

**PRINTER: Cut sheet on dotted line exactly (at 61)**

**Antenatal visits**

Gest = Gestation; BP = Blood Pressure; Pres = Presentation; Eng = Engagement; Hb = Haemoglobin.

Care provider should reiterate discussion of important pregnancy symptoms including altered or reduced fetal movements (see pages 10 & 14)

| Date/Time                                                                                                                                                                                  | Gest | BP | Urine | Fetal Movements |           | Pres | Lie | Eng | Liquor | Fetal heart | Hb | Next contact |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|-------|-----------------|-----------|------|-----|-----|--------|-------------|----|--------------|
|                                                                                                                                                                                            |      |    |       | Felt            | Discussed |      |     |     |        |             |    |              |
| Details and advice:(inc. infant feeding, lifestyle choices, pelvic floor exercises etc.)                                                                                                   |      |    |       |                 |           |      |     |     |        |             |    |              |
| Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/> Management plan: reviewed <input type="checkbox"/> revised <input type="checkbox"/> Signed* |      |    |       |                 |           |      |     |     |        |             |    |              |
|                                                                                                                                                                                            |      |    |       |                 |           |      |     |     |        |             |    |              |
| Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/> Management plan: reviewed <input type="checkbox"/> revised <input type="checkbox"/> Signed* |      |    |       |                 |           |      |     |     |        |             |    |              |
|                                                                                                                                                                                            |      |    |       |                 |           |      |     |     |        |             |    |              |
| Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/> Management plan: reviewed <input type="checkbox"/> revised <input type="checkbox"/> Signed* |      |    |       |                 |           |      |     |     |        |             |    |              |
|                                                                                                                                                                                            |      |    |       |                 |           |      |     |     |        |             |    |              |
| Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/> Management plan: reviewed <input type="checkbox"/> revised <input type="checkbox"/> Signed* |      |    |       |                 |           |      |     |     |        |             |    |              |
|                                                                                                                                                                                            |      |    |       |                 |           |      |     |     |        |             |    |              |
| Accompanied No <input type="checkbox"/> Yes <input type="checkbox"/> With <input type="text"/> Management plan: reviewed <input type="checkbox"/> revised <input type="checkbox"/> Signed* |      |    |       |                 |           |      |     |     |        |             |    |              |

Affix continuation sheets here, and number them 18.1, 18.2 etc

|         |
|---------|
| Name    |
| Unit No |

