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| KING SAUD UNIVERSITY  NURSING COLLAGE  MATERNITY AND CHILD HEALTH NURSING DEPARTMENT  MATERNITY SECTION |
| aNTE NATAL RECORD  NORMAL ( 325 NUR) |
|  |

**Hospital name:**

**Report No:**

**Date:**

**Student name:**

**Student ID:**

**Record grade:**

**Clinical instructor name:**

**Signature:**

**Date:**

**Prepared by: L. Reem AL-Orf**

**Antenatal record ( NUR 325 )**

**Student name: ID number:**

**Record number: Record date:**

Personal data

**Mother's name: Age:**

**Occupation: Education level:**

**Nationality: No of family member:**

**Consanguinity**: Yes / No **House helper:** Yes / No

**House condition**: Apartment/ Villa / Tent **No of room:**

Medical and surgical history:

**Heart disease:** Yes / No If yes how it treated:

**Hypertension:** Yes / No If yes how it treated:

**Diabetes:** Yes / No If yes how it treated:

**Asthma:** Yes / No If yes how it treated:

**Anemia:** Yes / No If yes how it treated:

**Thyroid problems:** Yes / No If yes how it treated:

**TB:** Yes / No If yes how it treated:

**Mental disorder:** Yes / No **Multiple pregnancy:** Yes / No

**Congenital anomalies:** Yes / No **Malignancies:** Yes / No

**Allergies, Medication sensitivity:** Yes / No **Type:**

**Operations/ Accident: Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Blood transfusion: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication taken:** Yes / No **Reason: Type:**

**Others specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Family history:

**Heart disease:** Yes / No  **Hypertension:** Yes / No

**Diabetes:** Yes / No **Asthma:** Yes / No

**Anemia:** Yes / No  **Thyroid problems:** Yes / No

**Mental disorder:** Yes / No **Multiple pregnancy:** Yes / No

**Congenital anomalies:** Yes / No **Malignancies:** Yes / No

**TB:** Yes / No **Others:**

Menstrual history: **Menarche:**  Years.

**Rhythm:** Regular / Irregular **Duration/Period:** Days.

**Cycle/ Interval:** Days. **Quantity:** Pads/Day.

**Associate complaints:** Yes /No **Specify:**

Family planning history: Yes / No If Yes

**Method:**\_\_\_\_\_\_\_\_\_\_\_ **Duration:**\_\_\_\_\_\_\_\_\_\_\_

**Cause of termination:** Caused complication / To get pregnant / Pregnant during taken

Obstetric history:

**Gravidity: Parity: Abortion:**

**Term: Preterm: Post term:**

**No of living children: No of normal labor:**

**No of abnormal labor: Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complication during labor:** Yes / No **Specify:**

Present history:

**LMP: EDD: GA: weeks Reason of visit:**

**Present complaints:**

**Mother's reaction toward present pregnancy:**

Planned & wanted/ Unplanned & wanted /Unwanted

**Antenatal risk Assessment**

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| **Part C – Problem in current pregnancy**  Diagnosis of large for date  Diagnosis of small for date  Polyhydramnios or oligohydramnios  Multiple pregnancy  Malpresentation  Membranes ruptured before 37 weeks  Bleeding < 20 weeks  Bleeding > 20 weeks  Gestational hypertension  Proteinuria > 1+  Gestational diabetes  Blood antibodies (Rh, Anti C , Anti K , etc)  Aneamia ( Hgb < 100 g per L)  Pregnancy > 41 weeks  Poor weight gain ( 26 – 36 weeks < 0.5 kg / week or weight loss)  Smoker – any time during pregnancy | **Score**  2  3  2  3  3  2  1  3  2  1  1  3  1  1  1  1 | **Part A Pre – Pregnancy**  Age < 17 at delivery  Age > 35 at delivery  Weight > 91 kg  Weight < 45 kg  Height < 152 cm  **Diabetes**  Controlled be diet only  Insulin used  Retinopathy documented  **Heart disease**  Asymptomatic ( no effect on daily living)  Symptomatic (effects on daily living)  **Hypertension**  140/90 or greater  Antihypertensive drugs  Chronic renal disease  Other medical disorder e.g. epilepsy | **Score**  1  2  1  1  1  1  3  3  1  3  2  3  2  1 |
| **Part D – other risk factor**  Major fetal anomaly  Acute medical disorder ( acute asthma . thyrotoxicosis. UTI, etc)  Cervical surgery  Substance use  Alcohol > 3 drinks during pregnancy  Alcohol > 1 drink per day throughout pregnancy  Drug dependent | **Score**  3  3  3  3  3  3 | **Part B – Past obstetrical history**  Neonatal death (s)  Stillbirths ( s )  Abortion between 12 to 20 weeks and under 500 grams birth weight  Delivery at 20 – 37 weeks  Cesarean section  Small for dates – 5th %  Large for dates – 95 %  RH isoimmunization – unaffected infant  RH isoimmunization – affected infant  Major congenital anomaly e.g. choromosomal , heart , CNS defects | Score  3  3  1  1  2  1  1  1  3  1 |

**Low risk = 0 – 2**

**Moderate risk = 3 – 6**

**High risk = > 7**

**Patient score:**

**She is:** Low risk / Moderate risk / High risk

Investigation

Urine analysis for: Sugar: \_\_\_\_\_\_\_\_\_ Albumen \_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood analysis for : Hgb: \_\_\_\_\_\_\_\_\_\_ Blood group:\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ultrasonography: Done / Not done GA: \_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_

**Examination:**

**Date: Time :**

Weight:\_\_\_\_\_\_\_ kg. Height: \_\_\_\_\_\_ cm.

**Vital signs:**

T: \_\_\_\_\_\_ C. P:\_\_\_\_\_\_\_\_ b/m. R:\_\_\_\_\_\_ b/m B.P :\_\_\_\_\_\_\_\_ mmHg

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| **Fundus**  **palpitation** | **Level of fundus** | **Lie** | **Position** | **Presentation** | **Attitude** | **FHR** |
| Firm  Laxed  Tenderness | **\_\_\_**  **SP**  **\_\_\_**  **U**  **\_\_\_**  **X** | Longitudinal  Oblique  Transverse | (LOL)  (ROL)  (LOA)  (ROA)   (LOP)   (ROP) | Face  Brows  Vertex  Breach  Shoulder | Complete flexion  Moderate Flexion  Poor flexion  Hyperextended | **+**  **\_\_\_b/m** |

**Comment:**

**24 – HOUR RECALL FORM AND FOOD GROUP EVALUATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FOOD AND FLUID INTAKE FROM TIME AWAKENING UNTIL THE NEXT MORNING | | | | | | | |
| TIME | FOOD & DRINK CONSUMED | | NUMBER OF SERVINGS IN THE FOOD GROUPS | | | | |
| MILK GROUP | MEAT GROUP | FRUITS & VEGEATABLE | BREAD & CEREALS | FATS & SWEETS |
| NAME & TYPE | AMOUNT |
|  |  |  |  |  |  |  |  |
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| TOTALS | | |  |  |  |  |  |

**ONE SERVING IN EACH GROUP**

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| BREAD & CEREALS | FRUITS & VEGEATABLE | MEAT GROUP | MILK GROUP | FATS & SWEETS |
| **1** slice of bread  **1/2** cup of rice, cooked cereal or pasta  **1** cup of ready-to-eat cereal  **1** flat tortilla | **1** cup of raw leafy vegetables  **1/2** cup of other vegetables, cooked or raw  **3/4** cup of vegetable juice  One medium apple, orange or banana  **1/2** cup of chopped, cooked or canned fruit  **3/4** cup of fruit juice | One egg  **2** tablespoons of peanut butter  **1/2** cup cooked dry beans  **1/3** cup of nuts | One serving of milk or yogurt is **1** cup  **1** sclid of cheese  **1** pice as big as play cards of meat or chicken | **1** teaspoon of olive oil , butter , margarine. |

**RECOMMENDED NUMBER OF SERVINGS DAILY**

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| --- | --- | --- | --- | --- | --- |
|  | BREAD & CEREALS | FRUITS & VEGEATABLE | MEAT GROUP | MILK GROUP | FATS & SWEETS |
| PREGNANCY OR LACTATING | 6 – 11 | 3 – 5 | 2 – 3 | 3 – 4 |  |
| AMOUNT |  |  |  |  |  |
| EVALUATON  L = LOW  A = ADEQUATE  E = EXCESSIVE |  |  |  |  |  |
| MOTHER TOTAL |  | | | | |