



Hospital Street

DOCTORS

day and night care

Ph 02 5056 1166

Surname:

Given Names:

Date of Birth:

CRITERIA

CODE: A - Discuss with Midwife B - Consult with Medical Practitioner &/or Midwife depending on agreements C - Refer to Medical Practitioner

PSYCHO-NEUROLOGICAL	YES	NO	COMMENTS	CODE
Postpartum depression				A/B/C
Postpartum psychosis				C
History of mental health problem				B
Current use of drugs of addiction, alcohol or current therapy related to these conditions				B
EPDS > 12 &/or EPDS Yes to 'Q10' (self harm)				B

NEUROLOGICAL	YES	NO	COMMENTS	CODE
Epilepsy				B/C
Aneurysm / Subarachnoid Haemorrhage				C
AV Malformations				C
Multiple Sclerosis				B
Myasthenia Gravis				C
Muscular Dystrophy				C
Spinal Cord lesion (para or quadraplegia)				C
Bells Palsy				A

PREVIOUS INFANT	YES	NO	COMMENTS	CODE
Stillbirth / Perinatal death				B
Congenital anomaly or hereditary disorder				B
Birth weight <2500 or >4500				B
IUGR < 10 percentile				B
Asphyxia (Apgar score <7 at 5 mins)				B
Previous neonate UBS infection				B

MALIGNANT DISEASE	YES	NO	COMMENTS	CODE
Cancer / Tumours				
Other				

INFECTIOUS DISEASES	YES	NO	COMMENTS	CODE
HIV				C
Hep B				B
Hep C				B
Genital Herpes - primary infection				B
Genital Herpes - recurrent infection				A
Syphilis				B
Toxoplasmosis				B
Parvo Virus Infection				B
Cytomegalovirus (CMV)				B
Tuberculosis, active or history of				B
Varicella/zoster virus infection				B

GASTROINTESTINAL	YES	NO	COMMENTS	CODE
Inflammatory Bowel Disease (includes ulcerative colitis / Chrohns)				B

OTHER	YES	NO	COMMENTS	CODE
Autoimmune Disorders				B
Connective Tissue Disorders (SLE, Antiphospholipid Syndrome, Raynauds, Rheumatoid Arthritis, Scleroderma and Marfan's Syndrome, Periarteritis nodosa)				C
Malignant Hyperthermia or neuro-muscular disease or family history				C
Genetic				B



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OBSTETRIC HISTORY	YES	NO	COMMENTS	CODE
Rhesus iso-immunisation				C
Grand multiparity (parity >5)				A/B
Previous LUSCS / uterine surgery				B
Pelvic floor reconstruction				B/C
Pelvic deformities				B
Recurrent miscarriage (3 or more)				B
Hydatidiformmole within last 12 months				C
Cervical incompetence/cervicalamputation				C
Cervical Abnormalities/Abnormal PAP smear				B
Uterine myoma or malformation				B/C
Preterm birth <35 weeks				B
Abruption				B
MROP				A
Placenta accreta				C
PPH >500mls requiring additional treatment/transfusion				B/C
PPH from cervical tear				C
PE (Pre-Eclampsia) / PIH				B
Eclampsia/HELLP Syndrome				C
3rd or 4th Degree perineal tear				B
Female genital mutilation (FGM)				B
Shoulder Dystocia				B
Cholestasis				B

WEIGHT	YES	NO	COMMENTS	CODE
BMI > 35 & < 18			Ht. Wt. BMI=	B
BMI > 40				C
Early pregnancy (1st trimester preferably)				

CARDIOVASCULAR	YES	NO	COMMENTS	CODE
Hypertension requiring therapy				C
Significant heart murmur				C
Established heart disease				C

URINARY	YES	NO	COMMENTS	CODE
Established renal disease				C
Recurrent infection				B

ENDOCRINE	YES	NO	COMMENTS	CODE
Diabetes mellitus				C
Stable treated hypothyroidism				A
Newly diagnosed hypothyroidism				B
Hyperthyroidism				B
Thyroid disease requiring therapy				B
Other endorine disorders eg. Addison's or Cushing's disease				C

RESPIRATORY	YES	NO	COMMENTS	CODE
Asthma Mild				B
Asthma Moderate (i.e. oral steroids in the last year & maintenance therapy)				C
Other severe lung disorder				C

HAEMATOLOGICAL	YES	NO	COMMENTS	CODE
Bleeding disorder and/or haemolytic disease				B/C
Coagulation Disorders / Antiphospholipid syndrome				B/C
Blood Group Incompatability / Antibodies				B/C
Anaemia (<9gms/dl) at commencement of care				B
Pulmonary embolus / Deep vein thrombosis				C
Positive Family History of above				B/C

SKELETAL CONDITIONS	YES	NO	COMMENTS	CODE
Scoliosis with rods / spondylolistesis / other skeletal disorders				B/C