IMPORTANT MESSAGE FOR PREGNANT WOMEN

Pregnancy and birth are perfectly natural processes and as such not a disease. But sometimes they can be associated with a greater risk of illness for both mother and child. Getting attentive prenatal care can help you to avoid most of these risks, or to spot them in time to prevent greater harm.

But that can only work if you go to your checkups regularly!

The clinical examinations offered in this document are based on up-to-date medical knowledge and many years of experience in obstetrics. They will help keep you and your baby healthy.

These maternity records contain the most important medical findings of your pregnancy. Your doctor will give this document back to you after each checkup. These records are important information for your doctor and midwife to ensure the safety of you and your child.

These maternity records are your personal documents. You have full control over who has access to them. No one else (e.g., an employer or public authority) can demand to see them.

So please:
● Take advantage of this opportunity to keep yourself and your child safe.
● Remember to take this booklet with you to every medical checkup during your pregnancy, as well as before and after the birth of your child.
● If you have any concerns, seek help.
● Don't hesitate to ask your doctor questions you might have, and follow his or her advice.

Stamp (physician/hospital/midwife)

My next checkup is on:

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</table>
Surname: ___________________________ Date of birth: __________________

Place of birth: _____________________________

(Name changes here:) Surname: ___________________________ Place of residence: _____________________________

Laboratory tests and rubella protection

Blood group

<table>
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<tr>
<th>A</th>
<th>B</th>
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</table>

rhesus D status pos. (D pos.)
or neg. (D neg.)

*) Enter words: Rh positive (or) Rh negative

The information entered here does not release the physician from his or her due diligence obligations (e.g. cross-matching)

Examination date: ________________
Laboratory log number: ________________

Antibody screening test

negative ☐ positive, titre 1: ________________
Examination date: ________________
Laboratory log number: ________________

Antibody screening retest

negative ☐ positive, titre 1: ________________
Examination date: ________________
Laboratory log number: ________________

Rubella vaccination

Proof of two rubella vaccinations has been shown: yes ☐ no ☐

Rubella antibody test

negative ☐ positive, titre 1: ________________
or ☐ IU/ml: ________________
Immunity can be assumed: yes ☐ no ☐
Examination date: ________________
Laboratory log number: ________________

Additional serological examinations, if applicable: ________________

Influenza vaccination during pregnancy  yes ☐ no ☐

Test for chlamydia trachomatis DNA in urine sample using nucleic acid amplification test (NAT)

negative ☐ positive ☐
Examination date: ________________
Laboratory log number: ________________

Screening for syphilis conducted on: ________________
Log number: ________________

Antibody screening retest

negative ☐ positive, titre 1: ________________
Examination date: ________________
Laboratory log number: ________________

Test for HBs antigen in serum

negative ☐ positive ☐
Examination date: ________________
Laboratory log number: ________________

Rubella antibody retest

(see Maternity Directive, section C, number 1)

negative ☐ positive, titre 1: ________________
or ☐ IU/ml: ________________
Examination date: ________________
Laboratory log number: ________________

Additional serological examinations, if applicable: ________________

Influenza vaccination during pregnancy  yes ☐ no ☐
Information on prior pregnancies

<table>
<thead>
<tr>
<th>Year</th>
<th>Outcomes of pregnancies and births (vaginal delivery, Caesarean section, assisted vaginal birth, abortion, miscarriage, ectopic pregnancy, length of pregnancy in weeks, progress in labour, complications, child’s weight and gender):</th>
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Medical advice provided

a) Nutrition (incl. iodine intake), medications, consumption of alcohol, tobacco, and other drugs

b) Job/profession, sports, travel

c) Advice on special risks

d) Preparation for birth: exercise during pregnancy, child birth preparation class

e) Cancer screening

f) HIV antibody test
   • HIV antibody test administered: yes □, no □

g) Oral hygiene

After medical assessment according to catalogue A, a pregnancy risk is present at initial examination □

A. Medical history and overall findings/first checkup

1. Family history (e.g. of diabetes, hypertension, congenital anomalies, genetic disorders, mental illnesses)

2. Prior severe illnesses, (e.g. heart, lung, liver, kidneys, central nervous system, mental), if so, which

3. Susceptible to bleeding/thrombotic events

4. Allergies, including to medications

5. Prior blood transfusions

6. Special mental stress (e.g. family- or work-related)

7. Special social stress (e.g. integration or financial issues)

8. Rhesus incompatibility (in prior pregnancies)

9. Diabetes mellitus

10. Obesity

11. Microsomia / small stature

12. Skeletal abnormalities

13. Under 18 years of age

14. Over 35 years of age

15. Multipara (more than 4 children)

16. History of fertility treatment

17. History of preterm birth (before the end of week 37)

18. History of low-birth-weight infant

19. History of 2 or more miscarriages/abortions

20. History of previous stillbirth or neonatal death or baby with serious medical problems/impairment

21. Complications during prior births
   if yes, which □

22. Complications post partum/in puerperium
   if yes, which □

23. History of Caesarean section

24. History of other uterine surgery
   if yes, which □

25. Pregnancies in quick succession (less than 1 year)

26. Other special circumstances
   if yes, which □

Special findings
B. Special findings in the course of pregnancy

27. General illnesses requiring treatment, if yes, which ________________________

28. Long-term medication
29. Substance abuse
30. Exceptional mental stress
31. Exceptional social stress
32. Bleeding before 28th week
33. Bleeding after 28th Week
34. Placenta praevia
35. Multiple pregnancy
36. Polyhydramnios
37. Oligohydramnios
38. Uncertain expected date of delivery
39. Placental insufficiency
40. Cervical insufficiency
41. Preterm labor
42. Anaemia
43. Urinary tract infection
44. Antenatal antibody screening positive
45. Risk due to other serological findings
46. Hypertension (blood pressure over 140/90)
47. Pathological protein excretion
48. Moderate – severe oedema
49. Hypotension
50. Gestational diabetes

- Pretest conducted: yes/no
- Diagnostic test conducted: yes/no

51. Abnormal engagement of fetal head

52. Other special findings
   if yes, which ________________________

Due date/expected date of delivery

Cycle _______/_______ Last menstrual period (LMP) ________________________

Date of conception (if known): ________________________

Pregnancy detected on: ________________________ in the ________________________ week

Estimated due date (calculated): ________________________

Due date (if corrected later): ________________________

Comments ________________________

Zur Information, es gilt die deutsche Fassung.
Pregnancy chart

<table>
<thead>
<tr>
<th>Date</th>
<th>Pregnancy week</th>
<th>Weigh corrected</th>
<th>Fundal position</th>
<th>Foetal heart rate</th>
<th>Foetal movements</th>
<th>Occurrence</th>
<th>Weight</th>
<th>syst./diast.</th>
<th>BP</th>
<th>Hb count</th>
<th>Protein</th>
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<th>Notes/treatment/measure</th>
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### Inpatient treatment during pregnancy

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<th>Diagnosis</th>
<th>Treatment</th>
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### Cardiotocographical findings

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<th>Assessment</th>
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### ULTRASOUND EXAMINATIONS

#### Remarks:
- Date
- GS CRL BPD
- Week
- Corrected
- Intrauterine:  yes  no
- Embryo visualized:  yes  no
- Heartbeat:  yes  no
- Multiple pregnancy:  no  yes
- Monochorionic:  no  yes
- Abnormalities:  yes  no
- Development according to gestational age:  yes  no
- Consultative examination arranged:  no  yes
- Consultative examination:  yes
- checkup
- Biometry I

#### II. Screening 18 + 0 to 21 + 6 week

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<th>Week (acc. to LMP)</th>
<th>Week corrected</th>
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| Remarks: |
| Biometry I |

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<th>Week (acc. to LMP)</th>
<th>Week corrected</th>
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| Remarks: |
| Biometry II |

#### III. Screening 28 + 0 to 31 + 6 week

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<th>Week (acc. to LMP)</th>
<th>Week corrected</th>
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| Remarks: |
| Biometry III |

#### Checkups required for:
- Amniotic fluid quantity:  no  yes
- Phys. development/foetal growth:  no  yes
- Consultative examination arranged:  no  yes

#### Development according to gestational age:
- yes
- no

#### Consultative examination:
- yes
- no

#### Thorax:
- Abnormal heart/thorax ratio (visual diagnosis):  yes  no
- Heart on left side:  yes  no
- Persistent arrhythmia during examination period:  yes  no
- Four chamber view visualized:  yes  no

#### Torso:
- Contour interruptions on the frontal abdominal wall:  yes  no
- Stomach visualized in the upper left abdomen:  yes  no
- Urinary bladder visualized:  yes  no

#### Development according to gestational age:
- yes
- no

#### Consultative examination arranged:
- yes
- no

#### BPD FOD/HC ATD APD/AC FL

#### Biometry I

#### Biometry II

#### Biometry III

---

*Courtesy translation. Only the German version is binding.*

*Zur Information, es gilt die deutsche Fassung.*
Ultrasound checkups according to appendix 1 b
of the Maternity Directive
(date, indication to be examined, findings, comments, examiner/stamp)

Reference curves of foetal growth

SSL = crown-rump length (according to Rempen 1996)
BPD = biparietal head diameter (outside-outside)
ATD = abdominal transverse diameter (outside-outside)

Courtesy translation. Only the German version is binding.
Zur Information, es gilt die deutsche Fassung.

CRL

BPD

ATD

1. US screening
2nd US screening
3rd US-Screening
week (compl.)
Further ultrasound examinations to clarify and monitor pathological findings according to appendix 1 c of the Maternity Directive (date, indication to be examined, findings, comments, examiner/stamp)

Doppler sonography examinations according to appendix 1 d (date, indication to be examined, findings, comments, examiner/stamp)

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<tr>
<th>Age</th>
<th>Pregnancies (including this one)</th>
<th>Births (including this one)</th>
<th>First examination in week</th>
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<th>Number of antenatal care examinations</th>
<th>Presented in hospital before delivery</th>
<th>Hospitalized ante partum in weeks</th>
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| Most important risk numbers documented (catalogue A/B, pages 5 and 6) | |
|--------------------------------------------------------------------|-
|                                                                    |

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<thead>
<tr>
<th>Date</th>
<th>Week</th>
<th>Out of hospital birth</th>
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| Live birth | yes/no | 1. child | 2. child (twin) | |
|------------|--------|----------|-----------------|
| Gender | m/f/d | m/f/d | m/f/d | |
| Mode of birth | V/CS/CP | Assisted vag. birth | V/CS | |
| Foetal presentation | CP/BD/TP | | CP/BD/TP | |
| Weight | | |
| Head length/ circumference | | |
| Apgar score 5’/10’ | yes/no | yes/no | yes/no | |
| pH level (umbilical artery) | | |
| Congenital anomalies | yes/no | yes/no | yes/no | |
| Special findings | | |

Puerperium normal | yes/no | |
Hb BP | | |
Anti-D prophylaxis | yes/no | Mother advised on sufficient iodine intake while nursing |

| Special findings (also see p. 16) | |
|-----------------------------------|-
|                                    |

| Blood group and subtype | 1. child | 2. child (twin) | |
|------------------------|----------|-----------------|
| (only for RH-neg.mother; no official document!) | A/B/O/AB | A/B/O/AB | |
| Direct Coombs test | Rh pos. Rh neg. | Rh pos. Rh neg. | |
| Child released (without problems) on | | |
| Child transferred on | | |

| Special findings | |
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<th>Date of release examination</th>
<th>Signature/stamp</th>
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Abnormalities during puerperium

Gyn. findings normal  yes  no  Hb  

RR  

Urine Sugar pos.  Protein pos.  Urinalysis normal

Special findings

Mother is breastfeeding  Did not breastfeed  Has weaned child

Child: Examination U3 conducted

1. child

Is alive and healthy  yes  no

Requires treatment after pediatric examination U 3  yes  no

2. child (twin)

Died on

Examination date  Signature/stamp