

Pregnancy Information Form

Your maternity health professional will ask you questions when booking you for care with them. It can help with the process to write down some information about yourself and your health, what you want, and any questions you have.

This is a guide to possible questions you may be asked. If you add your personal information to this form or print it, please keep the information confidential to yourself or only disclose it to others or your LMC with your consent.

Pregnant mothers (maternal) family name:

Given names:

Date of birth:

Address/contact details:

NHI (hospital number if known):

Ethnicity:

Mothers country of birth:

Language spoken (state if you need an interpreter):

**Eligibility for free maternity services – NZ citizen or permanent resident:
(Passport documentation required)**

If you are a New Zealand citizen, have permanent residency for two or more years, or are eligible through other criteria under the [Eligibility Direction](#) then most maternity care is free. A situation where there may be a cost is: childbirth education classes, and some tests or ultrasound scans done privately.. Private obstetricians and private maternity hospitals will charge. Visit the MOH site via this link for more information.

<http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-healthservices-maternity>

Occupation:

Father of baby:

Fathers country of birth:

Planned place of birth of your baby:

Lead Maternity Carer (LMC) and contact details:

A Lead Maternity Carer (LMC) coordinates maternity care for pregnant women. Click on the following link to see what care you can expect at different stages during your pregnancy from a midwife. <http://www.midwife.org.nz/index.cfm/1,133.html>

GP (General Practitioner) and contact no:

Maternal History

Education – at what level you left school : primary, secondary, tertiary:

List any benefits you are on presently:

DPB:

Sickness:

Unemployment:

Other:

Smoking (number of cigarettes per day):

Alcohol (glasses/week):

Any other substances:

Surgical History (list any operations you have had there dates and any complications during them):

Height:

Weight (non pregnant and present):

Past Medical History

For definitions of medical terms

<http://medical-dictionary.thefreedictionary.com/>

Wikipedia, the free encyclopedia <http://en.wikipedia.org>

- Rheumatic Fever
- Cardiac disease
- Hypertension (High blood pressure)
- Asthma
- Epilepsy
- Diabetes
- Renal – Urinary tract infections
- STD (sexually transmitted disease)
- Psychiatric
- Thyroid
- Coagulation (blood clotting problems)
- Autoimmune (body tissues are attacked by [immune system](#))
- TB (Tuberculosis)
- DVT/PE (blood clots in leg or lungs)
- Other:

Blood Transfusions

- No
- Yes

Current Medication

Do you have any drug allergies?

- Yes (what medication and what type of reaction):
- No

Do you have any other allergies (eg to food, latex)

- Yes (what and what type of reaction):**
- No**

Family History:

Was the mother or father adopted?

- Yes**
- No**

Is there any relatives (parents, grandparents, brothers, sisters, cousins, aunty or uncles) on the mother or fathers side with any of the following:

- Congenital (born with it) cardiac disease**
- Congenital hips problems**
- Congenital renal (kidney) problems**
- Congenital deafness**
- Hypertension (High blood pressure)**
- Thalassaemia (inherited disorders - fault in the production of [haemoglobin](#))**
- TB (Tuberculosis)**
- Multiple pregnancy**
- DVT/PE (blood clots in leg or lungs)**

Other:

Obstetric History

Previous pregnancies

Date:
Place:
Duration of the pregnancy:
Labour duration (hours):
Complications and birth method:
Infant sex and weight:
Breastfeeding duration and problems if any:

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Labour duration (hours):
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Current pregnancy

Use of contraception before getting pregnant?

- Yes
- No

Menstrual cycle (how many days is your normal menstrual cycle):

For definitions on pregnancy length see <http://en.wikipedia.org/wiki/Pregnancy>

LMP (first day of your last menstrual period):

- Certain
- Uncertain
- Not known

**Have you had a scan, if yes what date?. Bring the scan form with you to show your LMC.
Date:**

EDD (expected or estimated, date of delivery).....

EDD is 38 weeks after conception; in women who have a menstrual cycle length of 4 weeks, this is approximately 40 weeks from the last menstrual period (LMP). You add 280 days to day one of your last menstruation. This EDD calculation only works if you have ovulated 14 days after the commencement of your menstrual period.

Have you had any blood tests in your pregnancy, if yes what. (Bring any blood results with you to show your LMC):

Information on the following blood tests in pregnancy (antenatal) see <http://www.everybody.co.nz/page-0b755006-b9db-4151-99b9-966d7c2e23c6.aspx>

- blood group and antibodies
- full blood count
- hepatitis B
- HIV
- rubella
- syphilis.

Information on national screening tests in pregnancy see <http://www.nsu.govt.nz>

Have you had any urine tests in your pregnancy, if yes what for?

- Protein
- Sugar
- Ketones
- Gp B Strep
- MSU (mid-stream urine sent)

Information on the Maternity Services in New Zealand and the Primary Maternity Services Notice (Section 88) document <http://www.midwife.org.nz/index.cfm/1,87.html>
<http://www.moh.govt.nz/moh.nsf/indexmh/maternity-pregnantwomen>

See <http://www.healthed.govt.nz/uploads/docs/HE1420.pdf> to a guide to pregnancy and childbirth in New Zealand

Directory for pregnancy, childbirth and parenting web sites: www.babywebnz.org

BabyWebNZ is a web site linking you to other web sites related to pregnancy, childbirth, baby care and parenting. BabyWebNZ has no control over the content or accuracy of these web sites.

Childbirth education resources:
www.birthresources.org



BabyWebNZ.org
Created by a Mum, Midwife and Childbirth Educator



Have a website, product or service to promote?
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Questions you want to ask?.....