

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 <b>offer</b> Anaesthetic appointment, Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Anaesthetic referral form sent Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	DD / MM / YYYY
BMI 40 or above? BMI re-evaluated on	<input type="checkbox"/>	DD / MM / YYYY
<b>At 36/40</b> 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