

HEALTH AND MEDICAL HISTORY OF THE PREGNANT WOMAN _____ / _____Family name and first names:

Social security number: _____

Previous names: _____

Religious affiliation or registration authority:

Marital status: _____

Profession: _____

Mobile phone: _____ Work number: _____

Address: _____

Postal district: _____

Country of origin: _____

Spoken languages: _____

Closest relative or contact person

Name / Telephone number: _____ / _____

Address / Postal district: _____
_____How are you related?: _____
_____**Contact information of maternity clinic (äitiysneuvola) and telephone number:**

/ _____

Number of pregnancies: _____ Number of deliveries: _____

Mother's age: _____ Height: _____

Weight before pregnancy: _____

Date of last period: _____ Length of cycle: _____

Regular or Irregular

Due date as estimated from last period: _____

Due date as estimated from ultrasound: _____

Blood group: _____ Rh: _____

Any known antibodies: _____ (ABO/Rh/ab, can be found on your maternity card)

MRSA-sample taken:

YES / Date: _____ or NO

Proposed name:

Boy _____

Girl _____

Permission for christian emergency baptism if necessary:

YES or NO

Previous pregnancies and deliveries:

Delivery/ miscarriage/ abortion	Year	Pregnan cy weeks	Boy(B) or Girl(G)	Weigh t	Living (L) Deceased (D)	Duration of labour / hours	Hospi- tal/ Country	Type: Vaginal, Caesarean, Vacuum extrac- tion or Forceps

Circle all the options that describe your health situation:

Mother's health record:

Healthy

Chronical illness

Disability

Visually / hearing impaired

Allergical illness

Other allergies (eg. to medicines/drugs)

Mental health problems

Hospital stays > 24 hours

Blood transfusions

Blood clot / thrombosis

Regular medication

Urine infection / UTI

Genital herpes

Infertility examinations

Maternal family history:

Nothing important

Haemophilia

Allergical illness

Diabetes

Intellectual disability

Deformity

Other

Alcohol / Mother:

Non-user

Use before pregnancy

Stopped use during pregnancy

Using alcohol during this pregnancy

Unknown

Infrequent use

Smoking / Mother:

Non smoker

Stopped smoking during 1st trimester

Smoking / Amount per day _____

Unknown

Stopped smoking after 1st trimester

Passive smoking

Recreational drugs / Mother:

Non user

Use before pregnancy

Stopped using during pregnancy

Using / What drug is used: _____

Father's history

Healthy

Chronical illness

Disability

Visual / hearing impairment

Allergical illness

Genital herpes

Paternal family history:

Nothing significant

Hemophilia

Allergical illness

Diabetes

Intellectual disability

Deformity

Other

Smoking / Father:

Non smoker

Stopped smoking during 1st trimester

Smoking / Amount per day _____

Unknown

Stopped smoking *after* 1st trimester

Passive smoking

Recreational drugs / Father

Not using

Used before pregnancy

Stopped using during pregnancy

Using / What drugs used: _____

Unknown

Alcohol / Father:

Non user

Use before pregnancy

Stopped using during pregnancy

Using during this pregnancy

Unknown

Infrequent use

Father's age: _____

Additional information:

Wishes regarding the birth:

The Satasairaala serves as a teaching hospital, where students at different stages of their studies perform their various internships.