.3.14	4.5
Random blood glucose	"	"	
Couple's Haemoglobinopathy result if performed	"	"	Nil
Mid stream urine specimen for bacteriology	8		
CVS please include indication for procedure			
Amniocentesis please include indication for procedure			
CO results			
Other			

If you have RhD Negative blood this section applies to you ☐

Your blood is RhD Negative. 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

Discussions/plans Signed ..... / /

Prophylactic 'Anti-D' given 28 weeks Dose ..... Signed ..... Date given / /

Please complete the "Whose Signature" page at the back of the record

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your ba'	
Special features	Plans for care
Allergy LATEX.	
Active 3rd Stage.	

Does this baby require BCG Immunisation?

YES NO
(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date / / Time Details

Conversations in pregnancy: Key points

NHS Tayside

Remember: explore what parents already know→ accept → offer relevant information

Encouraging parents to connect with their baby 19.8.14 ✓	Taking time out to connect: talking to baby, noticing and responding to movements
Skin contact 19.8.14	The value of skin contact What this means for mother and baby
Responding to baby's needs	How closeness, comfort and love can help a baby's brain develop Responsive feeding.
Feeding	Value of breastfeeding as protection, comfort and food How to get off to a good start.

Confirmation that a discussion has taken place to cover relationship building, responsiveness and feeding as per mother's needs

Signature:	Date:	Comments:
1. SM	19.8.14	
2. [redacted] SM	9.12.14	
3.		

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your ba'	
Special features	**Plans for care**
Allergy LATEX.	
Active 3rd Stage.	

Does this baby require BCG Immunisation?

YES NO
(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date / / Time Details

Infant feeding - Antenatal Checklist

All of the following should be discussed with each pregnant woman by 34 weeks of pregnancy.

	Discussed (or note if mother declined discussion)	Signed	Date
Getting your baby off to a good start			
Importance of early skin-to-skin contact (keeps baby warm and calm, promotes bonding, helps with breastfeeding)	☐		/ /
Baby-led feeding and feeding cues (to ensure adequate milk intake and supply)	☐		/ /
Rooming in / keeping baby near (for baby-led feeding and reduction of risk of SIDS)	☐		/ /
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.	☐		/ /
Benefits for the mother Reduced risk of breast cancer, ovarian cancer and osteoporosis	☐		/ /
Making breastfeeding work			
Effective positioning and attachment (to ensure adequate milk intake and pain-free feeding)	☐		/ /
Effect of teats, dummies, nipple shields (may interfere with breastfeeding)	☐		/ /
No other food or drink needed for 6 months (for maximum health benefits)	☐		/ /
'From bump to breastfeeding' DVD given (for later discussion, see below)	☐		/ /
Further discussion			
Leaflets given and discussed:			
'From bump to breastfeeding' DVD discussed (suggest between 28 and 34 weeks)	☐		/ /

Antenatal checklist reproduced with permission of UNICEF baby friendly initiative.

See Maternity summary record ☐

Special Features

Name Stacey Ellis

Age 26 Parity 3/1

Agreed EDD 1/4/15

Blood group O Pos.

Pregnancy	
Special features	**Plans for care**
Previous recurrent APH –	
Fundal fibroid detected Hb 28 & 34	

11 9.1.15

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results
19.9.14	110/65		Nil	28	–	–	–	–	–	–	Booking bloods FBC 135 BS 4.5
18/10/14	104/60	NAD.	Nil.	16+2							
9/12/14	110/65	++ leuco	Nil	23+6	23	transverse	free	FHH + CTG	FHH		MSSU.
20/1/15	103/55	+++ leuco +glucose	Nil	29+4	27.5	Cephalic	long	@ brim	FHH 140 with maternal pulse = Boys.	FHH on normal	FBC 111 Bs 3.9 Gel MSSU Chlamydia screen LVS

Consider need to refer to HV/PHN for HPI

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your ba'	
Special features	**Plans for care**
Allergy LATEX.	
Active 3rd Stage.	

Does this baby require BCG Immunisation?

YES NO
(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date / / Time Details

Weight in late pregnancy ..... kg

Date / /

Revised
9.12.14
- link to SB
- uniqueness of FFMs.

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.

Other information/plans/referrals etc	Return in (weeks)	Signature
Booking for pregnancy. GUFB referral made. Unsure re dates. Folic acid encouraged. Dating scan organised for 22.8.14		
- green pathway - ~~Midwife led~~ Consultant led - active 3rd stage - ensure Hb @ (28) (34) - CONTRACEPTION PLAN		
CO2 reading 39 considering nicotine replacement therapy, will go to chemist and see Beds back @ school.		
Well, although feeling of heaviness across pelvic floor. Some Braxton Hicks. Plenty FMs. Discussed awareness of FMs / link to SB / pregnancy / GUFB to stay. Has had flu jab at GP. ~~Breastfeeding discussed.~~	4/52	MLW
CO2 reading 35. Has been GUFB today. Has patches/ e-cigarettes. Green pathway.		
Stacy c/o back pain and abdominal pain. BP 100bpm, T 36.4°C. Weight = 51.4kg Urinary symptoms - ? UTI. MSU commenced. CO reading 36. Continues with patches/e-cigarettes. Fully educated with smoking discussed.	4/52.	MLW.

Please complete the "Whose Signature" page at the back of the record

Antibiotic cover faxed to GP. Will check MSU results tomorrow. If symptoms do not improve, to be reviewed in Triage. CTG reassuring.

See Maternity summary record ☐

Special Features

Name Stacey Ellis

Age 26 Parity 3|1

Agreed EDD 1/4/15

Blood group O POS.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Previous recurrent APH -	
fundal fibroid detected Hb 28 & 34	
Smokes 20 cigarettes/day	USS on 16.2.15
Co reading 36	

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results
22/1/15	110/64	20 Sample.	Nil.	30+1	26cm	cephalic	fetal lie	3/5	✓	✓	

HOLOGIC Rapid fFN®

Rapid fFN 10Q RESULT

fFN CONC: 28 ng/mL

TIME: 12:37 DATE: 22/01/15

PATIENT: 2804880060

USER: JG

CASSETTE LOT: E4058

CALIBRATION CODE: BLGPK-ASHVP

ANALYZER ID: G0684

INTERNAL CONTROLS

ANALYZER QC: PASS

CASSETTE QC: PASS

Plan = Reassure
Arrow cervix
Paracetamol
contact Hospital if any
further USS

Consider need to refer to HV/PHN for HPI

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your ba'	
Special features	**Plans for care**
Allergy LATEX.	
Active 3rd Stage.	

Does this baby require BCG Immunisation?

YES NO
(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date / / Time Details

Weight in late pregnancy ..... kg

Date / /

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.

Other information/plans/referrals etc	Return in (weeks)	Signature
Attended to await emergency U/S following triage admission test. Measuring 24cm on palpation, feels very SFD.		
Pain in R lower abdomen & back persists, intermittent, some PV discharge - MSSU neg, no other results available yet.		J. CALLOWAY.
DR COSTAS PAPADAKIS GPR, OKH, #4818		
- Hx NOTTO AT ABORT - P3 (VAGIN DELIV X3 AT TERM) - 30FT/40 - SMOKES 20/DAY. - BMI = 18.	LATEX ALLERGY. RH +VE MSU -VE.	
- PREVIOUS SMOKE BOOKING PREVIOUS C BIRTH + "PELVIC GIRDLE" PAIN VERY POOR → BREECH AFI = 15.7 Doppler (N) active baby	NOT USING PRIMROSE • DYSURIA, BUT ↑ FREQUENCY BOWELS NORMAL • PV BLEEDING. • FETAL MOVEMENTS	
o/e fundus = days of cosgro, post, long		

Please complete the "Whose Signature" page at the back of the record

See Maternity summary record ☐

Special Features

Name Stacey Ellis

Age 26 Parity 3/1

Agreed EDD 1/4/15

Blood group O POS.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Previous recurrent APH – fundal fibroid detected Hb 28 & 34	
Smokes 20 cigarettes/day 6 reading 36	CW on 16.2.15

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results
9/2/15 ANC	100/60	NAD	NIL	32+5	27 cms	? breech	long	free	FHH (S) 132 bpm	FMF ++ (N)	
10/2/15				32+6		Cephalic			FHH ✓	fetal movements felt	
17/2/15	108/62	NAD	NIL	33+6	31	Ceph	Long	Free	FHH ✓ (S)	FMF plenty	FBC. Haemoglobin Hb =
24/2/15	100/70	++ leg.	NIL	34+5	30	cephalic	long	4/5	FHH 136 bpm	FMF regular pattern of movement	MSSU

Consider need to refer to HV/PHN for HPI

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your ba'	
Special features	**Plans for care**
Allergy LATEX.	
Active 3rd Stage.	

Does this baby require BCG Immunisation?

YES NO
(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date / / Time : Details

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

Special Features

Name Stacey Ellis

Age 26 Parity 3/1

Agreed EDD 1/4/15

Blood group O POS.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other .....

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Previous recurrent APH –	
fundal fibroid detected Hb 28 & 34	
Smokes 20 cigarettes/day	USS on 16.2.15
to reading 36	

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results
23/2/15 continued pregnancy page											
		GRUMBX ST3. Scanned with PR → see report. Baby active and well									Hb 108 B12 Mark Festucis
		If Hb >105 – ok for Manitese delivery									
10/3/15	100/60	Nil	Nil	36+6	29cms	Cephn	long	3/5ths	FHH (+)	FMF slightly reduced	FBC Iron Stroke

Consider need to refer to HV/PHN for HPI

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your ba	
Special features	**Plans for care**
Allergy LATEX.	
Active 3rd Stage.	

Does this baby require BCG Immunisation?

YES NO
(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date / / Time : Details

Weight in late pregnancy ..... kg

Date / /

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.

Other information/plans/referrals etc	Return in (weeks)	Signature
Hb on 17/2/15 = 103g/L. NOT yet commenced oral iron. NO GIT symptoms - For scan today		Scanned in
Plan/ commenced oral iron. Repeat Hb 2/52 see (MW). D/W PR after repeat Hb ? Place of delivery		EMW/BOX STS.
Stacey feels well. Slightly ↓ Fm. GTT commenced. US shows growth, liquor volumes + flow - all normal.		CM (MIDWIFE) MW.
Continues on iron + folic acid. Hb remains <105, 102g/L on 6/3/15. Repeat bloods taken. If remain low for referral to Haem's Urgent. I will check blood results + organise transfer for tomorrow if needed. CTG in notes.		
Will discuss ↓ Fm + Referral with Reg. Busy at present Awaiting Hb to move back - Stacey aware meantime		

Please complete the "Whose Signature" page at the back of the record

Special Features

Name Stacey Ellis

Age 26 Parity 3|1

Agreed EDD 1 / 4 / 15

Blood group O POS.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other .....

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Previous recurrent APH -	
fundal fibroid detected Hb 28 & 34	
Smokes 20 cigarettes/day	USS on 16-2-15
to reading 36	

Infant feeding - Antenatal Checklist

All of the following should be discussed with each pregnant woman by 34 weeks of pregnancy.

	Discussed (or note if mother declined discussion)	Signed	Date
Getting your baby off to a good start			
Importance of early skin-to-skin contact (keeps baby warm and calm, promotes bonding, helps with breastfeeding)	☐	.....	/ /
Baby-led feeding and feeding cues (to ensure adequate milk intake and supply)	☐	.....	/ /
Rooming in / keeping baby near (for baby-led feeding and reduction of risk of SIDS)	☐	.....	/ /
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.	☐	.....	/ /
Benefits for the mother Reduced risk of breast cancer, ovarian cancer and osteoporosis	☐	.....	/ /
Making breastfeeding work			
Effective positioning and attachment (to ensure adequate milk intake and pain-free feeding)	☐	.....	/ /
Effect of teats, dummies, nipple shields (may interfere with breastfeeding)	☐	.....	/ /
No other food or drink needed for 6 months (for maximum health benefits)	☐	.....	/ /
'From bump to breastfeeding' DVD given (for later discussion, see below)	☐	.....	/ /
Further discussion			
Leaflets given and discussed:			
'From bump to breastfeeding' DVD discussed (suggest between 28 and 34 weeks)	☐	.....	/ /

Antenatal checklist reproduced with permission of UNICEF baby friendly initiative.

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your ba'	
Special features	**Plans for care**
Allergy LATEX.	
Active 3rd Stage.	

Does this baby require BCG Immunisation?

YES NO
(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date / / Time : Details

Weight in late pregnancy ..... kg

Date / /

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.

Other information/plans/referrals etc	Return in (weeks)	Signature
Generally feeling well. Backache continues - no analgesia taken Uncomfortable at top of fundus To await USS - on emergency list. ~~then medical review~>		Accollie M/W
USS dept unable to perform scan today - appt 10/2/15 @0830 given. D/W medical staff - agrees to same		Accollie M/W
Referred for scan review. Growth just below 50th centile, liquor + flows (N). Has been growth since scan 2/52 ago.		
For review D/W medical staff. For repeat 2/52.		PMcCully SpR
Aware to contact triage if any concerns re. fetal movements		
Generally well, no concerns. FBC obtained Unable to do Hb as hemocue not working. FHH ✓c(s) 138bpm reactive + reassuring done simultaneously ✓c mat pulse 76bpm.		JGabrelli SHO
Attended A+C for medical review Generally well - no concerns. No PV blood loss. Discussed movement ~~matters~~		MD PTO

Please complete the "Whose Signature" page at the back of the record

Special Features

Name Stacey Ellis

Age 26 Parity 3|1

Agreed EDD 1/4/15

Blood group O Pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Previous recurrent APH – fundal fibroid detailed Hb 28 & 34	
Smokes 20 cigarettes/day 6 reading 36	USS on 16.2.15

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		
10/3/15	10.00	

Antenatal CTG Proforma — NHS Tayside

	Reassuring	Non-Reassuring		
Baseline rate (bpm)	110 - 160 Rate:	Less than 109	Rate:	Comments:
		More than 161	Rate:	
		Sinosoidal pattern for 10 minutes or more		

NB Rising baseline rate even within normal range may be of concern if other non-reassuring features present

Variability (bpm)	5 bpm or more	Less than 5 bpm for more than 40 minutes	Comments:
Accelerations	Present	None for 40 minutes	
Decelerations	None	Unprovoked deceleration/s	
		Decelerations related to uterine tightenings (not in labour)	
Opinion	*Normal CTG All 4 features reassuring*	*Abnormal CTG (1 or more non-reassuring feature)*	
	Maternal pulse: 88	Membranes ruptured: Y / N If yes, date and time:	Liquor Colour / Gestation (wks):

Reason for CTG: Slightly ↓ FMS.

Action: (An abnormal CTG requires prompt review by experienced obstetrician / senior midwife)

Reassuring w/u DIW Pop Stacey had USS on 23.2.15. AM (N).

Date:	Time:	Signature:	Print:	Designation:
10.3.15	11.30	[signature]	EMILY SULLY	MCW.

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your ba'	
Special features	**Plans for care**
Allergy LATEX.	
Active 3rd Stage.	

Does this baby require BCG Immunisation?

YES NO
(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date / / Time Details

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

Special Features

Name Stacey Ellis

Age 26 Parity 3|1

Agreed EDD 1/4/15

Blood group O Pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Previous recurrent APH -	
fundal fibroid detected Hb 28 & 34	
Smokes 20 cigarettes/day	UU on 16.2.15
Co reading 36	

Antenatal assessments/admissions/multi-professional assessment

In

All

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

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Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your ba	
Special features	**Plans for care**
Allergy LATEX.	
Active 3rd Stage.	

Does this baby require BCG Immunisation?

YES NO
(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date / / Time : Details

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

Special Features

Name Stacey Ellis

Age 26 Parity 3|1

Agreed EDD 1 / 4 / 15

Blood group O Pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other .....

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Previous recurrent APH -	
fundal fibroid detected Hb 28 & 34	
Smokes 20 cigarettes/day	USS on 16.2.15
Co reading 36	

Antenatal assessments/admissions/multi-professional assessment

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Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

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Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your ba'	
Special features	**Plans for care**
Allergy LATEX.	
Active 3rd Stage.	

Does this baby require BCG Immunisation?

YES NO
(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date / / Time : Details

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		

Special Features

Name Stacey Ellis

Age 26 Parity 3|1

Agreed EDD 1/4/15

Blood group O Pos.

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies LATEX

Pregnancy	
Special features	**Plans for care**
Previous recurrent APH - fundal fibroid detected Hb 28 & 34	
Smokes 20 cigarettes/day	USS on 16.2.15
6 reading 36	

Breech Presentation at 36 weeks

		Date
External Cephalic Version discussed and information given	☐ No ☐ Yes	/ /
External Cephalic Version offered	☐ No ☐ Yes	/ /
External Cephalic Version offer accepted	☐ No ☐ Yes	/ /

Details of ECV procedure

Fetal heart checked and recorded ☐ No ☐ Yes

Record of cervical stretch and membrane sweep for postmaturity

Date / / Time : Gestation

Record of discussion prior to the procedure

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate (pre VE) Maternal pulse

Fetal heart rate (post VE)

Comments

Signature: Date / / :

Cervical examination

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

* Relative to the ischial spines

Comments

Plans following procedure

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features Labour, birth & after your ba'

Special features	Plans for care
Allergy LATEX.	
Active 3rd Stage.	

Does this baby require BCG Immunisation?

YES NO
(If yes record on labour summary)

Antenatal Steroids given No ☐ Yes ☐ Date ../../.. Time ..:.. Details .....

Repeat dose Date ../../.. Time ..:.. Date ../../.. Time ..:..

Information for you

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

Forms — **Date received**

- 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) ../..

Benefits and Entitlements

- Parent's Guide to Money
- 'A Guide to Maternity Benefits' NI 17A www.dwp.gov.uk ../..
- 'Pregnancy and work: what you need to know as an employee' www.bis.gov.uk ../..

Screening tests in pregnancy

- 'Your guide to screening tests during pregnancy' ../..

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.scottishcotdeathtrust.org ../..
- 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' www.healthscotland.com ../..
- 'Breastfeeding and Returning to Work' www.healthscotland.com ../..
- 'Your Guide to Newborn Screening Tests' ../..
- 'Your Baby's Hearing screen' www.healthscotland.com ../..
- '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

Others

- Antenatal education sessions discussed Yes ☐ No ☐ ../..
  Booked to attend Yes ☐ No ☐

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Your ultrasound scans

Details of any ultrasound scans that you may choose to have will be entered below or the computer print out results of your scans will be attached.

Dating Scan +/- NT measurement

Date	Gestation	EDD by scan	Fetal heart	NT measurement if performed	Signature
24/9/14	13wks	1/4/15	No ☐ Yes ☑		
Details	CRL 68mm FHV				

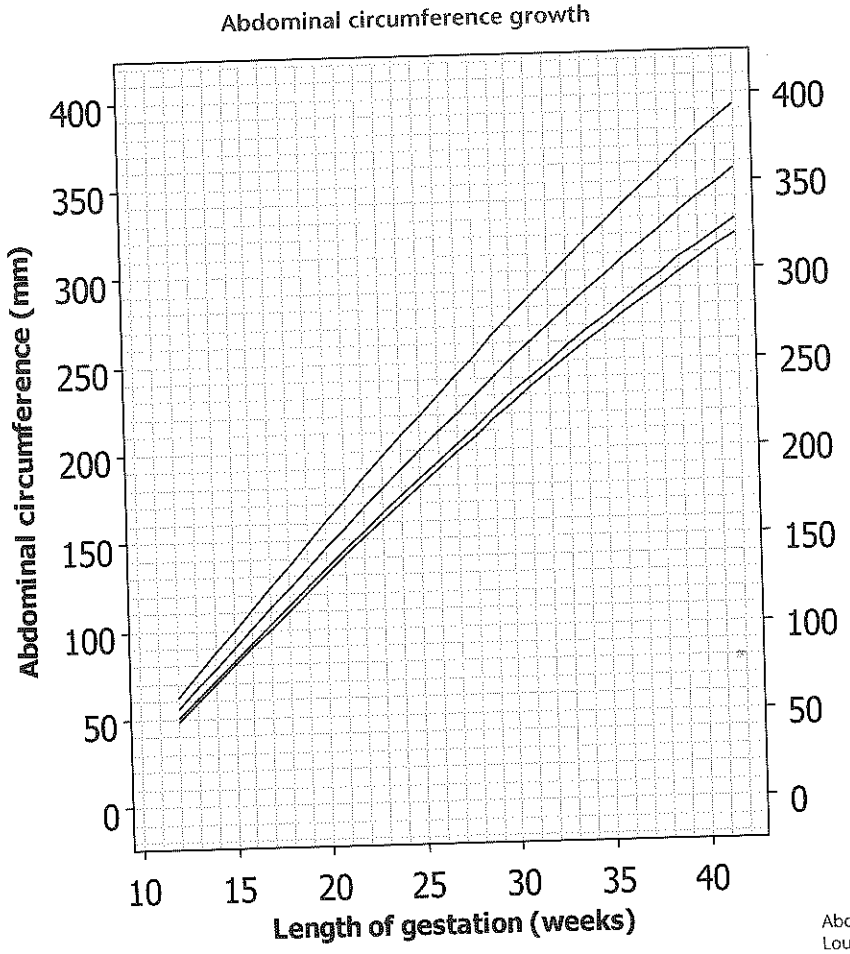
Detailed Scan/ Fetal Anomaly Scan delete as appropriate

Date	Summary of findings	Signature
	Base Menu completed No ☐ Yes ☐	

Other Scans

Date	Gestation	Amniotic Fluid Index (AFI) Oligo/normal/ polyhydramnios	Growth Within Normal Limits/<5th Centile/>95th Centile	Fetal presentation (Cephalic, breech, transverse)	Fetal movement/ heart activity	Placental position	Doppler	Signature
22/8/14	?	Single fetus	CRL 13mm = 7+4 wks		FH ✓	Ys ✓		

Abdominal circumference growth

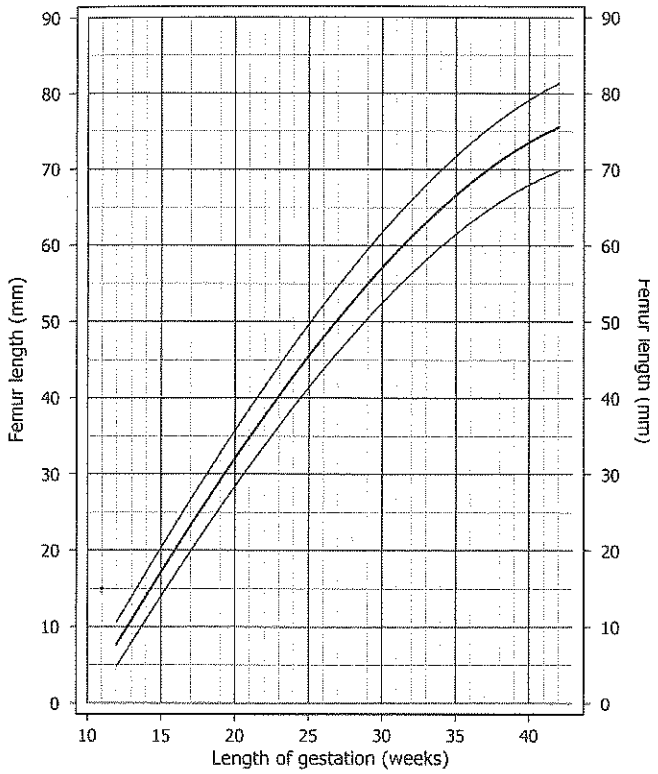


Abdominal circumference growth chart adapted from Loughna et al. Ultrasound, August 2009, Vol 17, Number (lines show 5th, 10th, 50th, 95th centiles)

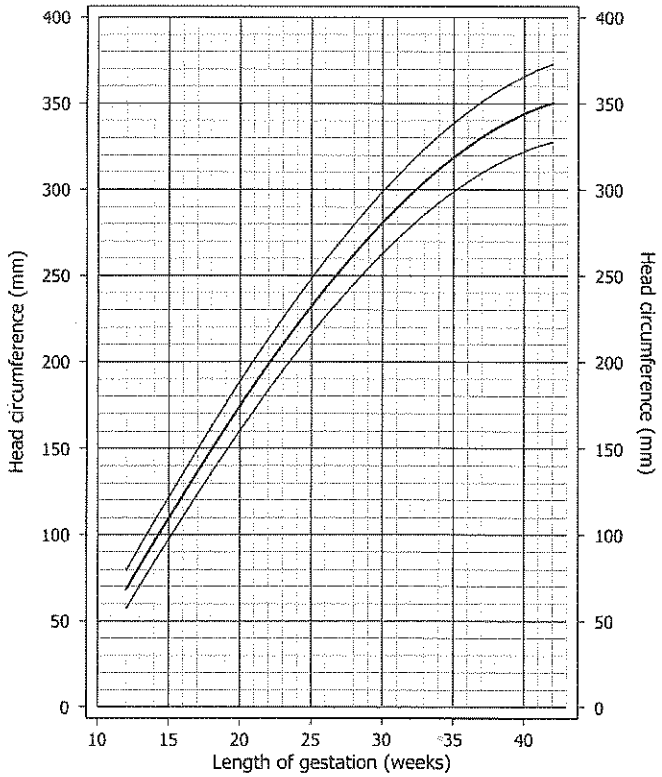
Your ultrasound scans (continued)

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

Femur length



Head circumference growth



Growth charts supplied by the British Medical Ultrasound Society (lines show 5th, 50th and 95th centiles)

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?

Anxious

Who do I want with me during labour and birth?

Stephen.

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.

Relaxed / Calm.

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?

Intermittent as long as no issues.

Continuous if any issues. FSE discussed.

How will I cope with labour/contractions?
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).

Pain relief if required.

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

Ok if necessary.

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).

Knows baby is a girl

Active 3rd stage.

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?

Skin - skin after birth

Vitamin K IM injection

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: Sally [signature] **Date** 10/8/15

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 mitts, 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 notes and questions

Please use this page to write down any notes or questions

Your notes and questions (continued)

Please use this page to write down any notes or questions

Your postnatal care

The chart below is used to plan your postnatal care. Your midwife (and sometimes other members of your maternity team) will discuss and arrange your care with you, according to your needs and your baby's needs. Maternity staff will explain the reasons for each appointment or visit, as well as where it will take place, who with and when.

Hand hygiene is particularly important after childbirth. Please wash your hands in warm soapy water before and after changing your sanitary towel and after every trip to the toilet.
You should be alert to signs of infection after childbirth. You should seek advice from your midwife, general practitioner or maternity hospital if you have any of the following:-

- High temperature/feeling feverish/flu like symptoms
- Sore throat – especially if other members of the family also have sore throats
- Breathlessness
- Abdominal or chest pain
- Diarrhoea and/or vomiting
- Severe headache

Studies have shown that the safest place for your baby to sleep is on their back, in a cot, in your room for the first 6 months. Side-sleeping or prone (tummy) sleeping is not advised (unless there is a medical reason for doing so). This is the most important thing you can do to reduce the risk of cot death. For further information speak to a member of the maternity team, ensure you have a copy of the leaflet "Reduce the Risks of Cot Death" or look online at www.scottishcotdeathtrust.org

Your postnatal appointments

Day	Date	Time*	Reason for visit/appointment	Where & who with

*For some home visits an approximate time or 'morning' or 'afternoon' visit may be given.

Your notes

Please use this space to jot down any notes or questions about your care or your baby's care.

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal discharge summary

Discharged from .....

To (address) ELLIS STACEY 2804880060 F ✆ 959209

GP 17 ANNAT ROAD MONTROSE DD10 8EF ✆

Named caseload ity Care Annat Bank Practice, Links Health Cent

Obstetrician ..... Paediatrician .....

GIRFEC lead professional .....

Labour, birth and postnatal period

☐ Gravida ☑ Para

Onset of labour ☑ Spontaneous ☐ Induced: indication .....

Mode of delivery SVD on Sun day 15/2/15 at 15:41 Sex f

Indication low Presentation cephalic Position Semi recumbent Location mrh

Livebirth/Stillbirth Gestation 37+4 Birthweight 2660 g Blood loss 200 mls

APGARs 9 1minute 9 5 minutes ☐ 10 minutes Placenta/membranes .....

Perineum/abdominal wound Intact Sutures .....

Haemoglobin 106 g/dl on 10/2/15 Repeat ☐ Not needed ☐ done due on ../../..

Blood group Pos Irregular antibodies ☐ Yes ☐ No anti-D needed ☐ No ☐ Yes anti-D given on ../../..

Blood transfusion ☐ Yes ☐ No

Rubella status Immune Vaccination needed ☐ No ☐ Yes Vaccinated on ../../..

Contraception/sexual health needs discussed ☐ No ☐ Yes

Details .....

Cervical smear due ☐ No ☐ Yes: due in ..... (month) 20 ..

Discharge medication ☐ No ☐ Yes: details .....

Postnatal check with ..... Arranged for ../../.. Mother to arrange ☐

Problems identified during pregnancy, labour/birth

Problems in the postnatal period/referrals, investigations or results pending including recommendation to seek pre-pregnancy counselling prior to planning any subsequent pregnancies

Signed L McFarlane Designation SM

Please complete the "Whose Signature" page at the back of the record

Your progress

Normal pulse range 50-100bpm: Normal Temp range 36-38°c: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots Revised postnatal thrombosis risk	Breasts	Fundus
1	16/3/15	T 36. P 60 BP 105/58 RR 14 comfortable.	Fully mobile.	soft.	F & C.
2	17/3/15	T 36.5 P 80. BP 104/64. RR 14 well, good appetite. Tired	Mobile legs NAD	Soft, Comfortable	NP
(3)	20/3/15.	T P BP RR Well but tired. Appetite ok, advised to stay hydrated Mood variable. Busy week. Normal mood discussed	Mobile legs NAD.	Feeling full, uncomfortable advised to take analgesia, cold compress and supportive bra.	NP.
10	25/3/15	Well, no concerns	Fully mobile	comfortable	not palpated

Please complete the "Whose Signature" page at the back of the record

Observations outwith this range seek advice from a multi-professional colleague

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
average	comfortable	voiding BNO. Happy & well.	telephone labes today re feeding visit tomorrow.	J Ducketts/m.
Rubra Some small clots non offensive	Comfortable	voiding BNO, advised to stay hydrated	Routine PN care. visit tomorrow.	Zoe Urquhart SF/m CM M/W.
Serosa Reducing No clots non offensive smell	Comfortable. No problems.	Voiding BO ✓	Routine PN Care phone call tomorrow.	Zoe Urquhart SF/m.
min	comfortable	voiding Bowels opening	JCobrelli'	

Your progress

Normal pulse range 50-100bpm: Normal Temp range 36-38°c: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots Revised postnatal thrombosis risk	Breasts	Fundus

Please complete the "Whose Signature" page at the back of the record

Observations outwith this range seek advice from a multi-professional colleague

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Your postnatal care

Please use 24 hour clock and sign each entry.
Remember to complete the 'Whose signature?' section on the back cover of the record

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care
15.3.15	mother discharged Home with
19.20	baby, Lower to discharge
	& MSfenland
	SM

Please complete the "Whose Signature" page at the back of the record

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care

Your postnatal care

Please use 24 hour clock and sign each entry.

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care

Breastfeeding your baby

Breastfeeding your baby may be a new experience for you, or you may already have skills and confidence. This section contains items for discussion, observation and support as you breastfeed your baby. Your midwife and maternity care team will support you. When you and your midwife feel you are confident with the items, you can then sign them off to mark your progress.

Your copy of 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' provides sound advice that you and your partner can refer to. Please let your midwife know if you need another copy. Or visit www.healthpromotionagency.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding	...../...../.....	...../...../.....
Positioning my baby for breastfeeding	...../...../.....	...../...../.....
Principles of good attachment	...../...../.....	...../...../.....
How to recognise that my baby is feeding well including effective milk transfer	...../...../.....	...../...../.....
My baby's feeding and sleeping patterns for the first few days	...../...../.....	...../...../.....
'Baby led' feeding	...../...../.....	...../...../.....
When my milk 'comes in'	...../...../.....	...../...../.....
Rooming in at the maternity unit	...../...../.....	...../...../.....
Sharing a bed with my baby - the risks discussed further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"	...../...../.....	...../...../.....
Winding my baby	...../...../.....	...../...../.....
My baby's needs (exclusive breastmilk for around the first six months of life)	...../...../.....	...../...../.....
Why dummies or teats should not be used	...../...../.....	...../...../.....
How to hand express my breastmilk	...../...../.....	...../...../.....
Expressing breastmilk a) washing & dry storing equipment	...../...../.....	...../...../.....
b) safe storage	...../...../.....	...../...../.....
Signs that my baby is feeding well and thriving	...../...../.....	...../...../.....
Monitoring for wet and dirty nappies	...../...../.....	...../...../.....
Breastfeeding support in my community	...../...../.....	...../...../.....

Breastfeeding support is available from the following organisations:-
The Breastfeeding Network 0300 100 0210 www.breastfeeding network.org.uk
National Breastfeeding Helpline 0300 100 0212 www.feedgoodfactor.org.uk
NCT – 0300 330 0771 7 days 0800 -2200 www.nct.org.uk
La Leche League - 0845 120 2918 www.laleche.org.uk

Information on alcohol consumption and breastfeeding	...../...../.....	...../...../.....

Other things that I want to ask about: .....

.....

.....

Formula feeding your baby

As with general baby care, you may already be skilled in making up formula feeds and formula feeding your newborn baby, or it may be a new challenge. Your midwife and maternity care team will support you. The list below can be used to check that you feel confident formula feeding your baby. Please sign off the items when you feel ready.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Using bottled milk/disposable teats in the maternity unit	...../...../.....	...../...../.....
The importance of good hand hygiene	...../...../.....	...../...../.....
Sterilising equipment	...../...../.....	...../...../.....
Making up a formula feed correctly and safely (always following the manufacturer's instructions)	...../...../.....	...../...../.....
Making up each feed as required, use of whey based milks for first 12 months and one to one demonstration if required	...../...../.....	...../...../.....
Giving a formula feed correctly and safely	...../...../.....	...../...../.....
Winding my baby	...../...../.....	...../...../.....
My baby's feeding and sleeping patterns for the first few days	...../...../.....	...../...../.....
'Baby led' feeding	...../...../.....	...../...../.....
'Rooming in' at the maternity unit	...../...../.....	...../...../.....
Sharing a bed with my baby - the risks discussed	...../...../.....	...../...../.....

Further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"

Choosing the right type of milk for my new baby (whey based)	...../...../.....	...../...../.....
Signs that my baby is feeding well and thriving	...../...../.....	...../...../.....

Further information on preparing formula feeds can be found at www.babyfriendly.org.uk Including information in different languages.

Other things about feeding that I want to ask about: .....

.....

.....

.....

.....

.....

.....

Feeling confident with your baby

Whether you are a first time parent, or if you have experience of looking after new babies, there may be things that you want to discuss and practice with maternity care staff. The list below can be used as a starting point to ensure that you feel confident meeting your baby's needs. Please sign off the items when you feel ready. Remember there can be lots to learn, and it can be quite normal for this to take a while.

Don't forget that your 'Ready, Steady, Baby!' book contains useful advice and information that you and your partner/supporter can refer to. Or visit www.readysteadybaby.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Baby communication and attachment (skin to skin, touch or massage, talking to baby, eye contact, responding to non-verbal cues, instinctive skills and how babies learn etc)	...../...../.....	...../...../.....
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	...../...../.....	...../...../.....
Social support	...../...../.....	...../...../.....

Other things I want to ask about: .....

.....

.....

.....

.....

.....

Information for you (indicate when received) ☐ ...../...../.....

Do you still have your copy of 'Ready, Steady, Baby!' ☐ No ☐ Yes

Easy Read Versions of Ready Steady Baby are available from NHS Health Scotland free of charge please contact 0131 536 5500

.....

.....

.....

Please remember that some health advice changes over time. Friends and relatives may be unaware of new guidance about preventing cot death. Please share your information with them to help keep your baby safe.

Conversations in the postnatal period: Key points NHS Tayside

Remember: explore what parents already know→ accept → offer relevant information

After birth

All mothers are supported with
- Unhurried skin contact
- Recognising early feeding cues
- Offering first feed in skin contact

Signature:	Date:	Comments;

Postnatal

All mothers are offered support to:
- Appreciate the importance of closeness and responsiveness for mother/baby well being
- Hold their baby for feeding
- Understand responsive feeding

Breastfeeding mothers are offered support to:
- Hand express
- Value exclusive breastfeeding
- Understand how to know their baby is getting enough milk
- Access help with feeding when at home

Mothers who formula feed are offered support to:
- Sterilise equipment and make up feeds
- Feed their baby first milk
- Limit the number of people who feed their baby

Signature:	Date:	Comments:
1.		
2.		
3.		

Breastfeeding Assessments

Breastfeeding assessments carried out using the breastfeeding assessment form (minimum of 2 in the first 10 days) and an appropriate plan of care made. This may include referral for additional/specialist support.

Signature:	Date:	Comments:
1.		
2.		
3.		

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful. The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

- How I feel I am coping
- My mood and emotions
- How I feel I am doing as a parent
- Not liking my baby at the moment
- Difficulties with my baby's feeding
- Managing my tiredness
- Questions about my baby
- Coping with my baby's crying
- My anxieties
- Relationships with my family

Thinking about your pregnancy, labour and birth

Pregnancy, labour, birth and the time afterwards are unique experiences. They can have a powerful effect on how you feel and your relationships with your baby, partner, family and your maternity care team.

Your midwife will ask you about your experiences in the early days following the birth. You may have questions that you want to ask or issues to discuss – or you may not. You may find it helpful to think about your experiences of maternity care so far, and discuss events with your partner or the person supporting you. Please use the space below to jot down any questions or issues to discuss.

Please remember that you can talk to any member of your maternity care team (such as your midwife, General Practitioner or obstetrician) about your experiences *at any time after the birth.* Some women wish to do this a few weeks, or even many months after the birth, or if they are thinking about becoming pregnant again.

Your health after the birth

Blood tests/other tests and results				
Date	**Time**	**Investigation**	**Indication**	**Result/actions**

Discharge from midwifery care

Date ..../..../.... Days postnatal .....

Special features identified (please sign and date each entry) .....

BP ...../.....

General wellbeing and mental health

.....

Contraception

Longer acting contraception (LAC) discussed Yes ☐ No ☐

Reversible contraception discussed Yes ☐ No ☐

Has LAC contraception been provided Yes ☐ No ☐

It is recommended that you commence a reliable method of contraception by Day 21

.....

Sexual health (www.sexualhealthscotland.co.uk)

.....

Physical Exercise and Healthy Lifestyle Advice

Importance of healthy eating and maintaining a healthy weight discussed Yes ☐ No ☐

.....

Current smoker? ☐ No ☐ Yes ..... /day

Has risk of passive smoking to baby been explained? ☐ No ☐ Yes

Don't smoke or allow anyone else to smoke in the same room as your baby.

It's best if nobody smokes in the house, including visitors.

Anyone wishing to smoke should go outside.

Do not smoke or allow anyone to smoke in a car your baby is travelling in.

For further information about alcohol consumption following the birth.

See www.readysteadybaby.org.uk

	Any problems		**Details**
Passing urine	☐ No	☐ Yes	.....
Pelvic floor	☐ No	☐ Yes	.....
Bowel function	☐ No	☐ Yes	.....
Breasts	☐ No	☐ Yes	.....
Perineum/abdomen	☐ No	☐ Yes	.....
Lochia/menstruation	☐ No	☐ Yes	.....
Cervical smear due	☐ No	☐ Yes	.....

Concerns

.....

Handover to health visitor completed ☐ No ☐ Yes Details .....

Health Plan Indicator allocated (circle as appropriate): core additional **Include in handover to health visitor**

Six week follow-up appointment discussed/arranged ☐ No ☐ Yes Details .....

Signed ..... Print name ..... Designation .....

Please complete the "Whose Signature" page at the back of the record

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
E. MUSCIOLEK		Midwife.
Kate Mancell		RL
Fiona M Inkes		RM.
[illegible]		MW
JENNIFER GALLOWAY	J GALLOWAY	M/W.
DONNA COLLIE		MIN
RMITCHELL		Midwife
S Clark		Student Midwife.
JULIE CABRELLI	J Cabrelli	SM.
SHONA SINCLAIR		MW
LORNA McFARLANE	L McFarlane	SM
ZOE URQUHART	Zoe Urquhart	Student Midwife
LORNA FORD		MW

Version 6

SWHMR reviewed by Healthcare Improvement Scotland

Pregnancy Risk Pathway

Name	DOB/CHI	Consultant
Stacey Ellis	2804880060	P. Lynch

Pregnancy Risk Pathway – Green Amber or Red
(document date of change and signature in appropriate row)

[redacted]						
[redacted]						

Consultant Plan of Care – SWHMR Antenatal record holds initial assessment and care plan.
This document is only for significant changes to the woman's care pathway.
Each entry must include date, gestation & signature

ELLIS
STACEY 2804880060
F
17 ANNAT ROAD
MONTROSE DD10 8EF
Annat Bank Practice, Links Health Cent

Guilty.

01674 959209.
Tel 07840470020 Scan
24/9/14 - 13wks
LMP 26.6.14 CRL = 68mm

EDD 1/4/15
Blood Grp O Pos
Book ?MRI latex
BMI 18 allergy
Parity 3|1

34+152

Stacey Ellis (Address Label)	Telephone Number(s): 01674 959209 07840470020.
Date: 19/3/15 Postnatal day: (4) Signature: Zoe Urquhart SM/midw	How are you feeling?: Generally well Any sign of fever?: None PV loss: Reducing, slight smell but not concerned, asymptomatic of infection. Feeding Issues: None, feeding on smaller feed. How is baby?: 3-4° 35-36 When have we arranged to see you next?: Visit tomorrow.
Date: 21/3/15 Postnatal day: (6) Signature	How are you feeling?: Well Any sign of fever?: No PV loss: ↓ min Feeding Issues: Afwell How is baby?: well When have we arranged to see you next?: Phone tomorrow
Date: 22/3/15 Postnatal day: 7/ Signature BEach ST/M.	How are you feeling?: Well. Any sign of fever?: No. PV loss: Min, no clots, non offensive. Feeding Issues: None. How is baby?: Well PU✓ BO✓ When have we arranged to see you next?: phone tomorrow.
Date: 23/3/15 Postnatal day: 8 Signature dKnox Gm	How are you feeling?: Well. Any sign of fever?: No. PV loss: Minimal, x1 clot on standing this morning, not offensive. Feeding Issues: No How is baby?: Well PU✓ BO✓ When have we arranged to see you next?: Phone tomorrow
Date: 24.3.15 Postnatal day: 9 Signature: L McFarlane.	How are you feeling?: Well Any sign of fever?: no PV loss: minimal. Feeding Issues: no How is baby?: well When have we arranged to see you next?: visit tomorrow.
Date: Postnatal day: Signature:	How are you feeling?: Any sign of fever?: PV loss: Feeding Issues: How is baby?: When have we arranged to see you next?:

NHS SCOTLAND

Baby Record - Midwifery Care

Confidential

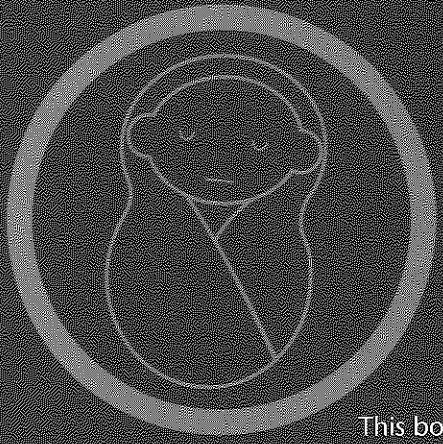
PLEASE USE BLACK INK

Ailsa.

BABY'S LABEL
Insert Name and CHI

ELLIS
STACEY
2804880060
F
17 ANNAT ROAD
MONTROSE
DD10 8EF

Annat Bank Practice, Links Health Cent



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

This booklet will document the care given to your baby in the first days in hospital and at home. When you and your baby are discharged from community midwifery care, the booklet will be returned to the baby's hospital medical record.

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal summary

Discharged from .....

Place of birth Home/Hospital/CM[illegible] circle as appropriate

To (address) ELLIS STACEY 2804880060 F
17 ANNAT ROAD
MONTROSE DD10 8EF
✆ 959209

GP Annat Bank Practice, Links Health Cent ✆ .....

Obstetrician ..... Paediatrician .....

GIRFEC lead professional if relevant e.g. Social Worker .....

Named Caseload Holder as per KCND Pathways .....

Labour, birth and postnatal period

Onset of labour ☑ Spontaneous ☐ Induced: indication .....

Mode of delivery SVD on Sun day 15/3/15 at 15:41 Sex f.

Indication low Presentation cephi Location mrs

Gestation 37+4 Birthweight 2660 g

APGARs 9 1 minute 9 5 minutes ☐ 10 minutes .....

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

Baby

CHI 150315 5625 L-47

Discharged home with mother ☐ No ☐ Yes

Feeding: type/comments .....

OFC 33 cm Discharge Weight ..... g

Follow-up required ☐ No ☐ Yes: details .....

Admitted to neonatal unit ☐ No ☐ Yes: details .....

Discharge medication .....

Further details, including problems identified/referrals, investigations or results pending: .....

Signature: L McFarlane **Designation** SM

Please complete the "Whose Signature" page at the back of this record

Consent for Newborn Blood Spot Screening

I have received and read the information leaflet "Your guide to newborn screening tests" 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 healthcare professionals.

Note to healthcare professional – all relevant information needs to be recorded on the Newborn Blood Spot Card

Baby's Name Ailsa Ellis Date of birth 15/3/15

CHI Number 150315 5625

- ☑ **I wish** ☐ **I do not wish** my baby to be tested for Phenylketonuria
- ☑ **I wish** ☐ **I do not wish** my baby to be tested for Congenital Hypothyroidism
- ☑ **I wish** ☐ **I do not wish** my baby to be tested for Cystic Fibrosis
- ☑ **I wish** ☐ **I do not wish** my baby to be tested for Sickle Cell Disorders
- ☑ **I wish** ☐ **I do not wish** my baby to be tested for MCADD
- ☑ **I wish** ☐ **I do not wish** my baby to be tested for .....
- ☐ **I wish** ☐ **I do not wish** my baby to be tested for .....

I understand that the Newborn Blood Spot Screening Programme needs to obtain my permission to store the newborn blood spot card beyond the initial 12 month testing period and to use any of the blood spots left over after testing is complete for anonymised research, such as the development of new screening tests. If any research was proposed in which the researcher would be able to identify me or my baby, a member of staff from the Newborn Blood Spot Screening Programme would always contact me again to seek my approval.

- ☑ **I agree** ☐ **I do not agree** for the storage of my baby's blood spot sample beyond the initial 12 month testing period.
- ☑ **I agree** ☐ **I do not agree** to the use of any left over blood spots for anonymised research

Signature: ..... **(Parent) Date** 20/3/15

Signature: ..... **(Witness: Health professional)**

Designation: MW **Date** 20/3/15

Consent for Newborn hearing screening

I have received and read the information leaflet "Your guide to newborn screening tests" and have had an opportunity to discuss the newborn hearing screening 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 healthcare professionals. I also understand that even with a clear response from the screen, my baby could have a later hearing loss.

☐ **I wish** my baby to have a hearing test ☐ **I do not wish** my baby to have a hearing test

Signature: ..... **(Parent) Date** / /

Signature: ..... **(Witness: Health professional)**

Designation: ..... **Date** / /

Please complete the "Whose Signature" page at the back of this record

Your baby's progress

Complete breastfeeding assessment form - around day 5

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if formula feeding) and condition of mouth
1	15.345 & 16.45 Temperature ..... °C Route	pink.	clear.	breast.
1	16/3/15 Temperature cosy °C Route	Pink Healthy 24hr examination.	clear & bright For S.I.C as breech in 3rd trimester.	Breast. Fed well following birth. Has not fed overnight see over.
2	17/3/15 11.30 Temperature warm °C Route face.	Appears well baby. Good colour + tone. Fontanelles NAD.	Clear x 2.	Has fed 1-2hr every 3 hours. Sometimes less than most. Mouth moist + clean No jittery at present although baby has noticed some jittery. Advised to observe + if any further jittery to let us know. I will call Stacy at 4pm today to see how baby Alice is. See note.
	 Temperature ..... °C Route			

Breast feeding assessment form

If any responses in the right hand column are ticked: watch a full breastfeed, develop an action plan including revisiting positioning and attachment and/or refer to specialist practitioner. Any additional concerns should be followed up as needed.

What to observe /ask about	Answer indicating effective feeding	✓	Answer suggestive of a problem	✓
Urine output	At least 5-6 heavy wet nappies in 24 hours*		Fewer than 5-6 wet nappies in 24 hours, or nappies that do not feel heavy*	
Appearance and frequency of stools	2 or more in 24 hours; normal appearance (i.e. at least £2 coin size, yellow, soft/runny)*		Fewer than 2 in 24 hours or abnormal appearance*	
Baby's colour, alertness and tone	Normal skin colour; alert; good tone		Jaundiced worsening or not improving; baby lethargic, not waking to feed; poor tone	
Weight (following initial post-birth loss)	If re-weighed not lost more than 10% of birth weight – see Weight Guidelines		Weight loss greater than 10%	
Number of feeds in last 24 hours	At least 8 feeds in a 24 hour period*		Fewer than 8 feeds in last 24 hours*	
Baby's behaviour during feeds	Generally calm and relaxed		Baby comes on and off the breast frequently during the feed, or refuses to breastfeed	
Sucking pattern during feed	Initial rapid sucks changing to slower sucks with pauses and soft swallowing*		No change in sucking pattern, or noisy feeding (e.g. clicking)*	

Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check *	Signed
Intact cord clamped.	Voided.		X2	Mcfarlane SM
Pink Healthy cord clamped	Yes.	Mec		Dr Duckett.
Healthy intact skin. Cord clamped clean + dry.	✓	Mec.		ON MIDWIFE MW.

What to observe /ask about	Answer indicating effective feeding	✓	Answer suggestive of a problem	✓
Length of feed	Baby feeds for 5 - 30 minutes at most feeds		Baby consistently feeds for less than 5 minutes or longer than 40 minutes	
End of the feed	Baby lets go spontaneously, or does so when breast is gently lifted		Baby does not release the breast spontaneously, mother removes baby	
Offer of second breast?	Second breast offered. Baby feeds from second breast or not, according to appetite		Mother restricts baby to one breast per feed, or insists on two breasts per feed	
Baby's behaviour after feeds	Baby content after most feeds		Baby unsettled after feeding	
Shape of either nipple at end of feed	Same shape as when feed began, or slightly elongated		Misshapen or pinched at the end of feeds	
Mother's report on her breasts and nipples	Breasts and nipples comfortable		Nipples sore or damaged; engorgement or mastitis	
Use of dummy/nipple shields/ formula?	None used		Yes (state which) Ask why: Difficulty with attachment? Baby not growing? Baby unsettled?	

*This assessment tool was developed for use on or around day 5. If the tool is used at other times:

Wet nappies:
Day 1-2 = 1-2 or more
Day 3-4 = 3 or more, heavier
Day 7+ = 6 or more, heavy

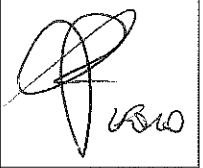
Stools:
Day 1-2 = 1 or more, meconium
Day 3-4 = 2 or more changing stools

Feed frequency:
Day 1 at least 3-4 feeds Sucking pattern:
Swallows may be less audible until milk comes in day 3-4

Used with permission of UNICEF UK Baby Friendly Initiative

Your baby's progress

PN Day	Date/ time	General condition: colour, appearance and fontanelles	Eyes	Feeding: type, frequency (and volume if formula feeding) and condition of mouth
20/3/15 ↔ 5 Temperature warm °C Route touch		Pink, warm & settled Fontanelles NAD	x2 clear	AF on demand 2oz 3-4° Mouth moist Jitteryness improved Well tolerated
25/3/15 10 Temperature ..... °C Route		Pink and alert Appears well baby	clear x 2	AF on demand 2-3oz. Wt ↑ 60g from Day 5 - advised not to leave too long between feeds
Temperature ..... °C Route				
Temperature ..... °C Route				
Temperature ..... °C Route				
Temperature ..... °C Route				
Temperature ..... °C Route				
Temperature ..... °C Route				

Skin: including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
cord off Skin clean	PU ✓	yellow	at home	
cord off. skin pink and intact	voiding	yellow		Isabelli S/M.

Your baby's care

Please use 24 hour clock and sign each entry.
Remember to insert your details in the "Whose Signature?" section on the inside back cover.

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode
15.3.15 19.20	baby discharged home with mother, to call to unit tomorrow for 24hr check L McFarlane SM
16/3/15 11.00	Stacey has brought baby Ailsa in for 24hr examination. No concern other than Ailsa feed well following birth but not since. Stacey has been trying regular uninterrupted skin to skin + hand expressing drips of colostrum. On examination Ailsa not jittery, mouth moist, temp fine + 24hr examination NAD. Wet nappy on changing. Discussed hand expression again + Stacey instructed in same. Assisted with skin to skin + positioning. Stacey + Ailsa have good positioning. Few sucks.
12[15]	Stacey reports she wishes to bottle feed and has a bottle of formula with her. We have discussed offering support for breastfeeding. Stacey adamant she wishes to formula feed. Aware of continued importance of skin to skin + close relationships with parents. Plan agreed: Stacey going to offer 2 hrly formula feeds of 1-2oz in view of baby being 2.6 kg + not feeding well. We will have telephone consultation later today. We will visit tomorrow morning. I have assured Stacey that should she wish to start breastfeeding again we are here to support her. Lisa Quelch RM

Your baby's care (continued)

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode
16.3.15 19 00	Phone call from Stacey saying baby Aliza fed well - took 2oz formula. PV/ Meconium ✓. Baby alert and looks well ↑ Stacey. Advised to feed 3-4hourly overnight. For visit tmoorrow. SM CMW
17.3.15 13.00	Phoned Stacey - Baby has fed well today 7.35 mls per feed. No more jittering noticed. Stacey appeared happy and had no concern. Will telephone tomorrow and visit day 5. SM MW

Your baby's care (continued)

Please use 24 hour clock and sign each entry.
Remember to insert your details in the "Whose Signature?" section on the inside back cover.

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode

Your baby's care (continued)

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode

Your baby's care (continued)

Please use 24 hour clock and sign each entry.
Remember to insert your details in the "Whose Signature?" section on the inside back cover.

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode

Your baby's care (continued)

Date/time	Further multi-professional information/planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode

Discharge of baby from midwifery care

Date ..../..../.... Baby's age ..... days Assessed by .....

Weight chart

BW

Postnatal day	Date	Time	Weight: g	Details: including percentage of birth weight lost
5	20/3/15	BW →	2660g 2440	
10	25/3/15		2500	↑ 60g from Day 5.

Vitamin K

Vitamin K ☐ IM ☐ Oral ☐ Declined .....

Oral vitamin K – professional or parent administration

Repeat oral doses given on ..../..../.... By ..... ☐ Declined

..../..../.... By ..... ☐ Declined

Feeding

☐ Breast ☑ Formula ☐ Mixed ☐ Supplementary feeds given

Details .....

.....

.....

Vaccinations

BCG vaccination needed ☐ No ☐ Yes BCG given on ..../..../....

Hepatitis B vaccination needed ☐ No ☐ Yes Hepatitis B vaccination given on ..../..../....

Hepatitis B Immunoglobulin ☐ No ☐ Yes Hepatitis B Immunoglobulin given on ..../..../

Further information on immunisations is available at www.immunisationscotland.org.uk

Screening

Newborn Blood Spot Screening done on 20/3/15 By LFORD ☐ Declined

Newborn hearing screening done on ..../..../.... By ..... ☐ Declined

Any significant risk/diagnosis of a haemoglobinopathy should be written on the comment section of the Newborn Blood Spot card

Any problems identified

Jaundice ☐ No ☐ Yes ☐ SBR taken Highest SBR .....

Other .....

Protect Your Baby's Natural Head Shape Leaflet Discussed ☐ No ☐ Yes see www.scotland.gov.uk

Hand over to health visitor/public health nurse complete ☐ No ☐ Yes

Hand overover to other named person i.e. GIRFEC lead ☐ No ☐ Yes

Follow-up appointments required ☐ No ☐ Yes Details .....

Provide details of follow up required, who to and why

Other .....

Signed: ..... Date ..../..../....

Oral Health

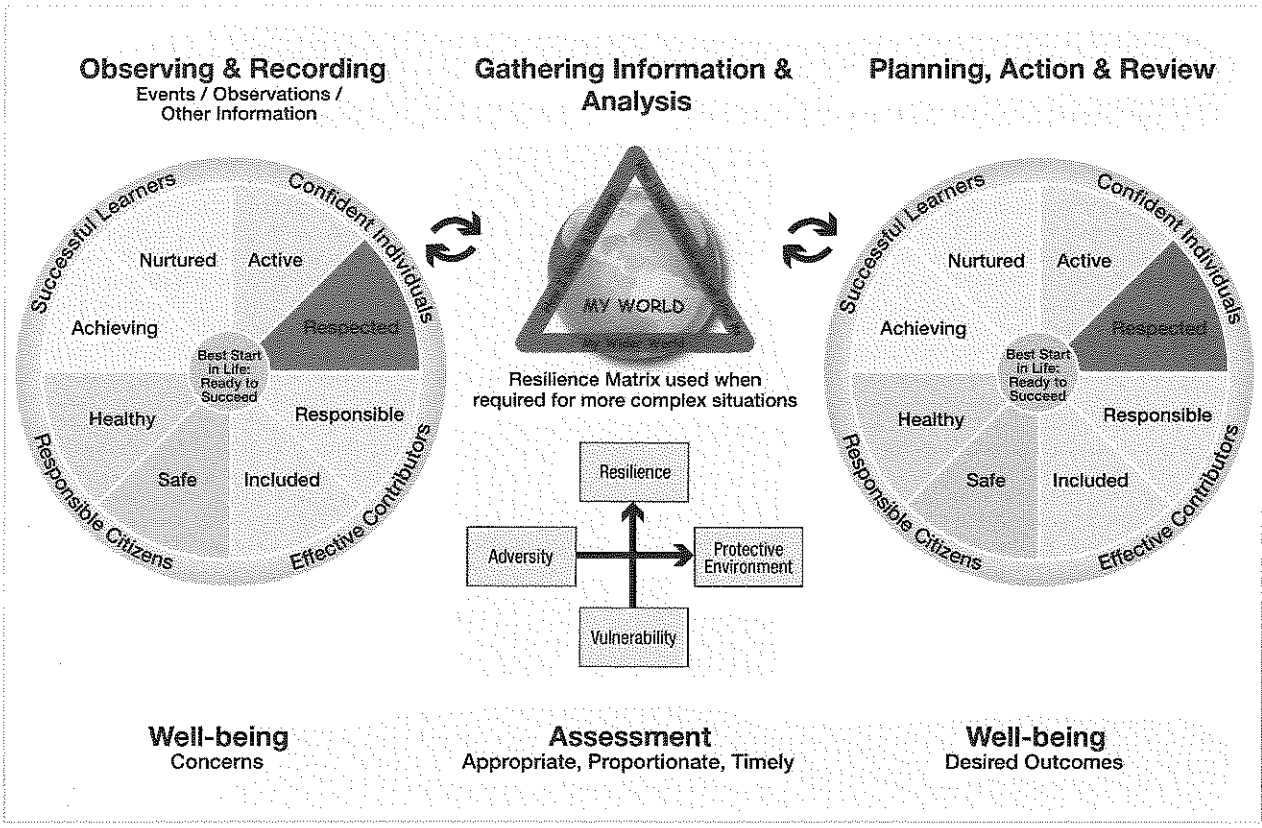
It is recommended that you register your baby with a dentist around the age of 6 months. Many dentists participate in the Childsmile Programme. More information is available at www.child-smile.org.uk

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
LORNA MCFARLANE	Lmcfarlane	SM
IONA DUCKETT	Iona Duckett	midwife
E MCCLOSKEY	EMc	MIW
LORNA KERR		MW
JULIE CARRELLI	JCarrelli	SIM.

The National Practice Model



Version 6

SWHMR reviewed by Healthcare Improvement Scotland 2011

MATERNITY CALL RECORD

Please complete clearly in black ink and BLOCK capitals for telephone contact made within a 24 hour period
(Refer to guidance and file in main record when complete).

NHS SCOTLAND

SITUATION

Woman's Details

Surname:	Ellis
First Name:	Stacey
Patient ID/CHI:	280488 0060
Home Address +/- Current Location	17 Annat Rd Manhose
Post Code:	DA10 8EF
Calling from home address	No ☐ Yes ☑
Telephone No:	07840470020
Named C s/Midwife	Emily D Lynch
F nned Place of birth	? ? Mel.
Additional Information: i. e Requires Interpreter	hlo depression/anxiety

SITUATION

Call Details

Date 6 / 1 / 15	Time 1900	hrs
Call Number (circle) 1 2 3 Time call completed:		hrs
Relationship of caller to woman (include name) :	-	
Location of call taker	MATY - MCU	
Parity 3+1		
EDD 1 / 4 / 15		
Gestation 28		

Previous pregnancy Mode of Delivery / Comments

SVD	☐
Forceps/Ventouse	☐
Caesarean Section	☐

Relevant Obstetric/ Medical History (i.e. quick labour, pre-term /breech)

Ventouse x1 SVD x2.
APH in last pregnancy in 2013

Heavy smoker Co readings >30.

BACKGROUND - Call Reason (record relevant details only)

	No	Yes		
Contractions	☑	☐	Frequency	Duration secs
SRM	☐	☑	Time of SRM yesterday Hrs	Colour: Blood Stained
Other PV Loss	☐	☐	Describe	
Bleeding	☐	☑	Describe see below	
Rh Neg	☑	☐	**Anti D required?**	**No** ☐ **Yes** ☐
F al Movements	☐	☑	Usual Movements felt?	**No** ☐ **Yes** ☑
H adache	☑	☐	Describe:-	
Visual disturbance	☑	☐		
Oedema	☑	☐	Describe:-	
Urinary problems	☑	☐	Describe:-	
Abdominal pain (not contractions)	☑	☐	Describe (circle)	**None / Mild / Mod / Severe**
			Pain Score (circle)	**0 1 2 3 4 5 6 7 8 9 10**

CONSIDER USING PAIN SCORE FOR UTERINE ACTIVITY

Group B Strep	☐	☐
Other, please detail		

Woman's description Anxiety/Distress

Postnatal	**N** ☐	**Y** ☐	Temp **N** ☐	**Y** ☐	Blood loss **N** ☐	**Y** ☐	Feeling unwell **N** ☐ **Y** ☐
Delivery Date / / 20	SVD ☐	Forceps/Ventouse ☐	Caesarean Section ☐				

Call Reason/ Clinical Summary Include Relevant Information such as how long contractions present

Para 3+1 @ 28wks ; a history of fluid leaking pv since yesterday that was blood stained (didn't call then). Today still leaking fluid, & specks of blood through. States

ESSMENT - Include Advice Given

is leaving pads ! is soaking these. Some backache experienced. Reports normal FM's Advised to contact triage (number given) as given history of fluid loss, bleeding ! gestation requires a medical review

Decision Support

Guidelines/Pathway	☑	Discuss with other midwife	☐	Discuss with Medical staff	☐
Call back advice given	☐	Woman agrees with plan	☐		

Discussed with (insert name) .....

RECOMMENDATION

Outcome from Call

Requested to attend unit for assessment	☐	Woman requests attendance in unit for assessment	☐
Own transport No / Yes			
Ambulance required No / Yes Routine ☐ Urgent ☐ 999 ☐		Time arranged	hrs
ys at home with advice to telephone if further support required (Self Care)	☐	Stays at home with follow up appointment	☐
GP	☐	Early Pregnancy Unit	☐
Day Care	☐	Community Midwife	☐
Routine Appointment	☐	Other..... Triage	☑

Signature/Designation	KMcNicol RM
Print Name	KMcNicol

Final Outcome if Woman Attends

Referred to:

Admitted to Ward (CLU)	☐	Home – no additional follow up (Routine ANC only)	☐
Admitted to LW (CLU)	☐	Home – with follow up appointment detail.....	☐
Admitted to CMU/MLU	☐	Referred to GP	☐
Referred to EPU/DCU	☐	Referred to other	☐
		If referred on, where?	

Time in		hrs	Time out		hrs

Women and Child Health
Down's syndrome Screening
Enquiries to: Midwifery Team Leader:
Lesley A Mays
01382 425621
01382 660111 ext 35621 or bleep 4052

NHS Tayside

ELLIS 2804880060
STACEY F
17 ANNAT ROAD
MONTROSE DD10 8EF

Annat Bank Practice, Links Health Cent

Hospital.....MRI.....Consultant.....P Lynch.....

Down's syndrome Screening

Date of booking scan.....24/9/14.....Gestation.....Bks.....E.D.D.....1/4/15.....

(Singleton)/multiple pregnancy

NT screening Date of NT.....

Too early for NT. Date for return.....

Declined Screening for Down's syndrome .....24/9/14.....

Unable to obtain NT, second trimester screening offered YES/NO

Second Trimester Screening

Declined Second Trimester Screening.....

Second trimester screening on: Date.....

Time:.....

CVS/Amniocentesis: Date.....

Contact telephone number.....

Signed.....[signature].....Print Name.....

Designation.....RM.....

Scan letter 4/2014

POSITIVE ABOUT DISABLED PEOPLE

Screening for Haemoglobinopathies
Family Origin Questionnaire (FOQ)

NHS SCOTLAND

65032

Hospital Name NRI - CNU
CHI No. 2804883006O
Estimated Delivery Date
Surname ELLIS
Forename STACEY
Date of Birth 28.04.88
Address 1 17 ANNAT RD
Address 2 MONTROSE
Postcode DD10 8EF

Screening test declined ☐

What are your family origins?

Please tick all boxes in ALL sections that apply to the woman and the baby's father

		Woman	Baby's father
A.	**AFRICAN OR AFRICAN CARIBBEAN (BLACK)**		
1/	Caribbean Islands	☐	☐
2/	Africa (excluding North Africa)	☐	☐
3/	Any other African or African-Caribbean family origins (please write in…)		
B.	**SOUTH ASIAN (ASIAN)**		
1/	India or African-Indian	☐	☐
2/	Pakistan	☐	☐
3/	Bangladesh	☐	☐
C.	**SOUTH EAST ASIAN (ASIAN)**		
1/	China including Hong Kong, Taiwan, Singapore	☐ #	☐ #
2/	Thailand, Indonesia, Burma	☐ #	☐ #
3/	Malaysia, Vietnam, Philippines, Cambodia, Laos	☐ #	☐ #
4/	Any other Asian family origins (eg Caribbean-Asian) (please write in…)		
D.	**OTHER NON-EUROPEAN (OTHER)**		
1/	North Africa, South America etc	☐	☐
2/	Middle East (Saudi Arabia, Iran etc)	☐	☐
3/	Any other Non-European family origins (please write in….)		
E.	**SOUTHERN & OTHER EUROPEAN (WHITE)**		
1/	Sardinia	☐ #	☐ #
2/	Greece, Turkey, Cyprus	☐ #	☐ #
3/	Italy, Portugal, Spain	☐	☐
4/	Any other Mediterranean country	☐	☐
5/	Albania, Czech Republic, Poland, Romania, Russia etc	☐	☐
F*	**UNITED KINGDOM (WHITE) refer to guidance at the back**		
1/	England, Scotland, N Ireland, Wales	☑	☑
G*	**NORTHERN EUROPEAN (WHITE) refer to guidance at the back**		
1/	Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2/	Scandinavia, Switzerland etc	☐	☐
3/	Any other European family origins, refer to chart (eg Australia, N America, S Africa) (please write in…)		
	*Hb Variant Screening Requested by F and/or G *(ie request from low risk group)*	☐	☐
	# Higher risk for alpha zero thalassaemia		
H.	**DON'T KNOW (incl. pregnancies with donor egg/sperm)**	☐	☐
I.	**DECLINED TO ANSWER**	☐	☐
J.	**ESTIMATED DELIVERY DATE (please write in if not above)**		
K.	**GESTATION AT TIME OF TEST**		

OFFER haemoglobin variant screening to all women if they or their baby's father have answers in a shaded box

Signed S Clark Print Name S CLARK

Job Title Student Midwife Contact Tel No 01674 623401 Date 19.08.14

(By Health Care Professional completing the form)

This form must be attached securely to the haematology laboratory request form with the antenatal blood samples. A second copy of the form should be added to the patient's maternity record. (A third copy can be added to the hospital records if applicable). The completion of this form is an ESSENTIAL part of the screening process.

Maternity Summary Record

Please use black ink

Confidential

Personal details

CHI 2804880060 Age 26

Previous surname

Likes to be called

Home ✆

Other ✆

Affix label here or complete by hand

Unit No

Surname/fai Annat Bank Practice, Links Health Cent

First name(s

Date of birtl DD10 8EF MONTROSE

Address 17 ANNAT ROAD F ELLIS STACEY 2804880060

Postcode

Change of details

Your address

Postcode

Home ✆ 01674 959209

Other ✆ 07804 700 20

Parity 3 + 1

Agreed EDD 1/4/15 LMP 26/6/14.

Blood group

Irregular antibodies Yes ☐ No ☐

Thrombosis risk factors

☐ Previous DVT ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Partner/supporter details

Please tick if emergency contact ☐

Name Steven Grant

Date of Birth 15.6.85

Relationship Fiancee

Address SIA

Postcode

Home ✆ 01674 959209.

Other ✆

Allergies LATEX.

Height 1.60 Weight 47 BMI 18

Gestation BMI calculated

Special features

- Previous recurrent APH in last pregnancy. Fundal fibroid detected.
- previous social work involvement as h/o depression + anxiety previous PRAM.
- US 8 weeks due to ↑Co readily

Alternative/emergency contact

Name

Relationship

Address

Postcode

Home ✆

Other ✆

Directions to home

Named midwife

GP

	Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1	05/06/08	Ventouse	Boy	2800	39+1	Nirewells	
2	28/05/11	NVD	Boy	3160	39+5	MFU	
3	11/07/13	NVD	Boy	2610	37+3	Nirewells	
4							
5							
6							
7							
8							

Personal details

Family origin Scottish

Current religion or faith None

Language used at home English

Help needed with interpreting, communicating or advocacy No ☑ Yes ☐

Cultural requirements/details on the above

Occupation Homemaker

Provide details of social circumstances/family support. Detail any change of partner during pregnancy or the postnatal period

Referrals

/ / To

/ / To

/ / To

Key professi

Named midwife Emily Miscioscia
Midwife
01674 623401

Midwifery tean Montrose Maternity Unit
Base Bridge Street
Montrose DD10 8AJ
✆ 016 Tel: 01674 623401

Obstetrician Dr Pauline Lynch
Clinic Antenatal Clinic
✆ Ninewells Hospital
Tel: 01382 660111

Health Visito
Base Health Visiting Team
✆ Links Health Centre
Montrose

Social Worker
Base
✆

Health status

Specific dietary needs No ☑ Yes ☐

Smoking status Smoker

At risk of passive smoking No ☐ Yes ☑

Problem alcohol use No ☑ Yes ☐

Problem drug use No ☑ Yes ☐

Details of any of the above
Smoking Cessation ✓
Co level 31.

Domestic Abuse/Routine Enquiry

Seen alone at booking No ☐ Yes ☑

Routine enquiry question asked No ☐ Yes ☑

If not asked, document reason why

Abuse disclosed No ☑ Yes ☐

Current ☐ Past ☐

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

If domestic abuse disclosed remember to tick the box in the women held record referring midwives back to summary record (box in special features area).
Comments

Child protection

Issue raised on / /

Comments

Please d Annatbank Practice
maternit (13706) made
General Links Health Centre
Base Montrose
✆ (Tel : 01674 673400
Practice (

Other
Designation
Base
✆

Other
Designation
Base
✆

Chronology of Significant Events

Please detail below the strengths, assets and challenges faced by women and their families throughout pregnancy, birth and the post-natal period.

The chronology should contain:

- The date and time
- A brief description of the event
- Cross-reference to other records e.g. computerised records
- Each entry must be signed

Date/ Time	Event	Action/Outcome	Signature

Planned place of birth and Pathway for antenatal care red or green

Lead professional .....

Designation .....

Change(s) to Planned place of birth and Pathway for antenatal care red or green

Reason .....

Signed .....

Booking completed by EM Print E MISCIOSKA Designation MCW

Date 19/8/14 Gestation 7 8 weeks Location MRI

Date	Gestation	BP	Urinalysis	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry. Please use 24 hour clock				
19-8-14	7 8	110/60		Booking. GUFB referral sent US - dating on 22.8.14 as unsure of dates. Message left with HV to update if any involvement & family & if any concerns.
25-9-14				Phone call on 22.9.14 from HV intake team. Spoke to Sarah Stapleton re concerns over Stacey's ability to cope with older son Declan. L/Tsd MCW asked to phone SW to discuss concerns as named midwife on night shift. SW informed home start support & families are involved and struggling with older son. However, they do not feel a PLAN is needed. Have asked midwifery team to discuss

Date	Further information/details of maternity care
Remember to sign each entry	
18/10/14	16+2 No concerns. Struggling to cut down on cigarette consumption. CO_2 reading 39. Has been seen by smoking cessation & plans to go to the chemist for nicotine replacement therapy when the kids go back to school next week. JJ/Mooney (Mary) c/w.
9/12/14	23+6, well. Urine ++ leucocytes. MSSU sent. BP 110/60, FHH ✓, FM + ✓. Co reading 35. Has had contact from CAFB team. Discussed trying to cut down. 28 wk SL 20/11/15. Stacey admits to feeling stressed as she is having difficulties with older son Declan. She admits to feeling down at times and is not enjoying pregnancy. Spoke to social worker re this and whether they have concerns. Spoke to Nicola in Intake Team who said that Stacey is working with Appt for families team re older son Declan. They do not have concerns about Stacey's other children. Social work and health visitors have joint meeting tomorrow. They will phone to let me know how this goes. FH
19-12-14	Phoned social work for update - not available to discuss. Phoned health visitor - message left & call back. On Stacey into MAU - green discharge, swabs sent + MSU. Also meeting SFD + has ? SPM - d → to MWS for review. FH
20/1/15	29 wks. Bloods obtained. Fundus = 27cm, long he, cephalic, FHH, FMF ✓, ++ leucs, abdo + bowel pain. Antibiotics requested from GP. CTG reassuring & no uterine activity, not felt on palpation. Stacey at home. If abdo pain worsens or if antibiotics not effective - Stacey to go to Nine wells for medical review. D/W Dr Norbridge - happy with this plan. Also discussed with J. Cabeza (MWS) & J. Cooney - agree with above plan. SM (MSW on MAU)
20/01/15	Phoned Stacey re group & strep MVS result. Feeling much better but commenced on further antibiotics specific to G&S today. Aware to contact us if symptoms worsen/persist. Stacey happy with this. JJ/Mooney (Mary) c/w.

 Name Stacey Ellis CHI no 230488 00.60

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
3.2.15	31+6	Phoned Stacey to catch up. Baby measuring small on USS on 22/1/15. Repeat USS and ANC on 9.2.15, and on 16.2.15 Appointment to see me, in Montrose on 17.2.15. [illegible]
17/2/15	33+6	Seen today at MRI for 34 wk AN check + FBC. AN WNL, BP = 108/62 Urinalysis NAD Fundus = 31.5 cm, has scan (growth scan) arranged for 02/3/15 at NN's. FMF ✓ FHH ½ (S) 138 bpm. FBC obtained and sent ½ consent. Nxt app 17/03/15 with Emily at MRI, 38 wk / 40. Bellak ST/mw
24/2/15		Iron commenced yesterday as hgb 103. Phoned for results tonight. Also folate deficient → folic acid 5mg requested as per protocol. Will pick up tomorrow. Advised if not managing to tolerate to inform us - hgb rechecked organised for 2wks time. Diet + fluids discussed also
6/3/15	36+	Triage event. ½ Rt sided pain, no bowel movement for over a week. Plan CTG obs ✓ Bloods ✓ organise scan for Sytron, lactulose. [illegible]
6/3/15		Hb checked 102. Stacey says he has been complying with iron + folic acid therapy. Email sent to Dr Lyon. [illegible]

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by emiscioscia(Emily Miscioscia (non referrer)) at 30 Jan 2015 00:28

Patient name:	STACEY ELLIS	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	17 ANNAT ROAD, MONTROSE DD10 8EF				

Reported	Specialty	Location	Clinician	Status
24 Jan 2015 17:28	Microbiology	NW OP MAT DAY ASSESSMENT UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 15B500979 (HIGH VAGINAL SWAB) Collected 22 Jan 2015 12:48 Received 22 Jan 2015 16:13

CLINICAL DETAILS :
30wks preg, abdo pain

Sample 15B500979 (HIGH VAGINAL SWAB) Collected 22 Jan 2015 12:48 Received 22 Jan 2015 16:13

Microscopy

-

No Trichomonas
No Clue cells seen

Culture:

Organism	*	**Group G Streptococci**
Organism Growth	*	**Profuse Growth**
Penicillin		S
Erythromycin		S

No Candida Isolated

End of report

Could you check where Stacey on right Antibiotics. Mandy

commenced 30/01/15

HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: H153700300
Mon Roy Inf Maternity Unit — Clinician: Dr P. LYNCH — MRIMATY LYNP1H

HGB	106	L	g/L	(120-160)	WBC	14.1	H	x10^9/L	(4.0-11.0)
RBC	4.06		x10^12/L	(3.8-4.8)	NE#	10.3	H	x10^9/L	(2.0-7.5)
HCT	0.328	L		(0.37-0.47)	LY#	2.9		x10^9/L	(1.5-4.0)
MCV	80.7	L	fl	(85-105)	MO#	0.7		x10^9/L	(0.2-0.8)
MCH	26.1	L	pg	(27-32)	EO#	0.16		x10^9/L	(0.0-0.4)
MCC	323		g/L	(320-360)	BA#	0.0		x10^9/L	(0.0-0.1)
					PLT	402	H	x10^9/L	(150-400)

Serum Folate	2.1	L	ug/l	(3.1-17.5)
B12	273		ng/l	(200-940)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
10 Mar 2015 10:49

Clin.Details: Has been on iron and folic acid for 2/52. Repeat FBC and iron studies at Dy Lynch's request

Request Entered: 10 Mar 2015 13:15 — Report Printed: 10 Mar 2015 14:12

REPORT RECEIVED

DOCTOR'S INITIALS

BIOCHEMICAL MEDICINE

DMR 374

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: C153700300
Mon Roy Inf Maternity Unit — Clinician: Dr P. LYNCH — MRIMATY LYNP1H

FERRITIN	5 <<	ug/L	(13-150)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
10 Mar 2015 10:49

Clin.Details: Has been on iron and folic acid for 2/52. Repeat FBC and iron studies at Dy Lynch's request

Request Entered: 10 Mar 2015 13:15 — Report Printed: 10 Mar 2015 15:08

REPORT RECEIVED

DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988

Lab No: H153651456

MRIMATY LYNP1H

Mon Roy Inf Maternity Unit — Clinician: Dr P. LYNCH

HGB	103	L g/L	(120-160)	WBC	14.8	H x10^9/L	(4.0-11.0)
RBC	3.91	x10^12/L	(3.8-4.8)	NE#	10.5	H x10^9/L	(2.0-7.5)
HCT	0.334	L	(0.37-0.47)	LY#	3.2	x10^9/L	(1.5-4.0)
MCV	85.3	fl	(85-105)	MO#	0.9	H x10^9/L	(0.2-0.8)
MCH	26.4	L pg	(27-32)	EO#	0.22	x10^9/L	(0.0-0.4)
MCC	310	L g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	375	x10^9/L	(150-400)

? on iron.

21/2/15.
Coming to pick up
iron & needs
folate + B12

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
17 Feb 2015 14:24

Clin.Details: 33+6 weeks gesation FBC

Request Entered: 17 Feb 2015 18:40

Report Printed: 17 Feb 2015 19:41

REPORT RECEIVED

DOCTOR'S INITIALS

Multi-Professional Assessment in Pregnancy NHS TAYSIDE

FIRST NAME: Stacey SURNAME: Ellis	CHI: 2804880060
ADDRESS: 17 Annat Road, Montrose, DD10 8EF	CONTACT NUMBER: 01674 959209/ 07840470020
GP: Annat Bank	BMI: 18
LMP: 26/4/14 EDD: 5/4/15	

	YES	NO
SWHMR commenced	yes	
Previous medical/obstetric notes reviewed	yes	
Midwife Led Care	yes	
Consultant Led Care	yes	
Risk Factors		
* Obstetric risk factors	yes	
* Medical risk factors		no
* Social risk factors	yes	
FOQ	yes	
Booking bloods obtained	yes	
MSSU	yes	
Information Pack given	yes	
Folic acid/Healthy start vitamins		No– encouraged to take

OBSTETRIC HISTORY:
Para 3/1
Ventouse delivery in 2008 Ninewells; SVD in 2011 Montrose; SVD in 2013 Ninewells. Last pregnancy recurrent APH, fundal fibroid detected.

Past Personal or Family History of Significance	Personal	Family
Essential Hypertension		
Cardiac or Renal Problems		
Diabetes or Thyroid problems		
Thrombosis		
Epilepsy		
Genetic Disorders/Fetal Abnormalities		
Medication: Prescribed		
Medication: Non-prescription		

Social Issues	Yes– social work involvement in the past, due to Stacey's H/o depression and anxiety. Current concerns regarding Stacey's ability to cope as oldest son has behavioural difficulties.		
Alcohol	no		
Smoking	Yes– CO reading 31. Referred to smiking cessation team.		
Other Whooping Cough leaflet given	At 24 weeks		
Flu vaccination			

Emily Miscioscia
Staff Midwife
Montrose Maternity Unit

PRESCRIPTION REQUEST FROM MONTROSE MATERNITY UNIT

Date Fax Sent:	24/2/15	
Name:	Stacey Ellis	Tel: 01674959209 07840470620
DOB/CHI:	2804880060	
Gestation/EDD/ Days postnatal:	34 wks	
Feeding Method:		
Clinical Details:	anaemic, also folate deficient	
Result/request:	5mg folic acid as per protocol	
Pharmacy:	Steeple (Has been advised to wait at least 24 hours before collecting from pharmacy)	

Many thanks,

Signed.....PRINT L FORD.....
(MIDWIFE)

NHS Tayside, Ninewells Hospital, Dundee, Blood Sciences Report

Printed by lhmcfarlane(Lorna McFarlane (non referrer)) at 15 Mar 2015 15:13

Patient name:	STACEY ELLIS	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	17 ANNAT ROAD, MONTROSE DD10 8EF				

Reported	Specialty	Location	Clinician	Status
10 Mar 2015 14:12	Blood Sciences	MONTROSE MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H153700300 (EDTA) Collected 10 Mar 2015 10:49 Received 10 Mar 2015 13:15

CLINICAL DETAILS :
Has been on iron and folic acid for 2/52. Repeat FBC and iron studies at Dy Lynch's request

Sample H153700300 (EDTA) Collected 10 Mar 2015 10:49 Received 10 Mar 2015 13:15

FBC				
Hb	*	**106**	g/L	120 - 160
WBC	*	**14.1**	x10^9/L	4.0 - 11.0
PLT	*	**402**	x10^9/L	150 - 400
RBC		4.06	x10^12/L	3.8 - 4.8
HCT	*	**0.328**		0.37 - 0.47
MCV	*	**80.7**	fl	85 - 105
MCH	*	**26.1**	pg	27 - 32
MCHC		323	g/L	320 - 360
NE#	*	**10.3**	x10^9/L	2.0 - 7.5
LY#		2.9	x10^9/L	1.5 - 4.0
MO#		0.7	x10^9/L	0.2 - 0.8
EO#		0.16	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1
B12/FOLATE				
B12		273	ng/l	200 - 940
Serum Folate	*	**2.1**	ug/l	3.1 - 17.5

End of report

ELLIS
STACEY
2804880060
17 ANNAT ROAD
MONTROSE
F
DD10 8EF
Annat Bank Practice, Links Health Cen

Date: 11/3/15 Time: 07.30

Please complete this form when discussing patient care with the multi-disciplinary team

SBAR – Montrose Maternity Unit

Name: STACEY ELLIS. CHI: 280488 0060.

PON 10.3.15

S (SITUATION)

Into unit to discuss birthplan and repeat FBC + iron studies.
Says FMs slightly less than normal today.
36+6 weeks today.

B (BACKGROUND)

Para 3 C/S Vaginal B/L x Ventouse 2 x VD's)
BMI 48. Heavy smoker.
3rd Growth Scan – growth liquor volumes/flow normal – last scan @ 35 weeks by Dr Lynch.
Hb 102 on 6.3.15.

A (ASSESSMENT)

CTG commenced to assess fetal wellbeing. CTG reactive, plenty FMs during CTG.
Bleeped Reg – no answer.
Bleeped Reg again – spoke to Dr Patravali this morning to ? whether Stacey needs medical review and repeat growth scan.

Abdo palpation fundal height = 29cms, cephalic, long lie, 3/5 palpable. FHR & FTF during palpation – ✓

R (RECOMMENDATION)

Dr Patravali feels medical review is not necessary as Stacey was seen + scanned by Dr Lynch at 35 weeks. Reassured that CTG normal and plenty of FMs since Stacey has been in unit. Happy for Stacey to be home and to keep in touch if any concerns if any further episodes of ↓ FMs – to go to maternity triage.

Signed: _____ Designation: MIDWIFE.

Reported to: Dr Patravali Designation: Consultant.

HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: H153693596
Mon Roy Inf Maternity Unit — Clinician: Dr P. LYNCH — MRIMATY LYNP1H

HGB	102	L	g/L	(120-160)	WBC	15.6	H	x10^9/L	(4.0-11.0)
RBC	3.96		x10^12/L	(3.8-4.8)	NE#	11.6	H	x10^9/L	(2.0-7.5)
HCT	0.324	L		(0.37-0.47)	LY#	3.1		x10^9/L	(1.5-4.0)
MCV	81.7	L	fl	(85-105)	MO#	0.7		x10^9/L	(0.2-0.8)
MCH	25.7	L	pg	(27-32)	EO#	0.14		x10^9/L	(0.0-0.4)
MCC	315	L	g/L	(320-360)	BA#	0.1		x10^9/L	(0.0-0.1)
					PLT	356		x10^9/L	(150-400)

Hgb 17/2/15 103 - email sent to Dr Lynch by E Mirzaian today re Stacey states she is complying with iron supplementation.

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
06 Mar 2015 13:14

Clin.Details: 36+2 weeks pregnant - on iron

Request Entered: 06 Mar 2015 16:58 — Report Printed: 06 Mar 2015 18:26

REPORT RECEIVED

DOCTOR'S INITIALS

DMR 374

BIOCHEMICAL MEDICINE

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: C153693596
Mon Roy Inf Maternity Unit — Clinician: Dr P. LYNCH — MRIMATY LYNP1H

SODIUM	134		mmol/L	(133-146)
POTASSIUM	4.6		mmol/L	(3.5-5.3)
UREA	2.5		mmol/L	(2.5-7.8)
CREATININE	45		umol/L	(44-80)
ALT	8		U/L	(5-55)
BILIRUBINS	10		umol/L	(0-21)
ALKALINE PHOSPHATASE	173	>>	U/L	(30-130)
ALBUMIN	30	<	g/L	(35-50)
URATE	156		umol/L	(140-360)
C-REACTIVE PROTEIN	LT4		mg/L	(0-10)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
06 Mar 2015 13:14

Clin.Details: 36+2 weeks pregnant - on iron

Request Entered: 06 Mar 2015 16:58 — Report Printed: 06 Mar 2015 17:58

REPORT RECEIVED

DOCTOR'S INITIALS

THB 024SS

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (3 WEEK RECORD)

NHS Tayside

DATE OF ADMISSION _____ RECORD START DATE 6/3/15

Hospital/Ward: MEU Consultant: Plymt On admission: Weight: 47 Height: 1.60 BMI 18	ELLIS 2804880060 STACEY F 17 ANNAT ROAD MONTROSE DD10 8EF Annat Bank Practice, Links Health Cent

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE		
Receiving Unit	Date	Authorised Prescriber (Signature)

MEDICINE ALLERGIES/SENSITIVITIES

IF NIL KNOWN TICK HERE THEN DATE & SIGN ☐ .....

1. Latex	2.	3.	4.

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed by	Time Given	Given By
6/3/15	1300	Lactulose	15mls	oral	medicines exemption	1300	KMacD

OTHER MEDICINE CHARTS IN USE

Chart Type	Signed		Signed
1. Insulin		4. Anticoagulant	
2. Epidural / Pain relief		5. Mental Health Act	
3. Fluid		6. Other	

PRESCRIPTION REQUEST FROM MONTROSE MATERNITY UNIT

Date Fax Sent:	6/3/15
Name:	ELLIS STACEY 2804880060 F
DOB/CHI: Tel NO:	17 ANNAT ROAD MONTROSE DD10 8EF 01674 959209 Annat Bank Practice, Links Health Cent 07840470020
Gestation/EDD/ Days postnatal:	36.+2 Allergy latex
Feeding Method:	
Clinical Details:	C/O constipation Unable to tolerate oral iron.
Result/request:	Please can you prescribe LACTULOSE liquid iron Sytron.
Pharmacy:	Stacey will collect just after 4pm today (Has been advised to wait at least 24 hours before collect from pharmacy)

Many thanks,

Signed... K McDonald ..... PRINT... K McDonald

(MIDWIFE)

te	Time	Details
ase use 24 hour clock and sign each entry		
5/14	1000	Phonecall from Doreen from SW Intake team looking for an update on Stacey. I explained that she is early pregnant and 12wk USS is on 9/4/14. Doreen explained that Stacey is struggling with her 2 elder children:- behaviour, attendence at school and Declan (the eldest) was violent towards Stacey in the playground last week at school and teachers had to intervene. Stacey stated to them she is at "the end of her tether" and is requesting help. Doreens phone number is 01307 473751 incase you want an update. D Doran.

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
WOMEN AND CHILD HEALTH CLINICAL GROUP

RISK ASSESSMENT PROFILE FOR PROPHYLAXIS

ELLIS 2804880060
STACEY F
17 ANNAT ROAD
MONTROSE DD10 8EF

Annat Bank Practice, Links Health Cent

To be completed on all Postnatal women

Date of Delivery:

Type of Delivery:

POINTS	AGE	WEIGHT	DELIVERY	OTHER	SCORE
0	<35	<80Kg	Vaginal		0
1			Ventouse WFD HFFD	36-40 Para 4 or more Gross varicose veins Current infection Pre eclampsia Immobility > 4 days antenatally Major current illness e.g. heart or lung disease	
2	>40	100-120Kg BMI >30		Sickle cell disease (SC/SS)	
3		>120Kg	LUSCS KRFD	Extended major pelvic/abdo surgery e.g. caesarean hysterectomy Personal Hx DVT/PE Thrombophilia Paralysis of lower limbs Antiphospholipid antibody (aCL/LA)	
				Total points scored	0

e.g. a 37 year woman weighing 72Kg with emergency LUSCS for PET scores 5 points (1+0+3+1)

SCORING	
Total	Action
0	Early mobilisation and hydration
1	Early mobilisation and hydration
2	Early mobilisation and hydration TED Stockings Consider Fragmin 5000iu o.d. 5 days or until fully mobile
3 or more	Early mobilisation and hydration

Assessment Record

Name & DOB/CHI:	Stacey Ellis 280488 0060				
Pathway & Reason	Now Green - saw Dr Lynch. 23/2/15				
Place of Assessment:	Maternity ~~Triage~~ Unit, MEI			Assess No:	(1)
Date & Time:	6/3/15 @ 1145			Consultant:	P. Lynch.
EDD: 1/4/15		Temp:	36·8	Resps & O2 Sats:	15 97%
Gest:	36+2.	Pulse:	84.	Bld Grp:	Opos
Parity:	3+1	BP:	100/60	Urinalysis:	NAD

Any Relevant Medical & Obstetric History

Medical NIL of NOTE — Latex allergy

BMI 18 — smokes

Obstetric Previous recurrent APH.
1x Ventouse 2x SVDs
fundal fibroid
If Hb >105g/L can birth at MEI.

Sign & Print Name [illegible] RN (Medical)

Assessment – Palpation, FH, PV loss (Sign each entry)

Time

fundus - 32/33cm, long lie, cephalic presentation
Ux free ROA/L.
Stacey came in for a FBC as requested has been on Ferrous Fumerate 210mg TID. Hasn't to be in pain - Rt lower abdomen.

This pain began yesterday - Described as sharp/constant. Hasn't taken analgesia as doesn't like to take tablets.
No bladder issues but iron tablets have caused constipation to be worse. Hasn't opened bowels for 1 week (Stacey thinks) Still has her appendix. Normal FMF.

Assessment, Plan and Actions	(Sign each entry)
Time	

Plan :-
Obs - all fine
Discussed CTG to assess fetal wellbeing : agrees to same.

Antenatal CTG Proforma	Reassuring	Non-Reassuring		NHS Tayside
Baseline rate (bpm)	110 - 160 Rate: 125 - 130	Less than 109	Rate:	Comments:
		More than 161	Rate:	
		Sinosoidal pattern for 10 minutes or more		
NB Rising baseline rate even within normal range may be of concern if other non-reassuring features present				
Variability (bpm)	5 bpm or more	Less than 5 bpm for more than 40 minutes		Comments:
Accelerations	Present ✓	None for 40 minutes		
Decelerations	None ✓	Unprovoked deceleration/s		
		Decelerations related to uterine tightenings (not in labour)		
Opinion	*Normal CTG All 4 features reassuring* ✓	*Abnormal CTG (1 or more non-reassuring feature)*		
	Maternal pulse: 84	Membranes ruptured: Y (N) If yes, date and time:	Liquor Colour	Gestation (wks): 36+2
Reason for CTG: c/o Rt sided pain				
Action: (An abnormal CTG requires prompt review by experienced obstetrician / senior midwife)				
Date 6/3/14	Time: 1240	Signature: KMcNicol	Print:	Designation: RL

Discussed findings with Stacey. Explained that Id discuss ± medical staff.
1240 Reg on Bleep 5400 contacted. KMcNicol RL

Follow Up Plan -
D/W D/ medical - doesn't sound like appendicitis
Nil Bles - lactulose
FBC, CRP, U&E's, LFTs
Bloods ± consent ✓
lactulose 15mls orally (1300hrs) KMcNicol RL

Assessment Record

Name & DOB/CHI:	STACEY ELLIS 2804880060				
Pathway & Reason	GREEN				
Place of Assessment:	Maternity Triage NIW			Assess No:	(1)
Date & Time:	21.01.15 1515.			Consultant:	PL
EDD: 1.4.15		Temp:	36.9°C	Resps & O2 Sats.	17 97%
Gest: 30.		Pulse:	~~97~~ 81	Bld Grp:	O POS.
Parity: 3/1.		BP:	104/62	Urinalysis:	+leuc trace prot

Any Relevant Medical & Obstetric History

Medical LATEX ALLERGIE

BMI - 18. SMOKER.

Obstetric

PREV. RECURRENT APH.

2x SVD

1x VENTOUSE.

Sign & Print Name Flannigan.

Assessment – Palpation, FH, PV loss (Sign each entry)

Time	
1530	Seen yesterday @ MAU → triage for medical review: see notes. ?UTI - MSSU from 20/1/15 result -ve Feels well H/O 'crampy' period pain - intermittent + backache frequent micturition O/E = 22cms. Abdomen soft + non tender. Cephalic Long lie Head free FMF as normal FH 133bpm O/N or Pai - no CTG required - for medical R/V Declare N/W

Assessment, Plan and Actions (Sign each entry)

Time	

21/1/15 R/w

26 yrs, P_3 (2 SVDS, 1 ventouse) 30 wks gestation.

- H/o intermittent low back pain - not on painkillers
- No H/o vag- bleeding / abd pain : fmf
- BMI 18
- Smokes 20/day

O/E: Obs - (N)
urine = + leucocytes
MSSU - Negative (from yesterday)

P/A - long. lie, cephalic
Fundal Ht ≥ 24cm
No uterine tenderness

FHH ✓ (C Doppler)
Not for CTG

Imp? Small for dates.

Plan - Dept USS - for growth, LV & flows
- Analgesia - paracetamol.

Rekha Pai
(R. Pai, LAT ST)

Follow Up Plan

To contact triage if any concerns overnight accurate H/w

FOR PHARMACY USE

Checked by:

.....

Clinical Pharmacist

Patient Counselled:

.....(Initials)

Medicines Required On Ward

Date.....

Time.....

.....2nd Fold.....

When Medicines are to be dispensed **All** copies to be sent to Pharmacy

....1st Fold....

7 days supply will be dispensed unless stated otherwise in box provided

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge

Final Distribution:

WHITE - GP
PINK - Pharmacy
YELLOW - Case Records
BLUE - Audit/Coding

THB(MR)26
4 Part Set

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

.....Hosp./Inf.

To Dr. .....

.....

.....

ALWAYS USE BALLPOINT PEN

HOSPITAL: NW WARD/CLINIC: ANC

D D M M Y Y
2 8 0 4 8 8 C.H.I. No. 0 0 6 0

Surname: ELLIS
First Name: STACEY M. State
Address: .....

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor)

Date Placed on Waiting List: ..... Date of Admission: .....
(if appropriate)

** Delete as appropriate*

Type of Admission: Elective /Emergency / Urgent / Transfer

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: 3415

PRINCIPAL OPERATION / PROCEDURES:

OTHER CONDITIONS:
1. Hb 103
2. .....
3. .....

OTHER OPERATIONS / PROCEDURES:

MEDICINE TREATMENT ON DISCHARGE			Times of Administration (Mark √)											DURATION OF TREATMENT	DISPENSED BY PHARMACY	
Days	NAME OF MEDICINE	DOSE	8	10	12	14	16	18	20	22	24				Number	Brand Names (for information only)
	Ferrous Fumarate	210mg				✓				✓						

DISCONTINUED MEDICINE	REASON DISCONTINUED
1.	
2.	
3.	
4.	

INFORMATION / ADVICE TO PATIENT	☐ YES ☐ NO IF YES, SPECIFY	KNOWN ALLERGIES:
CARE ARRANGEMENTS ON DISCHARGE (TICK BOX)	NONE ☐ DISTRICT NURSE ☐ SOCIAL WORK ☐ HOME HELP/ RELATIVES ☐	

FOLLOW-UP APPOINTMENT	DATE	TIME	CLINIC	DELETE AS APPROPRIATE / GIVEN / TO BE SENT	RESULTS AWAITED: YES ☐ NO ☐ IF YES, SPECIFY:

FOR FURTHER INFORMATION CONTACT: GILLIES (NAME) SD (STATUS) #C35 (TEL NO)

Signature: ..... Status: STB.

LYNCH Consultant Date: 23/2/15

Dispensed By: .....

Checked By: .....

Date: 23/2/15

MATERNITY CALL RECORD

Please complete clearly in black ink and BLOCK capitals for telephone contact made within a 24 hour period
(Refer to guidance and file in main record when complete).

NHS Tayside

SITUATION	
Woman's Details:	
Surname:	Ellis
First Name:	Stacey
Patient ID/CHI:	280488 0060
Home Address +/- Current Location	
Post Code:	
Calling from home address	No ☐ Yes ☐
Telephone No:	
Named Cons/Midwife	
Planned Place of birth	

Additional Information: i. e Requires Interpreter

SITUATION		
Call Details:		
Date / /	Time	hrs
Call Number (circle) 1 2 3 Time call completed:		hrs
Relationship of caller to woman (include name) :		
Location of call taker		
Parity 3/		
EDD / /		
Gestation 29+5		
Previous pregnancy Mode of Delivery / Comments		
SVD	☐	
Forceps/Ventouse	☐	
Caesarean Section	☐	
Relevant Obstetric/ Medical History (i.e. quick labour, pre-term /breech)		

BACKGROUND - Call Reason (record relevant details only)				
	No	**Yes**		
Contractions	☐	☐	Frequency	Duration secs
SRM	☐	☐	Time of SRM Hrs	Colour:
Other PV Loss	☐	☐	Describe	
Bleeding	☐	☐	Describe	
Rh Neg	☐	☐	**Anti D required?**	**No** ☐ **Yes** ☐
Fetal Movements	☐	☐	Usual Movements felt?	**No** ☐ **Yes** ☐
Headache	☐	☐	Describe:-	
sual disturbance	☐	☐		
Oedema	☐	☐	Describe:-	
Urinary problems	☐	☐	Describe:-	
Abdominal pain (not contractions)	☐	☐	Describe (circle)	**None / Mild / Mod / Severe**
			Pain Score (circle)	**0 1 2 3 4 5 6 7 8 9 10**
CONSIDER USING PAIN SCORE FOR UTERINE ACTIVITY				
Group B Strep	☐	☐		
Other, please detail				
Woman's description Anxiety/Distress				

Postnatal	**N** ☐	**Y** ☐	Temp **N** ☐ **Y** ☐	Blood loss **N** ☐ **Y** ☐	Feeling unwell **N** ☐ **Y** ☐
Delivery Date	/ / 20		SVD ☐	Forceps/Ventouse ☐	Caesarean Section ☐

Call Reason/ Clinical Summary Include Relevant Information such as how long contractions present

Abdo pain since yesterday. Had it for a while
DGW seen in Montrose antibiotics given for
UTI. Review with notes + fibronectin

ASSESSMENT - Include Advice Given

Decision Support

Guidelines/Pathway	☐		Discuss with other midwife	☐	Discuss with Medical staff	☐	
Call back advice given	☐		Woman agrees with plan	☐			

Discussed with (insert name) .....

RECOMMENDATION

Outcome from Call

Requested to attend unit for assessment	☐	Woman requests attendance in unit for assessment		☐
Own transport No / Yes				
Ambulance required No / Yes Routine ☐ Urgent ☐ 999 ☐		Time arranged		hrs
Stays at home with advice to telephone if further support required (Self Care)	☐	Stays at home with follow up appointment		☐
GP Day Care Routine Appointment	☐ ☐ ☐	Early Pregnancy Unit Community Midwife Other.....		☐ ☐ ☐

Signature/Designation	
Print Name	

Final Outcome if Woman Attends

Referred to:

Admitted to Ward (CLU)	☐	Home – no additional follow up (Routine ANC only)	☐
Admitted to LW (CLU)	☐	Home – with follow up appointment detail.....	☐
Admitted to CMU/MLU	☐	Referred to GP	☐
Referred to EPU/DCU	☐	Referred to other	☐
		If referred on, where?	

Time in		hrs	Time out		hrs	

MATERNITY CALL RECORD Continuation Sheet

If woman phones back within 24 hours

SITUATION			
Call Number (circle) 2 3		**(Call 3 –Recommend Face to Face Assessment)**	
Name		Date / / 20 Time	hrs
ID		Time call completed	hrs

BACKGROUND **Update of Symptoms**

ASSESSMENT **Include Advice Given**

RECOMMENDATION **Outcome from Call**			
Requested to attend unit for assessment	☐	Woman requests attendance in unit for assessment	☐
Own transport	☐		
Ambulance required	☐	Time arranged	hrs
Routine ☐ Urgent ☐ 999	☐		
Stays at home with advice to telephone if further support required (Self Care)	☐	Stays at home with follow up appointment	☐
GP Day Care Routine Appointment	☐ ☐ ☐	Early Pregnancy Unit Community Midwife Other.....	☐ ☐ ☐

Signature/Designation	
Print Name	

Assessment Record

Name & DOB/CHI:	Stacey Ellis 28/04/88 0060				
Pathway & Reason:	Green.				
Place of Assessment:	Maternity Triage			Assess No:	(1)
Date & Time:	19.12.14 13.30			Consultant:	P. Lynch.
EDD: 11/4/15	Temp: 36.0°C		Resps & O2 Sats:	16	100%
Gest: 25+3	Pulse: 75		Bld Grp:	O Pos	
Parity: 3/1	BP: 105/60		Urinalysis:	+ leucocytes	

Any Relevant Medical & Obstetric History

Medical

- Smoker (o really 35 +++ stress at mine.
- Suffered from depression & anxiety (in the past)

Obstetric

- Para 3 (1x Ventouse 2x SVDs)
- 25+3 weeks
- ? Trickle of fluid over past few days.
- Feels baby smaller this week

Sign & Print Name

Assessment – Palpation, FH, PV loss (Sign each entry)

Time	
13.30	On palpation fundus = 21 cms, transverse lie, FHH (S) 140bpm with Maternal pulse, plenty fetal movements felt. Abdomen soft non tender. Complains of urinary symptoms & green discharge PV.

Assessment, Plan and Actions	(Sign each entry)
Time	

13:40 MSSU / LVS taken & sent.

Bleeped obstetric reg 3 times - no answer.

Bleeped Trough. Switchboard.

~~Unable to reach~~ Dr Northridge wishes to see

Stacey in Triage NWS.

Going in own transport.

Triage aware

Sam (MW escort)

15[50] Arrived @ Triage. History as above.

Urinalysis Lge leucocytes, tr Glucose

SFH=22-23cm. Soft nontender

FMF++ FHH 148bpm (J). MW Chaperone

For med R/V.

Follow Up Plan

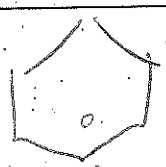
19/12/14 1700 F/U POAN

25+3. Para 2

Being called by midwife today informing urine culture negative and arranged scan. Patient told midwife 'bump' appear smaller today. Discharge since Tuesday. Denies Gush of fluid. Clear discharge & occasional greenish discharge. Denies abdo pain / PV bleed. No dysuria. ↑ frequency (no change)

Smoke 20/day. Advise to cut down.

G/E



Soft
Non-tender.

Advise to return if heavy discharge.

Plan: Scan by Dr Northbridge

Speculum done by me.
Chaperone by Dr Northbridge.
Consent taken.
~~Cent~~ No discharge of fluid on cough.
Cervical elongated. Os closed no obvious liquor on cough.

SIGS

HISTORY/CONTINUATION SHEET

Ward/Clinic/ Hosp. ..... Cons.

D D M M Y Y
28 04 88 C C 6 0 C.H.I. No.

Surname ELLIS

First Name SARAH M. State

Address ..... Sex

UNIT/WARD/DEPT. G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

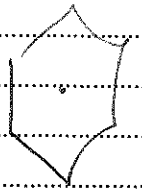
DATE

Page .....

STo R NORTHRIDGE

19/12/14 Speaks → no evidence high

USS → cephalic
FH ✓
fetal movements seen.
AFI 12.
Ht approx 226 AC approx 194

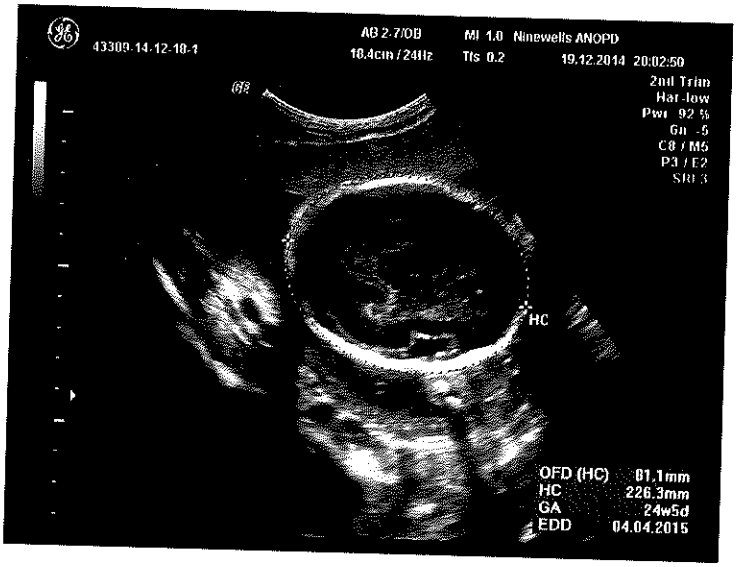


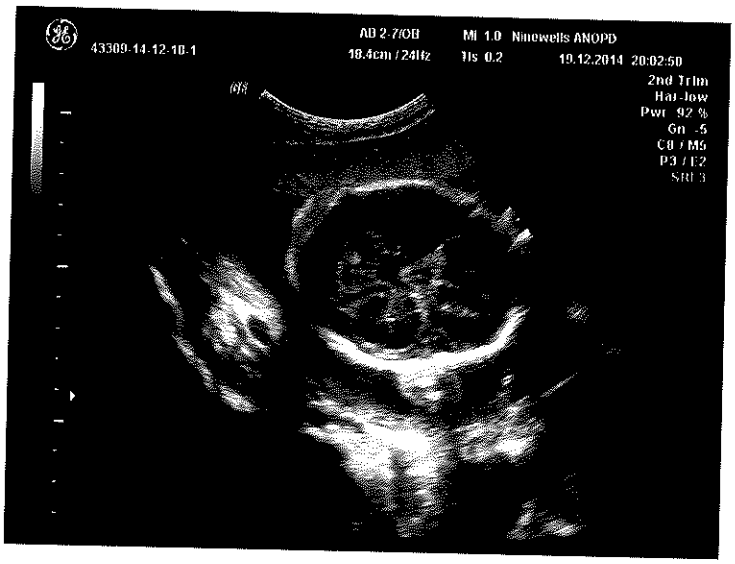
SRK.

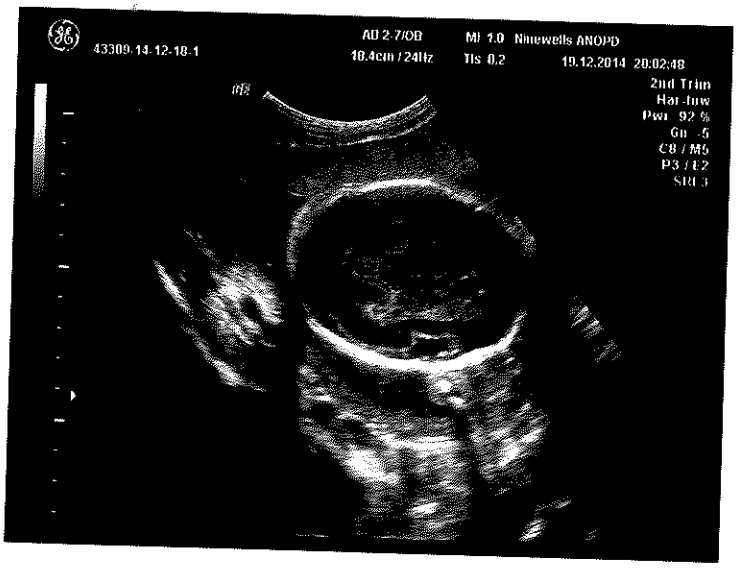
Imp no evidence SRM
Appears clinically appropriately sized baby

Plan 1) Advised to return if continues to kick ↳ cardiac check.
Consider physio referral if thought to be urine

Sig...


AD 2.7/OB
MI 1.0 Ninewells ANOPD
43309-14-12-18-1
10.4cm / 24Hz
TIs 0.2
19.12.2014 20:02:50
2nd Trim
Har-low
Pwr 92 %
Gn -5
C8 / M5
P3 / E2
SR 3
HC
OFD (HC) 81.1mm
HC 226.3mm
GA 24w5d
EDD 04.04.2015


AD 2.7/OB
MI 1.0 Ninewells ANOPD
43309-14-12-18-1
10.4cm / 24Hz
TIs 0.2
19.12.2014 20:02:50
2nd Trim
Har-low
Pwr 92 %
Gn -5
C8 / M5
P3 / E2
SR 3


AD 2.7/OB
MI 1.0 Ninewells ANOPD
43309-14-12-18-1
10.4cm / 24Hz
TIs 0.2
19.12.2014 20:02:48
2nd Trim
Har-low
Pwr 92 %
Gn -5
C8 / M5
P3 / E2
SR 3

NHS
Tayside

Hospital no.: 2804880060
Our reference no.: 41468
Exam Date: 10.02.2015

Patient: **Stacey Ellis**, DOB 28.04.1988
23 Seagate, Montrose DD10 8BA

Indication:
3rd trimester (>24 weeks)Growth scan.

History:
Maternal age: 26 years.

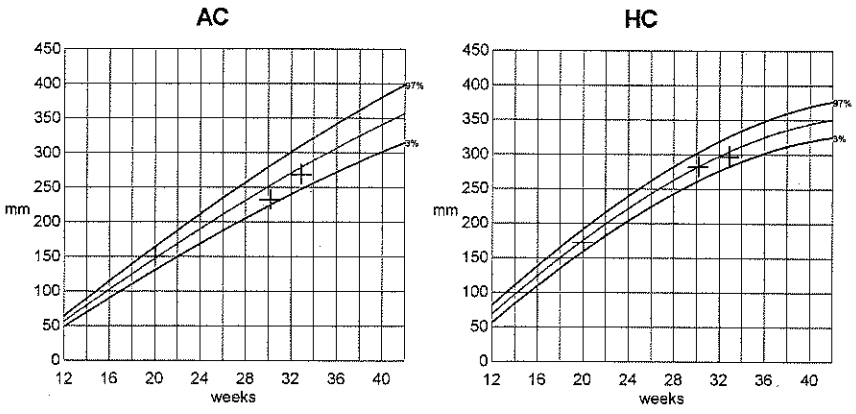
EDD: 01.04.2015.
Gestational age: 32 weeks + 6 days.

Fetal Wellbeing Scan:
Transabdominal US with GE Voluson E8. Ultrasound view: good
Fetal Measurements (plotted in relation to the normal mean and 5th to 95th centile).

Occipitofrontal Diameter (OFD)	106.1	mm	-
Head Circumference (HC)	296.6	mm	-
Abdominal Circumference (AC)	267.8	mm	-

Heart action present. Presentation cephalic. Amniotic fluid: AFI. Amniotic fluid index: 18.3 cm, deepest pool 5.0 cm.
Placenta: anterior not low.
Doppler:
Umbilical Artery: Enddiastolic flow: positive

Diagnosis:
> 24 weeksGrowth - see charts.



Operator: PT

NHS
Tayside

Hospital no.: 2804880060
Our reference no.: 41468
Exam Date: 22.01.2015

Patient: **Stacey Ellis**, DOB 28.04.1988
23 Seagate, Montrose DD10 8BA

Indication:
3rd trimester (>24 weeks)Growth scan.

History:
Maternal age: 26 years.

EDD: 01.04.2015.
Gestational age: 30 weeks + 1 day.

Fetal Wellbeing Scan:
Transabdominal US with GE Voluson E8
Fetal Measurements (plotted in relation to the normal mean and 5th to 95th centile).

Occipitofrontal Diameter (OFD)	103.0	mm	70th%
Head Circumference (HC)	281.7	mm	49th%
Abdominal Circumference (AC)	231.7	mm	9th%

Heart action present. Presentation breech flexed legs. Amniotic fluid: AFI. Amniotic fluid index: 15.7 cm, deepest pool 4.5 cm.
Placenta: anterior not low.

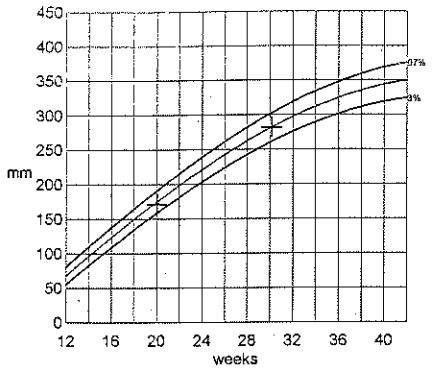
Doppler:

Umbilical Artery:	PI	1.20
	Enddiastolic flow: positive	
L. Middle Cerebral Artery:	PI	2.03
	Enddiastolic flow: positive	

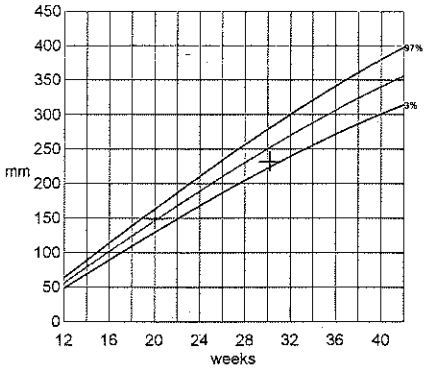
Diagnosis: Unable to measure DV flow due to fetal movements.

Diagnosis:
> 24 weeksGrowth - see charts.

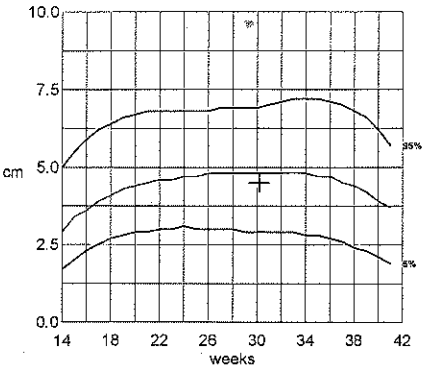
HC



AC



Max. Vert. Pocket



Operator: JRL

NHS
Tayside

Hospital no.: 2804880060
Our reference no.: 41468
Exam Date: 12.11.2014

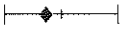
Patient: **Stacey Ellis**, DOB 28.04.1988
23 Seagate, Montrose DD10 8BA

Indication:
2nd trim(14 to 24 weeks)routine anomaly scan.

History:
Maternal age: 26 years.

EDD: 01.04.2015.
Gestational age: 20 weeks + 0 days.

Anomaly Scan:
Fetal Measurements (plotted in relation to the normal mean and 5th to 95th centile).

Occipitofrontal Diameter (OFD)	62.9	mm	-	
Head Circumference (HC)	171.6	mm	-	
Transcerebellar Diameter (TCD)	18.6	mm	-	
Abdominal Circumference (AC)	149.0	mm	-	
Femur Length (FL)	31.1	mm	-	

Heart action present. Fetal movements visible. Amniotic fluid: normal.
Placenta: anterior not low.
Fetal anatomy:
The following were visualised and appear normal:
head, brain, face, spine, neck and skin, chest, four-chamber view and great vessels, abdominal wall, gastro-intestinal tract, kidneys and bladder, extremities, skeleton

Doppler:
R.Uterine Artery: no notch
L.Uterine Artery: no notch

Diagnosis:
14 to 24 weeksRoutine screen - No obvious fetal defect.

Operator: LC, RC

MOUNT SHEET

Note: Remove strip to reveal gummed area.
Attach reports from bottom to top.
Please set them accurately.

JB-8267

MISCELLANEOUS

DMR292

HAEMATOLOGY

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: H153583558
Mon Roy Inf Maternity Unit Clinician: Dr P. LYNCH MRIMATY LYNP1H

HGB	111	L	g/L	(120-160)	WBC	12.9	H x10^9/L (4.0-11.0)
RBC	3.91		x10^12/L	(3.8-4.8)	NE#	9.5	H x10^9/L (2.0-7.5)
HCT	0.340	L		(0.37-0.47)	LY#	2.3	x10^9/L (1.5-4.0)
MCV	86.9		fl	(85-105)	MO#	0.6	x10^9/L (0.2-0.8)
MCH	28.3		pg	(27-32)	EO#	0.24	x10^9/L (0.0-0.4)
MCC	325		g/L	(320-360)	BA#	0.2	H x10^9/L (0.0-0.1)
					PLT	276	x10^9/L (150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
20 Jan 2015 11:55

Clin.Details: 29 weeks, +++ leucocytes, ++ discharge, abdo pain back pain

Request Entered: 20 Jan 2015 16:53 Report Printed: 20 Jan 2015 17:40

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DOCTOR'S INITIALS ED

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DOCTOR'S INITIALS

Date of Report: 22 Dec 2014
MRIMATY LYNP1H

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DOCTOR'S INITIALS ED

MICROBIOLOGY

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8EF

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

24/40 PREGNANT

14B289228 Date/Time of Specimen: 09 Dec 2014
Midstream Urine

Urine Culture:
No Significant Bacteriuria

Date of Report: 10 Dec 2014
MRIMATY LYNP1H

AUTH:

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Date of Report: 22 Dec 2014
MRIMATY LYNP1H

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DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8EF

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

24/40 PREGNANT

14B289228 Date/Time of Specimen: 09 Dec 2014
Midstream Urine

Urine Culture:
No Significant Bacteriuria

Date of Report: 10 Dec 2014 AUTH:
MRIMATY LYNP1H

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Date of Report: 22 Dec 2014
MRIMATY LYNP1H

REPORT RECEIVED
29-12-14
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DIAGNOSIS

CLIN. NOTES – REQUEST DETAIL

3+1.5 Gmor

Ward/Clinic/

Hosp. .....

D D M M Y Y

2 6 0 4 8 8 0 0 6 0 C.H

Surname ELLIS

First Name STACEY M

Address .....

G.P. & Address (G.P. Requests only) USE BLOCK LE OR PATIENT

L.M.P.							CLIN. DURATION			
PLAC SCAN		F. HEAD S.		PELV.		MULT.		RET. PROD		ABD. MASS		OTHER		SPECIAL

MED. OFFICER .....

REPORT

AC 300, 298.

APM 11.9. 4.8.

Placenta ant, not low.

FMSV. PTN Gph.

Scanned into PR.

GRUMBAR

23/2/15.

177 ULTRASONICS DATE EXAM. | | | | | | | ULTRASONICS No.

AUTH:

Date of Report: 22 Dec 2014

MRIMATY LYNP1H

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29-12-14

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01382 632559

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MICROBIOLOGY

Tayside Clinical Laboratory Services

BACTERIOLOGY

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060 Sex: F
DoB : 28 Apr 1988
Post Code: DD10 8EF

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

Extra details: nka green discharge pv. ++ leucocytes

14B292598 Date/Time of Specimen: 19 Dec 2014 18:23
Midstream Urine

Urine Culture:
Urine too old on receipt.

HVS – no growth.
Back pain / pressure / green PV disch.
Coming in 31/12 ? chlamydia swab.
and further MSSU.

AUTH:

Date of Report: 22 Dec 2014
MRIMATY LYNP1H

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29.12.14
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Report For STACEY ELLIS

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by jstrachan1(Julie Cabrelli (Non Referrer)) at 30 Dec 2014 14:04

Patient name:	STACEY ELLIS	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	17 ANNAT ROAD, MONTROSE DD10 8EF				

Reported	Specialty	Location	Clinician	Status
24 Dec 2014 09:27	Microbiology	MONTROSE MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 14B520778 (HIGH VAGINAL SWAB) Collected 19 Dec 2014 18:23 Received 22 Dec 2014 12:38

CLINICAL DETAILS :
green discharge pv. ++ leucocytes

Sample 14B520778 (HIGH VAGINAL SWAB) Collected 19 Dec 2014 18:23 Received 22 Dec 2014 12:38

Microscopy

-

No Trichomonas
No Clue cells seen

Culture:

Culture:

No growth of pathogenic bacteria
No Candida Isolated

End of report

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

CPA Accredited 0221

292

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8EF

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

green discharge pv. ++ leucocytes

14B520778 Date/Time of Specimen: 19 Dec 2014 18:23
HIGH VAGINAL SWAB

Culture:
No growth of pathogenic bacteria
No Candida Isolated

No Trichomonas
No Clue cells seen

AUTH:

Date of Report: 24 Dec 2014
MRIMATY LYNP1H

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JC DOCTOR'S INITIALS
DOCTOR'S INITIALS
DOCTOR'S INITIALS
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DMR292

HAEMATOLOGY

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988

Lab No: H143244603

MRIMATY LYNP1H

Mon Roy Inf Maternity Unit — Clinician: Dr P. LYNCH

HGB	135	g/L	(120-160)	WBC	14.0	H x10^9/L	(4.0-11.0)
RBC	4.47	x10^12/L	(3.8-4.8)	NE#	9.1	H x10^9/L	(2.0-7.5)
HCT	0.397		(0.37-0.47)	LY#	4.0	x10^9/L	(1.5-4.0)
MCV	88.8	fl	(85-105)	MO#	0.7	x10^9/L	(0.2-0.8)
MCH	30.1	pg	(27-32)	EO#	0.19	x10^9/L	(0.0-0.4)
MCC	339	g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	281	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
19 Aug 2014 15:45

Clin.Details: Routine AN booking bloods and MSSU

Request Entered: 19 Aug 2014 18:27

Report Printed: 19 Aug 2014 18:44

REPORT RECEIVED

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DMR 374

BIOCHEMICAL MEDICINE

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C143244603
MRIMATY LYNP1H

Mon Roy Inf Maternity Unit Clinician: Dr P. LYNCH

GLUCOSE (preserved tube)	4.5	mmol/L	(	3.3-5.8)

Sample is blood unless otherwise stated

Lab.Comments:

Sample Date/Time
19 Aug 2014 15:45

Clin.Details: Routine AN booking bloods and MSSU

Request Entered: 19 Aug 2014 18:27 Report Printed: 19 Aug 2014 19:09

REPORT RECEIVED
JC
DOCTOR'S INITIALS
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DOCTOR'S INITIALS
DOCTOR'S INITIALS

DMR292

HAEMATOLOGY

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey — Sex: F PID: 2804880060 — DoB: 28 Apr 1988

Lab No: H143244603

MRIMATY LYNP1H

Mon Roy Inf Maternity Unit — Clinician: Dr P. LYNCH

HGB	135	g/L	(120-160)
RBC	4.47	x10^12/L	(3.8-4.8)
HCT	0.397		(0.37-0.47)
MCV	88.8	fl	(85-105)
MCH	30.1	pg	(27-32)
MCC	339	g/L	(320-360)

WBC	14.0 H	x10^9/L	(4.0-11.0)
NE#	9.1 H	x10^9/L	(2.0-7.5)
LY#	4.0	x10^9/L	(1.5-4.0)
MO#	0.7	x10^9/L	(0.2-0.8)
EO#	0.19	x10^9/L	(0.0-0.4)
BA#	0.1	x10^9/L	(0.0-0.1)
PLT	281	x10^9/L	(150-400)

Lab.Comments: Based on FBC and Family Origin Questionnaire, no need for Haemoglobinopathy or partner screening.

Sample is blood unless otherwise stated

Sample Date/Time
19 Aug 2014 15:45

Clin.Details: Routine AN booking bloods and MSSU

Request Entered: 19 Aug 2014 18:27

Report Printed: 20 Aug 2014 12:04

REPORT RECEIVED

DOCTOR'S INITIALS

DOCTOR'S INITIALS

DOCTOR'S INITIALS

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services

BACTERIOLOGY

01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8EF

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

Routine AN booking bloods and MSSU

14B260006 Date/Time of Specimen: 19 Aug 2014 15:44
Midstream Urine

Urine Culture:
No Significant Bacteriuria

AUTH:

Date of Report: 21 Aug 2014
MRIMATY LYNP1H

REPORT RECEIVED
JC
DOCTOR'S INITIALS
DOCTOR'S INITIALS

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8EF

Clinician:Dr P. LYNCH
Mon Roy Inf Maternity Unit

ROUTINE SEROLOGY. Venous blood
Specimen Number 14V019146
Date Taken 19 Aug 2014

Rubella IgG	DETECTED
Hepatitis B (HBsAg) screen	Negative
HIV1&2 Antigen/Antibody	Negative
Syphilis total antibody	Negative

GUIDANCE ON INTERPRETING RUBELLA RESULTS:
Rubella IgG DETECTED - consistent with past immunisation, MMR is not indicated.
Rubella IgG not detected - no evidence of past immunisation detected, woman may be susceptible. Post-partum MMR may be indicated.
If 2 documented doses of MMR have been given further MMR is NOT indicated.
PATIENTS AT RISK OF HEPATITIS B INFECTION: please consider vaccination of such patients who are currently HBsAg negative.

Date of Report: 20 Aug 2014
MRIMATY LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS

NHS Tayside, Ninewells Hospital, Dundee, Blood Sciences Report

Printed by sshinwell(Shona Shinwell (non referrer)) at 23 Feb 2015 10:00

Patient name:	STACEY ELLIS	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	17 ANNAT ROAD, MONTROSE DD10 8EF				

Reported	Specialty	Location	Clinician	Status
17 Feb 2015 19:42	Blood Sciences	MONTROSE MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H153651456 (EDTA) Collected 17 Feb 2015 14:24 Received 17 Feb 2015 18:40

CLINICAL DETAILS :
33+6 weeks gesation FBC

Sample H153651456 (EDTA) Collected 17 Feb 2015 14:24 Received 17 Feb 2015 18:40

FBC

Hb	*	**103**	g/L	120 - 160
WBC	*	**14.8**	x10^9/L	4.0 - 11.0
PLT		375	x10^9/L	150 - 400
RBC		3.91	x10^12/L	3.8 - 4.8
HCT	*	**0.334**		0.37 - 0.47
MCV		85.3	fl	85 - 105
MCH	*	**26.4**	pg	27 - 32
MCHC	*	**310**	g/L	320 - 360
NE#	*	**10.5**	x10^9/L	2.0 - 7.5
LY#		3.2	x10^9/L	1.5 - 4.0
MO#	*	**0.9**	x10^9/L	0.2 - 0.8
EO#		0.22	x10^9/L	0.0 - 0.4
BA#		0.1	x10^9/L	0.0 - 0.1

End of report

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8EF

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

+++ leuco abdo pain back pain

15B500823 Date/Time of Specimen: 20 Jan 2015 12:02
HIGH VAGINAL SWAB

Sensitivities	1
Penicillin	S
Erythromycin	S
Doxycycline	R

Culture:
1) Light Growth of Group G Streptococci
No Candida Isolated

\-
\-

No Trichomonas
No Clue cells seen

28/1/14 GP informed

21/1/15 commenced nitrofurantoin. FU ? UTI. Tried to call Stacey - no reply to see if still has abdo pain/green discharge - if symptomatic will need Rx.

Antibiotic cover changed - commenced 30/01/15

Date of Report: 22 Jan 2015 AUTH: aggi
MRIMATY LYNP1H

[redacted]

MRIMATY LYNP1H

[redacted]

REPORT RECEIVED
SP.
DOCTOR'S INITIALS
DOCTOR'S INITIALS

REPORT RECEIVED
DOCTOR'S INITIALS
dK
DOCTOR'S INITIALS
DOCTOR'S INITIALS

MOUNT SHEET

BIOCHEMICAL MEDICINE

DMR 374

MOUNT SHEET

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C153583558

Mon Roy Inf Maternity Unit Clinician: Dr P. LYNCH MRIMATY LYNP1H

GLUCOSE (preserved tube)	3.9	mmol/L	(	3.3-5.8)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
20 Jan 2015 11:55

Clin.Details: 29 weeks, +++ leucocytes, ++ discharge, abdo pain back pain

Request Entered: 20 Jan 2015 16:53 Report Printed: 20 Jan 2015 17:58

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DOCTOR'S INITIALS

MRIMATY LYNP1H

REPORT RECEIVED
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DOCTOR'S INITIALS

DOCTOR'S INITIALS

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MICROBIOLOGY

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

CPA Accredited 0221

Name : ELLIS, Stacey
CHI No : 2804880060
Dob : 28 Apr 1988 Sex: F
Post Code: DD10 8EF

Clinician:Dr P. LYNCH
Mon Roy Inf Maternity Unit
Source:Mon Roy Inf Maternity Unit

- - - COBAS PCR SERVICE - - - Urine

Specimen number 15V101025
Date taken 20 Jan 2015

Chlamydia trachomatis DNA	Negative
N.gonorrhoeae DNA	Negative

27 JAN 2015

NB: ONLY use YELLOW-top "Roche Cobas PCR" containers any other will be rejected

PLEASE NOTE - Perform Chlamydia test of cure (TOC) 6 weeks after treatment in pregnant women, rectal infections, persistent symptoms, or if at risk of reinfection. Gonorrhoea TOC is recommended in ALL cases 3 weeks after treatment
PLEASE REMEMBER to include a patient contact number on the test request.

Date of Report: 22 Jan 2015
MRIMATY LYNP1H

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dK
DOCTOR'S INITIALS
DOCTOR'S INITIALS

MOUNT SHEET

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8EF

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

CPA Accredited 0221

Extra details: latex +++ leuco abdo pain back pain

15B204132 Date/Time of Specimen: 20 Jan 2015 12:02
Midstream Urine

Urine Culture:
No Growth

Date of Report: 21 Jan 2015
MRIMATY LYNP1H

AUTH:

REPORT RECEIVED
dk
DOCTOR'S INITIALS

MOUNT SHEET

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** **01382 632559**

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr P. LYNCH
DoB : 28 Apr 1988 Sex: F N/W Maty. Day Assessment Unit
Post Code: DD10 8EF

CPA Accredited 0221

30wks preg, abdo pain

15B500979 Date/Time of Specimen: 22 Jan 2015 12:48
HIGH VAGINAL SWAB

Sensitivities	1
Penicillin	S
Erythromycin	S

Culture:
1) Profuse Growth of Group G Streptococci
No Candida Isolated

17 ANNAT ROAD
MONTROSE.
DD10 8EF

01674 623401

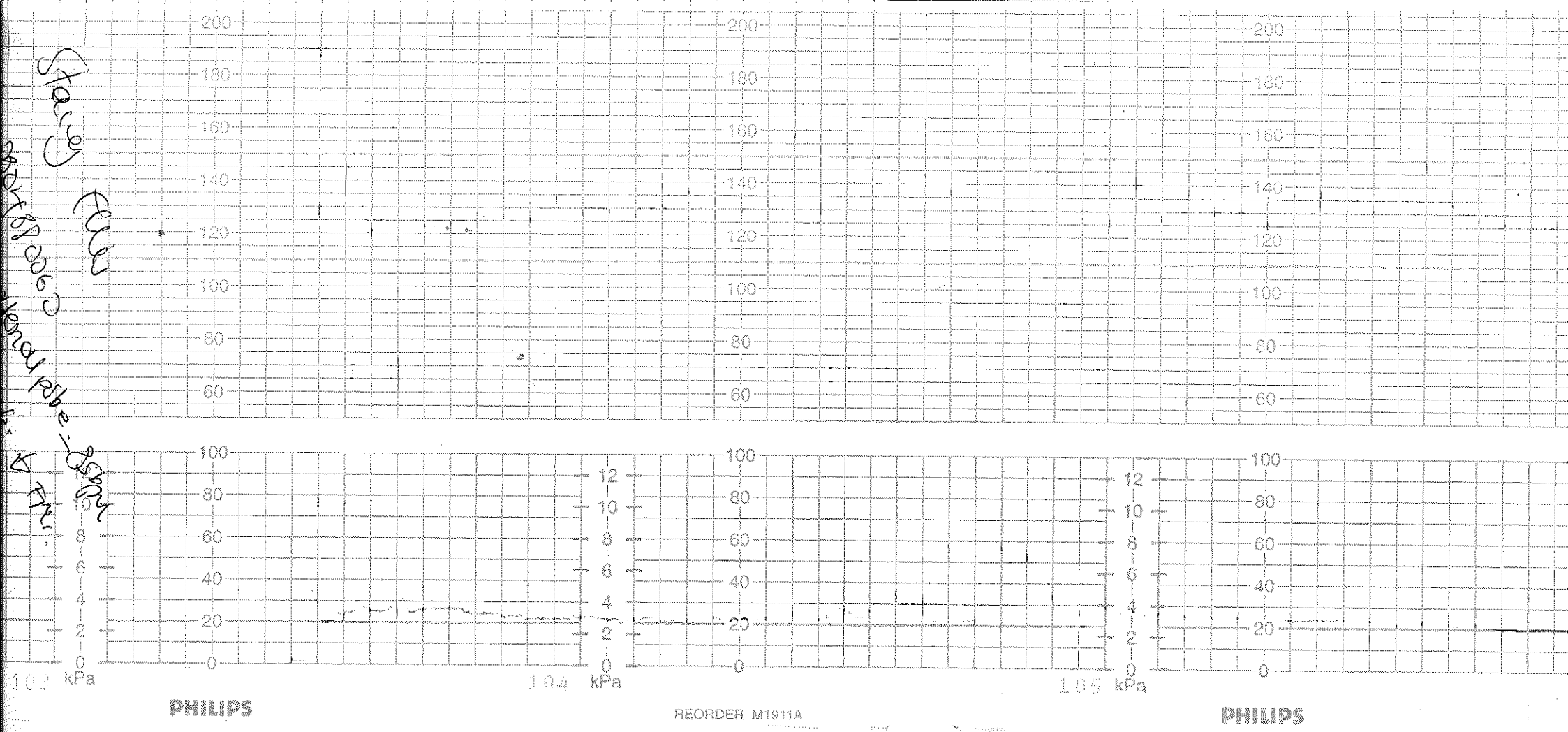
- No Trichomonas
- No Clue cells seen

Date of Report: 24 Jan 2015 AUTH: locm
NMDCU LYNP1H

REPORT RECEIVED

DOCTOR'S INITIALS

MOUNT SHEET



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PHILIPS

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ELLIS
STACEY

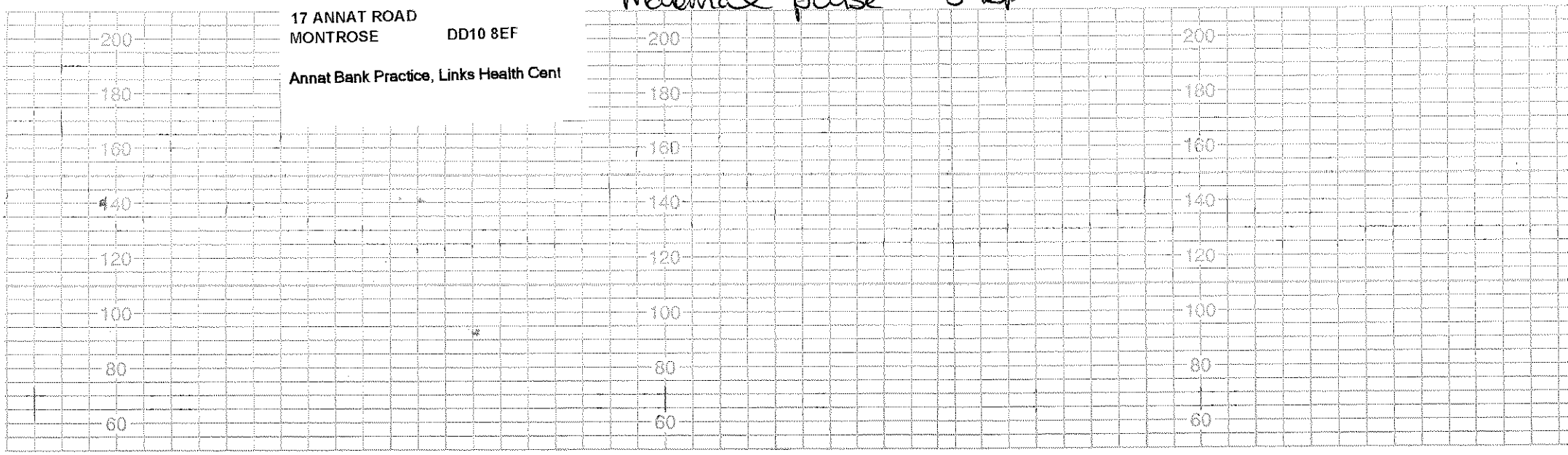
2804880060
F

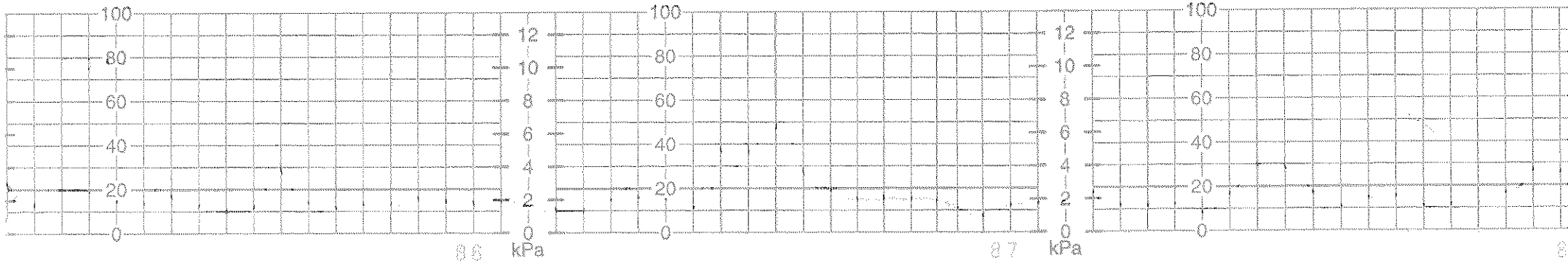
17 ANNAT ROAD
MONTROSE

DD10 8EF

Annat Bank Practice, Links Health Cent

maternal pulse = 84bp~





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Antenatal CTG Proforma	**Reassuring**	**Non-Reassuring**		NHS Tayside
Baseline rate (bpm)	110 - 160 Rate:	Less than 109	Rate:	Comments:
		More than 161	Rate:	
		Sinosoidal pattern for 10 minutes or more		
NB Rising baseline rate even within normal range may be of concern if other non-reassuring features present				
Variability (bpm)	5 bpm or more	Less than 5 bpm for more than 40 minutes		Comments:
Accelerations	Present	None for 40 minutes		
Decelerations	None	Unprovoked deceleration/s		
		Decelerations related to uterine tightenings (not in labour)		
Opinion	*Normal CTG All 4 features reassuring*	*Abnormal CTG (1 or more non-reassuring feature)*		
	Maternal pulse: 80	Membranes ruptured: Y / N If yes, date and time:	Liquor Colour	Gestation (wks):
Reason for CTG: Abdo pain				
Action: (An abnormal CTG requires prompt review by experienced obstetrician / senior midwife)				
Date:	Time:	Signature:	Print:	Designation:
11/15			E-MU Cons	MLW

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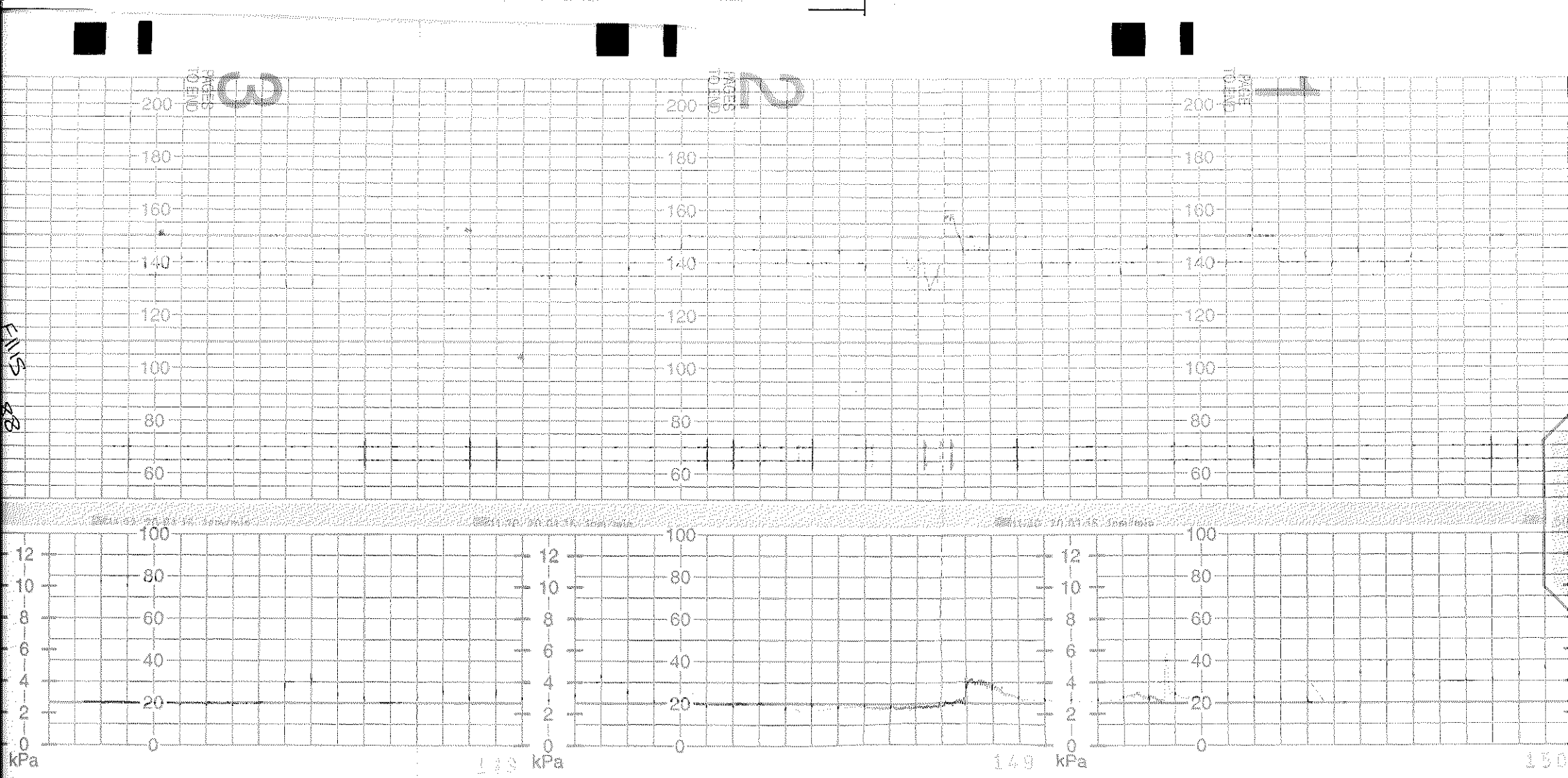

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1

PA8200E TREND V3.0.11

22/01/2015

TIME: 10:03

GESTATION:

Sarah Ellis
28+4 days
MP80

BASELINE: (BPM) 60 MIN.
15 MIN.
STV: (MS) 60 MIN.
DECEL: (BEATS) 60 MIN.
15 MIN.
CONFIDENCE (H,M,L)
NOT VALID DURING THE
SECOND STAGE OF LABOUR.

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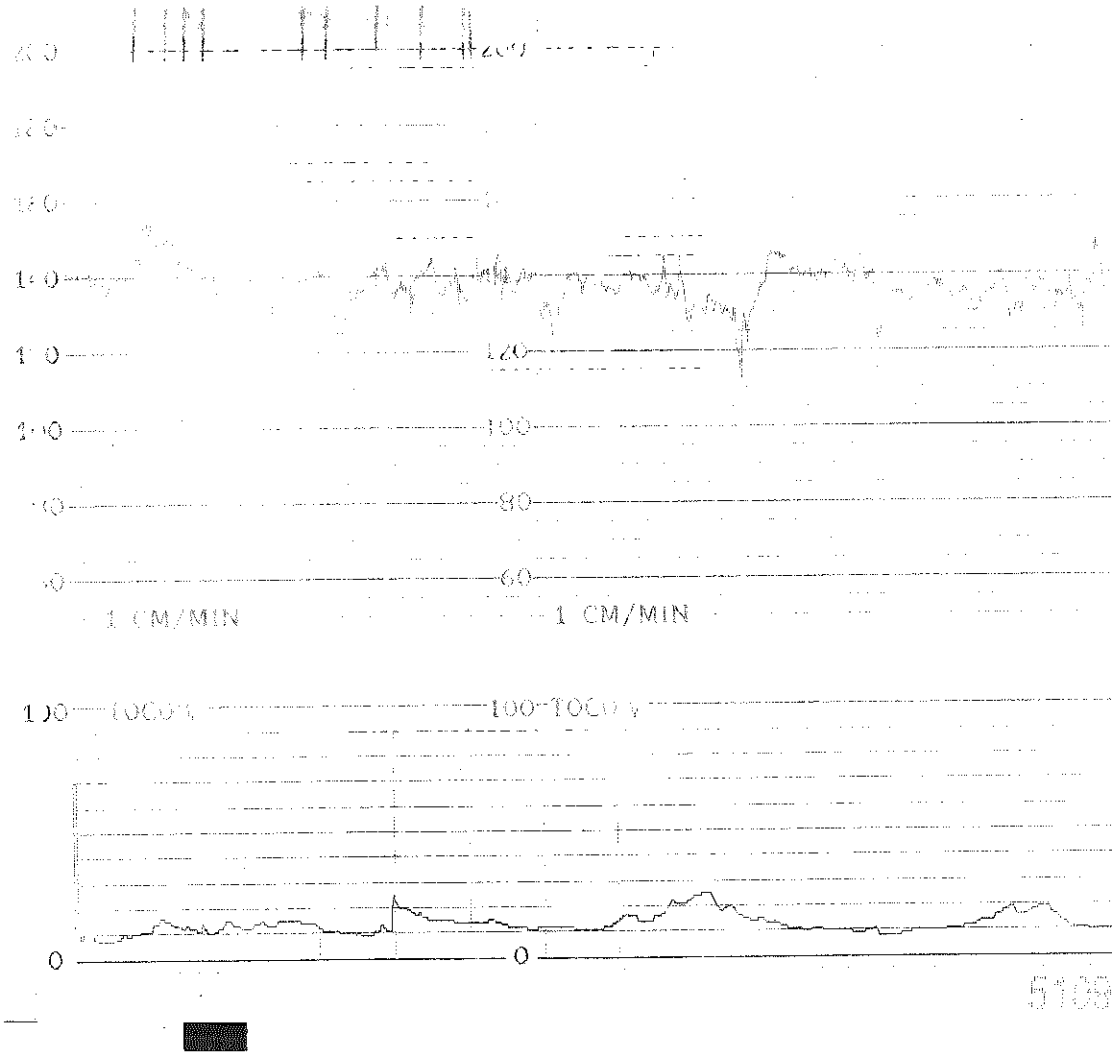

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NHS
Tayside

Maternity Early Warning Chart

ELLIS
STACEY
2804880060
F
17 ANNAT ROAD
MONTROSE
DD10 8EF
Annat Bank Practice, Links Health Cent

Parity: 3 + 1

EDD: 1.4.15.

Date: 15.3.15.

Chart No.:

Contact Doctor For Early Intervention If Patient Triggers One Red Or Two Yellow Scores At Any One Time

Scoring References

Pain Score

0 No pain at rest, not aware of contractions
No pain on movement

1 No pain at rest, aware of contractions
Slight pain on movement

2 Intermittent pain on rest,
Mild/moderate painful contractions
Moderate pain on movement

3 Continuous pain at rest,
Severe painful contractions
Severe pain on movement

Motor Block

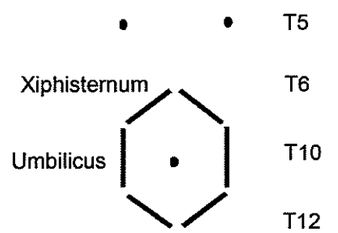
0 No paralysis, full flexion hips, knee & ankle

1 Unable to raise extended leg but able to flex knee

2 Unable to flex knee but able to flex ankle

3 Inability to move knee & ankle

Sensory Height



EPIDURAL COMMENCED ON

..... / ..... / ..... AT ..... : ..... HRS

PCEA:
Local anaesthetic.....%
Opioid.....mcg/ml
Bolus.....mls Lockout.....min
Starting volume.....mls

RECORD THE FOLLOWING:

BP EVERY 5 MIN FOR 20 MIN AFTER EVERY TOP-UP.

AVPU, RESP RATE, PAIN, SENSORY AND MOTOR BLOCK HOURLY.

Signature:_____

SPINAL DIAMORPHINE 0.3MG OR EPIDURAL DIAMORPHINE 3MG GIVEN ON

..... / ..... / ..... AT ..... : ..... HRS

RECORD THE FOLLOWING:

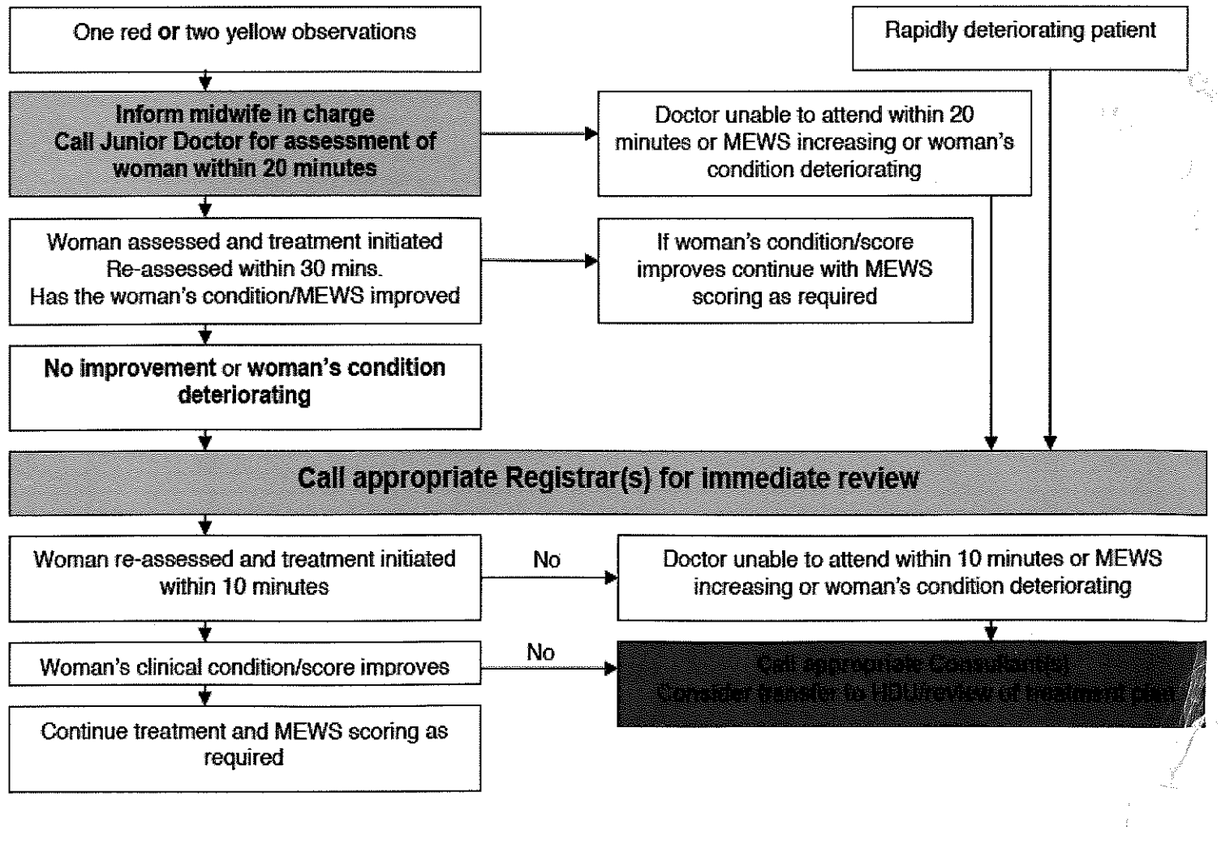
AVPU, RESP RATE, SpO2, PULSE AND BP
EVERY 5 MIN FOR 30 MINS;
IF STABLE, EVERY 30 MINS FOR 2 HRS;
IF STABLE, EVERY HOUR FOR 9 HRS.

MOTOR BLOCK (UNTIL FULL RECOVERY)
EVERY 15 MINS FOR 2.5 HOURS,
EVERY HOUR FOR 9 HOURS.

TEMPERATURE
EVERY 30 MINS UNTIL > OR =36 C.

Signature:_____

Date/Time	Action Taken/Comments	Signature



Date:		15/3/15																															
Time:		15:05																															
RESP (No.)	> 30																																> 30
	21 – 30																																21 – 30
	11 – 20																																11 – 20
	0 – 10																																0 – 10
Saturations (%)	95-100%																																95-100%
	< 95%																																< 95%
Administered O_2 (L/min.)																																	%
Temp •	39																																39
	38																																38
	37																																37
	36																																36
	35																																35
Heart Rate •	170																																170
	160																																160
	150																																150
	140																																140
	130																																130
	120																																120
	110																																110
	100																																100
	90																																90
	80																																80
	70																																70
	60																																60
	50																																50
	40																																40
Systolic blood pressure ↑	190																																190
	180																																180
	170																																170
	160																																160
	150																																150
	140																																140
	130																																130
	120																																120
	110																																110
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	80																																80
	70																																70
	60																																60
	50																																50
	40																																40
Diastolic blood pressure ↓	130																																130
	120																																120
	110																																110
	100																																100
	90																																90
	80																																80
	70																																70
	60																																60
	50																																50
	40																																40
Epidural bolus		✓																															Epidural
NEURO RESPONSE (√)	Alert																																Alert
	Voice																																Voice
	Pain																																Pain
	Unresponsive																																Unresponsive
Sensory Block	≥ T4																																Above T4
	≤ T5																																Below T5
Motor Block	3																																3
	0-2																																0-2
Pain Score	3																																3
	0-2																																0-2
Urine	< 100ml in 4 hrs																																< 100ml in 4 hrs
Proteinuria	Protein ++																																Protein ++
	Protein >++																																Protein >++
Lochia	Normal																																Normal
	Heavy/Offensive																																Heavy/Offensive
Blood sugar	Level																																NO
	< 4 or > 10																																YES
Total Yellow Scores																																	Total
Total Red Scores																																	Total

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE RED OR TWO YELLOW SCORES AT ANY ONE TIME

NHS
SCOTLAND

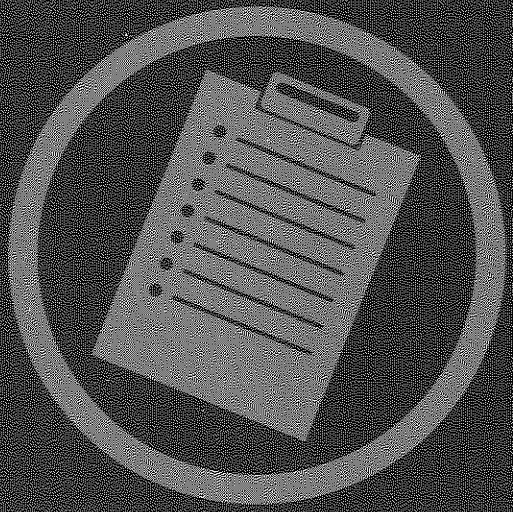
Labour and Birth Record

Confidential

PLEASE USE BLACK INK

ELLIS
STACEY 2804880060
F
17 ANNAT ROAD
MONTROSE DD10 8EF

Annat Bank Practice, Links Health Cent



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

Labour and birth record: Initial assessment for **spontaneous labour**

Date / / Time 14:50 Gestation 37+4 Location

Referred from Home Referred by self.

History of contractions irregular today, regular since 13.00hrs.

Current contractions ☐ per 10 minutes Strength SC Duration 50. seconds

Membranes ☑ Intact ☐ Unsure ☐ Ruptured on / / at :

Liquor colour Other vaginal loss

Pulse 82 BP 110/60. Temp 36.6°C Urinalysis tr prot + leu

Oedema Fetal movements fmf.

Abdominal examination

Fundal height 34 cm Lie long

Presentation ceph Position RoL

Presenting part - 5th palpable 2/5.

Fetal heart rate 124 Maternal pulse

Comments

Other observations/information on assessment

Signature: Midwife Date 15/3/15 1500

Vaginal examination

Indication Wishes VE

Procedure explained and verbal consent given ☑

Cervix: position consistency soft.

effacement/ length 2 cm

dilatation 8-9 cm.

Presenting part: ceph

relation to ischial spines

position caput

moulding

Membranes ☑ Intact ☐ Ruptured

Liquor seen ☐ No ☐ Yes Colour

Fetal heart after examination

Comments

Signature: Midwife Date 15/3/15 1520.

Concerns/ Risks/ Significant Factors from antenatal period/social history/medical history

Please document here

Hb 106 - 10.2.15 no Imm.

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Initial assessment for **spontaneous labour** (continued)

Discussion of preferences for labour and birth

Comments and details of any revised preferences

may wish pool.

Signature: ..... Date / / :

Plans for initial care following discussion with the woman

1hrly T, P.

4hrly BP.

Circle Pathway as per KCND Pathways for Maternity care Green – Midwife Led Care Red – Maternity Team Care

Lead Care Provider for Intrapartum Care ..... L Mcfarlane

Initial monitoring intentions for fetal heart rate:

Method ..... Sonicaid Reason for choice

Frequency ..... 15 mins Signature: Lmcfarlane Date 15/7/15 1500

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Induction/Augmentation of labour

Date ..../..../.... Time ....:.... Gestation ..... Location .....

Induction authorised by ..... Explanation/Indications ..... Advice given ☐ No ☐ Yes

Designation/grade ..... History of contractions ☐ No ☐ Yes

Indication for induction

☐ Post dates pregnancy (Refer to KCND Pathways for Maternity Care).

☐ Obstetric complication: specify .....

☐ Membranes swept ☐ No ☐ Yes Date ..../..../....

☐ Pre-labour rupture of membranes (> 72 hours)

☐ Other: specify .....

Initial assessment

Uterine activity ☐ No ☐ Yes Details .....

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on ..../..../.... at ....:....

Liquor colour ..... Other vaginal loss .....

Pulse ..... BP ..../..... Temp ..... °C Urinalysis .....

Oedema ..... Fetal movements .....

Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate (pre VE) ..... Maternal pulse .....

Fetal heart rate (post VE) .....

Comments .....

.....

.....

.....

.....

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

* Relative to the ischial spines

Comments .....

.....

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

Concerns/Risks/Significant Factors from antenatal period/social history/medical history

Please document here .....

.....

.....

.....

.....

.....

.....

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Induction/Augmentation of labour (continued)

First review following Induction/Augmentation

Date ../../.. Time ..:..

Details of fetal monitoring ..... Uterine activity ☐ No ☐ Yes Details .....

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on ../../.. at ..:.. liquor .....

Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate (pre VE) ..... Maternal pulse .....

Fetal heart rate (post VE) .....

Comments .....

.....

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details .....

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

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

Comments .....

Second review following Induction/Augmentation

Date ../../.. Time ..:..

Details of fetal monitoring ..... Uterine activity ☐ No ☐ Yes Details .....

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on ../../.. at ..:.. liquor .....

Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate (pre VE) ..... Maternal pulse .....

Fetal heart rate (post VE) .....

Comments .....

.....

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details .....

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

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

Comments .....

Third review following Induction/Augmentation

Date ../../.. Time ..:..

Details of fetal monitoring ..... Uterine activity ☐ No ☐ Yes Details .....

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on ../../.. at ..:.. liquor .....

Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate (pre VE) ..... Maternal pulse .....

Fetal heart rate (post VE) .....

Comments .....

.....

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details .....

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

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

Comments .....

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Induction/Augmentation of labour (continued)

Initial method of induction

☐ Prostaglandins Dose .....

☐ Other Name .....

Type ..... Route .....

Prescribed by .....

Administered by .....

Administered on ... / ... / ... at ... : ...

Oxytocin infusion

Commenced on ... / ... / ... at ... : ...

Comments/details .....

Amniotomy

Fetal heart rate before .....

Performed by .....

Performed on ... / ... / ... at ... : ...

Liquor volume normal / excessive / reduced / nil

Liquor colour .....

Fetal heart rate after .....

Cord/Limbs felt ☐ No ☐ Yes

Comments .....

Signed .... / ... / ...

Discussion of preferences for labour and birth, comments and details of any revised preferences

Signed ..... Print .... / ... / ... at ... : ...

Plans for continued process of induction following discussion with the woman (including monitoring)

Signed ..... Print .... / ... / ... at ... : ...

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Induction/Augmentation of labour (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover		

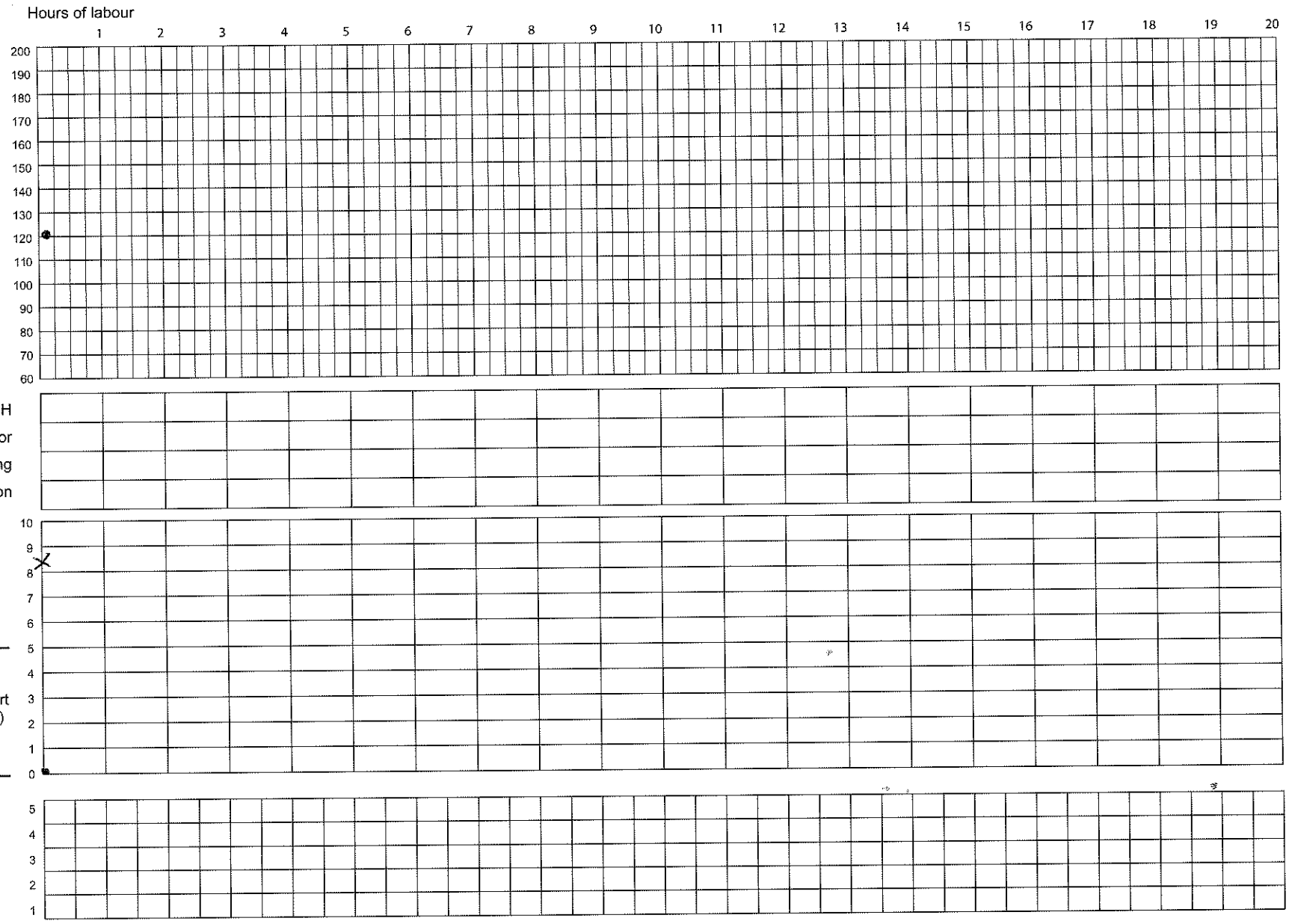
Active Labour Partogram

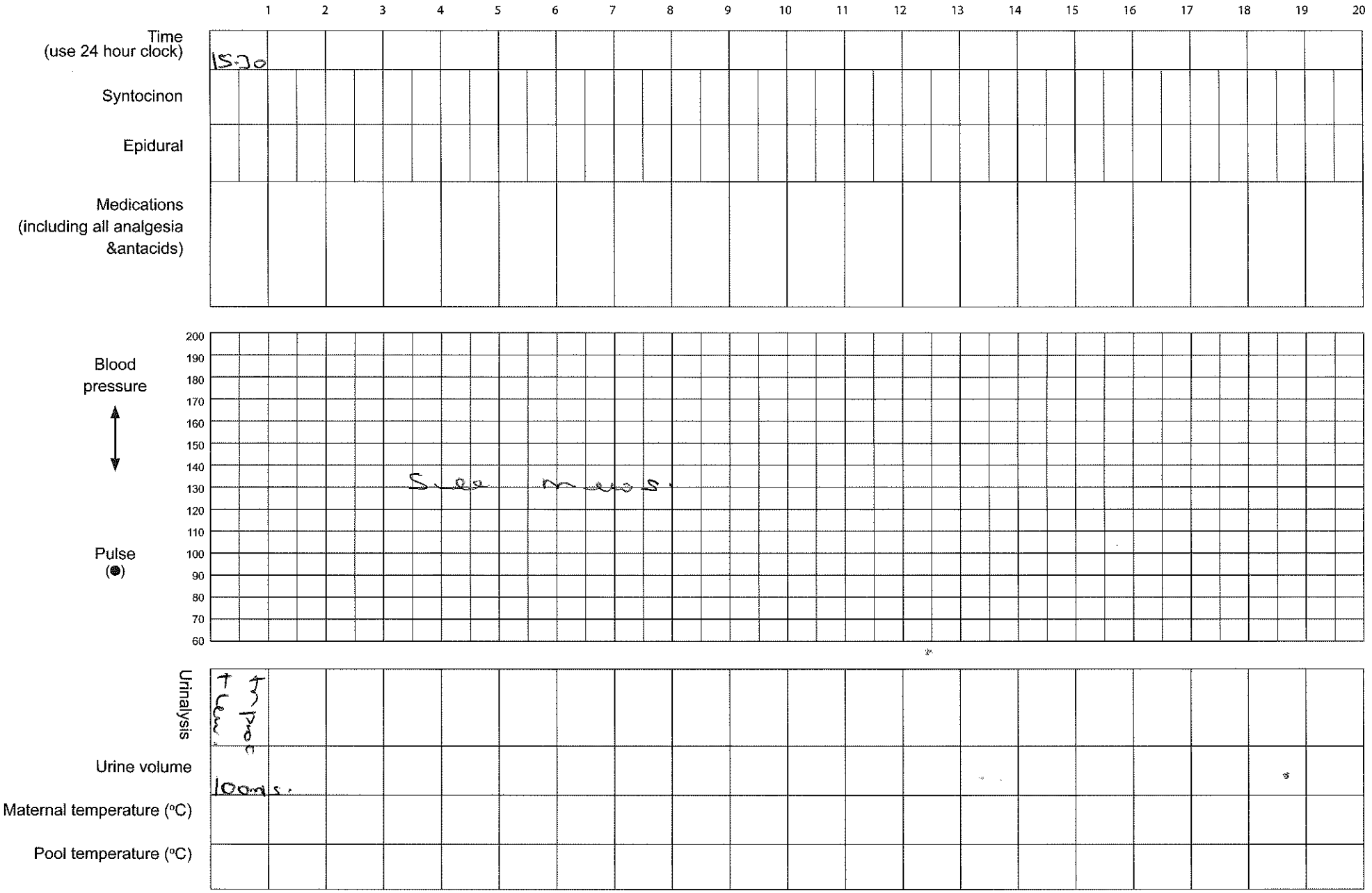
Progress of 1/2cm per hour is acceptable as per KCND Pathways for Maternity Care

Date

15.3.15.

- [ ] Continuous electronic monitoring
- [ ] Intermittent monitoring
- [ ] Fetal Scalp Electode
- [x] Handheld Doppler
- [ ] Pinard stethoscope




1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Time (use 24 hour clock)
15:30
Syntocinon
Epidural
Medications (including all analgesia &antacids)
Blood pressure
200 190 180 170 160 150 140 130 120 110 100 90 80 70 60
See notes
Pulse (●)
Urinalysis
trace protein
trace leuc
Urine volume
100mls
Maternal temperature (°C)
Pool temperature (°C)

Consideration should be given to pressure area care. Risks include Immobility, moisture and poor nutrition.

For further advice see www.healthcareimprovementscotland.org for SSKIN care bundle.

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		
15.3.15	14.50	Arrived at unit distressed contracting 1: 2/3.
		Para 3+1. O Pos
		for active 3rd stage.
	15.00	Pool filling
		perineum see over.
		wishes VE. - See over
		at toilet
		permission given. Entonox given.
		findings discussed.
	15.20	contracting 1: 2/3. FH 124 (S)
		over minute maternal pulse
		80bpm at same time.
	15.40	SROM - clear liquor
	15.41	progressed to spontaneous
		birth of alive mature
		female Infant
		cord left to pulsate
	15.46	cord clamped + cut.
	15.47	Syntocinon 1 amp given IM
	15.55	placenta + membranes
		delivered by controlled cord
		traction
	16.10	perineum inspected - Intact.
	16.15	refreshment given.
		c Metformin
		5m.

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Labour and birth summary - mother page 1

	Date	Onset	Duration		Print name	Designation
First stage	15/3/15	13:00	2hrs 40	Delivered by PIN Number of delivering Midwife	C McFarlane	SM
Second stage	15/3/15	15:40	1min.			
Third stage	15/3/15	15:55	16mins	Also present	C McMillan	2nd SC
End of third	15/3/15	:		**Type of delivery** (If operative delivery, ensure that operative delivery pages are completed)		
Total duration of labour			2hr 55			
SRM /ARM	15/3/15	15:40		SVD.		

Induction of labour ☑ No ☐ Yes

Indication .....

Augmentation of labour ☑ No ☐ Yes

Indication .....

Presence of meconium liquor ☑ 1st stage ☐ 2nd stage

Description of meconium .....

Maternal pyrexia in labour ☑ No ☐ Yes

Maternal antibiotics given ☑ No ☐ Yes

Details .....

Shoulder dystocia at birth ☑ No ☐ Yes

Maternal bloods taken ☑ No ☐ Yes

Indication .....

One-to-one midwifery care received throughout labour & childbirth ☐ No ☑ Yes

Comments .....

.....

.....

Labour & birth discussed ☐ No ☑ Yes

Preferences for labour & birth met ☐ No ☑ Yes

Comments .....

.....

.....

Analgesia in labour (tick all that apply)

☐ T.E.N.S. ☑ Nitrous oxide & oxygen

☐ Birth pool ☐ IM opiates

☐ Epidural ☐ Water Birth

Other .....

Analgesia for birth/third stage complication

☐ Spinal ☐ Epidural ☐ Pudendal block

☐ Combined spinal epidural ☐ General

Other .....

Signature: C McFarlane Date 15/3/15.

.....

.....

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.....

.....

Instruments Tracking Label

Please complete the "Whose Signature" page at the back of the record

Labour and birth summary - mother page 2

Placenta, cord & membranes

Delivery: ☑ Controlled cord traction ☐ Maternal effort ☐ Manual removal

Placenta appears ☑ Complete ☐ Incomplete

Membranes appear ☑ Complete ☐ Incomplete

Number of umbilical cord vessels 3

Sent to pathology ☐ No ☐ Yes

Indication .....

Comments .....

Perineum

☑ Intact ☐ Grazes

☐ 1st degree tear ☐ 2nd degree tear

☐ 3rd degree tear ☐ 4th degree tear

☐ Episiotomy ☐ Labial tear

(If 3rd or 4th degree, document in 3rd stage complications pages)

Perineal suturing

Suture material .....

Anaesthesia .....

Technique .....

Rectal exam prior to suturing	☐ No	☐ Yes
Haemostasis achieved	☐ No	☐ Yes
Rectal exam following suturing	☐ No	☐ Yes
Swabs correct	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Tampon used	☐ No	☐ Yes
Tampon removed	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes

Checked by .....

and .....

Advised on perineal care ☐ No ☐ Yes

Sutured by .....

Routine Oxytocic drug administered	Dose	Route
Syntocinon	10 units	IM

Blood loss 200 ml

Blood transfusion/products received ☐ No ☐ Yes

Details .....

Post delivery

Maternal observations

First set on 15/3/15 at 16:30.

Temperature 37.2°C Pulse 82 BP 100/60.

Pain/analgesia .....

Fundus Firm Lochia average.

Second set on 15/3/15 at 18:15.

Temperature 36.8°C Pulse 82 BP 105/70.

Pain/analgesia .....

Fundus Firm Lochia average.

Urinary function .....

Revised thrombosis risk after birth

☑ Low ☐ Moderate ☐ High

Actions Required:

Mother transferred on / / at :

To .....

Reason .....

Perineal repair diagram

Please complete the "Whose Signature" page at the back of the record

Labour and birth summary - baby page 1 (If multiple birth please complete multiple birth baby page on reverse)

Mode of delivery SVD on Sun day 15/3/15 at 15:41 Sex F

Indication low Presentation cephalic Location mrt

Livebirth/Stillbirth Gestation 37+4 Birthweight 2600 g OFC 33 cm

APGAR	1min	5mins	10mins
Activity (muscle tone)	2	2	
Pulse	2	2	
Grimace (reflex, irritability)	2	2	
Appearance (skin colour)	1	1	
Respiration	2	2	
Total scores	9	9	
Time to first breath	0:1		

Cord blood taken at time :

Indication

Cord pH results No pH taken ☐

Venous pH

Arterial pH

Base Excess

Base Excess

Vitamin K administered

☐ No ☑ Yes

☑ I.M ☐ Oral

(sign for administration below)

Skin-to-skin contact offered ☐ No ☑ Yes

Time started 15:41 Time ended 16:15

Reason discontinued not.

Comments

First feed offered / / time :

Type of feed

Comments

Record of Vitamin K administration

Date	Drug	Dose	Route	Time (24 hr)	Prescriber (print and sign)	Given by	Time given (24 hr)
15.3.15	Konakion	0.1mg	IM	16.45		Mc Farlane	16.45

Resuscitation (tick all that apply)	
Nil	✓
Inflation breaths	
Ventilation breaths	
Suction under direct vision	
Mask & IPPV	
Drugs-specify below	
Cardiac massage	
Endo-tracheal tube	
Description of baby at birth/resuscitation details	
Other-specify below	
Resuscitation performed by	
Sign	

Further details

Any anomalies identified at birth should be noted in the relevant sections of the baby/neonatal record for follow up.

Complete details of initial examination on baby record

Resuscitation performed by		
Signed	Print name	Designation/Grade

Baby identification checked & correct by		
Signed	Print name	Designation
Mc Farlane	Mc Farlane	SHO

Please complete the "Whose Signature" page at the back of the record

Details of operative delivery

Type of delivery .....

Indication(s) .....

.....

.....

.....

.....

.....

Operator .....

Assistant .....

Decision made ..../..../.... :....

Procedure started ..../..../.... :....

Time of delivery ..../..../.... :....

Procedure concluded ..../..../.... :....

Location .....

RCA/RCOG classification of urgency of caesarean *

Anaesthetist .....

Pre-operative delivery findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

* ***1 Emergency:*** *immediate threat to life of woman or fetus;* ***2 urgent:*** *maternal or fetal compromise which is not immediately life threatening;* ***3 Scheduled:*** *needing early delivery but no maternal or fetal compromise;* ***4 Elective:*** *at a time to suit the patient and maternity team*

Please complete the "Whose Signature" page at the back of the record

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Operative delivery (continued)

Perineum
- ☐ Intact
- ☐ Grazes
- ☐ 1st degree tear
- ☐ 2nd degree tear
- ☐ 3rd degree tear
- ☐ 4th degree tear
- ☐ Episiotomy

(For 3rd or 4th degree tear please complete Third Stage complications page)

Perineal suturing Suturing material .....

Anaesthesia .....

Technique .....

.....

Rectal exam prior to suturing	☐ No	☐ Yes
Haemostasis achieved	☐ No	☐ Yes
Rectal exam following suturing	☐ No	☐ Yes
Swabs correct	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes
Tampon used	☐ No	☐ Yes
Tampon removed	☐ No	☐ Yes
Advised on perineal care	☐ No	☐ Yes

Sutured by .....

Supervised by .....

Estimated blood loss ..... ml

Please see attached anaesthetic record for further details

Antacids ☐ Sodium citrate ☐ Ranitidine

☐ Other .....

Anaesthesia ☐ Spinal ☐ Epidural

☐ Combined spinal/epidural ☐ General

☐ Pudendal block ☐ Other .....

Blood transfusion ☐ No ☐ Yes

Blood transfusion/products received ☐ No ☐ Yes

Details .....

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Routine Surveillance of Infection Care Bundle		
If at all possible avoid hair removal; if hair removal is necessary, avoid the use of razors	Yes	No
Were clippers used		
Were Prophylactic antibiotics prescribed as per local antibiotic policy/SIGN guideline, for the specific operation category.		
Were the antibiotics administered within 60 minutes prior to the operation.		
Was the patient's body temperature normal throughout the operation (excludes cardiac patients).		
Was the patient's blood glucose level normal throughout the operation (diabetic patients only).		

Post-operative instructions

Ensure all relevant prescribing undertaken

Revised thrombosis risk

☐ Low ☐ Moderate ☐ High

Actions required

.....

Catheter ☐ In/Out ☐ Indwelling

Details

.....

Postoperative care

☐ Ward ☐ High dependency

☐ Intensive care ☐ Transfer to other hospital

Other

.....

Oxytocics

Details .....

.....

Antibiotics

☐ Prophylactic ☐ Other ☐ None

Details .....

.....

Analgesia

Details

.....

.....

Details completed & relevant prescribing by ..... Print name

Swabs correct	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes

Signed (scrub staff) .....

Signed (floor staff) .....

Comments .....

Please complete the "Whose Signature" page at the back of the record

Operation procedure and findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Details of third stage complications

Complication(s) please tick all that apply

☐ Repair of episiotomy - specify ☐ Extended (Document uncomplicated suturing of non-extended episiotomy or 2nd degree tear on birth summary)

☐ Repair of tear - specify degree ☐ 3a ☐ 3b ☐ 3c ☐ 4th ☐ Cervical

☐ Manual removal of placenta & membranes

☐ Primary post partum haemorrhage - due to .....

☐ Other - please specify .....

Anaesthesia Please see attached anaesthetic record for further details

Antacids ☐ Sodium citrate ☐ Ranitidine ☐ Other .....

Anaesthesia ☐ Spinal ☐ Epidural ☐ Pudendal block

☐ Combined spinal/epidural ☐ General ☐ Other .....

Location of management .....

Decision made ../../.. :..

Procedure started ../../.. :..

Procedure concluded ../../.. :..

Details of findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Manual removal of placenta and membranes

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Continuation notes for third stage complication

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

Overall estimated blood loss ..... ml

Instructions following management of complication *Ensure all relevant prescribing undertaken*

Thrombosis risk

☐ Low ☐ Moderate ☐ High

Actions required .....

Antibiotics .....

Analgesia .....

Oxytocics .....

Laxatives .....

Site of care ☐ Ward ☐ High dependency unit ☐ Intensive care ☐ Transfer to other hospital

Other .....

Details completed & relevant prescribing by ..... Print name .....

Please complete the "Whose Signature" page at the back of the record

Details of perineal repair 3rd and 4th degree tear

Analgesia .....

Third degree Injury to perineum involving the anal sphincter complex:

3a: Less than 50% of EAS thickness torn. ☐

3b: More than 50% of EAS thickness torn. ☐

3c: Both EAS and IAS torn. ☐

Fourth degree Injury to perineum involving the anal sphincter complex (EAS and IAS) and anal epithelium. ☐

Space for visual documentation of repair if required

PV examination after completing repair	☐ No	☐ Yes
PR examination after completing repair	☐ No	☐ Yes
Swabs correct	☐ No	☐ Yes
Tampon used	☐ No	☐ Yes
Tampon removed	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes

Checked by ..... and .....

Advised on perineal care	☐ No	☐ Yes
Follow-up clinic appointment arranged	☐ No	☐ Yes

Performed by ..... designation .....

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Details of Shoulder Dystocia at Birth

Date and time of delivery of head ..../..../.... ....:....

Position of woman before and during birth .....

	Action	Yes	No	Time	Effect
H	Call for help				
	Assistance Arrived				
E	Evaluate for episiotomy				
L	Legs: McRoberts Position				
P	Suprapubic Pressure				
E	Enter: rotational Manoeuvre				
R	Remove posterior arm				
R	Roll onto all fours				
	Other Manoeuvres				

Time of delivery of rest of baby ....:....

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Details of Post Partum Haemorrhage management

Minor PPH – 500-1000mls, Moderate PPH 1000 - 2000mls, Severe PPH over 2000mls **Please circle as appropriate**

		Details
Blood bank and haematologist informed	☐ No ☐ Yes time ..... :	.....
Facial Oxygen 15 litres per min	☐ No ☐ Yes time ..... :	.....
IV Access Line 1	☐ No ☐ Yes time ..... :	.....
IV Access Line 2	☐ No ☐ Yes time ..... :	.....
IV fluids Crystalloids	☐ No ☐ Yes time ..... : ..... (3.5 litres max prior to blood products)	
IV fluids Colloids	☐ No ☐ Yes time ..... :	.....
Syntocinon IV	☐ No ☐ Yes time ..... :	
Syntocinon IM	☐ No ☐ Yes time ..... :	
Ergometrine	☐ No ☐ Yes time ..... :	
Misoprostol (PGE Subscript 1) PR	☐ No ☐ Yes time ..... :	
Haemabate number of doses	.....	
Bi-Manual Compression	☐ No ☐ Yes time ..... :	
Transfusion Total Units	Number ☐ time ..... :	.....
Cross matched blood Total Units	Number ☐ time ..... :	.....
	Crystalloids Total number ☐	
	Colloids Total number ☐	
Note keeper appointed	☐ No ☐ Yes name ..... designation	

Overall estimated blood loss ..... ml

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Lead professional ..... designation .....

Assisted by ..... designation .....

Other professionals involved .....

.....

.....

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Labour and birth summary - baby, multiple birth

Number of infants .....

	Infant 1
Mode of delivery (if LSCS or assisted vaginal birth, please also complete the appropriate delivery sheets)	
Date of birth	
Time of birth	
Sex	
Indication for mode of delivery	
Presentation	
Live birth/stillbirth	
Gestation	
Antenatal steroids given	
Birthweight (kg)	
OFC (cm)	
APGAR 1 min	
APGAR 5 min	
APGAR 10 min	
Cord PH results Venous/Arterial/Base excess	
Further cord blood taken	
Resuscitation Time to first breath	
Resuscitation performed by	
Baby identification checked and correct by	
Baby transferred to and time	
Signed	

Please complete the "Whose Signature" page at the back of the record

Infant 2	Infant 3

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

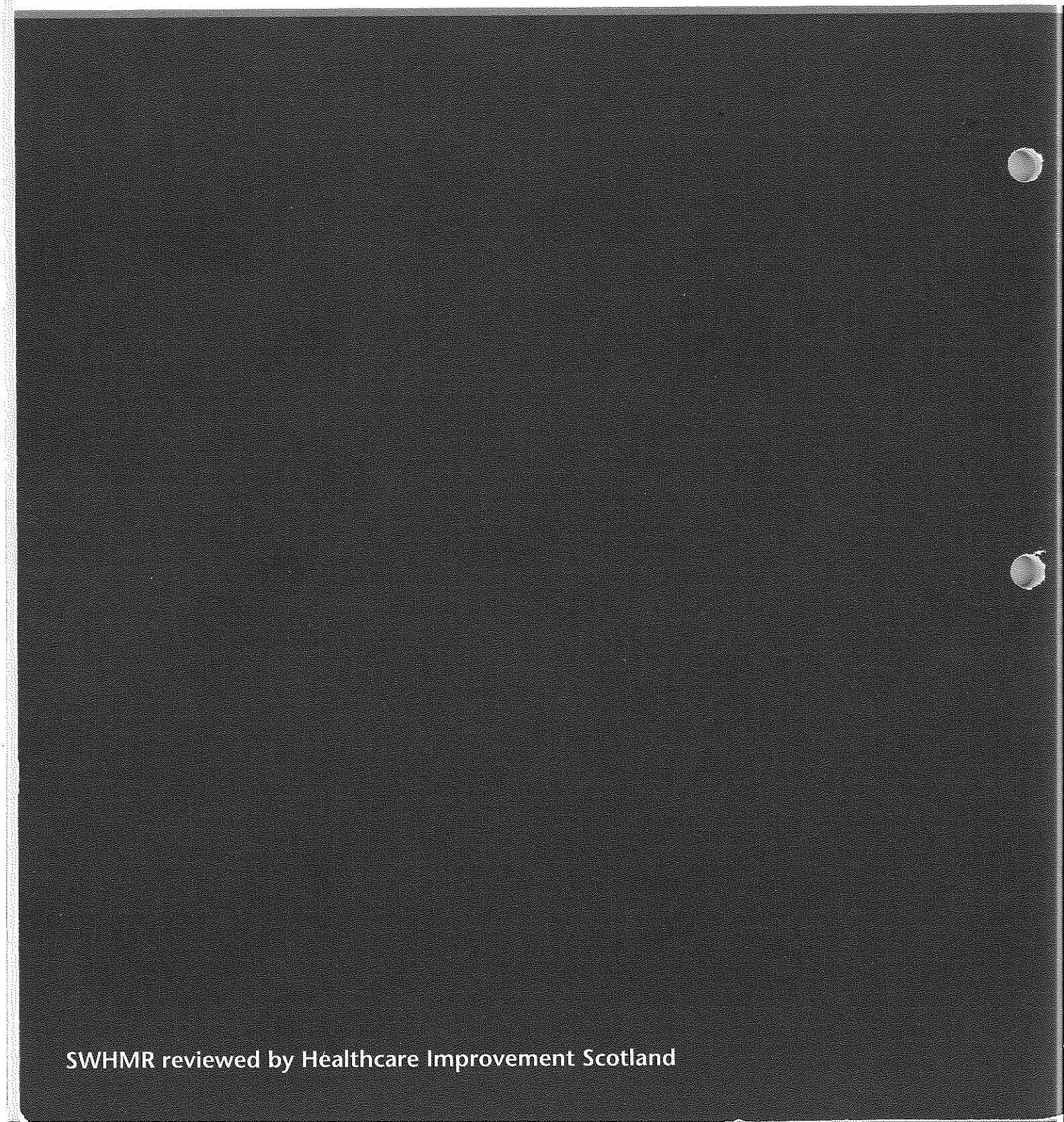
Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
Lorna McFarlane	L McFarlane	Sn.

Version 6



HAEMATOLOGY

MCO

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: H132322778
N/W Ward 38 Clinician: Dr P. LYNCH N38 LYNP1H

HGB	10.6	L g/dL	(12.0-16.0)	WBC	25.0	H x10^9/L	(4.0-11.0)
RBC	4.22	x10^12/L	(3.8-4.8)	NE#	21.0	H x10^9/L	(2.0-7.5)
HCT	0.330	L	(0.37-0.47)	LY#	2.9	x10^9/L	(1.5-4.0)
MCV	78.2	L fl	(85-105)	MO#	0.9	H x10^9/L	(0.2-0.8)
MCH	25.1	L pg	(27-32)	EO#	0.14	x10^9/L	(0.0-0.4)
MCC	32.1	g/dL	(32-36)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	375	x10^9/L	(150-400)

Film Report: TJ Blood film not examined.

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
12 Jul 2013 11:10

Clin.Details: day 1 scd

Request Entered: 12 Jul 2013 11:28 Report Printed: 12 Jul 2013 14:40

REPORT RECEIVED

DOCTOR'S INITIALS

BIOCHEMICAL MEDICINE

DMR 374

38

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C132318786
N/W Labour Suite Clinician: Dr K.W. MCMULLEN NLABR MULK1H

SODIUM	135	mmol/L	(133-146)	
POTASSIUM	3.8	mmol/L	(3.5-5.3)	
UREA	1.8 <<	mmol/L	(2.5-7.8)	
CREATININE	46	umol/L	(44-80)	
C-REACTIVE PROTEIN	7	mg/L	(0-10)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
10 Jul 2013 21:40

Clin.Details: For Urgent LUSCS. Previously recurrent APH.

Request Entered: 11 Jul 2013 00:29 Report Printed: 11 Jul 2013 01:09

REPORT RECEIVED

DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: H132318786
N/W Labour Suite Clinician: Dr K.W. MCMULLEN NLABR MULK1H

HGB	9.2	L g/dL	(12.0-16.0)	WBC	21.6	H x10^9/L	(4.0-11.0)
RBC	3.66	L x10^12/L	(3.8-4.8)	NE#	17.7	H x10^9/L	(2.0-7.5)
HCT	0.292	L	(0.37-0.47)	LY#	2.7	x10^9/L	(1.5-4.0)
MCV	80.0	L fl	(85-105)	MO#	1.1	H x10^9/L	(0.2-0.8)
MCH	25.2	L pg	(27-32)	EO#	0.11	x10^9/L	(0.0-0.4)
MCC	31.5	L g/dL	(32-36)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	326	x10^9/L	(150-400)

APTT	23.0	secs.	(22.9-34.4)
APTT Ratio	0.8		
Prothrombin Time	11.4	secs.	(9.5-14.0)
PT Ratio:	1.0		

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
10 Jul 2013 21:40

Clin.Details: For Urgent LUSCS. Previously recurrent APH.

Request Entered: 11 Jul 2013 00:29 Report Printed: 11 Jul 2013 01:21

REPORT RECEIVED
HP
DOCTOR'S INITIALS

HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: H132325073
Mon Roy Inf Antenatal Clinic Clinician: Dr P. LYNCH MRIANC LYNP1H

HGB	11.0	L g/dL	(12.0-16.0)	WBC	12.3	H x10^9/L	(4.0-11.0)
RBC	4.47	x10^12/L	(3.8-4.8)	NE#	7.1	x10^9/L	(2.0-7.5)
HCT	0.356	L	(0.37-0.47)	LY#	3.9	x10^9/L	(1.5-4.0)
MCV	79.5	L fl	(85-105)	MO#	0.8	x10^9/L	(0.2-0.8)
MCH	24.7	L pg	(27-32)	EO#	0.45	H x10^9/L	(0.0-0.4)
MCC	31.0	L g/dL	(32-36)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	457	H x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
14 Jul 2013 19:26

Clin.Details: raised white cell count post birth - now 3 days postnatal

Request Entered: 15 Jul 2013 13:04 Report Printed: 15 Jul 2013 13:52

REPORT RECEIVED
18.7.13
DOCTOR'S INITIALS

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** **01382 632559**

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr P. LYNCH
DoB : 28 Apr 1988 Sex: F N/W Labour Suite
Post Code: DD10 8BA

CPA Accredited 0221

para 2/0 SVD offensive smell at delivery

13B421148 Date/Time of Specimen: 11 Jul 2013 12:15
SWAB - Exudates

Sensitivities	1
Metronidazole	S

Culture:
1) Profuse Growth of Mixed Anaerobes

Pt telephoned & discharge told to contact GP.
GP telephoned re results
01674673 4 w 23/7/13

Date of Report: 15 Jul 2013 AUTH: orag
NLABR LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS

MICROBIOLOGY

Anaes.

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** **01382 632559**

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr P. LYNCH
DoB : 28 Apr 1988 Sex: F N/W Labour Suite
Post Code: DD10 8BA

CPA Accredited 0221

Otitis type: Otitis externa para 2/0 SVD offensive smell at delivery

13B421149 Date/Time of Specimen: 11 Jul 2013 12:15
Right Ear Swab

Culture:
No Growth
Cultures for fungi set up
If Positive, Will be Reported later

Date of Report: 13 Jul 2013 AUTH:
NLABR LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** **01382 632559**

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Post Code: DD10 8BA

CPA Accredited 0221

para 2/0 SVD offensive smell at delivery

13B421146 Date/Time of Specimen: 11 Jul 2013 12:15
SWAB - Exudates

Culture:
No Growth

Date of Report: 12 Jul 2013 AUTH:
NLABR LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services **BACTERIOLOGY** **01382 632559**

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr P. LYNCH
DoB : 28 Apr 1988 Sex: F N/W Labour Suite
Post Code: DD10 8BA

CPA Accredited 0221

??PROM at 37+2 weeks.

13B509421 Date/Time of Specimen: 10 Jul 2013 22:42
HIGH VAGINAL SWAB

	Sensitivities	1
	Metronidazole	S

Culture:
1) Profuse Growth of Mixed Anaerobes
No Candida Isolated

No Trichomonas

Date of Report: 14 Jul 2013 AUTH: orag
NLABR LYNP1H

REPORT RECEIVED
DOCTOR'S INITIALS

IOLOGY

DMR320

cal Laboratory Services **BACTERIOLOGY** 01382 632559

LIS, Stacey
04880060 Clinician: Dr P. LYNCH
Apr 1988 Sex: F N/W Labour Suite
10 8BA

CPA Accredited 0221

smell at delivery

te/Time of Specimen: 11 Jul 2013 12:17
b

t: 12 Jul 2013 AUTH:
P1H

HOSPITALS

EDICAL ADVICE
)

's Medical Records
t's G.P.
priate

Ward/Clinic/ Hosp. ..... NW - Labour suite

STACEY ELLIS
23 SEAGATE
MONTROSE

Surname ....
First Name .. DD10 8BA
Address .....
.....
G.P. & Address (G.P. Request ...)

Y

fema

USE BLOCK L
OR PATIEN

..... of 23 SEAGATE .

e from the hospital

MUM .

..... aged .....

(State name and relationship)

s is against the advice and wishes of the Consultant in Charge or his Deputy. I acknowledge ned of the dangers of doing so and I accept full responsibility for my action and any from.

..... *patient/parent or guardian Date 11/7/13 .

..... Witness Date 11/7/13

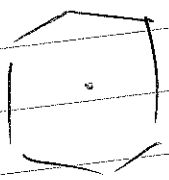
Stacey Ellis.

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
10/7/13	19:10	Decision made to transfer to L/S NW's Ambulance called. Stacey insistent on having a cigarette prior to transfer – persuaded not to! JGabrelli.
	20^{30}	Arrived @ N/Ws O/A. Obs as per MEWS – T. 36°. O/P long lie, cephalic presentation, ROL position with Vx 3/5 palpable. Commenced on external CTG. Medical staff busy at present. but will review asap.
7 x 2 wks		* Stacey appears quite withdrawn – both she & partner bewildered by on-going treatment. Stacey wishes partner to fetch juice from car to drink* advised ~~not~~ to fast until S/B medical staff – demanded explanation why. Explained MAY need C/S – Stacy upset ++
	21^{00}	Has passed 130mls urine, NAD.
	21^{10}	S/B Dr. Balakumar – speculum

Name ..... CHI no .....

Antenatal assessments/admissions (continued)

Date	Time	Details
Please use 24 hour clock and sign each entry		
10/7/13.	22.10.	S1B/r. Babakhan: VE: Waters ruptured on Rhoaspect — seen at 21.10.
		Transf from Montrose. → Cfg contns
		(24) P2+0. 37+2. social ssx
		↳ vertex SVD } 39 wks.
		S/B Dr. M'Mullan. H/O. prolonged ROM. >48hrs. clear liq.
		↳ flu like symptoms
		presented to Montrose ↓ FH since midday. ↳ irregular tightenings.
		O/E: Obs stable.
		
		PS: °poling of liquor.

21⁴⁵ - Recommenced on external CTG. Stacey advised to fast, & will be reviewed in 1hr. Offered to cannulate for IV fluids - Stacey refused. Refreshments offered to sister & partner - refused.

Cont'd;

VE: 1cm dilated
sp 3
Bulging Mem felt

Ctg in Harmox ——— ↓ variability ± NO Accels.
Hx = staining.

Ctg in NW ——— Baseline - 140.
↓ variability <5 ± 2
⁰ Accels.

Suboptimal Ctg ——— ? For C.S.
NO ↓ in Labour. Dr. McMullen informed will kindly review.

Last had tea to drink at 17:30.

C/B Dr. McMullen;

USS by Myself — ceph
spine to Mat — (R)
Aft sem + Mom to panels —
AFI = 2 pools
7+6 cm = 13 cm
Explained unlikely to be SROM.

(P): NOT for C.S at this moment
CW Ctg.
· if no improvement ? ARM / C.S if worsens
· Dr. McMullen & Dr. Siddiqui will review Ctg.
· keep NBM
· H/S + Bloods — CRP

V. Balakrishnan
[illegible]

DATE

R13A

22.40 – Speculum to obtain HVS + no liquor seen.

M. Stewart (m/w)

CTG continues meantime.

* Partner requesting/demanding Stacey is discharged home if no medical intervention is required tonight. o/w a. McMullen will review Stacey.

23.15hrs Breat. relief L Murphy (SM) murphy external CTG continues awaiting senior medical review

L Murphy SM

23.40. improvement in CTG.
Baseline variability 5-10 bpm.
Occas accels.
Now feeling fm fr.
No pyrexia SLCM. Speculum x 2 negative HVS sent
Legs vols normal on ws.
clinically well grumbaby.
Denies any meds – provided from prescribed.
No indication for IOL/CS.
Advised TSI o/n for 1st CTG 1st decels.
∴ DAMA / 1st CTG in morning am.
Agrees F/U/CLERK prior to discharge. K McMillan
CONSULTANT # 4147.

11/7/13. COOS ABNE BLOODS OBTAINED LMurphy SM

DATE

Page

UNIT/WARD/DEPT.

HISTORY/CONTINUATION SHEET

Ward/Clinic/Hosp.

C.H.I. D D M M Y Y

Surname

First Name

Address

M. State

Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

04 88

880060

EY ELLIS

Date	Room Number
10/7/13	OA
Time	**Epidural**
2130	Y / (N)

Indication Non reassuring CTG.

Trial of forceps
LUSCS
MROP

in:

30 mins
60 mins
2 hrs
4 hrs

X

Latex allergy (Y) N	BMI
	20
Diabetes Y (N)	

y

DMR320

IOLOGY

cal Laboratory Services **BACTERIOLOGY** **01382 632559**

LIS, Stacey
04880060 Clinician: Dr P. LYNCH
Apr 1988 Sex: F Mon Roy Inf Antenatal Clinic
10 8BA

CPA Accredited 0221

+glucose

te/Time of Specimen: 10 Jul 2013 18:15
ne

:

t: 13 Jul 2013 AUTH:
P1H

REPORT RECEIVED
SP
DOCTOR'S INITIALS

ELLIS
STACEY
23 SEAGATE
MONTROSE
DD10 8BA

2804880060
F

Annat Bank Practice, Links Health Cent

Tel 07844470020 Early Scan 14/1/13

Montrose Inf.

MATERNITY CALL RECORD

Please complete clearly in black ink and BLOCK capitals for telephone contact made within a 24 hour period (Refer to guidance and file in main record when complete).

NHS SCOTLAND

SITUATION	
Woman's Details:	
Surname:	Eliss
First Name:	Stacey
Patient ID/CHI:	2804880060
Home Address +/- Current Location	23 Seagate Montrose
Post Code:	DD10 8BA
Calling from home address	No ☐ Yes ☑
Telephone No:	01674 958209
Named Cons/Midwife	
Planned Place of birth	

SITUATION		
Call Details:		
Date / /	Time	hrs
Call Number (circle) (1) 2 3 Time call completed:		hrs
Relationship of caller to woman (include name) :		
Location of call taker		
Parity	2/0 - SVD's	
EDD 29/09/13		
Gestation 30+2		
Previous pregnancy Mode of Delivery / Comments		
SVD	☑ x2	
Forceps/Ventouse	☐	
Caesarean Section	☐	

Additional Information: i. e Requires Interpreter

Relevant Obstetric/ Medical History (i.e. quick labour, pre-term /breech)

Placenta low @ 20 weeks

?

BACKGROUND - Call Reason (record relevant details only)

	No	Yes			
Contractions	☐	☐	Frequency	Duration	secs
SRM	☐	☐	Time of SRM Hrs	Colour:	
Other PV Loss	☐	☐	Describe		
Bleeding	☐	☐	Describe		
Rh Neg	☐	☐	**Anti D required?**	**No ☐**	**Yes ☐**
Fetal Movements	☐	☐	Usual Movements felt?	**No ☐**	**Yes ☐**
Headache	☐	☐	Describe:-		
Visual disturbance	☐	☐			
Oedema	☐	☐	Describe:-		
Urinary problems	☐	☐	Describe:-		
Abdominal pain (not contractions)	☐	☐	Describe (circle)	**None / Mild / Mod / Severe**	
			Pain Score (circle)	**0 1 2 3 4 5 6 7 8 9 10**	
CONSIDER USING PAIN SCORE FOR UTERINE ACTIVITY					
Group B Strep	☐	☐			
Other, please detail					
Woman's description Anxiety/Distress					

Postnatal	N ☐	Y ☐	Temp N ☐ Y ☐	Blood loss N ☐ Y ☐	Feeling unwell N ☐ Y ☐
Delivery Date / / 20	SVD ☐	Forceps/Ventouse ☐	Caesarean Section ☐		

Call Reason/ Clinical Summary Include Relevant Information such as how long contractions present

ASSESSMENT - Include Advice Given

Decision Support						
Guidelines/Pathway	☐		Discuss with other midwife	☐	Discuss with Medical staff	☐
Call back advice given	☐		Woman agrees with plan	☐		
Discussed with (insert name)						

RECOMMENDATION			
Outcome from Call			
Requested to attend unit for assessment	☐	Woman requests attendance in unit for assessment	☐
Own transport No / Yes			
Ambulance required No / Yes Routine ☐ Urgent ☐ 999 ☐		Time arranged	hrs
Stays at home with advice to telephone if further support required (Self Care)	☐	Stays at home with follow up appointment	☐
GP Day Care Routine Appointment	☐ ☐ ☐	Early Pregnancy Unit Community Midwife Other.....	☐ ☐ ☐

Signature/Designation	
Print Name	

Final Outcome if Woman Attends			
Referred to:			
Admitted to Ward (CLU)	☐	Home – no additional follow up (Routine ANC only)	☐
Admitted to LW (CLU)	☐	Home – with follow up appointment detail.....	☐
Admitted to CMU/MLU	☐	Referred to GP	☐
Referred to EPU/DCU	☐	Referred to other	☐
		If referred on, where?	

Time in		hrs	Time out		hrs	

MATERNITY CALL RECORD Continuation Sheet

If woman phones back within 24 hours

This continuation sheet may be used when taking a second or subsequent call.

Face to face assessment is recommended when a third call is made. These calls are often made by women in long latent phase labour, advice, reassurance and care may be required by this point. Face to Face assessment will enable a fuller/clearer picture of the current situation for the woman and fetus.

SITUATION			
Call Number (circle) 2 3		**(Call 3 –Recommend Face to Face Assessment)**	
Name		Date / / 20 Time	hrs
ID		Time call completed	hrs

BACKGROUND
Update of Symptoms
Provide further details on symptoms reported. Include the reason why the woman has called again. Helpful to note the length of time between calls
ddi

ASSESSMENT
Include Advice Given
Document your clinical assessment here; include all the advice and information you have provided to the caller.
Note if the caller agrees with the plan of care you have made for her at this time
stu

RECOMMENDATION			
Outcome from Call			
Requested to attend unit for assessment	☐	Woman requests attendance in unit for assessment	☐
Own transport	☐		
Ambulance required	☐	Time arranged	hrs
Routine ☐ Urgent ☐ 999	☐		
Stays at home with advice to telephone if further support required (Self Care)	☐	Stays at home with follow up appointment	☐
GP Day Care Routine Appointment	☐ ☐ ☐	Early Pregnancy Unit Community Midwife Other.....	☐ ☐ ☐

Signature/Designation	Completion of this section is necessary to conform to good record keeping standards.
Print Name	

PRESCRIPTION REQUEST FROM MONTROSE MATERNITY UNIT

Date Fax Sent:	9/4/13.
Name:	STACEY ELLIS
DOB/CHI:	28044 88 0060.
Gestation/EDD/ Days postnatal:	29/7/13.
Feeding Method:	Ante Natal.
Clinical Details: Has fundal fibroid + low placenta at 20 wk scan.	24 weeks gestation P2+0. Symptomatic of UTI. leucocytes ++ nitrites ++ MSSU ✓ dysuria and lower backache. NO drug allergies – (Latex only)
Result/request:	Please prescribe antibiotic for UTI.
Pharmacy:	will collect later today – thanks.

Many thanks,

Signed... Shona Pert ..... PRINT... S. PERT.
(MIDWIFE)

Screening for Haemoglobinopathies
Family Origin Questionnaire (FOQ)

NHS SCOTLAND

Hospital Name CRH AK1
CHI No. 280488 0060
Estimated Delivery Date 28/02/13
Surname ELLIS
Forename STACEY
Date of Birth
Address 1
Address 2
Postcode

45810

Screening test declined ☐

What are your family origins?

Please tick all boxes in ALL sections that apply to the woman and the baby's father

		Woman	Baby's father
A.	**AFRICAN OR AFRICAN CARIBBEAN (BLACK)**		
1/	Caribbean Islands	☐	☐
2/	Africa (excluding North Africa)	☐	☐
3/	Any other African or African-Caribbean family origins (please write in…)		
B.	**SOUTH ASIAN (ASIAN)**		
1/	India or African-Indian	☐	☐
2/	Pakistan	☐	☐
3/	Bangladesh	☐	☐
C.	**SOUTH EAST ASIAN (ASIAN)**		
1/	China including Hong Kong, Taiwan, Singapore	☐ #	☐ #
2/	Thailand, Indonesia, Burma	☐ #	☐ #
3/	Malaysia, Vietnam, Philippines, Cambodia, Laos	☐ #	☐ #
4/	Any other Asian family origins (eg Caribbean-Asian) (please write in…)		
D.	**OTHER NON-EUROPEAN (OTHER)**		
1/	North Africa, South America etc	☐	☐
2/	Middle East (Saudi Arabia, Iran etc)	☐	☐
3/	Any other Non-European family origins (please write in….)		
E.	**SOUTHERN & OTHER EUROPEAN (WHITE)**		
1/	Sardinia	☐ #	☐ #
2/	Greece, Turkey, Cyprus	☐ #	☐ #
3/	Italy, Portugal, Spain	☐	☐
4/	Any other Mediterranean country	☐	☐
5/	Albania, Czech Republic, Poland, Romania, Russia etc	☐	☐
F*	**UNITED KINGDOM (WHITE) refer to guidance at the back**		
1/	England, Scotland, N Ireland, Wales	☐	☐
G*	**NORTHERN EUROPEAN (WHITE) refer to guidance at the back**		
1/	Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2/	Scandinavia, Switzerland etc	☐	☐
3/	Any other European family origins, refer to chart (eg Australia, N America, S Africa) (please write in…)		
	*Hb Variant Screening Requested by F and/or G *(ie request from low risk group)*	☐	☐
	# Higher risk for alpha zero thalassaemia		
H.	**DON'T KNOW (incl. pregnancies with donor egg/sperm)**	☐	☐
I.	**DECLINED TO ANSWER**	☐	☐
J.	**ESTIMATED DELIVERY DATE (please write in if not above)**		
K.	**GESTATION AT TIME OF TEST**		

OFFER haemoglobin variant screening to all women if they or their baby's father have answers in a shaded box

Signed Shona Peat Print Name Shona Peat

Job Title SM Contact Tel No 632401 Date 14/1/13

(By Health Care Professional completing the form)

This form must be attached securely to the haematology laboratory request form with the antenatal blood samples. A second copy of the form should be added to the patient's maternity record. (A third copy can be added to the hospital records if applicable). The completion of this form is an ESSENTIAL part of the screening process.

Woman's Name: STACEY ELLIS

GP: ANNAT BANK

CHI: 28/04/88 0060

23 Seagate DD10 8BA

Named midwife: Shona.

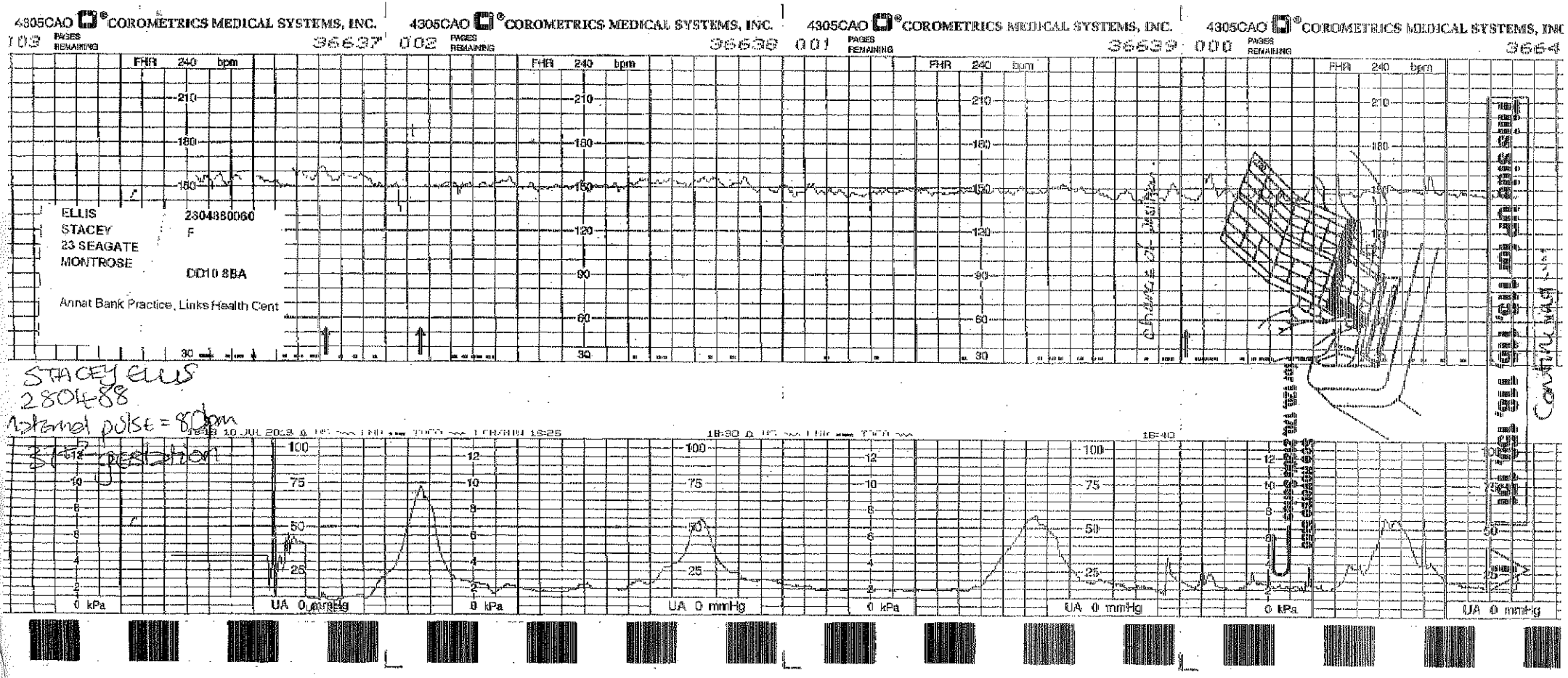
First Booking Appointment Checklist	Initial if done
Give Ready Steady Baby and information leaflets	✓
Check height , weight BMI and BP Consider aspirin / increased dose of folic acid	✓ BMI = 20.
Give appropriate health advice re healthy eating / smoking cessation etc	✓
Give hand held notes to complete for next appointment	✓
Estimate EDD using LMP	31/7/13.
Explain Screening tests	✓
Give Healthy Start Vitamins	✓
Order Pink Folder	✓
Make Appointment with Named Midwife	14/1/13 13:00 (will be 11+3)

17/12/12. 7+3

Does not wish NT

Second Booking Appointment Checklist	Initial if done
Go Over Notes	✓ SP
Urine/Bloods	urine SP
Carbon Monoxide Level If Smoker : refer for smoking cessation	
Discuss and Document Scan Preference	✓ SP
Discuss Care Pathway	✓ SP
Routine Enquiry*	NO
Specialist referral / discussion if required	N/A

* Routine Enquiry can be done at either appointment, if woman comes alone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PAGES REMAINING
36637
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FHR 240 bpm
210
180
150
120
90
60
30
ELLIS
STACEY
23 SEAGATE
MONTROSE
2804880060
F
DD10 8BA
Annat Bank Practice, Links Health Cent
STACEY ELLIS
280488
Maternal pulse = 80bpm
Baseline 10 JUL 2013
CHART# 18:25
18:30
18:40
100
75
50
25
12
10
8
6
4
2
0 kPa
UA 0 mmHg

Whose Signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job Title

Antenatal Care

Parity 2|0	**EDD** 29|7|13. **Gestation** 29+2	**Reason for Admission** PV bleed	**TPAR Signed** √ JR
Allergies Latex	**BMI** 20	**Name band** √ JR	**MEWS** √ JR
Analgesia	**Thromboprophylaxis** LOW RISK	**Birth Preferences**	**Notes Available**
Completed by: JRice		**Date:** 15|5|13 **Time:** 2200	

Antenatal Haemoglobin Hb: 11·0g/dl. Date: 15|5|13.	**Blood group:** OPOS **Group and Save** ✓ **Date:** 15|5|13.	**IV Access/PVC Bundle** **Date:** **Time:**
Reason for IOL	**Propess**	**Fetal Monitoring**
Completed by: JRice	**Date:** 15|5|13 **Time:** 2200	

Relevant obstetric or Medical history	
Confidential Issues	
Additional Risk Factors	
Summary of Care	
Completed by:	**Date:** **Time:**

Intrapartum Summary

Mode of Birth **Date & time**	**Perineum/Abdominal wound**	**Estimated Blood Loss**
Bladder Function	**Analgesia**	**Postnatal Thromboprophylaxis**
Weight	**Konakion**	**Apgars**
Completed by:	**Date:**	**Time:**

High Risk Postnatal Care (for completion by medical staff)

Sepsis Risk (er Risk Factors	**Investigations Required** FBC Us &Es CRP Other
Observations required – frequency BP P Temp UO	**Medical Review Required** When?
Medical plan written by:	**Date:** **Time:**

Discharge Information - Neonatal

Passed urine **Passed meconium**	**Infant feeding Support/Advice** **Bathing Demonstration**	**Length** **OFC**
(npleted by:	**Date:**	**Time:**

Discharge Information - Maternal

Postnatal Haemoglobin	**Anti D**	**Rubella Status**
Discharge Medication	**PN Hospital Appointment**	**Contraception**
Additional Risk factors/Summary of Care: **Community Team Informed of Discharge:** **Pathway on Discharge:** Red Pathway Green Pathway *(Please circle)*		
Completed by:	**Date:**	**Time:**

BMI @ booking	20	kg/m^2
Weight @ booking	46	kg
Parity	2+0	

Date 15/5/13

Ward Consultant

CHI 2804880066

Surname Ellis

First Name Stacey

Address

Antenatal thromboprophylaxis risk assessment and management

(to be assessed at booking and repeated if admitted)

	NO	YES	RISK
Single previous VTE + • Thrombophilia or family history • Unprovoked/oestrogen (pregnancy/OCP) related	☑	☐	HIGH RISK Requires antenatal prophylaxis with LMWH Refer to NHS Tayside VTE protocol ☐
Previous recurrent VTE (>1)	☑	☐	
Single previous VTE with no family history or thrombophilia	☑	☐	INTERMEDIATE RISK LMWH and compression stockings Refer to NHS Tayside VTE protocol ☐
Thrombophilia + no VTE	☑	☐	
Medical Co-Morbidities e.g. heart or lung disease, inflammatory condition, SLE, cancer, sickle cell disease, intravenous drug user	☑	☐	
Surgical procedure (in the past 6 months) e.g. appendicectomy	☑	☐	
Age > 35 years	☑	☐	2 or more risk factors if admitted 3 or more, antenatally
Obesity (BMI ≥ 30kg/m^2)	☑	☐	
Parity ≥ 3	☑	☐	
Smoker	☐	☑	
Gross varicose veins	☑	☐	
Current systemic infection	☑	☐	< 3 risk factors
Immobility e.g. SPD, long distance travel, paraplegia	☑	☐	
Pre-eclampsia	☑	☐	
Dehydration/hyperemesis/OHSS	☑	☐	LOWER RISK Mobilisation and avoidance of dehydration ☑
Multiple pregnancy or Assisted reproductive therapy	☑	☐	

Antenatal and post natal prophylactic dose of LMWH

Weight < 50 kg	=	2500 units dalteparin daily
Weight 50 – 90 kg	=	5000 units dalteparin daily
91 – 130 kg	=	7500 units dalteparin daily
131 – 170 kg	=	10,000 units dalteparin daily
>170 kg	=	75 units/kg/day dalteparin

PLEASE SIGN THROMBOPROPHYLAXIS ASSESMENT ON KARDEX

Signature: JRice

Designation: SHM

Key

Gross varicose veins = symptomatic above the knee or associated with phlebitis/oedema/skin changes, immobility= ≥3 days, long-distance travel = > 4 hours, ART = assisted reproductive therapy, BMI = body mass index (based on booking weight), LMWH = low-molecular-weight heparin, OHSS = ovarian hyperstimulation syndrome, PPH = postpartum haemorrhage, SLE = systemic lupus erythematosus, SPD = symphysis pubis dysfunction with reduced mobility, thrombophilia = inherited or acquired, VTE = venous thromboembolism

Adapted from RCOG Green top Guideline number 37a , Nov 2009 Version 1.0

NHS Tayside, Ninewells Hospital, Dundee, Blood Sciences Report

Printed by jrice1(Jennifer Rice (Non Referrer)) at 15 May 2013 23:26

Patient name:	STACEY ELLIS	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	23 SEAGATE, MONTROSE DD10 8BA				

Reported	Specialty	Location	Clinician	Status
15 May 2013 22:36	Blood Sciences	NW WARD 37	Dr PAULINE LYNCH (Midwife Episode)	F

Sample H132194020 (EDTA) Collected 15 May 2013 22:08 Received 15 May 2013 22:23

CLINICAL DETAILS :
Abdo pain @ 29 weeks pregnant.

Sample H132194020 (EDTA) Collected 15 May 2013 22:08 Received 15 May 2013 22:23

FBC

Hb	*	**11.0**	g/dL	12.0 - 16.0
WBC	*	**14.2**	x10^9/L	4.0 - 11.0
PLT		299	x10^9/L	150 - 400
RBC		3.84	x10^12/L	3.8 - 4.8
HCT	*	**0.321**		0.37 - 0.47
MCV	*	**83.7**	fl	85 - 105
MCH		28.6	pg	27 - 32
MCHC		34.2	g/dL	32 - 36
NE#	*	**10.4**	x10^9/L	2.0 - 7.5
LY#		3.0	x10^9/L	1.5 - 4.0
MO#		0.7	x10^9/L	0.2 - 0.8
EO#		0.14	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

End of report

THB 024SS

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD
(3 WEEK RECORD)

21/5

NHS Tayside

DATE OF ADMISSION 15/5/13 RECORD START DATE _____

Hospital /Ward: NWH **Consultant:** PL **On admission:** **Weight:** **Height:**	**Patient Name:** Stacey Ellis **CHI number:** 2804880060 **Date of Birth:** 280488 **(Attach printed label here)**

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

MEDICINE ALLERGIES/ SENSITIVITIES

IF NIL KNOWN TICK HERE THEN DATE & SIGN ☑ JRice

1. LATEX	2.	3.	4.

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By

OTHER MEDICINE CHARTS IN USE

Chart Type	Signed		Signed
1. Insulin		4. Anticoagulant	
2. Epidural/Pain relief		5. Mental Health Act	
3. Fluid		6. Other	

THB 0

AS REQUIRED THERAPY

Medicine / Form		Date										
Symptomatic Relief Policy		Time										
Dose & Frequency	Route	Dose										
	PO											
Signature	Start Date	Route										
	15/5/13											
Indication / Notes	Pharmacy	Initials										

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
Signature	Start Date	Route										
Indication / Notes	Pharmacy	Initials										

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
Signature	Start Date	Route										
Indication / Notes	Pharmacy	Initials										

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
Signature	Start Date	Route										
Indication / Notes	Pharmacy	Initials										

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
Signature	Start Date	Route										
Indication / Notes	Pharmacy	Initials										

Medicine / Form		Date										
		Time										
Dose & Frequency	Route	Dose										
Signature	Start Date	Route										
Indication / Notes	Pharmacy	Initials										

THB 024SS

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD
(3 WEEK RECORD)

NHS Tayside

ANC 4/3/13

DATE OF ADMISSION 12/5/13 RECORD START DATE 13/5/13

Hospital /Ward: med mat **Consultant:** P. Lynch **On admission:** **Weight:** **Height:**	Pa CH Da (A

REDFORD **2207985040**
REBECCA **F**
2C YORK TERRACE
MONTROSE
DD10 8LG

Castlegait Surgery, Links Health Centre

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

MEDICINE ALLERGIES/ SENSITIVITIES

IF NIL KNOWN TICK HERE THEN DATE & SIGN ☑ 13/5/13 KMcNicol

1.	2.	3.	4.

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
12/5/13	2345	Co-codamol	30/500	oral		2345	KMcNicol

OTHER MEDICINE CHARTS IN USE

Chart Type	Signed		Signed
1. Insulin		4. Anticoagulant	
2. Epidural / Pain relief		5. Mental Health Act	
3. Fluid		6. Other	

THB 024SS

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD
(3 WEEK RECORD)

NHS Tayside

DATE OF ADMISSION _____ RECORD START DATE _____

Hospital /Ward: 37.	**Patient Name:** Stacey Ellis
Consultant: Pandit.	**CHI number:** 2804880408
On admission: **Weight:** **Height:**	**Date of Birth:**
	(Attach printed label here)

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

MEDICINE ALLERGIES/ SENSITIVITIES

IF NIL KNOWN TICK HERE THEN DATE & SIGN ☐ .....

1. latex	2.	3.	4.

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
7/5/13	22:30	Fucidin	1g	CRAI		2225	[illegible]

OTHER MEDICINE CHARTS IN USE

Chart Type	Signed		Signed
1. Insulin		4. Anticoagulant	
2. Epidural/Pain relief		5. Mental Health Act	
3. Fluid		6. Other	

Tayside

SBAR REPORTING to clinician about a clinical obstetric situation

Situation

I am calling about (woman's name) STACEY ELLIS **Ward:** MRI MATY. **Hosp no:** 280488 00600

The problem I am calling about is: threatened PTL.

S

I have just made an assessment:

The vital signs are: Blood pressure 120/60 Pulse 90 Respirations 16 SPO2 ___%Temperature_____0C

I am concerned about:

- **Blood pressure because it is:**
  - systolic over 160
  - diastolic over 100
  - systolic less than 40
- **Pulse because it is:**
  - Over 120
  - Less than 40
- **Respirations because they are:**
  - less than 10
  - over 30
  - the woman is having oxygen at _____ l/min

- **Urine output because it is:**
  - less than 100 mls over the last 4 hrs
  - significantly proteinuric (+++)
- **Haemorrhage:**
  - antepartum
  - postpartum
- **Fetal well being:**
  - pathological CTG
- **FBS result: _____ pH**
- **Time sample taken _____ hrs**

Obstetric early warning chart score

B

Background (tick relevant sections)

This woman is:

- Primparous • Multiparous • Grand multparous
- Gestation 28+6 wks • Singleton • Multiple
- Previous Caesarean section or uterine surgery

Fetal wellbeing

- • Abdominal palpation
- Fundal height ____cms • Presentation trans. • Fifths palpabe: — • FHrate: 140 bpm
- CTG - • Normal • Suspicious • Pathological tightening

Antenatal

- A/N risk sheet (details) _____

Labour

- Spontaneous onset • Induced
- IUGR • Pre eclampsia • Reduced Fetal movements • Diabetes • APH
- Syntocinon
- Most recent vaginal examination: Time _____hrs
- Cervical dilatation: _____cms • Station of presenting part _____ • Position:_____
- Membranes intact • Meconium stained liquor • Fresh red loss PV
- Third stage complete • Retained placenta

Postnatal

- Delivery date:___/___/_____ • Delivery Time: _____hrs_____mins
- Type of delivery: _____ Perineal trauma:_____
- Blood loss: _____mls • Syntocinon infusion
- Fundus: • High • Atonic • Uterus tender • Abdominal/perineal would oozing

Treatment given / in progress: CTG.

Assessment

A

This is what I think the problem is UTI, threatened PTL.

The problem seems to be: • Cardiac • Infection • Respiratory • Haemorrhage • Severe PET • HELLP • Pulmonary embolism • Pulmonary oedema • Severe Fetal compromise

• I am not sure what the problem is but the woman is deteriorating and we need to do something

Recommendation

Request:

R

- **Please come to see the woman immediately**
- **I think delivering needs to be expedited**
- **I think the woman needs to be transferred to delivery suite**
- **I would like advice please**

Response: For transfer to AMH.

Person completing form (name): ALISON STUART. Date: 12/3/11 Time: 21°5.

Reported to (name): OBS Reg - AMH.

SBAR clinical Obstetric reporting sheet June 2010. Please photocopy form – file original in woman's notes an copy in SBAR Audit box.

NHS Tayside

MATERNITY CALL RECORD – Please complete clearly in black ink and BLOCK capitals

Date: 15.3.11	**Time:** 22:30.
Name: Stacey Ellis.	**DoB:** 280488.
Address: 8 mill place. Craigo.	**EDD/GEST:** 29wks
	Parity: 1+0.
Tel No: 078 9263 0501	

Reason for Call: ? SRM.

FMF Today:

Any PV Loss: Yes / No	**Colour:**	**Gr B Strep:**
SRM: Yes / No insure.	**Colour:** clear.	
Blood Group:-		
Position of Baby:-		

Have you any previous medical of obstetric history?

Have you any problems in this pregnancy?

CLINICAL: FEVER >38° or history of fever AND flu-like symptoms (2 or more of the following symptoms – cough, headache, rhinorrhea or vomiting/diarrhoea) or other severe life threatening illness suggestive of an infectious process.

TRAVEL: ANY travel in the last seven days, outwith the UK

Specific Advice Given to wear pad, feels fluid tricks down leg to attend mrp for review.

Signature: L McFarlane	**Print Name:** L McFARLANE
Designation: SM	

NHS
Tayside

MATERNITY CALL RECORD – Please complete clearly in black ink and BLOCK capitals

Date: 9/10/11	**Time:** 2115.
Name: Stacey Ellis	**DoB:**
Address: Crango.	**EDD/GEST:**
	Parity:
Tel No: 0751 322 3406.	

Reason for Call: Aleshia Pauge phoned unit to say sister Stacey recently confirmed pregnancy and is having abdo pain mm I phone Stacey back. Stacey says faint +ve last Thursday. Has RIF pain ? ovary ? ectopic pain

FMF Today: ___

Any PV Loss: Yes / No ___	**Colour:**	**Gr B Strep:**
SRM: Yes/ No ___	**Colour:**	
Blood Group:- ___		
Position of Baby:- ___		

Have you any previous medical of obstetric history? 2 SVD last one 4 months ago.

Have you any problems in this pregnancy?

CLINICAL: FEVER >38° or history of fever AND flu-like symptoms (2 or more of the following symptoms – cough, headache, rhinorrhea or vomiting/diarrhoea) or other severe life threatening illness suggestive of an infectious process.

TRAVEL: ANY travel in the last seven days, outwith the UK

Specific Advice Given Too early to say what is causing pain. Advised to take 2 Paracetamol, if pain worsens to contact NHS 24 to see GP, or see GP in a.m.
To consider further preg test at MMU, to establish true +ve test. Probably only 4 wks at present. To phone for booking appt if does another test herself.

Signature: CCooper.
Print Name: CHERYL COOPER.
Designation: RM

ELLIS
STACEY
8 MILL PLACE
CRAIGO
MONTROSE

2804880060
F

DD10 9LB

ree - n/a.

ANNAT BANK, LINKS HEALTH CENTRE, FRAN

Tel 078 9263 0501
LMP 26.8.10

EDD 30.5.11
Parity 0+0
Blood Group
Book MCI / ANH
AFP/HCG 9.12.10

Early scan
date = 17.11.10
single FH/FAV
CRL 55mm
= 12+1

34/52 18.4.11

T.U.H. / T.P.C.

CONTINUATION SHEET

Ward/Clinic/

Hosp. ..... Cons

D D M M Y Y

2 8 0 4 8 8 0 0 6 0 C.H.I. No.

Surname Ellis

First Name Stacey M. State

Address ..... Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

Tele 07513223406

DATE		SIGNATURE
30.8.11. 16:15.	Phone call from Stacey's sister - asked for her mobile so I can contact. H/o :- Spontaneous Birth 28.5.11 6wks of bleeding after this. Has light bleeding through vaginal discharge - investigated by GP for infection - Nad Yesterday started with left sided stabbing pain radiating from front through to back. Feels today it is worse. Also c/o headache but thinks could be stress related. Positive test 29/8/11 (faint) - had intercourse 5 wks ago. Discussed probably at best just 3+ wks pregnant ! too early for assessment from me. Suggested I'd contact Rubislaw @ AMH. Spoke ! midwife who suggested even to early for them. Advises that Stacey make an appt to see GP/NHS24 or visit MIU ! if they feel it could be an ectopic pregnancy then for review at Gynae. Called Stacey back - voicemail facility - message relayed re above. K Mayer	

AMR704

DATE		SIGNATURE
30/8/11	Sister called - no phone credit! couldn't pick up message. Alesha will relay message. -	

THB(MR) 024SS

NHS Tayside

DATE OF ADMISSION 27.5.11
RECORD START DATE

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (SHORT STAY)

Hospital /Ward: Montrose.	**Patient Name:** ELLIS
Consultant: Lynch.	**CHI** STACEY 2804880060
On admission:	8 MILL PLACE F
Weight: **Height:**	**Date** CRAIGO MONTROSE DD10 9LB
	ANNAT BANK, LINKS HEALTH CENTRE, FRAN
	(Atta

CONFIRMATION OF PRESCRIPTION REVIEW ON TRANSFER OF MEDICAL CARE

Receiving Unit	Date	Authorised Prescriber (Signature)

Date									
Weight									
Signature									

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By
27/5/11	23:25	Diamorphine	5mg	Im		23:25	Initials (SV)

KNOWN MEDICINE ALLERGIES/ SENSITIVITIES (if NONE confirmed write NKA in Box 1)

1.	2.	3.	4.

OTHER MEDICINE CHARTS IN USE

Chart Type	Signed	Chart Type	Signed
1. Insulin		5. Anticoagulant	
2. Epidural / Pain relief		6. Mental Health Act	
3. Fluid		7. Symptomatic Relief Administration Record	
4. Anaesthetic Chart		8. Other	

Baby's addressograph

Hospital no 280511

CHI no

Mother's addressograph

Mother's name Stacey Ellis

Date of birth 28/04/88

Address

Postcode

Hospital no CHI no 0060

Consultant obstetrician Lynch

Consultant paediatrician

Gp's name

Address

Postcode

✆

Mother's telephone ✆ 07892630501

Mother's occupation housewife

Father's name

Father's age

Father's occupation

Other telephone ✆

Birth details

Date of birth: 28/5/11 Time of delivery: 0012 Type of delivery: SVD

Presentation at birth: Cephx Indication if operative delivery:

Sex: M Weight: 3160 g OFC: 34.5 cm Length: 47 cm Gestation: 40

Apgar score: 9 1min 9 5min 9 10min

Resuscitation ☑ No ☐ Yes details

Maternal opiates up to 3 hours pre-delivery ☐ No ☑ Yes details diamorphine 5mgs

Maternal antibiotics during labour ☑ No ☐ Yes details

Interval between rupture of membranes and birth 6hrs12 hours days weeks

Meconium stained liquor ☑ No ☐ Yes details

Unusual features at or after delivery ☑ No ☐ Yes details

Initial Examination at birth

Performed on 28/5/11 0120 Performed by L McFarlane Designation SHO

Name bands/cot card checked with parents and secured ☐ No ☑ Yes

Temperature 35.8 °C

Tick if checked and no problems identified, note any deviations below

☑ Head skin colour ☑ Head structure and fontanelles ☑ Eyes ☑ Ears ☑ Mouth and palate ☑ Neck

☑ Trunk skin colour ☑ Chest ☑ Cord ☑ Genitalia ☑ Anus ☑ Spine ☑ Muscle tone ☑ Limbs skin colour

☑ Palmar and plantar creases ☑ Digits ☑ Axillae

Comments and Actions:

Vitamin K

Parent's consent ☐ No ☑ Yes Route 0.1mg i.m Oral ..... Dose .....
Given by L McFarlane Checked by .....
Arrangements for repeat oral doses ☐ No ☐ Yes details .....

This Pregnancy Details

			Details
Multiple pregnancy	☑ No	☐ Yes	
Rhesus negativity and any blood group antibodies	☑ No	☐ Yes	
Abnormal ultrasound or amniocentesis	☑ No	☐ Yes	
Renal tract dilatation	☑ No	☐ Yes	
Maternal infection eg Group B Strep on HVS	☑ No	☐ Yes	
Antenatal steroids	☑ No	☐ Yes	
Other	☐ No	☐ Yes	
Maternal medical history			
Diabetes/thyroid/endocrine	☑ No	☐ Yes	
HIV/Hepatitis B or C	☑ No	☐ Yes	
Medication	☑ No	☐ Yes	
Substance Misuse	☑ No	☐ Yes	
Smoked during pregnancy	☐ No	☑ Yes	10-15 a day.
Other	☐ No	☐ Yes	
Past Obstetric History			
Previous major congenital abnormality	☑ No	☐ Yes	
Previous delivery between 22 and 28 weeks	☑ No	☐ Yes	
Previous neonatal or infant death, including SIDS	☑ No	☐ Yes	
Other	☐ No	☐ Yes	
Family History			
Family history of hearing loss in childhood	☑ No	☐ Yes	
Family history of TB	☑ No	☐ Yes	
Family history of hip dislocation	☑ No	☐ Yes	
Family history of inherited disease/ unusual condition	☐ No	☐ Yes	
Other	☐ No	☐ Yes	
Social History			
Parenting concerns eg involvement with social work, previous child on at risk register	☐ No	☑ Yes	Socian worker Mum's still.
Child to go for adoption	☑ No	☐ Yes	
Domestic abuse	☑ No	☐ Yes	
Religious issues	☑ No	☐ Yes	
Other	☐ No	☐ Yes	

Detailed Examination

Performed on 28/5/11 16:00 Performed by JCabrelli Designation S/M
Location MR1 Baby's age 1 day
Parents present ☐ No ☑ Yes
Need for renal uss? ☑ No ☐ Yes
Need for trimethoprim prophylaxis? ☑ No ☐ Yes
Refer for hip uss if in risk category for DDH ☑ No ☐ Yes

Feeding well? ☐ No ☑ Yes details BIF Breast/bottle
Passed meconium? ☐ No ☑ Yes details .....
Passed urine? ☐ No ☑ Yes details .....

Tick if checked and no problems identified, note any deviations below

☑ Respiration rate	☑ Mouth & palate	☑ Umbilicus clamped
☑ Behaviour	☑ Ears	☑ Genitalia Testes ↓ ↓
☑ Activity	☑ Neck	☑ Anus
☑ Posture	☐ Eyes (L) sticky	☑ Femoral pulses
☑ Muscle tone	☑ Red reflex R - not checked 16:15 now checked JC	☑ Spine
☑ Cry	☑ Chest	☑ Hips
☑ Head	☑ Respiratory effort	☑ Reflexes
☑ Face	☑ Chest auscultation	☑ Limbs
☑ Symmetry	☑ Heart sounds	☑ Hands and feet
☑ Nose	☑ Abdomen	☑ Digits
	☑ Skin	

Comments and Actions: Well baby, no obvious abnormalities noted.

Congenital anomaly diagnosis and ICD10 code: .....

NAME OF BABY: Ellis.
DOB: 28.5.11

Date/time	Details	Urine	Stools
Time of first skin to skin contact	at birth.		
Length of time	10 mins.		
Mothers choice of feeding method	Df.		
Time of first attempt to breastfeed	12 Lin		
Time of second feed			
Time baby attached and sucked at breast for first time			
Reason discontinued – record below:-			
01.7a.		✓	

NHS Tayside

MATERNITY CALL RECORD – Please complete clearly in black ink and BLOCK capitals

Date: 26.3.11	**Time:** 1315
Name: Stacey Ellis	**DoB:** 280488 60060
Address: 8, Mill Place	**EDD/GEST:** 30.5.11 / 30+5
Craigo	**Parity:** 1+0
Montrose	
Tel No: 07892630501	

Reason for Call:- Hasn't felt well for the past few days - doesn't feel well, feels she's hot / burning up. Sore tummy - coming & going. Thinks it's more of a tight tummy rather than contractions. PU ✓ Bowels ✓

FMF Today: Yes

Any PV Loss: Yes / No	**Colour:** —	**Gr B Strep:** —
SRM: Yes / No	**Colour:**	
Blood Group:-		
Position of Baby:- —		

Have you any previous medical of obstetric history? —

Have you any problems in this pregnancy? In Aberdeen @ 28wks ? contractions

CLINICAL: FEVER >38° or history of fever AND flu-like symptoms (2 or more of the following symptoms – cough, headache, rhinorrhea or vomiting/diarrhoea) or other severe life threatening illness suggestive of an infectious process.

TRAVEL: ANY travel in the last seven days, outwith the UK

Specific Advice Given Given numbers for A/N ward / labour suite @ AMH @ only 30+5 wks

Signature: KMacDonald	**Print Name:** KMacDonald
Designation: RM	

Maternity Summary Record

Please use black ink

Confidential

Personal details

CHI 280488 Age 22

Previous surname Leonard

Likes to be called Stacey

Home ✆

Other ✆ 078 9263 0501

Change of details

Your address

Postcode

Home ✆

Other ✆

Partner/supporter details

Please tick if emergency contact ☑

Name Alesha Paige

Date of Birth 1/12/89

Relationship Sister

Address 34A High St
Montrose

Postcode DD10 8JL.

Home ✆

Other ✆ 075 4435 8051

Alternative/emergency contact

Name

Relationship

Address

Postcode

Home ✆

Other ✆

Affix label here or complete by hand

Unit No

Surname/family name Ellis

First name(s) Stacey

Date of birth 22/4/88

Address 8 Mill Place
Craigo
by Montrose Postcode DD10 9LB

Parity 1 + 1

Agreed EDD 30/5/11 LMP 26/8/10

Blood group O RCS No antibodies-

Thrombosis risk factors

☐ Previous DVT ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies

Height 1.56m Weight 46.4kg BMI 19

Special features

Current social work involvement with Declan.

H/o depression since age 13.

18/4/11 ?? accidental overdose Paracetamol/Codeine 30/500mg.

Directions to home

	Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1	05/06/08	Vaginal	M	2800g	39+4	Ninewells	Declan - AJW.
2	12/09	MTOP			7		
3							
4							
5							
6							
7							
8							

30/5/11 39+5.

28/5/11

Personal details

Ethnic group White, British

Current religion or faith Nil

Language used at home English

Help needed with interpreting, communicating or advocacy No ☑ Yes ☐

Cultural requirements/details on the above

Occupation Housewife

Health and safety advice needed No ☑ Yes ☐

Maternity benefits advice needed No ☑ Yes ☐

Details on the above

Social circumstances/family support

Referrals

4/10/10 To PRAM

/ / To

/ / To

Key professionals

Named midwife Suzanne, Phyllis, Lorna

Midwifery team Annat Bank

Base Montrose Maternity

✆ 01674 832175

Obstetrician Dr Lynch

Clinic Ninewells ANC

✆ 01382 660111 (Ext: 33861).

Health Visitor Sandra Stephen

Base Annat Bank

✆ 01674 673400

Social Worker Marie Still

Base Broomfield Resource Centre

✆ 01674 678509.

Health status

Specific dietary needs No ☑ Yes ☐

Smoking status Current 10-15 daily

At risk of passive smoking No ☐ Yes ☐

Problem drug/alcohol use No ☑ Yes ☐

Details of any of the above

Domestic abuse

Seen alone at booking No ☑ Yes ☐

Routine enquiry question asked No ☑ Yes ☐

Abuse disclosed No ☑ Yes ☐

Current ☐ Past ☐

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

Comments

Child protection

Issue raised on / /

Comments

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

General Practitioner Dr Cranswick

Base Annat Bank Practice

✆ 01674 673400.

Practice code

Other

Designation

Base

✆

Other

Designation

Base

✆

Screening and blood tests

Name of test	Result	Date	Comments

Planned type of antenatal care/place of birth

Lead professional

Designation

Change(s) to type of antenatal care/place of birth

Reason

Signed

Booking completed by dKnox Print SKnox Designation Midwife

Date 4/10/10 Gestation 7+3 weeks Location MRI

Date	Gestation	BP	Urinalysis	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry				
4/10/10	7+3	100/60	NAD.	Routine booking appointment. Well, no concerns. Booking bloods and chlamydia urine obtained and sent. PRAM referral sent with Staceys consent as is already under SW care. dKnox SM
17.11.10	12+1		NAD	Well. Booking scan. DRA + 20wk scan discussed. NSSU sent. Appt given for 3/52. GMTennas
09/12/10	15+2			DRA declined. Letter provided for housing. Well. Notes collected DEEallie SM/1
17.1.11.	20 3/7	102/62		Feels constantly tired. Sleeping well. C/O Frontal headache. BP 102/62. Hb 13.2 (Oct 2010) No obvious cause, advised to see GP.

F.Wunter RM

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/3/11 20[30]	28[+6]	medical review. D/W Reg at AMH. Transferred via ambulance to Westburn Ward. For GTT to be arranged due to glycosuria. Astuart ALISON STUART S/M
15.3.11		
23.30.	29 wks.	called to unit for checking ? SRM, pad dry, fmf. on antibiotics for UTI Urinalysis ++ leucytes ++ glucose. Speculum done, no evidence of liquor seen swabs taken. next appt mon 21.3.11 L McFarlane SM.
18.3.11	29+4	Vaginal swab shows profuse growth of candida - Stacey informed - will pick up prescription on monday advised low fat yogurt in the meantime as does not want to go to pharmacy tomorrow Doreen Morgan.
190311	29[+5]	Phoned Stacey. TO come in on Monday for GTT. Will also require group and antibody screen for AMH. Letter sent to antenatal clinic, AMH informing them of stacey's wish to birth there if transfer. Astuart ALISON STUART S/M
21/3/11	30	Attended unit for GTT - same carried out Blood also obtained for group and antibody screen for Aberdeen. G. Watson SM GTT result normal G. Watson SM
28/3/11	31	To unit for CTG. ↓ FM's. CTG reassuring ✓ Prescription request for thrush treatment ✓ JGabrelli. Next appt 18/4/11 11.30.

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
2/4/11 1530hrs	31+5	Arrived at the unit. Did not phone. Wd obstetric notes with her. Feeling lots of abdominal pressure. Had treatment for Candida infection in the vagina in March. now says that she is fine. Passing urine well. Still having glucose in urine ++. on urinalysis today. OGTT normal @ 30 weeks. Abdomen Soft Not having regular uterine contractions. Vague history of Spontaneous Rupture of Membranes. ?on Wed of this week. Did not call the unit. For Vaginal Speculum – performed with Sharey's consent to rule out Spontaneous Rupture of Membranes. On Vaginal Speculum. Cervical os posterior – Parous os only. No liquour visible in Vaginal canal. ? Candidal type discharge visible HVS ✓ CTG – Cardio-Tocograph. Commenced at 1cm mid. Fetal Heart 146bpm.
		DR CTG Review – T' risk due to prematurity. C - Not having regular uterine contractions' BR Baseline Rate 135-140 bpm. V Variability - good 5-15 bpm. A Accelerations present on the tracing. D no deceleration patterns. occassional Loss of contact - Belly active. O - Overall picture Reassuring. Plan I/. Discontinue – To go home meantime. To go to Amb if labour commences in view of prematurity - or to telephone. Measure of anxiety.
		Lorraine Medical Student

Forgot Notes

Maternity Summary Record (continued) Name Stacey Ellis ..... CHI no 2804880060.

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
7/4/11	32+3	Stacey into MRI maternity c/o
17.15		® sided abdo pain for past couple of hours, pain is not intermittent and does not feel like tightening pain.
		T: 36.4°C P: 82bpm BP: 112/62.
		Urinalysis: tr protein - has thrush & PV discharge ++, glucose ++ - been drinking coke.
		Not aware of any FMs today.
		Discharge PV - has thrush, bought more treatment today. BO + PU normally.
		Has not taken any analgesia.
		O/E: Fundus = dates
		Longitudinal lie
		Cephalic pres
		Vx free
		FH: 153bpm.
17.24		External CTG commenced to assess fetal wellbeing as ↓ FMs. dKnox Sm
17.45		Discussed above with Reg at AMH - Dr Ragnarsdottir - happy with my plan to recommend analgesia, send home and advice to call back if pain worsens, any PV bleeding, concerns re. FMs or other concerns. dKnox Sm
		CTG discontinued
		↑ Risk - abdo discomfort, ↓ FMs
		Not contracting
		Baseline Rate = 140bpm
		~~Accelerations~~ dK
		Variability = 5 - 10 bpm
		Accelerations present
		No decelerations present
		FM x 16
		Overall reassuring trace.
		Recommended above plan to Stacey - declines analgesia, aware to phone unit if problems persist or worsen. dKnox Sm

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
12/4/11		ANC appt 14/4/11 @ 2.35pm they will decide if uss needed. KMacDonald R
18/4/11	34wks. 1815 hrs.	See Maternity Call record. Stacey mum phoned unit and spoke with S/M C-Cooper as she stated that Stacey had taken 24 Co-Codamol 500/30 since 9pm on 17/4/11. 3 tabs every 3hrs to control abdominal pain. Was previously seen at AMU on Sun 17/4/11 for abdominal pain and at that time social issues were queried with her and she apparently took offence at this. S/M Cooper advised Stacey to be seen at A+E in Aberdeen.
19/4/11	10Am	Stacey did attend A+E and commenced on treatment of Paracetamol. I phoned A+E to get update. Obstetric team are admitting Stacey to Westbourne ward for review. Phone call made to Social work team but S/Worker Marie Still not available meantime. Asked to call us back to discuss case. S/M Short.
19/4/11 1120.		Marie Shill S/W called back - relayed above info Maire said Stacey receives good support from S/W team. Declan (her son) should go to respite foster carer in town if admitted to hosp but he was sent to her sister). KMacDonald

see next sheet (dates out of sequence).

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
11/4/11	33	Into unit for antenatal check - forgot notes Feeling much better now BP 120/58 Urinalysis - no sample Slight oedema in feet Fundus = 26cm long lie, cephalic, free FHH (S)✓ FMF✓ Growth scan arranged. h. Watson jr
21/4/11		Martin Blair Psych. Nursing team phoned unit re psychiatric follow-up for Stacey. He will arrange same and keep us posted J Gabrielli
27/4/11	35^{+2}	Into unit for check c/o backpain - has tubi-grip, encouraged to wear same Support belt also given. BP✓ Urinalysis ++leucocytes MSSU✓ FHH(S)✓ FMF✓ Has appointment in Aberdeen 12/5/11. h. Watson jr
27/4/11		Phone call from Stacey's social worker Network meeting arranged for 18/5/11 at 10am - Broomfield resource centre re. unborn baby and Declan. h. Watson jr
		FORGOT HAND-HELD NOTES
3/5/11	36^{+1}	In from home with h/o contractions and feeling of 'pressure' down below. Urinalysis = ++leucocytes MSSU✓ On palpation- longitudinal lie, cephalic presentation, 3/5ths palpable (although Stacey too sore for much palpation). Happy for VE to assess if dilatation occurring as Stacey definitely appears to be contracting at present. FH 136bpm. On VE - cervix soft, 1cm thick admits fingertip only J Gabrielli
5/5/11	1400	Sandra Stephen. Health visitor Telephone update given re. Stacey.
		Lorraine Mullen RM

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
6/5/11	36+3	Stacey in to unit. Some uterine activity - not regular. Temp 36·4 °C Pulse 80bpm BP 115/70 Plenty movements. Nil pv. No urinary symptoms. Reassured - home Lora Deckett SM. Has USS on Thursday for growth.
11/5/11	37+ 21:20	To MRI x 2 today with h/o painful but irregular contractions. VE earlier today - no change from last time. To AMU @ Stacey's request for further pain relief - discussed with Obs Reg - happy to admit Stacey overnight to deal with pain relief and for scan tomorrow morning. Advised Stacey this is not for induction but for assessment. Gabrielli.
19.5.11	38 2/7	Stacey into Montrose Maternity. Social work meeting today. When in labour - Stacy to contact out of hours SW department, to arrange child care - (carer organised and happy to be called during the night.) Stacey has agreed to stay in Montrose following birth for at least 1 night. Anxious over feeding, as Declan had feeding problems. Wishes to breast feed. P. Wunter RM.
21 1111 25 39		

Copy to AN clinic, AMH 19/03/11 AS.

NHS Tayside

Montrose Maternity
Bridge Street
Montrose
DD10 8AJ

Tel-01674 832175

Midwife-led Care ✓	Consultant-led care	
SWHMR commenced ✓		
Downs's Syndrome Screen organised (date and place)		
Booking Scan organised (date and place)	17/11/10 = 12+1wks	
Urinalysis		
Blood pressure	100/60 at booking	
Information pack given	✓	
Folic Acid		
BMI	19	
LMP	26/08/10	
EDD	30/05/11	

19th March 2011

Referral for Intrapartum Care

Dear Doctor,

This lady was seen by a midwife at the antenatal booking clinic.

Surname: **ELLIS**	First Name : **STACEY**
Address: 8 MILL PLACE, CRAIGO, DD10 9LB	Telephone Number: 07892 630501
GP: Dr Cranswick, Annatbank Practice, Links Health Centre, Montrose	Telephone Number: 01674 673400
CHI: 2804880060	Date of Birth: 28/04/1988

Past Obstetric History
05/06/08 – Ventouse, Ninewells Hospital, Boy - Declan, 2800g 12/09 – MTOP, 7 weeks

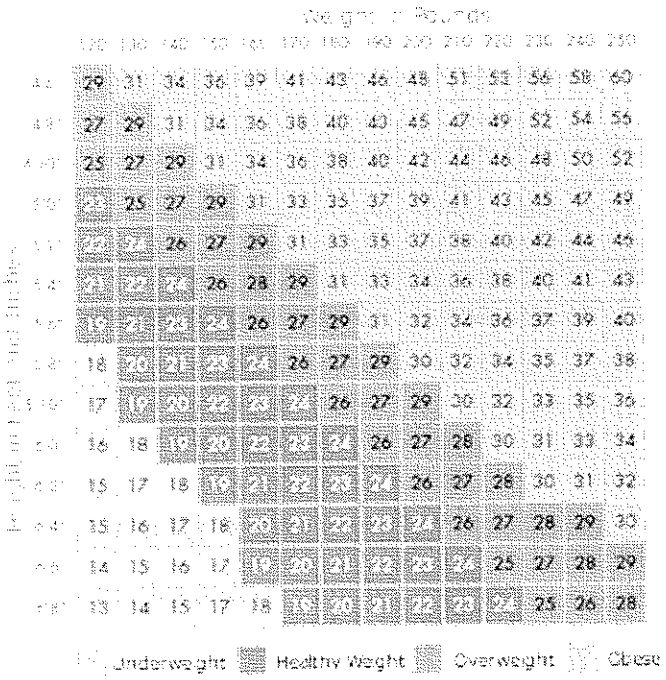
Past Personal or Family History of Significance		
	Personal	**Family**
Essential Hypertension		
Cardiac or Renal Problems		
Diabetes or Thyroid Problems		

Epilepsy		
Thrombosis		
Genetic Disorders/ fetal abnormalities		
Medication: Prescribed : Non -Prescription		
Depression or mental illness	Depression/ anxiety since age 13	
Social issues including formal social work involvement	PRAM referral, social work involvement with Declan	
Alcohol		
Smoking	10 – 15 a day	
Other		

Stacey has recently decided that she wishes to give birth at Aberdeen Maternity Hospital in the event of an intrapartum transfer from Montrose Maternity Unit. She is currently 30 weeks pregnant. She has had her 20 week scan and antibody checks done at Ninewells Hospital. We will arrange for an antibody screen to be sent to AMH this week. Stacey will continue to have all her antenatal care here in Montrose.

Yours sincerely

Alison Stuart
(Midwife)



821P - 8003-8400

TEAM V9.341

DATE: 03/05/11

TIME: 20:23

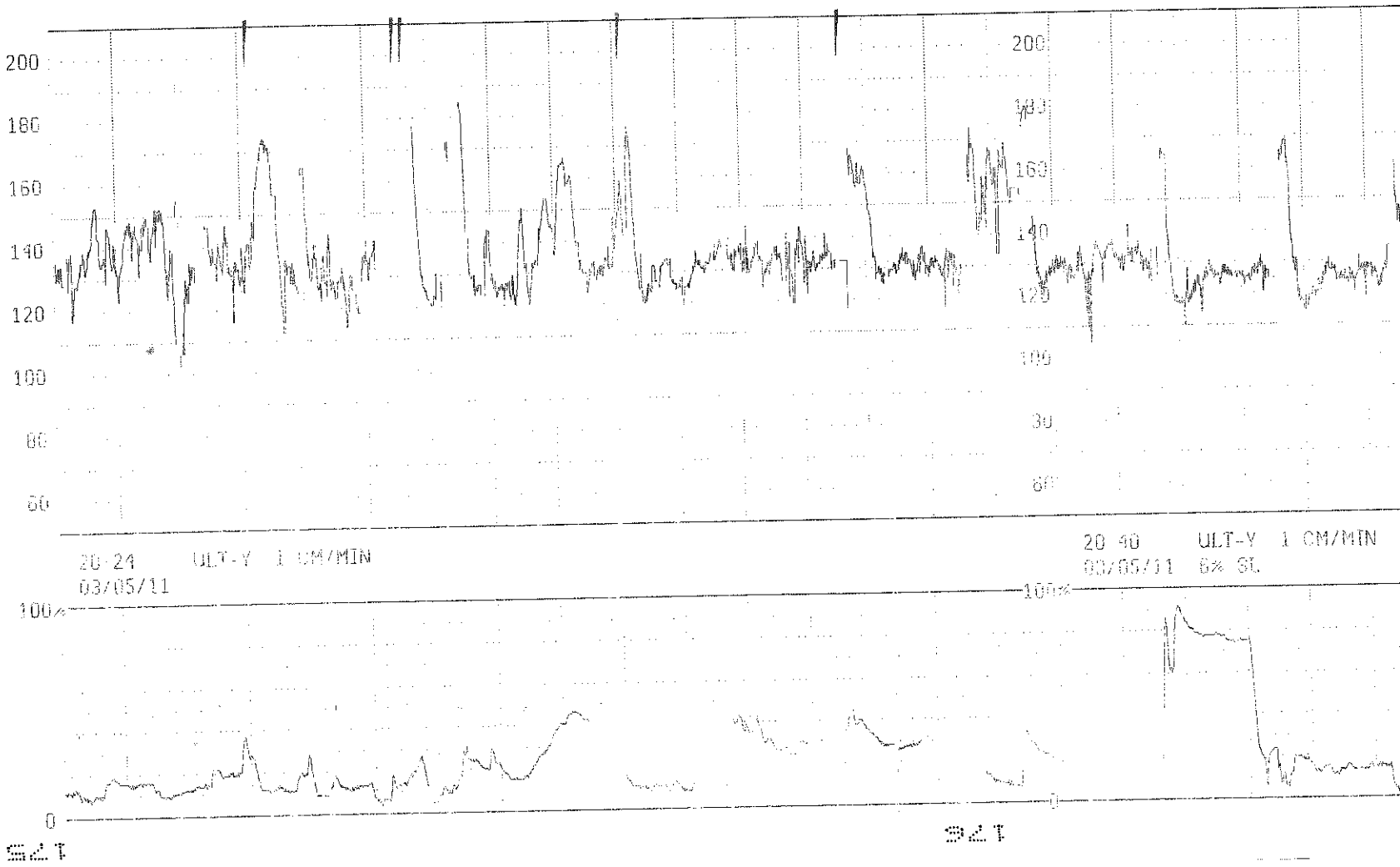
date & time correct

GESTATION

36+1/52.

ELLIS 2804880060
STACEY F
8 MILL PLACE
CRAIGO
MONTROSE DD10 9LB

ANNAT BANK, LINKS HEALTH CENTRE, FRAN

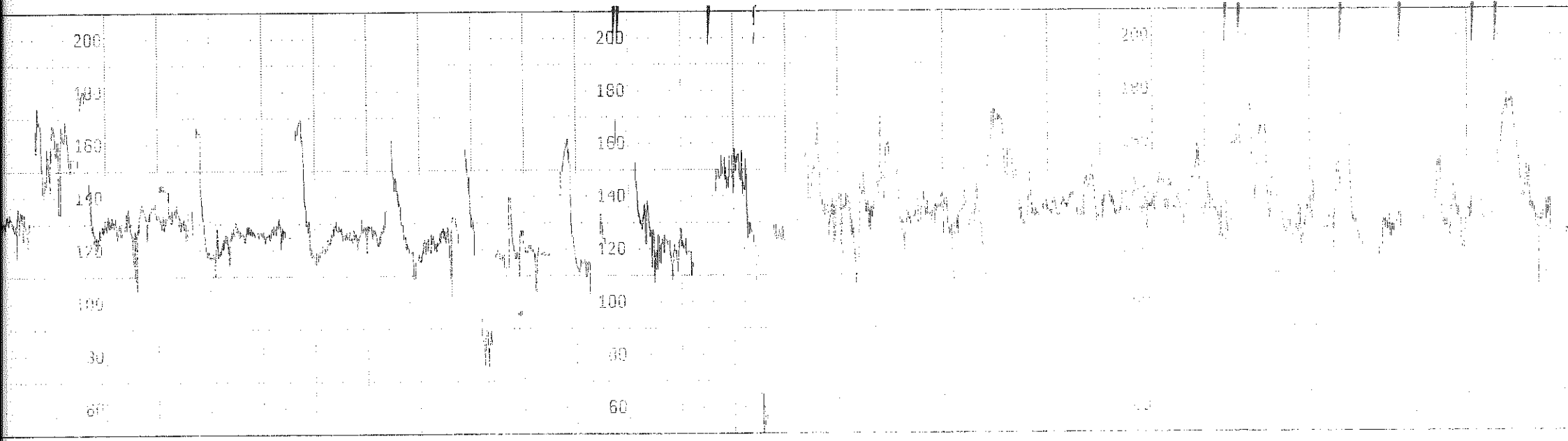


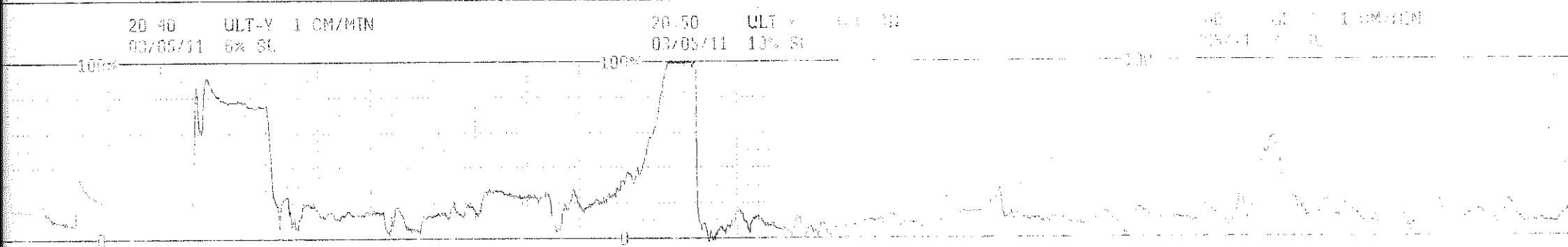
? labour

T36° P92 BP 120/72.

Brandon Mangers

821P - 8003-8400





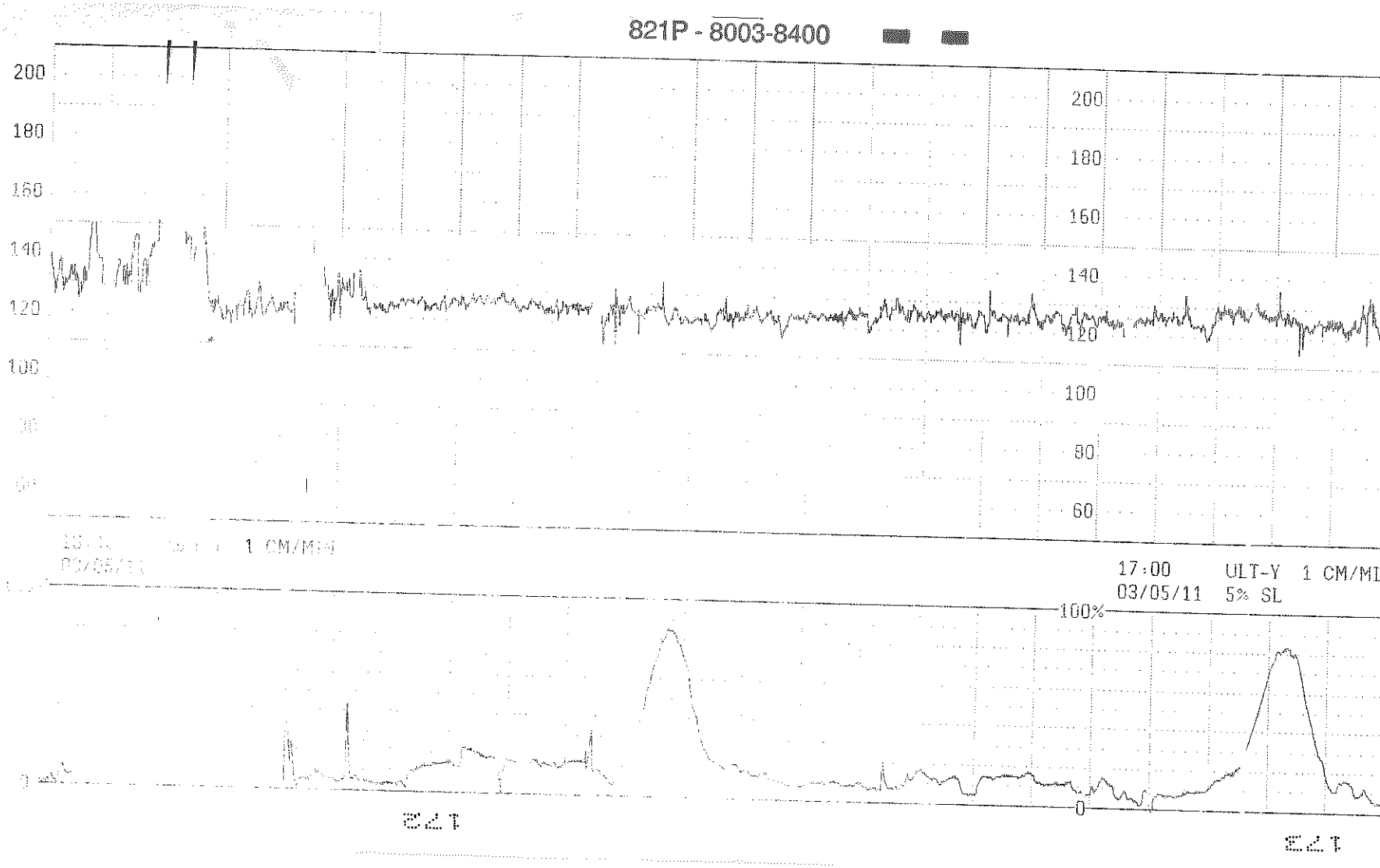
S21 221

TEAM V9.341

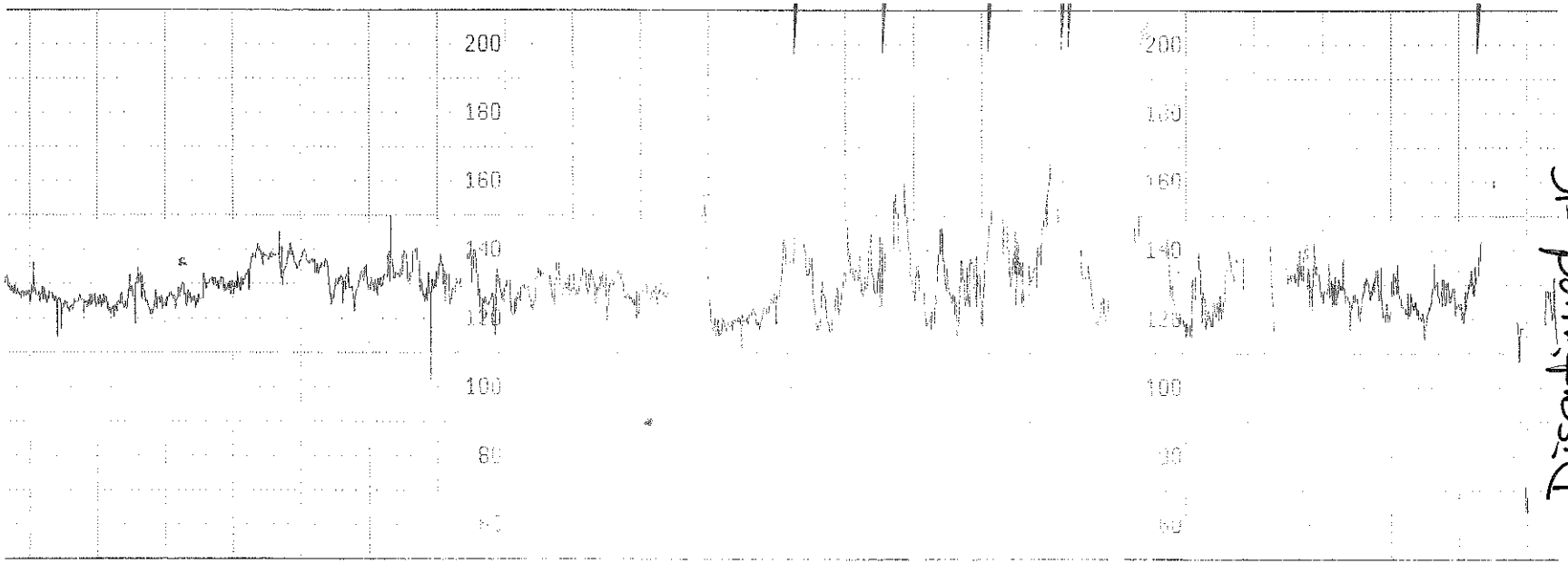
DATE: 03/05/11

TIME: 16:42

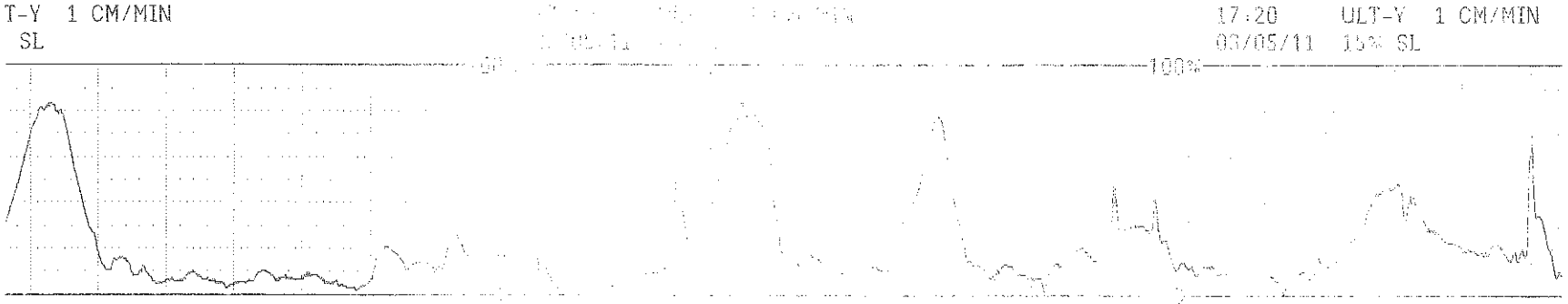
GESTATION:



821P - 8003-8400



Discontinued JC.



E21

P21

NHS
Tayside

MATERNITY CALL RECORD – Please complete clearly in black ink and BLOCK capitals

Date: 18/4/11	**Time:** 1815
Name: Stacey Ellis	**DoB:** 280488
Address: 8 Mill St	**EDD/GEST:** 34wks
Craigo	**Parity:** 1 +0.
Tel No: 0789 263 0501.	

Reason for Call: Mum phoned stating Stacey has taken 2/1 cocodamol 500/30 since 9pm last night. Called Stacey back to confirm this, Stacey says she has taken 3 tabs every 3hrs or so as this is only way to control pain

FMF Today: Yes Apparently greeny / black

Any PV Loss: Yes / No ↗	**Colour:** ↗	**Gr B Strep:** Not noted.
SRM: Yes/ No No.	**Colour:**	
Blood Group:-		
Position of Baby:-		

Have you any previous medical of obstetric history? Prev depression. Admitted tt with aches/pains over recent weeks.

Have you any problems in this pregnancy? As above. Seen in Westburn AMH yesterday where social issues were queried with her – took offence.

CLINICAL: FEVER >38° or history of fever AND flu-like symptoms (2 or more of the following symptoms – cough, headache, rhinorrhea or vomiting/diarrhoea) or other severe life threatening illness suggestive of an infectious process.

TRAVEL: ANY travel in the last seven days, outwith the UK

Specific Advice Given Stacey asked if she had done any harm to babe with taking these tabs – I said recommended dose is 8/24hrs and may cause her harm as it affects liver function. NOT keen to be seen anywhere. Said I would phone AMH for their advice, but mine is to go to AMH to be seen by medical staff (continued over) ~~EA~~

Signature:	**Print Name:**
Designation:	

ck (1)	Date:	Time

Reason: Phoned AMH - unable to speak to medical staff so spoke to midwifery staff in Westburn + then midwife who saw Stacey yesterday. She wasn't given Cocodamol from there + was advised to take paracetamol 1g / 4x daily. They advise that Stacey should attend A+E initially, and A+E will refer to AMH. M/W will let Reg know when out of theatre

Plan: Phoned Stacey and advised strongly that she should attend A+E to get to bottom of her pain but also to check she has had no damage done to herself with the amount of paracetamol she has taken.

Signature: CCooper	Print Name: C COOPER
Designation: RM	

Call Back (2)	Date:	Time:

Call Reason:

Plan:

(consider face-to-face assessment)

Signature:	Print Name:
Designation:	

Antenatal assessments/admissic

Antenatal Care

ELLIS	2804880060
STACEY	F
8 MILL PLACE	
CRAIGO	
MONTROSE	DD10 9LB

ANNAT BANK, LINKS HEALTH CENTRE, FRAN

Date	Time	Details
Please use 24 hour clock and sign each entry		
3/5/11	36+1	* No hand-held notes *
	16:15	Into MRI from home with h/o contracting today and feeling of 'pressure' down below. Urinalysis - ++ leucocytes, MSSU sent ✓
		On palpation - abdo. very tender, appears to be contracting. Longitudinal lie, cephalic presentation.
		On VE = vulva and vagina appear normal. Cervix soft, 1cm thick, admits fingertip only.
		Advised to head for AMH in view of pre-term labour. FH 136bpm JCabrelli
	16:35	Stacey not keen to go to AMH - explained reasons for going to Obstetric Unit rather than MRI or home. Left to discuss same with friend.
		Contacted Obs Reg AMH and explained situation. Still not keen to go to AMH. JCabrelli
	16:40	On to CTG. FH 148bpm.

Stacey Ellis CHI no 2804880960.

al assessments/admissions (continued)

Time	Details
24 hour clock and sign each entry	
17:25	CTG –
	↑ risk due to prematurity
	Baseline rate 130bpm
	Accelerations noted
	Variability > 10bpm
	Decelerations – none noted
	Overall – a little concerning due to preterm labour.
	Stacey remains adamant she is staying at MRI.
	Risks discussed again ie/we have no SCBU, no medical staff.
	Will mobilise in Day Room at present. Has phoned home to have notes brought to MRI.
17:30	Discussed situation with Phyllis Winters (SOM).
	Phyllis has had discussion with Stacey and is happy for midwives to support Stacey's decision at the moment JCabrelli.
17:50	FH 156bpm. Stacey having cup of tea just now JCabrelli
18:00	out for cigarette. JCabrelli → to labour notes

No sample
29/12/10
C.Pitt

NHS Tayside

Women and Reproductive Health

Enquiries to:
Midwifery Team leader: Lesley A Mays
Midwife Counsellor: Amanda Sullivan
01382 425621
01382 660111 Bleep 4052
01382 660111 ext 35621

Reminder sent 20/12/10 kc

Reminder date.	Final date
18/12	28/12

ELLIS 2804880060
STACEY F
8 MILL PLACE
CRAIGO
MONTROSE DD10 9LB

ANNAT BANK, LINKS HEALTH CENTRE, FRAN

Pregnancy Screening for Down's syndrome and Neural Tube defects

Date of Booking scan 17/11/10 **Gestation at booking scan** 12+1

The above patient has made the following choice at this time:

- [x] Wishes Screening — This will be done on 9.12.10
- [ ] Unsure about Screening
- [ ] Does not wish screening
- [ ] Private NT Screening — This will be done on.....
- [ ] Amniocentesis/CVS — This will be done on.....

Multiple Pregnancy

- [ ] Wishes Screening — This will be done on.....
- [ ] Does not wish screening

36 2/5
37 9/5
38 16/5
39 23/5

Hospital NCT Consultant Plynch

Signed A McLaren Print Name.....

Designation S/N

NHS
SCOTLAND

Labour and Birth Record

To be attached inside the Pregnancy Record following the antenatal section

Confidential

PLEASE USE BLACK INK

ELLIS 2804880060
STACEY F
8 MILL PLACE
CRAIGO
MONTROSE DD10 9LB

ANNAT BANK, LINKS HEALTH CENTRE, FRAN

If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

d birth record: Initial assessment for spontaneous labour

5 / 11 Time 18 : 30 Gestation 36+1 Location MRI

n Home Referred by self

ntractions Since earlier this afternoon.

ractions 1-2 ☑ per 10 minutes Strength strong Duration 1min. seconds

☑ Intact ☐ Unsure ☐ Ruptured on / / at :

ur Other vaginal loss show.

6 BP 114/76 Temp 36.9 °C Urinalysis ++ leucocytes

NIL Fetal movements FMF.

al examination

ht 35 cm Lie long

n Ceph Position

part - 5th palpable 3/5

rate 136 Maternal pulse 74

servations/information on assessment

e: JCabrelli Date 3/5/11 :

Vaginal examination

Indication TO assess dilatation

Procedure explained and verbal consent given ☐

Cervix: position mid-ant consistency soft

effacement/ length 1cm long

dilatation 1 cm

Presenting part:

relation to ischial spines

position caput

moulding

Membranes ☑ Intact ☐ Ruptured

Liquor seen ☑ No ☐ Yes Colour

Fetal heart after examination

Comments 136 bpm

Signature: JCabrelli Date 3/5/11 :

our and birth record: Initial assessment for spontaneous labour (continued)

sion of preferences for labour and birth
nents and details of any revised preferences

Stacey not wishing to go to AMH - see antenatal assessment sheet.
To mobilise in Day Room at present

Signature: JCabrelli Date 3/5/11

for initial care following discussion with the woman

For further VE as and when clinically indicated.

monitoring intentions for fetal heart rate:

od Sonicaid Reason for choice Not established contractions.

ency 15 mins Signature: JCabrelli Date 3/5/11

Time	Details
hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the ord.	
:45	Stacey having light meal in day room. FH 154bpm. JGabrelli.
:50	Stacey feels a little damp. ?SRM but only slight dampness. Pad in situ - to assess in 15 mins. Continues to mobilise. JGabrelli.
9:05	Nil on pad. FH 148bpm JGabrelli
9:30	FH 136bpm ~ 1945. care to Sandra Meyers JGabrelli.
010	Back from walk and cigarette, contractions as before still approx 1-10 not distressed PaR BP 120/72 FH 146. Discussed plan - to observe to see if contractions increase. Stacey wants to go home. Vomit just he story Breathe tracks variables - no PV discharge - for repeat CTG then ? Home. Sandra Meyers
2024	CTG commenced at 1am/m.
2.00	CTG still in progress, cycle a bit of loss of variant.
2.110	CTG discontinued

	Time	Details
use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the ancy record.		
	2.10	Increased risk as ? below 36/52 gestation
		Contractions approx 1- 2/10 mins. as before
		Baseline rate 120-130
		Decelerations with movements +++
		Variation 5-15
		no decelerations - some loss of variant
		Overall re-assuring trace. Sonia Menezes SANDRA MCKENZIE
	2.20	Stacey has gone outside again for cigarette
	2.25	Stacey wants to go home, but wishes VE first to see if any change to cervix. I said as not established really no indication but Stacey still wants VE.
	2.30	VE[2] to assess cervix Palpation uterus 33/52 size due growth scan next week. Longitudinal lie cephalic presn 4/5 palpable EMICO
		VE Cervix slightly posterior, soft 2cm loss anterior fingertip - vertex presenting 1/5 - 3/4 . No change since last VE Sonia Menezes SANDRA MCKENZIE

Time	Details
hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the cord.	
	advised to stay with sister in town tonight as no transport - not keen. To call back if SROM or maternity emergency Sandra Meyers