



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

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)

1	2
3	4

My next checkup is on:

Date	Time	Date	Time

Surname: _____

First name: _____ Date of birth: _____

Place of birth: _____

(Name changes here:) Surname: _____

Place of residence: _____

Laboratory tests and rubella protection

Blood group

A B O

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: _____

Physician stamp

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: _____

Additional serological examinations, if applicable: _____

Physician signature

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

negative positive

Examination date: _____

Laboratory log number: _____

Physician signature and stamp

Antibody screening retest

negative positive, titre 1: _____

Examination date: _____

Laboratory log number: _____

Physician signature and stamp

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: _____

Physician signature and stamp

Screening for syphilis conducted

on: _____

Log number: _____

Physician signature and stamp

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

Antibody screening retest

negative positive, titre 1: _____

Examination date: _____

Laboratory log number: _____

Physician signature and stamp

Test for HBs antigen in serum

negative positive

Examination date: _____

Laboratory log number: _____

Physician signature and stamp

Information on prior pregnancies

Year	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):

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

Age _____ years Weight before pregnancy _____ kg Height _____ cm

Gravida _____ Para _____

A. Medical history and overall findings/first checkup

- | | | | |
|---|------------------------------|-----|-----------------------------|
| 1. Family history (e.g. of diabetes, hypertension, congenital anomalies, genetic disorders, mental illnesses _____) | yes <input type="checkbox"/> | 1. | no <input type="checkbox"/> |
| 2. Prior severe illnesses, (e.g. heart, lung, liver, kidneys, central nervous system, mental), if so, which _____ | <input type="checkbox"/> | 2. | <input type="checkbox"/> |
| 3. Susceptible to bleeding/thrombotic events | <input type="checkbox"/> | 3. | <input type="checkbox"/> |
| 4. Allergies, including to medications _____ | <input type="checkbox"/> | 4. | <input type="checkbox"/> |
| 5. Prior blood transfusions | <input type="checkbox"/> | 5. | <input type="checkbox"/> |
| 6. Special mental stress (e.g. family- or work-related) | <input type="checkbox"/> | 6. | <input type="checkbox"/> |
| 7. Special social stress (e.g. integration or financial issues) | <input type="checkbox"/> | 7. | <input type="checkbox"/> |
| 8. Rhesus incompatibility (in prior pregnancies) | <input type="checkbox"/> | 8. | <input type="checkbox"/> |
| 9. Diabetes mellitus | <input type="checkbox"/> | 9. | <input type="checkbox"/> |
| 10. Obesity | <input type="checkbox"/> | 10. | <input type="checkbox"/> |
| 11. Microsomia, small stature | <input type="checkbox"/> | 11. | <input type="checkbox"/> |
| 12. Skeletal abnormalities | <input type="checkbox"/> | 12. | <input type="checkbox"/> |
| 13. Under 18 years of age | <input type="checkbox"/> | 13. | <input type="checkbox"/> |
| 14. Over 35 years of age | <input type="checkbox"/> | 14. | <input type="checkbox"/> |
| 15. Multipara (more than 4 children) | <input type="checkbox"/> | 15. | <input type="checkbox"/> |
| 16. History of fertility treatment | <input type="checkbox"/> | 16. | <input type="checkbox"/> |
| 17. History of preterm birth (before the end of week 37) | <input type="checkbox"/> | 17. | <input type="checkbox"/> |
| 18. History of low-birth-weight infant | <input type="checkbox"/> | 18. | <input type="checkbox"/> |
| 19. History of 2 or more miscarriages/abortions | <input type="checkbox"/> | 19. | <input type="checkbox"/> |
| 20. History of previous stillbirth or neonatal death or baby with serious medical problems/impairment | <input type="checkbox"/> | 20. | <input type="checkbox"/> |
| 21. Complications during prior births
if yes, which _____ | <input type="checkbox"/> | 21. | <input type="checkbox"/> |
| 22. Complications post partum/in puerperium
if yes, which _____ | <input type="checkbox"/> | 22. | <input type="checkbox"/> |
| 23. History of Caesarian section | <input type="checkbox"/> | 23. | <input type="checkbox"/> |
| 24. History of other uterine surgery
if yes, which _____ | <input type="checkbox"/> | 24. | <input type="checkbox"/> |
| 25. Pregnancies in quick succession (less than 1 year) | <input type="checkbox"/> | 25. | <input type="checkbox"/> |
| 26. Other special circumstances
if yes, which _____ | <input type="checkbox"/> | 26. | <input type="checkbox"/> |

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%
(1000mg/l) or more |
| 33. Bleeding after 28th Week | 48. Moderate – severe oedema |
| 34. Placenta praevia | 49. Hypotension |
| 35. Multiple pregnancy | 50. Gestational diabetes |
| 36. Polyhydramnios | • Pretest conducted: yes/no abnormal: yes/no |
| 37. Oligohydramnios | • Diagnostic test conducted: yes/no abnormal: yes/no |
| 38. Uncertain expected date of delivery | 51. Abnormal engagement of fetal head |
| 39. Placental insufficiency | 52. Other special findings |
| 40. Cervical insufficiency | if yes, which _____ |
| 41. Preterm labor | _____ |
| 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

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: _____

	Date	Pregnancy week	Week if corrected	Fundal position	Foetal presentation	Foetal heart sounds/rate	Foetal movements Oedema Varicosis	Weight	BP syst./diast.	Hb count	Urinalysis/urine microscopy Protein Sugar (Nitrite) (Blood)	Vaginale Examination	Risk number (catagorie B)	Notes/treatment/measures
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														

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Remarks on catalogues A and B

(including measures taken)

Inpatient treatment during pregnancy

From/to	Hospital	Diagnosis	Treatment

Cardiotocographical findings

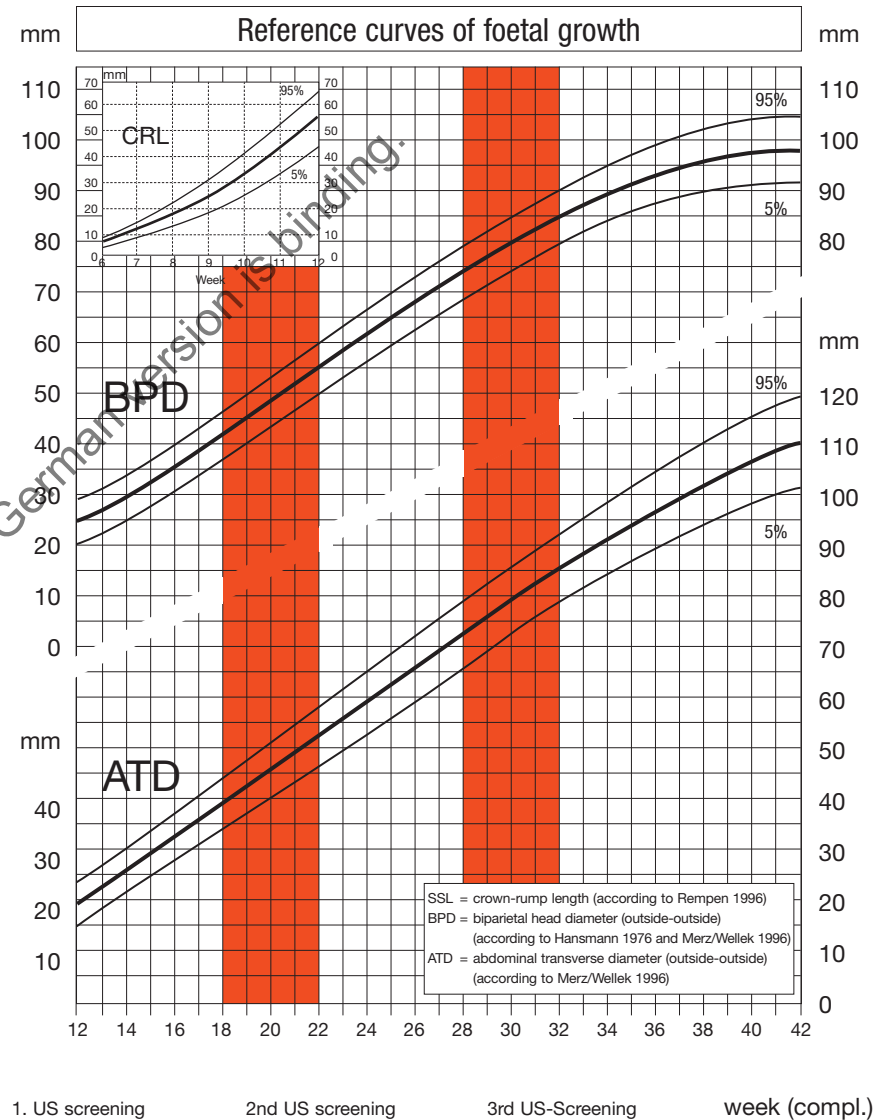
Date	In week	Assessment

ULTRASOUND EXAMINATIONS

Remarks:			(e.g. results from prior ultrasound examinations)						
Date	Week (acc. to LMP)	Week corrected	I. Screening 8 + 0 to 11 + 6 week	GS	CRL	BPD	Biometry I		
			Intrauterine: <input type="radio"/> yes <input type="radio"/> no Embryo visualized: <input type="radio"/> yes <input type="radio"/> no Heartbeat: <input type="radio"/> yes <input type="radio"/> no Multiple pregnancy: <input type="radio"/> no <input type="radio"/> yes Monochorionic: <input type="radio"/> no <input type="radio"/> yes Abnormalities: <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> checkup	Development according to gestational age: <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> checkup Consultative examination arranged: <input type="radio"/> no <input type="radio"/> yes					
					Remarks:				
Date	Week (acc. to LMP)	Week corrected	II. Screening 18 + 0 to 21 + 6 week	BPD	FOD/HC	ATD	APD/AC	FL	
			a) Single pregnancy: <input type="radio"/> yes <input type="radio"/> no Heartbeat: <input type="radio"/> yes <input type="radio"/> no Placenta location/structure: <input type="radio"/> normal <input type="radio"/> checkup Comments: Development according to gestational age: <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> checkup b) Head: Ventricular system abnormalities <input type="radio"/> yes <input type="radio"/> no Abnormal head shape <input type="radio"/> yes <input type="radio"/> no Cerebellum visualized <input type="radio"/> yes <input type="radio"/> no Neck and back: Irregularities of the dorsal skin contour <input type="radio"/> yes <input type="radio"/> no	Thorax: Abnormal heart/thorax ratio (visual diagnosis) <input type="radio"/> yes <input type="radio"/> no Heart on left side <input type="radio"/> yes <input type="radio"/> no Persistent arrhythmia during examination period <input type="radio"/> yes <input type="radio"/> no Four chamber view visualized <input type="radio"/> yes <input type="radio"/> no Torso: Contour interruptions on the frontal abdominal wall <input type="radio"/> yes <input type="radio"/> no Stomach visualized in the upper left abdomen <input type="radio"/> yes <input type="radio"/> no Urinary bladder visualized <input type="radio"/> yes <input type="radio"/> no					
					Checkpoint required for:				
					Amniotic fluid quantity: <input type="radio"/> no <input type="radio"/> yes Phys. development/foetal growth: <input type="radio"/> no <input type="radio"/> yes Consultative examination arranged: <input type="radio"/> no <input type="radio"/> yes				
					Remarks: Biometry II				
Date	Week (acc. to LMP)	Week corrected	III. Screening 28 + 0 to 31 + 6 week	BPD	FOD/HC	ATD	APD/AC	FL	
			Single pregnancy: <input type="radio"/> yes <input type="radio"/> no Foetal presentation: <input type="radio"/> yes <input type="radio"/> no Heartbeat: <input type="radio"/> yes <input type="radio"/> no Placenta location/structure: <input type="radio"/> normal <input type="radio"/> checkup Comments: Development according to gestational age: <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> checkup	Checkups required for Amniotic fluid quantity: <input type="radio"/> no <input type="radio"/> yes Phys. development/foetal growth: <input type="radio"/> no <input type="radio"/> yes Consultative examination arranged: <input type="radio"/> no <input type="radio"/> yes					
					Remarks: Biometry III				

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

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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)

Final examination/discharge summary

Age	<input type="text"/>	Single	<input type="checkbox"/>	German	<input type="checkbox"/>	other	<input type="text"/>		
Pregnancies (including this one)	<input type="text"/>	Births (including this one)	<input type="text"/>	First examination in week	<input type="text"/>				
Number of antenatal care examinations	<input type="text"/>	Presented in hospital before delivery	<input type="checkbox"/>	Hospitalized ante partum in weeks	<input type="text"/>				
Most important risk numbers documented (catalogue A/B, pages 5 and 6)									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date	<input type="text"/>	week	<input type="text"/>	Out of hospital birth	<input type="checkbox"/>	yes	<input type="checkbox"/>		
Birth	1. child			2. child (twin)					
	Live birth	<input type="checkbox"/>	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>		
	Gender	m	f	m	f				
	Mode of birth	V	CS	Assisted	V	CS	Assisted		
				vag. birth			vag. birth		
	Foetal presentation	CP	BP	TP	CP	BP	TP		
	Weight	<input type="text"/>	<input type="text"/>	g	<input type="text"/>	<input type="text"/>	g		
	Head length/ circumference	<input type="text"/>	/	<input type="text"/>	cm	<input type="text"/>	/	<input type="text"/>	
	Appgar score 5'/10'	<input type="text"/>	/	<input type="text"/>		<input type="text"/>	/	<input type="text"/>	
	pH level (umbilical artery)	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>			
Congenital anomalies	yes	no		yes	no				
Special findings _____									
Puerperium normal	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Gyn. findings normal	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Hb	<input type="text"/>	BP	<input type="text"/>	/	<input type="text"/>				
Anti-D prophylaxis	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Mother advised on sufficient iodine intake while nursing	<input type="checkbox"/>			
Exceptional findings (also see p. 16) _____									
Puerperium	1. child			2. child (twin)					
	Blood group and subtype (only for RH-neg.mother; no official document!)	A	B	O	AB	A	B	O	AB
		Rh pos.	Rh neg.			Rh pos.	Rh neg.		
	Direct Coombs test	neg.	pos.			neg.	pos.		
	Child released (without problems) on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child transferred on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child died on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Abnormalities during puerperium _____

Gyn. findings normal

yes

no

Hb

g %

RR

/

Urine

Sugar pos.

Protein pos.

Urinalysis

normal

Special findings _____

Mother is breastfeeding

Did not breastfeed

Has weaned child

2. examination after delivery (6th-8th week)

Child: Examination U3 conducted

1. child

yes

no

2. child (twin)

yes

no

Is alive and healthy

yes

no

yes

no

Requires treatment after pediatric examination U 3

yes

no

yes

no

Died on

Examination date

Signature/stamp