

BNG: Antenatal Follow-up - Midwives

Bolded Underlined texts are compulsory fields Circle answer when available

Reminder: Electronic summaries of previous events in BadgerNet-can be found in RCP and 3M.

<u>Full Name</u>	This form must be handed to the Ward Clerk or Receptionist on Completion/Discharge for Data Entry in BadgerNet after the Outage. DO NOT SEND TO CHARTVIEW	
<u>NHI</u>		
<u>Or attach Patient Label</u>		
ANTENATAL ASSESSMENT / BNG NOTE SERVICE SPECIFIC		
<u>Outpatient Service:</u> Community / Diabetes / High Risk Medical / Fetal medicine / PTBC / Other: _____		
<u>BNG Note Equivalent:</u> Antenatal Follow-up / Antenatal Assessment / Joint Specialist Clinic / Specialist Review		
<u>Date and Time Assessment Started:</u>		<u>Gestation:</u>
<u>Reason for Assessment:</u>		
<u>User carrying out antenatal assessment:</u>		
<u>Specialist Type:</u> <i>E.g.: Physician / Obstetrician / Diabetes / Lactation Consultant / MFM / Physician</i>		
<u>Type of assessment:</u> Face to face / Phone call / Virtual Consultation		
<u>Location:</u> ACH / GLCC / Community / Other: _____		
<u>Type of Visit :</u> First visit / Follow up / Postnatal		
<u>Others present at assessment:</u> (<i>Interpreter / Partner / Student</i>)		
<u>Additional Notes on Arrival:</u>		
ASSESSMENT		
<u>Urinalysis Carried Out:</u>	Yes	No
<u>Urinalysis Outcome:</u>		
<u>Weight Kg:</u>	<u>Height Metres:</u>	
<u>Smoking Status:</u> No / Current Smoker / Gave up in last 4 weeks / Gave up < 1 year / Gave up > 1 year		
<u>Blood Pressure: Systolic</u>		<u>Blood Pressure: Diastolic</u>
FETAL MOVEMENTS		
<u>Fetal Movements Felt:</u>	Yes	No
<u>Fetal Movements Discussed:</u>	Yes	No
<u>Fetal Movement Concerns:</u>	Yes	No
<u>Specify Concerns / Actions:</u>		
<u>Abdominal Palpation:</u>		<u>Number of Fetuses:</u>

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Abdominal Palpation Performed	Yes	No
MATERNAL INFORMATION		
Fundus Palpable:	Yes	No
SFH (Symphis Fundal height) cm:		
Liquor Amount on Palpation:	NAD / Excess / Diminished / Unsure / Abnormal	
Vaginal Loss:	Yes	No
Vaginal Loss Details:		
Swabs Taken?		
Additional Concerns:		
FETUS 1		
Presentation:	Lie:	Position:
Palpable per abdomen: D ?/5		
Fetal Heart Activity Detected:	Yes	No
FETUS 2		
Presentation:	Lie:	Position:
Palpable per abdomen: D ?/5		
Fetal Heart Activity Detected:	Yes	No
Sepsis Pathway / Any Sepsis Triggers		
Routine Enquiry: Current Intimate Partner Violence	Yes / No	
If Answered "Yes" CR0018 Completed	Yes / No	
ON LEAVING		
<u>Antenatal Assessment Ended:</u>	<u>Date :</u>	<u>Time:</u>
Is a referral needed?	Yes	No
Vaccinations Discussed:		
Contraception Discussion:	Yes	No
Risks Reviewed?	Yes	No
Additional Notes on Leaving: <i>E.G: Anti D Injection , Blood tests, Ultrasound, Maternity unit assessment</i> <i>CS Booked, IOL Booked</i>		
Follow up Planned:		