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.
Laboratory tests and rubella protection

Blood group

A BO

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: ____________

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: ____________

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: ________

Screening for syphilis conducted on: ____________
Log number: ____________

Test for chlamydia trachomatis DNA in urine sample using nucleic acid amplification test (NAT)
negative  □  positive □
Examination date: ____________
Laboratory 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: ____________

Additional serological examinations, if applicable: ________

(Results of other serological examinations, if applicable: see page 4)
### 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

- **Nutrition (incl. iodine intake), medications, consumption of alcohol, tobacco, and other drugs**
- **Job/profession, sports, travel**
- **Advice on special risks**
- **Preparation for birth: exercise during pregnancy, child birth preparation class**
- **Cancer screening**
- **HIV antibody test**
  - HIV antibody test administered: yes [ ] no [ ]
- **Oral hygiene**

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### 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. **Micromelia / 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 Caesarian 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

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

### Special findings
**B. Special findings in the course of pregnancy**

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

| 28. Long-term medication          | 43. Urinary tract infection  |
| 29. Substance abuse              | 44. Antenatal antibody screening positive |
| 30. Exceptional mental stress    | 45. Risk due to other serological findings |
| 31. Exceptional social stress    | 46. Hypertension (blood pressure over 140/90) |
| 32. Bleeding before 28th week    | 47. Urinalysis for protein 1% |
| 33. Bleeding after 28th Week     | (1000mg/l) or more |
| 34. Placenta praevia             | 48. Moderate – severe oedema |
| 35. Multiple pregnancy           | 49. Hypotension |
| 36. Polyhydramnios               | 50. Gestational diabetes |
| 37. Oligohydramnios              | - Pretest conducted: yes/no abnormal: yes/no |
| 38. Uncertain expected date of delivery | - Diagnostic test conducted: yes/no abnormal: yes/no |
| 39. Placental insufficiency      | 51. Abnormal engagement of fetal head |
| 40. Cervical insufficiency       | 52. Other special findings |
| 41. Preterm labor                | if yes, which ________________________________ |
| 42. Anaemia                      | ________________________________ |

**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 ________________________________
## Pregnancy Chart

<table>
<thead>
<tr>
<th>Date</th>
<th>Pregnancy week</th>
<th>Week of corrected</th>
<th>Fundal position</th>
<th>Foetal presentation</th>
<th>Foetal heart sounds</th>
<th>Extraglandular symptoms</th>
<th>Varicosis</th>
<th>Weight</th>
<th>syst./diast.</th>
<th>Hb count</th>
<th>Protein</th>
<th>Sugar</th>
<th>Nitrite</th>
<th>Blood</th>
<th>Urinalysis/urine microscopy</th>
<th>Vaginal examination</th>
<th>Risk number (category B)</th>
<th>Notes/treatment/measures</th>
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2nd antibody screening test (week 28-30) on: ____________________________

Hepatitis B test (week 28-30) on: ____________________________

Anti-D prophylaxis (week 28-30) on: ____________________________

Presented at maternity hospital on: ____________________________

**Courtesy translation. Only the German version is binding.**
# Remarks on catalogues A and B

(including measures taken)


## Inpatient treatment during pregnancy

<table>
<thead>
<tr>
<th>From/to</th>
<th>Hospital</th>
<th>Diagnosis</th>
<th>Treatment</th>
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## Cardiotocographical findings

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<tr>
<th>Date</th>
<th>In week</th>
<th>Assessment</th>
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## ULTRASOUND EXAMINATIONS

### Remarks:

<table>
<thead>
<tr>
<th>Date</th>
<th>Week (acc. to LMP)</th>
<th>Week corrected</th>
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### I. Screening 8 + 0 to 11 + 6 week

- Intrauterine:  
  - Yes  
  - No
- Embryo visualized:  
  - Yes  
  - No
- Heartbeat:  
  - Yes  
  - No
- Multiple pregnancy:  
  - No  
  - Yes
- Monochorionic:  
  - No  
  - Yes
- Abnormalities:  
  - Yes  
  - No  
  - Checkup

- Development according to gestational age:  
  - Yes  
  - No
- Consultative examination arranged:  
  - No  
  - Yes

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

#### a) Single pregnancy:

- Yes  
- No

#### Heartbeat:

- Yes  
- No

#### Placenta location/structure:

- Normal  
- Checkup

- Development:  
  - Yes  
  - No  
  - Checkup

#### b) Head:

- Ventricular system abnormalities:  
  - Yes  
  - No
- Abnormal head shape:  
  - Yes  
  - No
- Cerebellum visualized:  
  - Yes  
  - No
- Neck and back:
  - Irregularities of the dorsal skin contour:  
    - 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

### Checkups required for:

- Amniotic fluid quantity:  
  - No  
  - Yes
- Phys. development/foetal growth:

- Consultative examination arranged:  
  - No  
  - Yes

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

- Single pregnancy:  
  - Yes  
  - No
- Foetal presentation:  
  - Yes  
  - No
- Heartbeat:  
  - Yes  
  - No
- Placenta location/structure:
  - Normal  
  - Checkup

- Development:  
  - Yes  
  - No  
  - Checkup

- Amniotic fluid quantity:  
  - No  
  - Yes
- Phys. development/foetal growth:

- Consultative examination arranged:  
  - No  
  - Yes

**Remarks:**

- Biometry I
- Biometry II
- Biometry III
Ultrasound checkups according to appendix 1 b of the Maternity Directive
(date, indication to be examined, findings, comments, examiner/stamp)
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)

<table>
<thead>
<tr>
<th>Final examination/discharge summary</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
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<tr>
<td><strong>Pregnancies</strong></td>
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<tr>
<td><strong>Number of antenatal care examinations</strong></td>
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<tr>
<td><strong>Most important risk numbers documented (catalogue A/B, pages 5 and 6)</strong></td>
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<tr>
<td><strong>Date</strong></td>
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<td><strong>Live birth</strong></td>
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<td><strong>Gender</strong></td>
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<td><strong>Mode of birth</strong></td>
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<td><strong>Foetal presentation</strong></td>
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<td><strong>Weight</strong></td>
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<td><strong>Head length/ circumference</strong></td>
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<td><strong>Apgar score 5'/10'</strong></td>
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<td><strong>pH level (umbilical artery)</strong></td>
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<tr>
<td><strong>Congenital anomalies</strong></td>
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<td><strong>Special findings</strong></td>
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<tr>
<td><strong>Puerperium normal</strong></td>
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<td><strong>Hb</strong></td>
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<td><strong>Anti-D prophylaxis</strong></td>
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<td><strong>Mother advised on sufficient iodine intake while nursing</strong></td>
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<tr>
<td><strong>Exceptional findings (also see p. 16)</strong></td>
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<tr>
<td><strong>Blood group and subtype</strong></td>
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<td>(only for RH-neg.mother; no official document!)</td>
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<tr>
<td><strong>Direct Coombs test</strong></td>
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<td><strong>Child released (without problems) on</strong></td>
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<td><strong>Child transferred on</strong></td>
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<td><strong>Child died on</strong></td>
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Date of release examination: ___________________________ Signature/stamp: ___________________________
Abnormalities during puerperium

Gyn. findings normal

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

Requires treatment after pediatric examination U3

2. child (twin)

Died on

Examination date

Signature/stamp