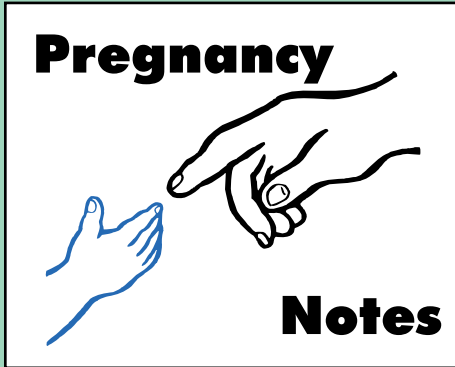


NHS No.

Maternity Unit

CONFIDENTIAL

These notes should be carried by the expectant mother at all times during her pregnancy. If found, please return the notes immediately to the owner, or her midwife or maternity unit.



First name Surname

Address

Postcode

Date of birth Unit No.

These **Pregnancy Notes** are a guide to your options during pregnancy, and are intended to help you make informed choices. The explanations in these notes are a general guide only, and not everything will be relevant to you. Please feel free to ask any questions. Additional information is also available on www.preg.info; or in leaflets which you may be given as and when needed.

Communication Needs

EDD

Assistance required No Yes Details Your preferred name

Do you speak English No Yes What is your first language

Preferred language Interpreter

Plan of care

Depending on your circumstances, you and your partner will have the choice between midwifery based care or maternity team based care during your pregnancy. Please discuss your choices/options with your midwife. This will be based on your individual medical and obstetric history.

Date recorded	Planned place of birth	Lead professional	Job title	Reason if changed
<input type="text"/>				
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Maternity contacts

Named Midwife

Maternity Unit

Antenatal Clinic Delivery Suite

Community Office Ambulance

Primary care contacts

Centre Other (s)

GP(+ initial)

Postcode(GP)

Health Visitor

Next of Kin

Name

Address

Relation

Emergency Contact

Name

Address