

WELCOME!

Name: _____
 Date of birth/personal number: _____
 Country of birth: _____ No of year in Sweden: _____
 Address: _____
 Phone number: _____
 E-mail: _____
 Living with partner Single Other
 Work: Full time Part time Unemployed Studying
 Profession: _____ Employer: _____
 Education: Elementary High school University
 Home/workplace environment problems?: Yes No Vårdcentral (health center) _____

Partner/closest relative: _____
 Address (if other): _____
 Phone number: _____

General info

Today's weight: _____ height: _____
 Last periods first day: _____
 How long is the interval between periods: _____
 How many days does the period last: _____
 Date of positive pregnancy test: _____
 No of years trying to get pregnant: _____ Needed assistance to become pregnant (method): _____
 If IVF or ICSI date of ET: _____

Previously pregnancy/ies/ and childbirth:

Write your previous pregnancies and childbirth. Also miscarriages/abortions.

Year/month	Gender	Weight	Hospital	Week of pregnancy	Ev. complications/child birth experience

Experience of breast feeding: _____

Do you have any allergies? Yes No If yes, what are you allergic to: _____
 Do you eat any medicine/vitamin/painkillers? Yes No If yes, which? _____
 Did you use tobacco 3 months before pregnancy? Yes No How much? _____
 Do you use tobacco now? Yes No
 Recreational drugs before pregnancy? Yes No When and what? _____
 Recreational drugs now? Yes No When and what? _____

Hereditary diseases in your family (parents or siblings)?

Has anyone in your immediate family (mother, father, siblings) have or had any of following diseases?	Yes	No	If yes. Who?
High bloodpressure			
Blood clots			
Haemophilia			
Thyroid disease			
Pre-eclampsia			

Do you have (or had) any of following diseases?	Yes	No
Heart- coronary disease (e.g. high bloodpressure, heart attack etc.)		
Blood clot		
Psychiatric disease (e.g. depression, anxiety, ADHD, ADD etc.)		
Hepatitis, (e.g. jaundice)		
Gynaecological disease (e.g. herpes genital, myoma etc.)		
Metabolic disease (e.g. thyroid etc)		
Urinary tract infection repetadly last year or severe		
Pulmonary disease (e.g.asthma)		
Kidney disease		
Inflammatory disease of the intestines (e.g.Ulcerative colitis, Morbus Chron)		
Diabetes		
Arthritic disease (e.g. rheumatism, MS, back pain)		
Epilepsy		
SLE (inflammatory disease that affects the immune system)		
Headache/Migraine		
Eating disorder (e.g. anorexia, bulimia)		

Other

Have you been x-rayed or vaccinated since you got pregnant? Yes No

Have you or your partner had Covid-19? Yes No

Have you ever had a blood transfusion? Yes No If yes, which year? _____

Have you had any surgery? Yes No Have you been anesthetized? Yes No

Have you had any surgery done to your genitals or been subject to FGM? Yes No

Have you been subject to domestic violence? Yes No

Have you been in contact with a counselor or social worker the last year? Yes No

Do you feel afraid of giving birth? Yes No

Do you have MRSA? Yes No Do you have a wound infection? Yes No

When was the last pap-test? _____

How did you perceive your general state of health three months before pregnancy?

Very good Good Neither good or bad Bad Very bad I don't know

Would you like to add anything?

All medical drugs that end up in the environment affects it.

Do you know that you're supposed to leave medical drugs that are left over to the pharmacy?

Yes No

INFORMED CONSENT

Biobank, Cohesive patient records, The Swedish Pregnancy Register

Biobank

Most bloodtests that are taken in Region of Stockholm are saved in so called biobanks.

Read more: <https://biobanksverige.se/english/research/useful-resources/documentation-in-english>

Cohesive patient records

Maternity care and obstetric clinics in Stockholm have cohesive patient record in a commonly used patient record system called Obstetrix.

This means that those that care for you during your pregnancy can read all your records.

Read more about Obstetrix: <https://www.cerner.com/se/en/solutions/melior-obstetrix>

The Swedish Pregnancy Register

The register collect and process information all the way from early pregnancy to a few month after birth through the patient records.

Read more: <https://www.medscinet.com/GR/engelska.aspx>

Please inform your midwife if you DON'T consent to the above mentioned record keeping.

Mödravårdsenheten SLL.