

12. Intended place of birth	Alternate place of birth (Hospital)
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14. Age	Pre-pregnant weight (KG)	Height (CM)	LMP (DD/MM/YYYY)	Confirmed EDD (DD/MM/YYYY)
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15. Potential or Actual Concerns:
Lifestyle
Pregnancy
Labour
Breastfeeding
Postpartum
Newborn

### 16. SYMPHYSIS - FUNDUS HEIGHT (cm)

Use a soft tape measure (cm)  
Top of symphysis to top of fundus

**GESTATION AGE (WEEKS)**

16 18 20 22 24 26 28 30 32 34 36 38 40

15 20 25 30 35 40

10% 50% 90%

LARGE FOR DATES  
OR TWINS

SMALL FOR DATES

### 17. Second & Third Trimester Topics Discussed

<input type="checkbox"/> Call schedule	<input type="checkbox"/> Preterm labour	<input type="checkbox"/> Hospital admission	<input type="checkbox"/> Doula	<input type="checkbox"/> Breastfeeding
<input type="checkbox"/> Risks/benefits of planned or use of blood/blood products	<input type="checkbox"/> Birth plan	<input type="checkbox"/> VBAC	<input type="checkbox"/> Newborn screening: bloodspot/hearing	<input type="checkbox"/> Infant safe sleep
<input type="checkbox"/> Pain management	<input type="checkbox"/> Cesarean			<input type="checkbox"/> Infant car seats

### 18. Other Investigations & Comments

1st US (DD/MM/YYYY)

GA by US (WEEKS + DAYS)

If maternal prenatal screen above cut-off, amnio: ☐ Yes ☐ No

SIGNATURE: \_\_\_\_\_

MD/MW \_\_\_\_\_