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Booking Documentation Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Scope

- All obstetric staff employed by the Hutt DHB
- All midwifery staff employed by the Hutt DHB
- All Hutt Valley DHB maternity access agreement holders.

Purpose

The purpose of this policy is to describe the standard documentation that is required for women to be booked into Hutt Valley District Health Board.

All women are **expected** to be booked into Hutt Valley District Health Board by 20 weeks. It is the LMC's responsibility to ensure that this is completed.

All LMC's are advised that this is a Hutt Valley DHB administrative policy.

Booking In

Booking into the maternity facility is the administrative process that ensures a clinical record for each woman is available when the woman is admitted to the Maternity Service.

The 'booking in' documentation ensures that a **minimum** standard of documentation including previous and current obstetric history and relevant laboratory results is available when the woman is admitted. The inclusion of the woman's care plan ensures that care can be provided in association with the woman and the LMC's negotiated plan.

Documentation required

For women to be booked into the facility the following documentation must be provided:

1. **Completed** obstetric booking sheet – see appendix one for minimum information requirements
2. **Completed** admission form:
 - The admission form is signed and dated when the woman is admitted to the facility.
 - It is vital that **all** information is provided including the following

Data field	Rational
Also known as	For ensuring correct NHI and for BDM queries.
Maiden/family name	For ensuring correct NHI
Date of birth	For ensuring correct NHI
Country of birth	To ensure residency status and also correct NHI
Family doctor	To ensure baby discharge information forwarded to correct medical practitioner and also for NIR registration
Religion	Chaplaincy request
Ethnicity	Statistical purposes
Partners surname	All potential AKA should be known. All babies are registered in the hospital under the mother's name. However baby may be registered under fathers name at BDM. This allows clerical staff to make a link if the baby admitted in the future.

3. Copy of first antenatal blood records

The following is vital information and it is beneficial if they are provided

- Copy of any urine testing results
- Copy of any scan reports but most specifically an early pregnancy scan or morphology scan
- 28 week polycose screening results
- Copy of the woman's careplan (dated) which includes aspects of care that DHB midwives must be aware of. It is **vital** that a completed plan is included when the woman is admitted.
- Neonatal consent form for Hip check/Vit K/ Guthrie test and BCG consent as pregnancy progresses and these issues are discussed

If bookings are incomplete a follow-up letter from the maternity department will be issued advising that the booking is incomplete and asking that the LMC ensure the necessary information is provided within 14 days. (See Appendix 3)

Careplan

All LMC's are reminded that they have a contractual obligation under Section 88 to complete a careplan for each women. While it is acknowledged that the LMC will maintain the care plan, a copy or documented key elements of the woman's care is required when she is admitted into the maternity unit. This will ensure that hospital midwifery responsibilities, if any, can be actioned. This information is also beneficial if the woman gives birth in the facility before the LMC arrives, as the hospital midwifery staff may have access to vital information to assist them.

Information updates

If the woman's contact details change then the following must occur

1. Booking midwife updates admission form and the woman's booking form
2. Booking midwife advises maternity enquiries who update the woman's stickers and the computer.
3. Baby address details should be the same as the mothers (with the exception of baby's who are to be adopted or who are in CYPFS care).

Quality improvement audit

As a quality improvement initiative, an audit of bookings and their completeness may be carried out on a regular basis. Feedback and suggestions for further quality improvement can be made following from this audit.

Appendix 1: Information required for a Hutt Valley booking form to be described as complete.

Appendix 2: Items to be covered in care plan

Appendix 3: Memo advising booking is incomplete

References

New Zealand Govt. (2002). *Notice pursuant to Section 88 of the New Zealand Public Health and Disability Act*. Wellington: Ministry of Health.

Shepherd, J., Rowan, C. & Powell, E. (2004). Confirming pregnancy and care of the pregnant woman in Henderson, C. & MacDonald, S. eds (2004). *Mayes Midwifery*. UK: Balliere Tindal.

Appendix 1:

Minimum Information required for a facility booking form to be considered complete

The woman's details

First Name, likes to be known as

Family name and previous family names

Place of birth

Date of birth

Address

Phone number

Age

Ethnicity

Evidence of residency and proof of same (i.e. photocopy)

Next of Kin

Next of Kin phone number

Emergency contact and phone number

Date of Last menstrual period (LMP)

Estimated date of delivery (EDD)

The date of registration with a LMC and completed weeks gestation.

Notation on regularity/irregularity and length of menstrual cycle

Scan Date (i.e. EDD by scan)

Allergies

Blood results including

- Blood group
- Rhesus
- STI screening results
- Rubella
- Hepatitis B status
- Presence of any antibodies
- HIV screening when completed

Weight height and BMI

Family history: Both relevant medical and obstetric history

Woman's Medical history

Notation on the woman's medical and surgical history

Including:

- Asthma
- Diabetes
- Rheumatic fever/glandular fever/scarlet fever
- Cardiac, respiratory and renal disease
- Thyroid problems
- Hypertension
- Thromboembolic disorders
- Tuberculosis
- Epilepsy
- Gynaecological problems or surgery
- Mental illness

- History of psychiatric disorders including puerperal psychosis or postnatal depression
- Any operations that the woman has had excluding obstetric as this is covered later but including pelvic floor repair
- Any accidents including those of the spine and pelvis, any known malformation of the spine, pelvis or hip
- Details of blood transfusions including date and any reactions

The woman's **obstetric history** including

- Gravida
- Parity
- Any miscarriages or terminations
- Where previous infants born
- Date of birth of infants
- Duration of pregnancy
- Pregnancy complications
- Duration of labour
- Type of birth
- Notation on any complications
- Postnatal issues
- Infant
 - Sex
 - Status at birth
 - Birth weight
 - Duration of breastfeeding and experience of feeding

Notation on

- Smoking habits including quantity smoked per 24 hours
- Drinking habits including quantity of alcohol consumed in 24 hours
- Illicit drug taking habits including amount taken per 24 hour time period
- Current medications that the woman is taking for medical conditions
- Evidence of Family Violence

Identification of LMC

Identification of midwives providing Intrapartum and community postnatal care if LMC non-midwifery

Sticky filled out if there has been a transfer to secondary care services

Contact details of self –employed midwife.

Where there is insufficient room to document in detail, further information can be provided on a separate piece of paper, which will be kept with the booking sheet.

Appendix 2: Items to be covered in care plan as per section 88

The care plan means the process by which the Lead Maternity Carer and the woman will develop a plan of care for the woman and her baby and the documentation of this plan in the clinical notes. The Lead Maternity Carer will commence and document a Care Plan covering, as a **minimum**, the following items:

- a) Schedule and location of visits for pregnancy care;
- b) How continuity of care will be achieved;
- c) How to access the LMC in urgent situations
- d) Cultural safety requirements
- e) Education plan during pregnancy and following birth
- f) Referral to other midwifery, medical, social and diagnostic services
- g) Smoking cessation options
- h) Screening for infectious diseases
- i) Assessment of risk for family violence
- j) Location of birth and other services including booking in to facility or arrangements for home birth
- k) Presence of others at birth
- l) Birth environmental and position for birthing
- m) Options and preference for monitoring, intervention, and treatments
- n) Handling of placenta
- o) Breastfeeding or other feeding requirements
- p) Responsibility that is being given to hospital midwives for breastfeeding
- q) Likely stay in the Maternity Facility and planning for going home
- r) Requirements for postnatal care
- s) Risk of postnatal depression and support options
- t) Advice regarding contraception and sexuality; and
- u) Referral to Well Child Provider and the timing for this.

(Section 88, (2002), P 40.)

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).

Appendix 3



MEMORANDUM

To:

From: Maternity Department

Subject: Incomplete booking

Date:

Woman's name _____
NHI number _____
EDD / /

The recent booking for the above-named woman to the maternity facility is incomplete because the following information was missing/incomplete

- Completed booking in sheet
- Completed admission form
- Copy of first antenatal blood records

Please ensure that the necessary information is included in the booking as soon as possible.