



Patient Name:

Hospital No:

Office use only

Thank you for your interest in the community midwifery service.

As a team we strongly promote **active birth**. We encourage all women to use natural methods to help with the contractions of labour e.g. movement, massage, heat packs, water, and good mental attitude. This enables all women to be actively involved in the birth of her baby. We as midwives have seen the benefits of this approach.

The philosophy of the community midwives is to facilitate a healthy pregnancy, an active and positive birth experience and ultimately a healthy mother and baby following discharge.

A midwives role is to assess and advise pregnant women, to determine that everything is normal or make appropriate decisions if there is a deviation from what is considered 'the norm'.

The community midwives aim to facilitate women to achieve a normal, natural birth. To do this we actively encourage women to prepare the mind and body for pregnancy, labour and their adaptation to parenthood.

This can be achieved by:

1. Education – e.g. reading/attending antenatal classes, preparing for parenthood.
2. Nutrition – maintaining a healthy balanced diet to nourish you and your baby, i.e. not eating for two.
3. Exercising – labour is a physical task which requires stamina and strength. It is not a job to be done lying down. It is essential to maintain a good level of physical fitness, whilst accommodating the possible limitations that pregnancy may cause.
4. Mental preparation – appreciation of the fact that this is a unique time which can be psychologically challenging and may unearth emotional issues which can sometimes be difficult.

We look forward to meeting you and if you have any questions please do not hesitate to contact the Community Midwives Team.

Domino Midwifery Team



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Please Fill in All Attached Forms and Post/Email to:

Community Midwives
National Maternity Hospital
Holles Street
Dublin 2.
E: commw@nmh.ie

ANTENATAL BOOKING FORM

PREVIOUS OBSTETRIC HISTORY

Date of Delivery	How many weeks?	Type of delivery e.g.: Normal/ Ventouse	Sex	Weight	Where did you give birth?	Any problems with you or your baby?

What type of pain relief options did you avail of previously?



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Have you had any complications during any of your pregnancies or births?

Have you had any Miscarriages or Termination of Pregnancies. If yes, what year(s)?

What type of pain relief options do you plan using for this labour/birth?

FAMILY HISTORY (This only applies to parents, siblings on both sides)

Diabetes: _____

High Blood Pressure: _____

Tuberculosis: _____

Twins: _____

Hereditary Diseases e.g. Haemophilia: _____

Congenital Disorders e.g. Hip problems or heart problems from birth:

Allergies/Other Major Problems: _____

MEDICAL HISTORY: have you had any of the following?

High Blood Pressure: _____

Thyroid Diabetes: _____

Kidney Disorders: _____

Jaundice (year it occurred): _____

Tuberculosis: _____



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Mental Health Disorders e.g. Depression/Anxiety: _____

Respiratory Disease e.g. Asthma: _____

Neurological Problems e.g. Epilepsy: _____

Heart Disease: _____

Blood Disorder: _____

Stomach/Bowel Disorders: _____

Muscle or Bone Disorders: _____

Allergies: _____

Diet (vegetarian, coeliac): _____

Are you taking any drugs \medication? : _____

Other health problems: _____

SURGICAL AND GYNAECOLOGICAL HISTORY - Have you had any of the following?

Gynecological problems: _____

Gynecological operations: _____

Sexually transmitted disease: _____

Operations: _____

If yes, what type and year? : _____

Did you have any problems with the Anaesthetic?: _____

Blood transfusion: _____

Weight: _____

Height: _____

If you have a BMI over 35 you will not be suitable for the Domino Scheme.



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MENSTRUAL HISTORY

First day of last period: _____ Are you certain? : _____

Date of pregnancy test: _____

Have you a regular cycle? : _____

Have you used any contraception in the 6 months prior to conception? _____

If yes, what method? _____

Have you any infertility problems? _____

If yes, how long and any treatment? _____

Date and result of last smear test: _____

Have you previously had an abnormal smear? _____

If yes, did you require Colposcopy treatment? _____

MISCELLANEOUS

Do you plan to have: a homebirth a hospital birth unsure yet

Our Homebirth brochure is available on the net:

<http://www.nmh.ie/maternity-care-options/community-midwives.220.html>

Do you smoke? – If yes, how many daily: _____

Units of alcohol per week: _____

Do you intend to Breastfeed? _____

Are you interested in Antenatal Classes? _____



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What questions would you like to ask us?

Thank You.

We look forward to seeing you at your visit.

Signature: _____