

University of Babylon/ College Of Nursing

Family and Community Health Nursing

Antenatal Assessment Form

Name of Student _____

Date ___/___/___

I- Client Demographic Data:

A. Name _____ B. Age _____ years

C. Address _____ D. Level of Education _____

E. Occupation _____

G. Habits: Smoking _____ Alcoholism _____

Any Other (Specify) _____

II- Family History:

Disease	Yes	No	Comments
Diabetes Mellitus			
Hypertension			
Multiple Pregnancy			
Genetic Abnormalities			
Psychiatric Illness			

III- Medical Surgical History

A- Medical history: _____

B- Blood Transfusion Yes/No if yes when ___/___/___

C- Surgical history: _____

IV- Menstrual History:

A. Age of Menarche: _____ years, Cycles: Regular / Irregular

B. Duration of Menses: _____ days, Interval of Cycles _____ days

E. Any Discomforts: _____

V. Obstetric History:

Gravida _____ Para _____ Abortions _____ Still Births _____

Neonatal Death _____ No. of Living Children _____

Last Child Birth _____

A- Past Obstetric History:

Year	Antenatal		Intranatal	Postnatal		Alive/ Still Born	Sex	Birth Weight	Mode of Feeding
	Duration	Complication	Nature Of Labor	Normal	Complication				

B- Present Pregnancy:

1. L.M.P: ___/___/___ 2. EDD: ___/___/___

Gestational Age: ___/___/_____

3. General Condition

(Physical: Emotional)_____

a. General Appearance :(Specify)

Height: _____ Cm. Weight: _____ Kg.

Dental: _____

Gait: _____

Nutritional Status _____

Breasts: _____

Cardiovascular System/pulse and its sounds _____

B.P. _____

Respiratory System/respiration and sounds

b- Investigations:

1- Blood: Group and Rh factor _____ Hgb. _____

VDRL: _____ GTT/OGCT: _____

2- Urine Protein: _____ Sugar _____ mg, Ketones _____ mg

3- U.S.S _____

4- Special Investigations:

VI. Minor Disorders/Problems: (Tick If Present)

Problem	Yes	No	Problem	Yes	No
Vomiting			Constipation		
Muscle Cramps			Backache		
Varicose			Hemorrhoids		
Heart Burns			Edema		
Breathlessness			Visual Disturbances		
Headache			Vaginal Discharge		
Frequency & Burning Micturition			Any Other (Specify)		

VII. Abdominal Examination

A. Inspection

1- Size: _____

2- Shape _____

3- Skin Changes: _____

4- Fetal Movements: _____

B. Palpation:

1- Fundal: Height of Fundus _____ Cm.

At Fundus: Head / Buttocks

2. Lateral: Right

Left _____

3. Pelvic: Presentation

Engagements in Fifths Palpable

C. Auscultation:

1- Fetal Heart Regular /Irregular

2- Fetal Heart Rate _____

Summary of Findings:

Gestational Age _____ Weeks

Lie _____

Presentation _____

Position _____

Engagement _____