MATERNITY CALL RECORD

Please complete clearly in black ink and BLOCK capitals for telephone contact made within a 24 hour period (Refer to guidance and file in main record when complete).

SITUATION		
Woman's Details:		
Surname:		
First Name:		
Patient ID/CHI:		
Home Address +/- Current Location		
Post Code:		
Calling from home address	No ☐	Yes ☐
Telephone No:		
Named Cons/Midwife		
Planned Place of birth		
Additional Information: i. e Requires Interpreter		

SITUATION			
Call Details:			
Date / /		Time	hrs
Call Number (circle) 1 2 3 Time call completed:			hrs
Relationship of caller to woman (include name) :			
Location of call taker			
Parity			
EDD / /			
Gestation			
Previous pregnancy Mode of Delivery / Comments			
SVD	☐		
Forceps/Ventouse	☐		
Caesarean Section	☐		
Relevant Obstetric/ Medical History (i.e. quick labour, pre-term /breech)			

BACKGROUND - Call Reason (record relevant details only)				
	No	**Yes**		
Contractions	☐	☐	Frequency	Duration secs
SRM	☐	☐	Time of SRM Hrs	Colour:
Other PV Loss	☐	☐	Describe	
Bleeding	☐	☐	Describe	
Rh Neg	☐	☐	**Anti D required?** **No** ☐ **Yes** ☐	
Fetal Movements	☐	☐	Usual Movements felt? **No** ☐ **Yes** ☐	
Headache	☐	☐	Describe:-	
Visual disturbance	☐	☐		
Oedema	☐	☐	Describe:-	
Urinary problems	☐	☐	Describe:-	
Abdominal pain (not contractions)	☐	☐	Describe (circle) **None / Mild / Mod / Severe** Pain Score (circle) **0 1 2 3 4 5 6 7 8 9 10**	
CONSIDER USING PAIN SCORE FOR UTERINE ACTIVITY				
Group B Strep	☐	☐		
Other, please detail				
Woman's description Anxiety/Distress				

Postnatal	**N** ☐	**Y** ☐	Temp **N** ☐ **Y** ☐ Blood loss **N** ☐ **Y** ☐ Feeling unwell **N** ☐ **Y** ☐
Delivery Date / / 20			SVD ☐ Forceps/Ventouse☐ Caesarean Section ☐

Call Reason/ Clinical Summary Include Relevant Information such as how long contractions present

ASSESSMENT - Include Advice Given

Decision Support						
Guidelines/Pathway	☐		Discuss with other midwife	☐	Discuss with Medical staff	☐
Call back advice given	☐		Woman agrees with plan	☐		
Discussed with (insert name) …………………………………………………………………………………						

RECOMMENDATION			
Outcome from Call			
Requested to attend unit for assessment	☐	Woman requests attendance in unit for assessment	☐
Own transport No / Yes			
Ambulance required No / Yes Routine ☐ Urgent ☐ 999 ☐		Time arranged	hrs
Stays at home with advice to telephone if further support required (Self Care)	☐	Stays at home with follow up appointment	☐
GP Day Care Routine Appointment	☐ ☐ ☐	Early Pregnancy Unit Community Midwife Other…………………………………….....	☐ ☐ ☐

Signature/Designation	
Print Name	

Final Outcome if Woman Attends			
Referred to:			
Admitted to Ward (CLU)	☐	Home – no additional follow up (Routine ANC only)	☐
Admitted to LW (CLU)	☐	Home – with follow up appointment detail…………………….	☐
Admitted to CMU/MLU	☐	Referred to GP	☐
Referred to EPU/DCU	☐	Referred to other	☐
		If referred on, where?	

Time in		hrs	Time out		hrs	

MATERNITY CALL RECORD Continuation Sheet

If woman phones back within 24 hours

SITUATION			
Call Number (circle) 2 3		(Call 3 –Recommend Face to Face Assessment)	
Name		Date / / 20 Time	hrs
ID		Time call completed	hrs

BACKGROUND Update of Symptoms

ASSESSMENT
Include Advice Given

RECOMMENDATION			
Outcome from Call			
Requested to attend unit for assessment	☐	Woman requests attendance in unit for assessment	☐
Own transport	☐		
Ambulance required	☐	Time arranged	hrs
Routine ☐ Urgent ☐ 999	☐		
Stays at home with advice to telephone if further support required (Self Care)	☐	Stays at home with follow up appointment	☐
GP Day Care Routine Appointment	☐ ☐ ☐	Early Pregnancy Unit Community Midwife Other…………………………………….….	☐ ☐ ☐

Signature/Designation	
Print Name	