Booking Assessment

LOCATION OF BOOKING:	1ST CONTACT DATE:
REASON FOR LATE BOOKING:	NAMED MIDWIFE:
GEST AT BOOKING: DATE:	MIDWIFERY GROUP PRACTICE:
BIRTH SETTING: HOSPITAL ☐ HOME ☐ OTHER UNIT ☐	NAMED CONSULTANT:
	ALTERNATIVE SERVICE PROVIDER ☐

Mother's Details

NAME:

NHS NUMBER:	**OTHER ADULTS LIVING AT ADDRESS**
HOSPITAL NUMBER:	NAME:
ADDRESS:	RELATIONSHIP TO MOTHER:
D.O.B: AGE:	NEXT OF KIN:
TEL NUMBER: MOBILE:	CONTACT NUMBER:
GP:	MOTHER'S ETHNIC GROUP
GP ADDRESS:	WHITE ..... MIXED ..... AFRICAN .....
OCCUPATION:	ASIAN ..... OTHER .....
MARRIED SINGLE DIVORCED WIDOW	MOTHER'S RELIGION:

Partner's Details

NAME:	BLOOD RELATIVE TO PARTNER: **YES** ☐ **NO** ☐
ADDRESS:	
D.O.B: AGE:	PARTNER'S ETHNIC GROUP
TEL NUMBER: MOBILE:	WHITE ..... MIXED ..... AFRICAN .....
OCCUPATION:	ASIAN ..... OTHER .....

Pregnancy and Booking Interview Details

PREGNANCY CONFIRMED BY: SELF / MIDWIFE / GP

GRAVIDA	PARITY	MENSTRUAL CYCLE VAGINAL BLEEDING THIS PREGNANCY:
LMP	EDD	USS

ACCURATE LMP DATE? **YES** ☐ **NO** ☐ WAS LMP NORMAL? **YES** ☐ **NO** ☐ PLANNED PREGNANCY? **YES** ☐ **NO** ☐

IVF PREGNANCY? **YES** ☐ **NO** ☐ (If yes, please offer details) BP AT BOOKING:

ALLERGY

CURRENT MEDICATION

FOLIC ACID **YES** ☐ **NO** ☐	DOSAGE
VITAMIN D **YES** ☐ **NO** ☐	DOSAGE
	DOSAGE
	DOSAGE
	DOSAGE
	DOSAGE
	DOSAGE

Top copy to be retained in the hand held records. Bottom copy to be handed into reception.

Name Hospital Number: NHS Number: D.O.B. *(Please stick woman's printed label here)*	**BMI (Body Mass Index)**
	WEIGHT & BMI AT BOOKING:
	WEIGHT & BMI AT 36 WEEKS:
	HEIGHT:

TOBACCO

HAVE YOU EVER SMOKED: YES / NO	SMOKING PRE- CONCEPTION: YES / NO	STOPPED PRIOR TO PREGNANCY: YES / NO / NEVER SMOKED	LIVES WITH SMOKER: YES / NO
CURRENT SMOKING STATUS: IE SMOKER / NON SMOKER / QUIT WITHIN THE LAST 2 WEEKS	WANTS TO QUIT? YES / NO	INFORMATION / SUPPORT GIVEN:	SMOKESTOP REFERRAL DONE? YES / NO
CURRENT CONSUMPTION MAX PER DAY		CARBON MONOXIDE LEVEL (PPM)	**SMOKESTOP REFERRAL MUST BE DONE FOR ALL CURRENT SMOKERS AND THOSE WHO HAVE QUIT IN THE LAST 2 WEEKS.**

ALCOHOL

CONSUMPTION PRE-CONCEPTION (UNIT/PER WEEK):	CURRENT STATUS:	CURRENT CONSUMPTION (UNIT/PER WEEK):
STOPPED PRIOR TO PREGNANCY:	STOPPED SINCE PREGNANCY:	INFORMATION / SUPPORT GIVEN:

OTHER SUBSTANCE ABUSE

TYPE OF SUBSTANCE:	CURRENT STATUS:	CURRENT CONSUMPTION:	ROUTE:
DATE LAST USED:	DATE STOPPED:	INFORMATION / SUPPORT GIVEN:	

HEALTHY LIFESTYLE

DIET AND EXERCISE ADVICE GIVEN? YES / NO	'FEELING YOUR BABY MOVE' INFORMATION DISCUSSED? YES / NO
DIET PREFERENCES: CONVENTIONAL / VEGETARIAN / VEGAN / OTHER:	SCREENING INFORMATION LEAFLETS GIVEN? YES / NO
FW8 GIVEN: YES / NO	SCREENING DISCUSSED? YES / NO

PREVIOUS OBSTETRIC HISTORY

DATE	PLACE	GEST	ANTENATAL COMPLICATIONS	LABOUR			PUERPERIUM: POOR OUTCOMES, SEVERE PERINEAL TRAUMA, PPHs, MROPs, GROUP B STREP, HYPERTENSION / PRE-ECLAMPSIA	INFANT				PRESENT CONDITION	WHERE DO THEY LIVE?
				SPONT OR INDUCED	DURATION	MODE OF DELIVERY		BIRTH WEIGHT (KGS)	L.B. OR S.B.	B.F. / A.F.	BOY / GIRL		

ALL ANTENATAL TRANSFERS IN TO SDH MATERNITY SERVICES SHOULD HAVE COMPLETE BOOKING BLOODS.

DATE OF REPEAT BLOOD TAKEN: ___ / ___ / _____ IF BLOODS NOT TAKEN, PLEASE STATE THE REASON WHY: _____

Top copy to be retained in the hand held records. Bottom copy to be handed into reception.

PRE EXISTING MEDICAL PROBLEMS

Name: Hospital number: D.O.B: (Please stick woman's printed label here)			**DDH MUSCULAR-SKELETAL INCULDING FRACTURES**	**YES/NO**	
			MALIGNANACY	**YES/NO**	
			GYNAECOLOGICAL PROBLEMS	**YES/NO**	
CARDIAC PROBLEMS	**YES/NO**		**FGM**	**YES/NO**	TYPE: 1 / 2 / 3 / UNSURE
HYPERTENSION	**YES/NO**		**SMEAR REQUIRED**	**YES/NO**	DATE OF LAST SMEAR __ / __ / __ FOLLOW UP REQUIRED? Y / N
HAEMATOLOGICAL PROBLEMS	**YES/NO**		**ORAL CONTRACEPTIVE**	**YES/NO**	DATE LAST TAKEN __ / __ / __
THROMBOEMBOLIC DISORDERS	**YES/NO**		**OPERATIONS**	**YES/NO**	
RESPIRATORY PROBLEMS	**YES/NO**		**ANAESTHETIC PROBLEMS**	**YES/NO**	
HEPATIC PROBLEMS	**YES/NO**		**BLOOD TRANSFUSIONS**	**YES/NO**	
KNOWN RENAL PROBLEMS	**YES/NO**		**HAPPY TO ACCEPT A BLOOD TRANSFUSION OR BLOOD PRODUCTS**	**YES/NO**	
GASTROINTESTINAL PROBLEMS	**YES/NO**		**PHYSICAL DISABILITIES**	**YES/NO**	
ENDOCRINE PROBLEMS	**YES/NO**		**COMMUNICATION / LANGUAGE BARRIES**	**YES/NO**	
DIABETES	**YES/NO**	TYPE 1 / TYPE 2 Gestational ☐ Pre- existing ☐	**IMPAIRMENTS HEARING / SIGHT**	**YES/NO**	
NEUROLOGICAL PROBLEMS	**YES/NO**		**INFECTIONS (INCLIDING GBS, MRSA)**	**YES/NO**	
GENETIC/INHERITED DISORDERS	**YES/NO**		**SEXUALLY TRAMSMITTIED DISEASE**	**YES/NO**	
AUTOIMMUNE DISEASE	**YES/NO**		**CHICKEN POX**	**YES/NO**	
DERMATOLOGICAL PROBLEMS	**YES/NO**		**MMR**	**YES/NO UNKNOWN**	IF UNKNOWN REFER TO GP

FAMILY HISTORY	**CHILDREN**	**PARENTS**	**SIBLINGS**	**PARTNER**	**PARTNER'S PARENTS**	**PARTNER'S SIBLINGS**
CLOTTING DISORDER / VTE						
MULTIPLE BIRTH						
HEPATITIS						
DDH						
KIDNEY DISORDERS						
CONGENITAL ANOMALY						
DEAFNESS						
HAEMOGLOBINOPATHY						
HYPERTENSION / CARDIAC						
DIABETES						
TUBERCULOSIS						
GENETIC PROBLEMS						
SIDS (SUDDEN INFANT DEATH SYNDROME)						

Name
Hospital Number:
D.O.B.
(Please stick woman's printed label here)

CURRENT OR PREVIOUS MENTAL HEALTH PROBLEMS OUTLINED.

MENTAL HEALTH ASSESSMENT

MH screening tool carried out **Y / N**

Copy to Lead Midwife **Y / N**

Discussion with PCLS indicated from screening tool and outcome from liaison with PCLS:

.....

.....

.....

.....

INDIVIDUAL MANAGEMENT PLAN

Screening Tool completed at 16 weeks YES / NO

Plan reviewed and updated .....

Screening Tool completed at 24 weeks YES / NO

SOCIAL HISTORY AND ASSESSMENT

Is the partner the father of the baby? YES / NO

Unborn Baby's Developmental Needs: Planned or unplanned pregnancy, needs of the baby prioritised.
Previous / current drug use or substance misuse:

Parenting Capacity: A/N care, parental health - include disability, mental health, preparation for the possibility of postnatal depression. Baby prioritised for, other children in the family, under 20 / learning difficulties, concealed pregnancy.

Need a CAF? **YES / NO** Completed? **YES / NO**

Family and Environmental Factors: Housing environment, employment, financial, family support, relationships.

Domestic Abuse: Asked at booking? **YES / NO** Asked at 28 weeks? **YES / NO**
Anyone living in the house had police and/or social worker involvement? **YES / NO**

Named Social Worker:

Additional Vulnerabilities: Migrants ☐ Asylum seeker ☐ Non–speaking English ☐ Homeless ☐

Refugee ☐ Unable to speak English ☐ Unable to understand English ☐ Needs an Interpreter: **YES / NO**

Plan of Care

Booking Midwife's Signature:	**Date:**	**Time:**

Safeguarding issues: **YES / NO** Notification of risk sent to Maternity safeguarding team: **YES / NO**

Name Hospital Number: D.O.B. *(Please stick woman's printed label here)*	**ANTENATAL REFERRAL FORM**				
	SOCIAL	MEDICAL	OBSTETRIC	PSYCHOLO-GICAL	VTE ASSESSMENT
	LOW / HIGH	LOW / HIGH	LOW / HIGH	LOW / HIGH	LOW / HIGH

Guidance		
Age_>or _> 40 years	Yes/No	To been seen in ANC at booking
BMI < 18	Yes/No	To been seen in ANC at booking
Vulnerable Teenage pregnancy <18 yrs at delivery with capacity concerns	Yes/No	To been seen in ANC after 20 weeks
Substance abuse (state) alcohol	Yes/ No	To be seen in ANC at booking
BMI _> 35	Yes/ No	GROW pathway. Request GTT if BMI _>30 @28 weeks. Follow local pathway.
BMI _> 40	Yes/ No	As a above. To be seen in ANC after 20 weeks.

Previous Obstetric History		
Previous LSCS	Yes/ No	To be seen in ANC after 20 weeks
Previous should dystocia	Yes/ No	To be seen in ANC after 20 weeks
Rhesus antibodies	Yes/ No	To be seen after 20 weeks
Stillbirth, NND, Fetal abnormality or congenital anomaly	Yes/ No	To be seen in ANC at booking
Previous delivery <36/40	Yes/ No	To be seen in ANC after 20 weeks
Previous delivery <34/40	Yes/ No	To be seen in ANC at booking
Prev baby growth less than 10th Centile	Yes/ No	Check GROW chart @16 weeks
Macrosomia	Yes/ No	To be seen in ANC after 20 weeks
3 or more consecutive miscarriages	Yes/ No	To be seen in ANC at booking
GBS baby affected in last pregnancy	Yes/ No	To be seen in ANC after 20 weeks
Major APH/PPH	Yes/ No	To be seen in ANC after 20 weeks
Pre Eclampsia, requiring pre term delivery / Eclampsia / Hellp / PIH	Yes/ No	To be seen in ANC at booking
Traumatic delivery	Yes/ No	Add Offer appt at listening clinic.
Previous Placenta accreta	Yes/ No	To be seen in ANC after 20 weeks

Previous Gynae History		
Pelvic floor repair	Yes/ No	To be seen in ANC after 20 weeks
Prev 3rd /4th degree tear	Yes/ No	To be seen at 20 weeks
Untreated abnormal smear		Guidance for untreated abnormal smear: GP referral to Colp clinic
Myomectomy	Yes/ No	To be seen in ANC after 20 weeks
_> 3 Lletz	Yes/ No	To be seen in ANC at booking
Sexually transmitted infections	Yes/ No	To be seen in ANC after 20 weeks

Medical History		
Cardiac disease/ Defect respiratory disease	Yes/ No	To be seen in ANC at booking
Renal Disease	Yes/ No	To be seen in ANC at booking
Diabetes Type 1	Yes/ No	To be seen in ANC at booking
Chronic or serious asthma-requiring hospital admission	Yes/ No	To be seen in ANC at booking
Active or history of Epilepsy or requiring anti convulsive	Yes/ No	To be seen in ANC at booking
Endocrine problem	Yes/ No	To be seen in ANC at booking
Blood disorders including Thromboembolic disease Clotting, autoimmune disease an Anti-TNF, VTE, rehesus isoimmunisation, Thrombophilias.	Yes/ No	To be seen in ANC at booking
Essential Hypertension	Yes/ No	To be seen in ANC at booking
Known HIV / Hep B	Yes/ No	Seen at Booking
Declines blood products	Yes/ No	To be seen in ANC after 20 weeks
Malignancy/ cancer	Yes/ No	To be seen in ANC at booking
Anaesthetic problems	Yes/ No	Refer to anaesthetic assessment clinic in DAU
Physical disability	Yes/ No	To be seen in ANC after 20 weeks

Family History and VTE risk assessment		
Genetic inherited disease, Cystic Fibrosis, Muscular Dystrophy or MCADD	Yes/ No	To be seen in ANC at booking
VTE/PE	Yes/ No	To be seen before 12 weeks
3 or more VTE risk factor or intermediate risk	Yes/ No	To be seen before 28 weeks
4 or more VTE risk factors	Yes/No	To be seen in ANC before 12 weeks
Sickle cell or Thalassaemia	Yes/ No	To be seen in ANC at booking

Psychiatric History		
Current psychiatric medication	Yes/ No	To be seen at booking
Current/ Previous relevant Mental illness	Yes/ No	To be seen at booking

Public Health		
Risk of TB?	Yes/ No	Neonatal requires BCG vaccine - document in maternal notes.
Current smoker with Co of 8 or above	Yes	Follow the GROW pathway

REASON FOR REFERRAL IF NOT ALREADY IDENTIFIED:		APPT DATE:
SCREENING YES/NO T21/T13/T18	(INDICATE) 11+2 DATE -- /-- /--	14+1 -- /-- / --
DATING SCAN ONLY ☐	CONS REVIEW AT BOOKING ☐	CONS REVIEW >20/40 ☐
ANOMALY SCAN YES/NO	RECEIVED IN CLINIC	DATE: ---/--/---

A community booking interview has taken place and the mother is now in possession of her Maternity records. A full risk assessment and plan has been completed. Booking information leaflets given. Information offered as to were to local additional pregnancy information i.e. public health website.

Signature of midwife:	Print Name:	Signature of mother:	Print Name:
Date:		Date:	

Top copy to be retained in the hand held records. Bottom copy to be handed into reception.

PLEASE TRANSFER TO PN NOTES

Name:
Hospital number:
D.O.B
(please stick woman's printed label here)

Your Personalised Care Plan

In order to address special issues during your pregnancy, a personalised care plan will outline specific treatment and care agreed between you and your care provider. This plan will be amended as the pregnancy progresses, to reflect your changing needs. It is essential that you feel that you are part of the decision making process. It would be helpful to understand what aspects of your antenatal and labour is important to you and your family?

Date	Risk factors/ Special Features	Management Plan	Pregnancy risk LOW/HIGH	Signed /Designation

Name:
Hospital number:
D.O.B
(please stick woman's printed label here)

Your Postnatal Personalised Care Plan

THIS PLAN NEEDS TO BE TRANFERRED TO THE POSTNATAL NOTES FOLLOWING THE BIRTH

Is there anything you would like to add that would support you and your baby in the early PN period?

How would you like to feed baby?.....

What support would you like:

Nappy Care Feeding support Making up feeds Advice on cord care

Please ✓ the relevant box

TO BE COMPLETED BY YOUR MIDWIFE

RAN (Risk Assessment Newborn)

Is this baby?..

At risk of sepsis :

PROM ☐

GBS ☐

Maternal temp in labour ☐

Maternal IVAB's intrapartum or postnatally ☐

Meconium ☐

At risk of Hypoglycaemia :

< 37/40 ☐

<2nd Grow Centile ☐

GDM/IDDM ☐

Maternal beta blockers i.e. (labetalol) ☐

☐

Arterial cord gas <7.1 ☐

RAM (Risk Assessment Mother)

Has this mother: ☐

Had or on IVAB's

If yes, please state the reason why.....

.....

PET ☐

IDDM ☐

PPH ☐

Please ✓ the relevant box

Has baby had uninterrupted skin to skin ? ☐

Has baby had a feed within the first hour? ☐

Have you checked the baby's temperature? ☐

Any additional needs or requirements ?

NHS
Salisbury
NHS Foundation Trust

Reducing the risk of blood clots in pregnancy and after the birth

What is a thromboembolism and how can I reduce the risks of developing one in my pregnancy and after the birth?

It is a blood clot found in a vein or artery. Venous thrombosis occurs in a vein. A Deep Vein Thrombosis (DVT) is a blood clot that forms in a deep vein of the calf, leg or pelvis.

A DVT is a serious condition and could be potentially life threatening if the clot breaks off and travels through the blood stream to another part of the body such as the lungs. This is known as a Pulmonary Embolism (PE). DVT and PE are known under the collective terms of Venous Thromboembolism (VTE).

Fortunately these conditions are uncommon; however women who are pregnant or within 3 months of having given birth are thought to be more at risk of developing a DVT than women who are not pregnant.

What are the symptoms of a Thrombosis?

Typical symptoms include swelling, pain, calf tenderness and occasionally heat and redness in one leg compared to the other leg. If you are concerned that you may be experiencing any of these symptoms please contact your GP or labour ward urgently.

Is thrombosis preventable?

Most thrombosis is preventable. Treatment can be given to women who are thought to be at a higher risk of developing a deep vein thrombosis (DVT). At your booking appointment, your midwife will complete a short assessment with you, which will identify any risk factors. This assessment will be repeated several times throughout your pregnancy and every time you come in to hospital, as your risk of developing a DVT may change.

If you are considered to be at a higher risk of developing a DVT, your midwife will refer you to an obstetrician. The obstetrician will talk with you about this risk and explain why treatment may be advised in your case. In most cases we advise a course of treatment to prevent DVT following the birth of your baby. However, some risk factors, such as a personal history of a previous thrombosis, may be significant enough to offer you some preventative treatment during your pregnancy.

If you need this information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customercare@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

Author: Alison Lambert
Role: Midwife
Date written: August 2012
Last revised: April 2016
Review date: May 2019
Version: 1.1
Code: PI0968

Maternity Unit
01722 425183

Salisbury District Hospital, Salisbury, Wiltshire SP2 8BJ
www.salisbury.nhs.uk

In the event that you are admitted to hospital during your pregnancy you may be offered prophylaxis (preventative) treatment throughout the duration of your stay. In some cases, we would recommend that the treatment continues during your pregnancy and for some time after the birth.

Following the birth of your baby we will assess your risk again as it may change due to several factors such as the type of delivery you had. If you are considered to be at a higher of risk of developing a DVT, you will be offered a course of treatment to prevent this. This treatment will last between ten days and six weeks, depending on your risk factors. A low dose Low-Molecular-Weight- Heparin (LMWH) injection is the most commonly used treatment.

How can I reduce the risks of a thrombosis in pregnancy?

- Keep active
- Keep well hydrated. Continue to drink plenty of water.

If you smoke, stop smoking. Contact the NHS Stop smoking service for information and help.

How can I help to reduce the risks of a thrombosis after a caesarean section?

1. Get out of bed as soon as you can.
2. If you are unable to get out of bed, exercise your legs every hour:
    - Pump each foot up and down briskly for 30 seconds by moving your ankle
    - Move each foot in a circular motion for 30 seconds
    - Bend and straighten your legs-one leg at a time. Do this three times for each leg.
3. Take deep breaths. Every hour, sit up straight and take a couple of really deep breaths.
4. Drink plenty of fluid. You should drink up to a glass of water every hour throughout the day, unless your doctor has told you otherwise.

Your doctor or midwife will also assess your risk of a thrombosis and you may be prescribed heparin injections to reduce your risk.

How can I reduce the risks of a thrombosis following a vaginal birth?

It is important to mobilise as soon as possible after having your baby and you should avoid becoming dehydrated.

Maternity Unit
01722 425183

Feeling your baby move is a sign that they are well

Most women usually begin to feel their baby move between 16 and 24 weeks of pregnancy. A baby's movements can be described as anything from a kick, flutter, swish or roll. The type of movement may change as your pregnancy progresses.

How often should my baby move?

There is no set number of normal movements.

Your baby will have their own pattern of movements that you should get to know.

From 16-24 weeks on you should feel the baby move more and more up until 32 weeks then stay roughly the same until you give birth.

It is NOT TRUE that babies move less towards the end of pregnancy.

You should CONTINUE to feel your baby move right up to the time you go into labour and whilst you are in labour too.

Get to know your baby's normal pattern of movements.

You must NOT WAIT until the next day to seek advice if you are worried about your baby's movements

If you think your baby's movements have slowed down or stopped, contact your midwife or maternity unit **immediately** (it is staffed 24 hrs, 7 days a week).

- **DO NOT** put off calling until the next day to see what happens.
- Do not worry about phoning, it is **important** for your doctors and midwives to know if your baby's movements have slowed down or stopped.

Why are my baby's movements important?

A reduction in a baby's movements can sometimes be an important warning sign that a baby is unwell. Around half of women who had a stillbirth noticed their baby's movements had slowed down or stopped.

Do not use any hand-held monitors, Dopplers or phone apps to check your baby's heartbeat. Even if you detect a heartbeat, this does not mean your baby is well.

What next...see overleaf

For more information on baby movements talk to your midwife

What if my baby's movements are reduced again?

If, after your check up, you are still not happy with your baby's movement, you must contact either your midwife or maternity unit straight away, even if everything was normal last time.

NEVER HESITATE to contact your midwife or the maternity unit for advice, no matter how many times this happens.

Sources and acknowledgements

The information in this leaflet is based on RCOG Green–top Guideline No. 57 *Reduced Fetal Movements* (2011) and RCOG Patient Information Leaflet *Your baby's movements in pregnancy: information for you* (2012).

Health & care information you can trust

The Information Standard Certified Member

Version 1, published in Jan 2016 under the Tommy's accredited production process (www.tommys.org/informationstandard).
Review date: Jan 2019

Name Hospital Number: D.O.B. *(Please stick woman's printed label here)*

Surveillance of Fetal Growth: GROW risk factors:

Increase maternal age > 40 years		BMI>35	
Smoker (any) CO reading more than 8		PAPP-A <0.415 MoM	
Drug Misuse		Fetal echogenic bowel	
Previous SGA baby (<10th cust. Centile)		In Late pregnancy - severe pregnancy induced hypertension or pre-eclampsia (=PIH and Proteinuria)	
Previous stillbirth			
Chronic Hypertension		Unexplained antepartum Haemorrhage	
Diabetes		Antiphospholipid syndrome	
Renal impairment		Large fibroids	

Salisbury NHS Foundation Trust. Radiology Referral Form

Note: As a Referrer under the lionising Radiation Medical Exposure Regulations 2000 you are responsible for providing sufficient information to allow for identification of the patient and justification of the examination. If you do not do this, the request will be returned to you.

Patient Details (Affix label on both sheets, if available)	Referrer Details
Surname Mrs/ Miss /Ms Forename Date of birth Address Post code Telephone Number GP Name	Surname Consultant / Practice Name Initials Clinical Team / Practice Address Status Bleep/ Phone Number
	Hospital Number NHS Number
Reason for Referral / Clinical Details:	

	Examination Requested:	*Please tick*	Examination Requested:	*Please tick*	Signature of person requesting the scan:
Gestation: …… Date of scan:	**Scans to be performed as per GAP protocol**		**Estimated fetal weight (EFW)**		……
……. / ……. / ……. Time : ……	**Growth and liquor Volumes**		**Presentation**		Print name:
	Doppler		**Placental site**		……
Reason for USS					

	Examination Requested:	*Please tick*	Examination Requested:	*Please tick*	Signature of person requesting the scan:
Gestation: …… Date of scan:	**Scans to be performed as per GAP protocol**		**Estimated fetal weight (EFW)**		……
……. / ……. / ……. Time : ……	**Growth and liquor Volumes**		**Presentation**		Print name:
	Doppler		**Placental site**		……
Reason for USS					

Name
Hospital Number:
D.O.B.
(Please stick woman's printed label here)

	Examination Requested:	*Please tick*	Examination Requested:	*Please tick*	Signature of person requesting the scan:
Gestation: .... Date of scan:	**Scans to be performed as per GAP protocol**		**Estimated fetal weight (EFW)**		....
.... / .... /	**Growth and liquor Volumes**		**Presentation**		Print name:
Time :	**Doppler**		**Placental site**		....
Reason for USS					

	Examination Requested:	*Please tick*	Examination Requested:	*Please tick*	Signature of person requesting the scan:
Gestation: .... Date of scan:	**Scans to be performed as per GAP protocol**		**Estimated fetal weight (EFW)**		....
.... / .... /	**Growth and liquor Volumes**		**Presentation**		Print name:
Time :	**Doppler**		**Placental site**		....
Reason for USS					

	Examination Requested:	*Please tick*	Examination Requested:	*Please tick*	Signature of person requesting the scan:
Gestation: .... Date of scan:	**Scans to be performed as per GAP protocol**		**Estimated fetal weight (EFW)**		....
.... / .... /	**Growth and liquor Volumes**		**Presentation**		Print name:
Time :	**Doppler**		**Placental site**		....
Reason for USS					

	Examination Requested:	*Please tick*	Examination Requested:	*Please tick*	Signature of person requesting the scan:
Gestation: .... Date of scan:	**Scans to be performed as per GAP protocol**		**Estimated fetal weight (EFW)**		....
.... / .... /	**Growth and liquor Volumes**		**Presentation**		Print name:
Time :	**Doppler**		**Placental site**		....
Reason for USS					

	Examination Requested:	*Please tick*	Examination Requested:	*Please tick*	Signature of person requesting the scan:
Gestation: .... Date of scan:	**Scans to be performed as per GAP protocol**		**Estimated fetal weight (EFW)**		....
.... / .... /	**Growth and liquor Volumes**		**Presentation**		Print name:
Time :	**Doppler**		**Placental site**		....
Reason for USS					

	Examination Requested:	*Please tick*	Examination Requested:	*Please tick*	Signature of person requesting the scan:
Gestation: .... Date of scan:	**Scans to be performed as per GAP protocol**		**Estimated fetal weight (EFW)**		....
.... / .... /	**Growth and liquor Volumes**		**Presentation**		Print name:
Time :	**Doppler**		**Placental site**		....
Reason for USS					

Antenatal venous thromboprophylaxis (VTE) risk assessment and management (to be assessed at booking, 36 weeks gestation and repeated at any hospital admission)

Document on risk assessment sheet overleaf

Tick box below

❒ Any previous VTE (except a single event related to major surgery)

→ **❑ High risk**

Requires antenatal prophylaxis with LMWH

Refer to Obstetric Consultant in the 1st trimester

❒ Hospital admission Please see below
❒ Single previous VTE related to major surgery
❒ High-risk thrombophilia + no VTE (see below)
❒ **Medical comorbidities** e.g. cancer, heart failure, active SLE, IBD or inflammatory polyarthropathy, nephrotic syndrome, Type 1 DM with nephropathy, sickle cell disease, current IVDU
❒ Any surgical procedure e.g. appendectomy
❒ Ovarian hyperstimulation syndrome OHSS (first trimester only)

→ **❑ Intermediate Risk**

Consider antenatal prophylaxis with LMWH

Refer to Obstetric Consultant

❒ Obesity (BMI > 30kg/m²)
❒ Age > 35 years
❒ Parity ≥ 3
❒ Smoker
❒ Gross varicose veins
❒ Current pre-eclampsia
❒ Immobility e.g. paraplegia, PGP
❒ Family history of unprovoked or Oestrogen-provoked VTE in first-degree relative
❒ Low-risk thrombophilia
❒ Multiple pregnancy
❒ IVF/ART <12/52 weeks gestation.

→ ❑ Four or more risk factors:

Consider antenatal prophylaxis from first trimester

❑ Three risk factors:

Consider antenatal Prophylaxis from 28 weeks

→ Fewer than three risk factors

→ **❑ Lower risk**

Mobilisation and avoidance of dehydration

Transient risk factors: Dehydration/hyperemesis, current systemic infection, long distance travel

leeding risks / exclusion criteria

Patient related

Active bleeding

Acquired bleeding disorders (e.g. acute liver failure)

Concurrent use of anticoagulants known to increase the risk of bleeding (such as warfarin with INR >2)

Acute stroke

Thrombocytopenia (platelets <75 x 10^9/L)

Uncontrolled systolic hypertension (200 mmgHg or >120 mmgHg diastolic)

Untreated inherited bleeding disorders (such as haemophilia and von Willebrand's disease)

Severe renal disease (CrCl <30ml/min)

Severe liver disease (prothrombin time above normal range or known varices)

Women considered at increased risk of major haemorrhage (e.g. placenta praevia

Surgical procedure with a high bleeding risk

Lumbar puncture/epidural/spinal anaesthesia within the next 12 hours

Lumbar puncture/epidural/ spinal anaesthesia with in the previous 4 hours

Thrombophilias

Low risk (+ no previous VTE)

Heterozyqous

Prothrombin gene mutation / Factor V Leiden

Protein C deficiency

Protein S deficiency

High risk (+ no previous VTE)

Homozygous FVL/PGM or compound abnormalities

Anti-thrombin deficiency: Anti-phospholipid syndrome

Anticardiolipin antibodies / Lupus anticoagulant

Hospital admissions:

All women should receive LMWH for the duration of their admission.

If prolonged admission for 3 or more days or persistent transient risk factors, then LMWH should be considered for the duration of the pregnancy and up to 6 weeks postpartum.

Antenatal venous thromboprophylaxis risk (VTE) assessment sheet

Assess woman at booking and on each antenatal admission.

All women must be given verbal and written information on VTE. Information given ❒

Date	Gestation	Risk category		action	comments	signature/designation
		High	❒	LMWH* ANC		
		Intermediate	❒	LMWH* ANC		
		Low	❒	Advice only		

Date	Gestation	Risk category		action	comments	signature/designation
		High	❒	LMWH* ANC		
		Intermediate	❒	LMWH* ANC		
		Low	❒	Advice only		

Date	Gestation	Risk category		action	comments	signature/designation
		High	❒	LMWH* ANC		
		Intermediate	❒	LMWH* ANC		
		Low	❒	Advice only		

Date	Gestation	Risk category		action	comments	signature/designation
		High	❒	LMWH* ANC		
		Intermediate	❒	LMWH* ANC		
		Low	❒	Advice only		

* Balance risk of bleeding against risk of VTE. Women at high risk of hemorrhage with risk factors including major antepartum hemorrhage, coagulopathy, progressive wound hematoma, suspected intra-abdominal bleeding and postpartum hemorrhage may be managed with foot impulse devices, intermittent pneumatic compression devices or Anti- embolic stocking.

Antenatal prophylactic dose of Low Molecular Weight Heparin (LMWH)

Once daily dosing for antenatal prophylaxis.

Booking weight	Once daily dosing
< 50 kg	2500 units once daily
50 - 90 kg	5000 units once daily
91 - 130kg	7500 units once daily
131-170 kg	10000 units once daily
> 170 kg	Discuss with Consultant Haematologist

Use a combination of 2500 unit, 5000 unit, 7500 unit and 10000 unit dalteparin pre-filled syringes.

For obstetric use dalteparin is a red (hospital only) drug and ongoing supplies should be prescribed by the hospital clinician.

Version 4.0 Guidance based on RCOG Green-top Guideline No 37a April 2015 and NICE CG 92 January 2010. Approved by DTC December 2010. Revised June 2015. Next review due June 2018

Postnatal venous thrombophrophylaxis (VTE) risk assessment and management - to be assessed on delivery suite

- ❒ Any previous VTE
- ❒ Antenatal LMWH throughout A/N period
- ❒ High-risk thrombophilia
- ❒ Low risk thrombophilia +FHX of oestrogen related VTE

→ **❒ High risk**
Consider 6 weeks postnatal prophylactic LMWH

- ❒ Caesarean section in labour
- ❒ BMI>- 40kg/m²
- ❒ Readmission or prolonged admission (≥ 3 days)
- ❒ Any surgical procedure in the puerperium except immediate repair of the perineum
- ❒ Medical comorbidities e.g. cancer, heart failure, active SLE, IBD or inflammatory polyarthropathy, nephrotic syndrome, type 1 DM with nephropathy, sickle cell disease, current IVDU

→ **❒ Intermediate Risk**
Consider 10 days postnatal prophylactic LMWH

NB if persisting or > 3 risk factors consider extending prophylaxis with LMWH

- ❒ Age >35 years
- ❒ Obesity (BMI greater or equal to 30 Kg/m2)
- ❒ Parity Greater or equal to 3)
- ❒ Smoker
- ❒ Elective caesarean section
- ❒ Family history of VTE
- ❒ Low-risk thrombophilia
- ❒ Gross varicose veins
- ❒ Current systemic infection
- ❒ Immobility, e.g. paraplegia, PGP, long distance travel
- ❒ Current pre-eclampsia
- ❒ Multiple pregnancy
- ❒ Preterm delivery in this pregnancy (<37+0 weeks)
- ❒ Stillbirth in this pregnancy
- ❒ Mid-cavity rotational or operative delivery
- ❒ Prolonged labour (>24 hours)
- ❒ PPH > 1litre or blood transfusion

→ Two or more risk factors

→ Fewer than two risk factors

→ **❑ Lower risk**
Mobilisation and avoidance of dehydration

Bleeding risks / exclusion criteria

Patient related

- Active bleeding
- Acquired bleeding disorders (e.g. acute liver failure)
- Concurrent use of anticoagulants known to increase the risk of bleeding (such as warfarin with INR >2)
- Acute stroke
- Thrombocytopenia (platelets <75 x 10^9/L)
- Uncontrolled systolic hypertension (200 mmgHg or >120 mmgHg diastolic)
- Untreated inherited bleeding disorders (such as haemophilia and von Willebrand's disease)
- Severe renal disease (CrCl <30ml/min)
- Severe liver disease (prothrombin time above normal range or known varices)
- Surgical procedure with a high bleeding risk
- Lumbar puncture/epidural/ spinal anaesthesia with in the previous 6 hours

Thrombophilias

Low risk (+ no previous VTE)

- Heterozyqous
- Prothrombin gene mutation / Factor V Leiden
- Protein C deficiency
- Protein S deficiency

High risk (+ no previous VTE)

- Homozygous FVL/PGM or compound abnormalities
- Anti-thrombin deficiency: Anti-phospholipid syndrome
- Anticardiolipin antibodies / Lupus anticoagulant

Postnatal venous thromboprophylaxis risk (VTE) assessment sheet

Assess woman at booking and on each antenatal admission.

All women must be given verbal and written information on VTE. Information given ❒

Date	Gestation	Risk category		action	comments	signature/designation
		High	❒	LMWH* ANC		
		Intermediate	❒	LMWH* ANC		
		Low	❒	Advice only		

Date	Gestation	Risk category		action	comments	signature/designation
		High	❒	LMWH* ANC		
		Intermediate	❒	LMWH* ANC		
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Date	Gestation	Risk category		action	comments	signature/designation
		High	❒	LMWH* ANC		
		Intermediate	❒	LMWH* ANC		
		Low	❒	Advice only		

Date	Gestation	Risk category		action	comments	signature/designation
		High	❒	LMWH* ANC		
		Intermediate	❒	LMWH* ANC		
		Low	❒	Advice only		

*Balance risk of bleeding against risk of VTE. Women at high risk of hemorrhage with risk factors including major antepartum hemorrhage, coagulopathy, progressive wound hematoma, suspected intra-abdominal bleeding and postpartum hemorrhage may be managed with foot impulse devices, intermittent pneumatic compression devices or Anti-embolic stocking.

Postnatal prophylactic dose of Low Molecular Weight Heparin (LMWH)

Once daily dosing for postnatal prophylaxis.

Booking weight	Once daily dosing
< 50 kg	2500 units once daily
50 - 90 kg	5000 units once daily
91 - 130kg	7500 units once daily
131-170 kg	10000 units once daily
> 170 kg	Discuss with Consultant Haematologist

Use a combination of 2500 unit, 5000 unit, 7500 unit and 10000 unit dalteparin pre-filled syringes.

For obstetric use dalteparin is a red (hospital only) drug and ongoing supplies should be prescribed by the hospital clinician.