

Name:	Date of Birth:
MRN Number:	NHS Number:

Community Midwife Antenatal Management Plan for Women with a BMI Over 35 (at Booking)

	Date	Signature
Consider and discuss the arrangement of Vitamin D 10 µg for entire pregnancy <input type="checkbox"/>	DD / MM / YYYY	
Folic acid 5mg (1st trimester) arranged on <input type="checkbox"/>	DD / MM / YYYY	
Appointment for 28/40 full GTT made for <input type="checkbox"/>	DD / MM / YYYY	
Referred to Consultant Clinic on <input type="checkbox"/>	DD / MM / YYYY	
GHNHSFT (2011) 'Maintaining a Healthy Weight in Pregnancy' leaflet given <input type="checkbox"/>	DD / MM / YYYY	
3 weekly antenatal checks from 24/40 to commence on <input type="checkbox"/>	DD / MM / YYYY	
2 weekly antenatal checks from 32/40 to commence on <input type="checkbox"/>	DD / MM / YYYY	
If BMI 40 or above offer Anaesthetic appointment, Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Anaesthetic referral form sent Yes <input type="checkbox"/> No <input type="checkbox"/>	DD / MM / YYYY	
BMI 40 or above? BMI re-evaluated on <input type="checkbox"/>	DD / MM / YYYY	
At 36/40 for those women with BMI 40 or above the community midwife must complete a tissue viability and equipment assessment <input type="checkbox"/>	DD / MM / YYYY	