

# ST. JOSEFS-HOSPITAL WIESBADEN GMBH

Department of Gynecology  
Department Head Prof. Dr. med. B. Gabriel



## Obstetric registration

Health insurance provider: .....

Supplemental insurance: .....

Optional services:

- 1 bed                       Statutory insurance  
 2 bed                         Choice of physician  
 Family room                 Midwife delivery room

OB/GYN: .....

YEAR OF BIRTH	BIRTH No.	<b>Hospital Label</b>

**Personal information**

Last name	
Maiden name	
First name	
Title	
Profession	
Date of birth	
Address	
Postal code	
City	
Cell phone number	Cov 19: Date of recovery:
Marital status	Date of 1 <sup>st</sup> vaccination:
Religious affiliation	Date of 2 <sup>nd</sup> vaccination:
	Date of booster vaccination:

**Who will be supporting you during the delivery?**

<b>Partner/contact person</b>	Name / Title
First name	
Profession	Cov 19: Date of recovery:
Date of birth	Date of 1 <sup>st</sup> vaccination:
Cell phone number	Date of 2 <sup>nd</sup> vaccination:
	Date of booster vaccination:

**Name you plan to give to the baby:**

Would the mother like to have acupuncture before the delivery?  
 Yes  No

Midwife Birth preparation course:  
 Yes  No Name: .....

Midwife Follow-up care:  
 Yes  No Name: .....

<b>Due date:</b>			
Internal corrected due date:			
<b>Blood group</b>	<b>Rh factor</b>	<b>Anti D prophylaxis</b>	<b>Date</b>
<b>Gravidity</b>	<b>Parity</b>		
<b>Allergies</b>			

**Risk/pre-existing conditions/abnormalities**

**Past births**

Year	Mode of delivery (spontaneous, vacuum-assisted forceps, cesarean)	Duration	f / m / d	Weight	Week of gest.	Birth injury/ episiotomy	Irregularities (e.g. bleeding, CTG, abnormalities, epidural)	Lactation period	Hospital

Spontaneous abortion, miscarriage/ induced abortion:      Yes  No       Which year?

**ULTRASOUND FINDINGS:**      Weight:      g      Fetal location:      Placental location:

**Medical history**

**Do you now or have you ever had any general medical conditions?**

(e.g., heart, lungs, liver, kidneys, diabetes, hyperthyroidism, hypothyroidism, skeletal abnormalities, psychiatric disorders)

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**Are there any severe or hereditary medical conditions in your family? (e.g., heart or kidney disorders, hip problems, deformity)**

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**Coagulation history:**

**Yes No**

- 1. Do you have more bruises without having bumped yourself, or minor bleeding, such as nose or gum bleeding?
- 2. Do you have the impression that cuts or scrapes bleed too much?
- 3. Have you experienced prolonged and excessive bleeding during tooth extraction?
- 4. Have you experienced prolonged and excessive bleeding during or after a surgical procedure? (e.g., tonsillectomy, appendectomy, childbirth, miscarriage)
- 5. Does anyone in your family have a tendency to bleed?
- 6. Have you taken medication for pain or rheumatism or fever-reducing medication in the recent past?

Name of the medication: .....

Last time you took this medication (date): .....

- 7. Do you have the impression that your menstrual periods are prolonged (longer than 7 days) or heavier than normal?

If patient answers more than two questions with "Yes", please order **platelet, Quick, PTT and fibrinogen tests** (the hospital will do this).

**Do you take any medications on a regular basis? If yes, which ones?**

Product	Dosage (e.g. mg)	Morning	Noon	Evening

**Have you had any surgical procedures in the past (e.g. curettage, uterine or spinal surgery, etc.)?**

Date	Medical condition	Name of surgical procedure	Complications

**Do you regularly consume any of the following substances?**

Nicotine: ..... Cigarettes per day

Alcohol: ..... Glasses of wine/beer ..... per day

Drugs: ..... Times used per day; name of drug: .....

Last period (LP):	
Cycle length/days:	
ICSI/IVF/Follicular puncture:	
Height:	cm
Pre-pregnancy weight:	kg
Last weight in pregnancy passport ( <i>Mutterpass</i> ):	kg

**Have you been hospitalized during the pregnancy?**

From: ..... to .....

Reason: .....

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**Birth plan of** .....

The birth plan is intended to provide guidance for you and the obstetric department for taking your wishes into consideration for giving birth. Because every birth is unique and cannot be planned, we consider it to be very important to communicate with you well and respect your right to self-determination.

**Have you experienced any abnormalities in your previous pregnancies?**

(e.g. bleeding, infections, gestational diabetes, high blood pressure, abnormal stresses, pelvic presentation, gestosis)

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**Latent phase**

The latent phase is the phase before the actual active opening phase and serves to prepare the cervix. The length and intensity of this phase differs from woman to woman. Actively influencing the latent phase is not expedient, which is why our support during this phase is on demand and meant to offer advice.

What is important to you? What do you think might be helpful for use during this phase?

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**Active labor**

During this phase, you will be moved to the delivery room. It is important to us to support you during labor. We can offer you different kinds of support: a relaxing bath in a bathtub, breathing coaching, a cherry pit pillow, a mat, a rope, a ball, aroma therapy, homeopathic remedies, acupuncture, exercise, as well as pain medication or an epidural as needed.

What is important to you?

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**Active phase of labor**

In this phase too, we will assist you with finding the position that is most conducive to the birth. As we do so, we will keep both your physical comfort and the progression of the labor in mind. We will do whatever we can to avoid the need for an episiotomy

What is important to you?

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**Bonding and delivering the placenta**

In most cases, we will place the baby naked on your chest immediately after delivery. We will allow the umbilical cord to stop pulsating. Your baby will probably already start sucking on your breast. This is an intimate time for bonding, also after cesarean delivery.

What is important to you?

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**Breastfeeding**

We would like to help you and your newborn baby get off to a good start with breastfeeding. Have you already breastfed a baby? If so, how long did you breastfeed the baby/babies?

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If you choose not to breastfeed your baby, we will of course support this decision.

**Midwife delivery room**

Would you like to give birth in the midwife delivery room of the St. Josefs-Hospital Wiesbaden? If so, please read the information and conditions for this:

 <https://www.joho.de/hebammenkreissaal>

What is important to you for delivery in the midwife delivery room?

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Is there anything else you would like to share with us?

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