

**WELCOME!**

Name: \_\_\_\_\_  
 Date of birth/personal number: \_\_\_\_\_  
 Country of birth: \_\_\_\_\_ No of year in Sweden: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Living with partner  Single  Other   
 Work: Full time  Part time  Unemployed  Studying   
 Profession: \_\_\_\_\_ Employer: \_\_\_\_\_  
 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

**If you have any experience of breastfeeding, please describe your experience:** \_\_\_\_\_  
 \_\_\_\_\_

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 nicotine (/recreational drugs before pregnancy? Yes  No   
 If yes what and how much: \_\_\_\_\_  
 Do you use nicotine/recreational drugs now? Yes  No   
 If yes what and how much: \_\_\_\_\_

**Hereditary diseases in your family (parents or siblings)?**

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

**Other:** \_\_\_\_\_

<b>Do you have (or had) any of following diseases?</b>	<b>Yes</b>	<b>No</b>
Heart- coronary disease (e.g. high bloodpressure, heart attack etc.)		
Blood clot		
Psychiatric disease (e.g. depression, anxiety)		
Neurodevelopmental disorder (e.g. ADHD, ADD, autism)		
Liver disease (e.g. Hepatitis, 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)		
Resistent bacteria (e.g. MRSA)		
Do you have a wound infection		

**Other:** \_\_\_\_\_

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

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

Have you had any surgery? Yes  No  If yes what kind of operation: \_\_\_\_\_

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

If yes, who: \_\_\_\_\_

Please describe your feelings towards pregnancy \_\_\_\_\_

Please describe your feelings towards childbirth \_\_\_\_\_

When was your last pap-test/HPV home-test? \_\_\_\_\_

Would you like to add anything?

***All medical drugs that end up in the environment affects it-please leave  
medicin that are left over at the pharmacy.***

**Questions required for the pregnancy register, a national quality register:**

**Country of birth:** \_\_\_\_\_

**Level of Education:**

- No Education
- Elementary
- High school
- University

**Employment:**

- Working
- Studying
- Parental leave
- Unemployed
- On sick leave
- Other

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

- Very good
- Good
- Neither good or bad
- Bad
- Very bad

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**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:



**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:



**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:



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

Mödravårdsenheten SLL.