

VICTORIAN MATERNITY RECORD

WRITE WOMAN'S NAME AND
UR NUMBER OR FIX ID LABEL HERE

THIS RECORD IS CONFIDENTIAL

If found, please return **URGENTLY** to:

TODAY'S DATE / /

Your details

Preferred name

Age DOB / /

Cultural background

Interpreter required

Language Y/N

Aboriginal/Torres Strait Islander Y/N

Occupation

Your partner/contact person

Partner's name

Contact person (if different)

Relationship

Your preferred pregnancy care option

Your option/type of pregnancy care is called

Recommended care option Completed by carer

Completed after assessment and discussion

This woman is suitable for low risk models of care/Shared maternity care Y/N

Carer's name/team/clinic

Planned place for birth Booked Y/N

CARER RECOMMENDATION NOT TO CARRY RECORD []

Signature / /

Shared care provider details

Shared care Doctor/Midwife

T: F:

Doctor or Family GP [If not same as Shared care Doctor]

T: F:

Shared care stopped on / /
Reason

WARNING SIGNS: IF YOU HAVE ANY OF THESE SYMPTOMS PLEASE CONTACT YOUR MIDWIFE OR DOCTOR IMMEDIATELY
STOMACH PAINS, VAGINAL BLEEDING, MEMBRANES [WATERS] BROKEN, SEVERE OR PERSISTENT HEADACHES, CONSTANT ITCHING, OR IF YOUR BABY'S MOVEMENTS REDUCE IN LATE PREGNANCY

EMERGENCY TELEPHONE ☎

ALERTS

MANAGEMENT PLAN

HEALTH ASSESSMENT MATERNITY HISTORY & EXAMINATION

WOMAN'S NAME

UR NUMBER

Age DOB / /

Contraception method before pregnancy

Stopped on / /

Assisted conception Y/N

Conception method

Menstrual cycle

Last period / /

Regular Irregular Unsure

Days in cycle EDB Menstrual / /

EDB Ultrasound / / at weeks

AGREED DUE DATE / /

Past pregnancies/Obstetric history

Any operative delivery/complications, gestational diabetes, fetal abnormality, problems in first 6 weeks, pre-eclampsia?

G P

Year	Gestation	Place	Type of labour	Type of birth	Outcome	M/F	Birth weight	Length of B/F	Comments/Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	Spont/Ind	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> g	<input type="text"/>	<input type="text"/>
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[] Comments <input type="text"/>									

Gynaecological history Any gynaecological complications or problems eg fertility problems, circumcision, infections/STI's, bleeding, incontinence (urine or faeces)?

Comments

Medical and surgical history Any medical problems eg hypertension, diabetes, epilepsy, asthma, blood clots/bleeding disorders, heart, liver, kidney, thyroid or back? Any operations or problems during operations eg with anaesthetics or blood transfusion?

Comments

Nutrition/supplements Vegetarian/vegan/intolerance-fructose, lactose, gluten/vitamin B12/multi-vitamin/vitamin E?

Comments

HEALTH ASSESSMENT MATERNITY HISTORY & EXAMINATION

Allergies

Comments

Medications

Comments

Family health

Has anyone in your family or baby's fathers family had: Asthma/diabetes/mental illness/depression/high blood pressure/eclampsia/thrombosis [blood clots]/any disability; A disease that runs in families/abnormalities at birth/consanguinity/stillbirth or multiple miscarriage/hip problems/hearing loss from childhood/learning difficulties?

Comments

Mental health history: Anxiety/depression, postnatal depression, other psychiatric disorders, (including partner)?

Comments

Social/Other: Any disabilities [physical or learning], eating disorders? Work/home/social relationships/domestic situations? Contact with DHS/accommodation issues/financial concerns etc?

Comments

Alcohol/Substance use

Do you drink alcohol? Y / N How many standard drinks per week before pregnancy?

How many standard drinks per week currently?

Have you used drugs such as heroin, cannabis, ecstasy, speed, methadone etc?



Comments

Are you receiving treatment? Y / N Where/what?

Smoking assessment

Have you smoked within the last 12 months? Y / N If **NO**, no further assessment is required. If **YES**, complete assessments **page 5**.

Physical examination This examination will vary depending on your history. Your Doctor/Midwife **will** check heart, lungs, breasts/nipples, abdomen.

Weight kgs Height cms BMI = BP /

Comments

Referrals

Date	Name	Specialist	Place	Reason
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Print name	Signature	Designation	Date	Initial
<input type="text"/>				
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TESTS AND INVESTIGATIONS IN PREGNANCY

Please provide copies of pathology
or radiology reports for inclusion in the VMR

WOMAN'S NAME

UR NUMBER

Explained
Consent by mother

TESTS Recommend

			Request by (Initial)	Date	Reviewed by (Initial)	Review date	Comments
	FBE (note MCV)	Booking		/ /		/ /	
	Blood group	Booking		/ /		/ /	
	Antibodies	Booking		/ /		/ /	
	Urinalysis/MSU	Booking		/ /		/ /	
	Hepatitis B	Booking		/ /		/ /	
	Syphilis	Booking		/ /		/ /	
	Rubella	Booking		/ /		/ /	
	HIV/AIDS	Booking		/ /		/ /	
	1st trimester combined screening	11-12wks		/ /		/ /	
OR	MSST	14-20wks		/ /		/ /	
	Ultrasound	18-20wks		/ /		/ /	
	2nd trimester FBE	25-30wks		/ /		/ /	
	GCT/GTT	25-30wks		/ /		/ /	
	If Rh D-ve:			/ /		/ /	
	Antibodies	28/40wks		/ /		/ /	
	Anti D 28/40 given @			/ /		/ /	
	Anti D 34/40 given @			/ /		/ /	
	GBS	36-38wks		/ /		/ /	

SAMPLE ONLY

Consider recommending

See the 'Guide to test and investigations' for an explanation of these tests.

	Pap test	Booking		/ /		/ /	
	Hepatitis C	Booking		/ /		/ /	
	Vitamin D	Booking		/ /		/ /	
	Ferritin	Booking		/ /		/ /	
	Thalassaemia	Booking		/ /		/ /	
	Ultrasound	10-13wks		/ /		/ /	
	3rd trimester FBE	36-38wks		/ /		/ /	
	CVS			/ /		/ /	
	Amniocentesis			/ /		/ /	

Print name	Signature	Designation	Date	Initial
1				
2				

Explained
 Consent by modifier

Additional tests and investigations

Request by (Initial)	Date	Reviewed by (Initial)	Review date	Comments
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	

YOUR PROGRESS THROUGH PREGNANCY

VISIT 1 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									
Comments									
Print name			Signature			Designation		Interpreter used Y/N	

VISIT 2 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									
Comments									
Print name			Signature			Designation		Interpreter used Y/N	



SMOKING ASSESSMENT

GESTATION
 Have you smoked within the last 12 months **Y/N**

If **Yes** complete assessments

SMOKING ASSESSMENT AT BOOKING VISIT

Which of these statements best describes your current smoking?

- I am not smoking and haven't in this pregnancy
- I quit smoking since finding out I was pregnant
 Date quit / /
- I started smoking again
 No. of cigarettes per day
- I am smoking the same/more
 No. of cigarettes per day
- I am smoking less
 No. of cigarettes per day

Does your partner smoke? **Y/N**
 Would your partner like information about quitting? **Y/N**

Which of these statements best describes your smoking behaviour stage: **Y/N**

- Not interested in quitting
- Thinking about quitting
- Preparing to quit
- Recently quit
- Relapse/Slip up

Written resources given
 Declined Consented Date given / /

Quitline referral faxed
 Declined Consented Date faxed / /

Ask again Please complete at every visit for smokers and recent quitters.

YOUR PROGRESS THROUGH PREGNANCY

WOMAN'S NAME _____

UR NUMBER _____

VISIT 3 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N

VISIT 4 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N

VISIT 5 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N

VISIT 6 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N



SMOKING ASSESSMENT

GESTATION

Which of these statements best describes your current smoking?

- I am not smoking and haven't in this pregnancy
- I quit smoking since finding out I was pregnant

Date quit / /

- I started smoking again No. of cigarettes per day
- I am smoking the same/more No. of cigarettes per day
- I am smoking less No. of cigarettes per day

YOUR PROGRESS THROUGH PREGNANCY

VISIT 7 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N

VISIT 8 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N

VISIT 9 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N

VISIT 10 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N



SMOKING ASSESSMENT

GESTATION

Which of these statements best describes your current smoking?

- I am not smoking and haven't in this pregnancy
- I quit smoking since finding out I was pregnant

Date quit / /

I started smoking again

I am smoking the same/more

I am smoking less

No. of cigarettes per day

No. of cigarettes per day

No. of cigarettes per day

YOUR PROGRESS THROUGH PREGNANCY

WOMAN'S NAME _____

UR NUMBER _____

VISIT 11 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N

VISIT 12 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N

VISIT 13 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N

VISIT 14 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N



SMOKING ASSESSMENT

GESTATION

Which of these statements best describes your current smoking?

- I am not smoking and haven't in this pregnancy
- I quit smoking since finding out I was pregnant

Date quit / /

I started smoking again

I am smoking the same/more

I am smoking less

No. of cigarettes per day

No. of cigarettes per day

No. of cigarettes per day

YOUR PROGRESS THROUGH PREGNANCY

VISIT 15 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N

VISIT 16 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N

VISIT 17 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N

VISIT 18 DATE	GESTATION	BLOOD PRESSURE	FUNDAL HEIGHT	FHR	FM	PRESENTATION & STATION	NEXT VISIT	URINALYSIS	OTHER
/ /									

Comments

Print name

Signature

Designation

Interpreter used Y/N



SMOKING ASSESSMENT

GESTATION

Which of these statements best describes your current smoking?

- I am not smoking and haven't in this pregnancy
- I quit smoking since finding out I was pregnant

Date quit / /

I started smoking again

I am smoking the same/more

I am smoking less

No. of cigarettes per day

No. of cigarettes per day

No. of cigarettes per day

ADDITIONAL NOTES These notes document additional care or management that doesn't fit into the history or progress notes sections eg extra visits (more than 12), specialist care for clinical or lifestyle reasons, emergency or day admissions.

WOMAN'S NAME _____

UR NUMBER _____

G

P

EDB

/ /

Blood Group

Date /Gest

Notes

Name/Signature/
Designation

SAMPLE ONLY

Referrals

Date	Name	Specialist	Place	Reason
/ /				
/ /				
/ /				
/ /				

ADDITIONAL NOTES These notes document additional care or management that doesn't fit into the history or progress notes sections eg extra visits (more than 12), specialist care for clinical or lifestyle reasons, emergency or day admissions.

WOMAN'S NAME _____

UR NUMBER _____

G

P

EDB

/ /

Blood Group

Date /Gest

Notes

Name/Signature/
Designation

SAMPLE ONLY

Referrals

Date

Name

Specialist

Place

Reason

/ /

/ /

/ /

/ /

LABOUR & BIRTH SUMMARY

WOMAN'S NAME

UR NUMBER

Admission / / Time

Attended by [Accoucher]

Also present

Labour

Spontaneous	Labour established	/ /	Time	1st stage =	hrs	mins
ARM	Membranes ruptured	/ /	Time	2nd stage =	hrs	mins
Indication	2nd stage (pushing) began	/ /	Time	3rd stage =	hrs	mins
Augmented/Oxytocin	Gave birth	/ /	Time	Total hrs =	hrs	mins
No labour	3rd stage (placenta out) end	/ /	Time			

Comments

Induction details

Indication/Reason

Prostin ARM Oxytocin

Pain relief used

None Pethidine
 N:O+O: Spinal
 Epidural General
 Pudendal Spinal epidural
 TENS Perineal infiltration
 Sterile water injections

Medications given Y/N

Antibiotics Y/N specify

Other Y/N specify

Fetal monitoring

Y/N If yes, Auscultation Sonicaid CTG

Comments

Birth

Vx/Cephalic Breech Transverse

Normal Forceps Ventouse Breech

Emergency/Elective Caesarean

Indication/Reason

Complications after birth

Liquor

Clear Blood stained
 No liquor Meconium stained

Placenta details

Mode of delivery

Spontaneous Fundal pressure
 Manual removal Controlled cord traction

Complete Incomplete Abnormalities

Membranes Complete Incomplete

Cord

Number of vessels Insertions

Complications

Cord around neck Y/N Cord blood taken Y/N

Stem blood taken Y/N

Blood loss

Estimated Measured mls
 before with
 after placenta came out

Blood transfusion units given

Perineum Intact Tear 1 2 3 4

Episiotomy Y/N Sutured with

Sutured by

Other

Name Signature Designation
 Date / /

BABY SUMMARY

Name of baby

Born at / / Time

Alive Stillborn Gestation wks

Gender M F Blood Group

Name label attached by

Vit K given Y/N Time

Hep B given Y/N Time

Weight kgs Length cms

Head circumference cms

Established respirations (breathing) at Time

Resuscitation

Suction O₂ Bag & mask IPPV
Other

Apgar details and score

	1min	5min	min
Heart rate			
Respiratory effort			
Muscle tone			
Reflex response			
Colour			
Total			
Passed urine Y/N		Passed meconium Y/N	

Feeding/skin contact

Skin contact within 30mins Y/N Duration mins

First feed / / Time
 Breastfeeding fully
 Breastfeeding partially artificial
 Formula
 Expressed breast milk

First breastfeed within 30mins Y/N

Name

Signature

Designation

Date / /

Perinatal transfer

Mother Baby Transferred during pregnancy Labour and birth Postnatal

Transferred from

Length of time involved in transfer

Care transferred Y/N

If yes, date / / Time

Internal External
Transfer to

Postnatal transfer planned Y/N
to

If yes, date / / Time

Accompanied by Midwife Doctor
Other [specify]

FOR DOCTORS AND MIDWIVES

Give the VMR to women at their first visit after the pregnancy is confirmed. Ask her to read the instructions. Remind her to bring her VMR to every visit.

Discuss it at the first visit. If a woman does not want to carry it or you recommend that she does not carry it (as may occur in situations of homelessness or mental illness), document on p1. Continue to use the VMR but keep it with your records. Women in Shared Care arrangements must be willing to carry the VMR throughout pregnancy.

Complete history, order tests and investigations and Visit 1

In some places this is done by the same doctor or midwife at the one appointment, at others it is completed by different people at the same appointment or by different people over several appointments. You must routinely add copies of pathology or radiology reports to the VMR.

Write in it/add to progress notes at every subsequent visit. Fill out the information in the space provided unless you/your health service have chosen to attach information eg antenatal progress notes from Medical Director or BOS, or preadmission information.

Sign it at every visit.

RECOMMENDED DISCUSSIONS FOR EARLY-MID PREGNANCY ✓

ORGANISING YOUR CARE

- Pregnancy record
- Options for pregnancy care and giving birth [outline]
- Schedule of visits [7-10 average; flexible]
- Childbirth education [book]
- Hospital/community supports
- Students/Research project
- How and when to seek help

HEALTHY LIFESTYLE

- Social supports, home/work situation
- Adjustment to pregnancy
- Relationship with partner and family
- Special requests/cultural needs
- Exercise/rest
- Diet/folate/vitamins [Listeria/fish/toxoplasmosis]
- Common problems in pregnancy [what to do?]
- Alcohol and drug use

TESTS AND INVESTIGATIONS

- Tests/results in pregnancy
- Genetic screening
- Where to find information

Great information is found at **'Having a baby in Victoria'** website www.health.vic.gov.au/maternity in English, Croatian, Vietnamese, Arabic, Spanish, Macedonian and Chinese.

RECOMMENDED DISCUSSIONS FOR MID-LATE PREGNANCY ✓

PREPARING FOR LABOUR AND BIRTH

- Your experience of birth/birth plan
- What to expect
- What to bring
- Early labour
- When to call/come in
- Managing pain
- Positions in labour and birth
- If there are complications; what to expect
- Monitoring your baby's health
- Support in labour and birth

AFTER YOUR BABY IS BORN

- Immediate care of your baby
- Newborn baby check
- Baby tests [NBST, Vitamin K, Hep B]
- Caring for your body
- Length of stay at hospital
- Feeding your baby**
- Benefits and management
- I plan to breastfeed/formula feed
- Issues that impact on your ability to breastfeed
- Breastfeeding info and advice given**

TAKING CARE OF YOURSELF AND YOUR BABY AT HOME

- Your health, what to look for/PND
- Exercise and rest
- Contraception and sexuality
- Your 6 week checkup
- Support at home
- Visits at home
- Maternal and Child Health Service
- Community supports for you
- Child safety/car restraints
- Newborn behaviour/care
- Sick newborn babies, what to look for/SIDS.

RECOMMENDED DISCUSSIONS FOR GOING HOME/POSTNATALLY ✓

TAKING CARE OF YOURSELF AND BABY

- Living arrangements [record change of address]
- Support at home [for how long?]
- Adjusting to parenthood
- Caring for others/ relationships [childcare/ other adults/contraception]
- Housework [cooking/ cleaning/lifting/shopping]
- Cultural preferences/special plans
- Symptoms requiring medical advice
- Settling techniques
- Follow-up arrangements, and appointments
- Baby feeding
- Wound care

- Support services available
- Diet/exercise/rest
- Alcohol/drug use
- Contraceptive advice
- SIDS

SMOKING ASSESSMENT AFTER BIRTH

Which of these statements describes your current smoking? ✓

- I am not smoking and haven't in this pregnancy
- I started smoking again
- I am smoking less
- I am smoking same number/more

Does your partner/another member of your household smoke? Y / N

Assess to quit or cut down:

- Not interested [give resources]
- Thinking about it [give resources, discuss concerns/reasons to quit]
- Preparing to quit [set date, supports]
- Recently quit [Review, reinforce]

Assist

QUIT info given to woman Y / N

Given to partner Y / N

Date / /

GLOSSARY

The meaning of words used in this record

You can find full, clear explanations and information on how and why tests and investigations are offered to you in the consumer information book that comes with this record – or go to www.health.vic.gov.au/maternity

Accoucheur Person who helps you give birth.

AF Artificial feeding.

Amniocentesis Sample of fluid from around the baby obtained via fine needle into womb. This test detects genetic abnormalities.

Anti D Injection given to Rhesus negative mother's to prevent Rhesus disease in her baby.

Apgar score A scoring system to check your baby's health. Measured at 1 and 5 minutes after birth.

ARM Artificial Rupture of Membranes. When your midwife or doctor breaks the bag around the baby and lets out the water surrounding the baby to bring on your labour.

Auscultation Listening to your baby's heartbeat.

BMI Body mass index is a guide to whether you are a health weight for your height. It is calculated by dividing your weight by the square of your height.

BF Breastfeeding.

BP Blood pressure.

Caesarean when the baby is delivered by the doctor cutting into the uterus through your tummy.

Cervix Opening of the womb into the vagina. Sometimes called the neck of the womb.

Colostrum the first milk. Is what the breastfed baby receives in the first few days following birth. It is especially important and provides nutrition and protection for the baby against infectious diseases.

Combined screening the results from a blood test and an ultrasound are combined with your age to determine your baby's risk for Down Syndrome.

Consanguinity describes a relationship between two people who share a common ancestor: a 'shared blood' relationship or marriage between first cousins.

CTG Cardiotocograph. Monitors the baby's heartbeat and your contractions in pregnancy and labour.

Domiciliary means 'at home', usually refers to home visits.

EDB Estimated date of birth. Also known as estimated birth date (EBD) and estimated date of delivery (EDD).

Epidural An injection into your back that numbs the lower part of your body and relieves pain in labour and birth.

Episiotomy an incision of the perineum (tissue between the vagina and the anus) to enlarge the vaginal opening during birth. This is stitched following the birth.

Ex Examination.

FBE Full blood examination. A blood test that checks for many different things including anaemia [low iron] and infection.

FHR Fetal heart rate.

FM Fetal movement.

Forceps a special instrument placed around the baby's head, inside the vagina to help guide the baby out during delivery.

Fundal height Size of your uterus [womb] - a measure of your baby's growth.

G Gravida, the number of times you have been pregnant.

GCT/GTT Blood tests to see how your body is using sugar. A GCT stands for glucose challenge test. A GTT stands for glucose tolerance test.

Genetic inherited, hereditary.

Gestation The number of weeks you have been pregnant.

Group B Streptococci (GBS) refer 'A guide to tests and investigations' booklet.

Hep B/HepBsAg Blood test for Hepatitis B/Hepatitis B surface antigen.

Hep C Hepatitis C.

HIV The virus that can lead to AIDS.

Hx History.

Hypertension High blood pressure.

Incontinence Loss of bladder or bowel control.

Induction of labour labour brought on using a synthetic version of the hormone [oxytocin] that starts contractions.

Meconium Babies first bowel motion.

Midwife a professional who, in partnership with women provides care, education and support.

MSST Maternal serum screening test, a blood test that screens for risk of abnormalities.

MSU Mid stream urine test to check for infection that can lead to early labour.

NICU Neonatal intensive care unit. Where very sick newborn babies are cared for.

Nitrous oxide a gas mixed with oxygen used in birth to help with pain relief.

NST New born screening test.

NVD Normal vaginal delivery (birth).

Obstetrician a specialist doctor with extra qualification and training in pregnancy and birth.

Oedema Swelling usually of ankles, feet or face.

Oxytocin A hormone used to start labour, speed labour up or reduce bleeding after your baby is born.

P Para, the number of times you have given birth.

Pap smear test refer 'A guide to tests and investigations' booklet.

Perineum The muscles and skin between your vagina and anus that are stretched during birth.

Pethidine A strong pain killer that maybe used in labour.

Placenta Also called the 'after birth'.

PND Post natal depression.

PPH Post partum haemorrhage or too much blood lost after the baby is born.

Pre-eclampsia a condition of pregnancy characterised by high blood pressure and protein in the urine.

Premature a baby born before 37 weeks of gestation.

Presentation The part of the baby that is coming first in the birth canal. Breech, your baby's presentation is bottom down. Cephalic, your baby's presentation is head down.

Rubella German measles virus.

Rx Treatment.

SCN Special care nursery. A part of the hospital where sick or small babies are cared for.

Shared care care shared between hospital and community carers eg midwife or doctor.

SROM spontaneous rupture of membranes.

STI Sexually transmitted infection.

US Ultrasound scan to estimate your baby's age or look at baby's anatomy.

Vacuum extraction a procedure used to assist the birth of the baby by using gentle suction on the baby's head. Also called ventouse.

VBAC Vaginal Birth After Caesarean.

VE Vaginal examination.

Vit K Vitamin K, a medicine called Konakion is given to your baby to prevent a very rare bleeding disorder.

VX Vertex, your baby lying head down.

