

CLINICAL NOTE

Obstetrical chart

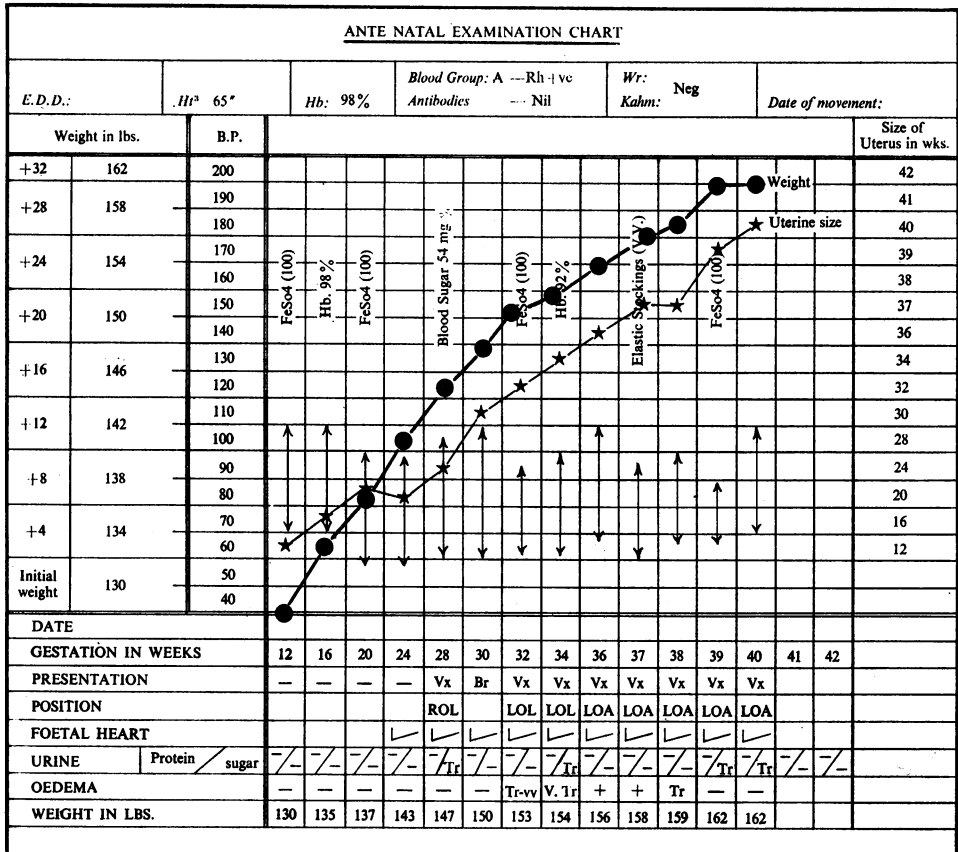
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WHEN READING DR J. B. TAYLOR'S INTERESTING ARTICLE in the September edition of the *College Journal* on "Predicting toxæmia in pregnancy", it occurred to me that the forms we use for antenatal records in general practice are most unsuitable. If, instead of recording our findings along a horizontal line, we charted them, the condition of the patient would be seen at a glance. I have therefore developed Dr Taylor's 'Toxæmia chart' so as to include the further indices which are usually recorded at antenatal visits.

The obstetrical chart

The figure shows the chart drawn to the scale of Form EC24 R/2 (Scot.) filled in for a normal pregnancy.



Blood pressure: This is recorded as in hospital charts.

Size of the uterus: This is recorded as the estimated size of the uterus on examination; e.g. the height of the fundus of a 20-week uterus would lie just below the umbilicus.

Weight: Because of the variations in different patients' weight, the initial weight is recorded on

the chart and the weight gain entered on the graph. Alternately, the weight can be entered into the box under the graph.

Other indices: e.g. Presentation, position, foetal heart, urine and oedema are entered in separate boxes under the graph.

The spacing of the graph, unlike Dr Taylor's method of 5-week intervals, is along the lines of the normal antenatal visits. Extra visits can be squeezed in or the numbers altered. Any treatment given that is to be recorded is written in pen on the graph. The use of different colours would be helpful.

Conclusions

The advantage of such a chart is that any variations from the normal is more easily discernible. Although there are less home confinements carried out by general practitioners today, there is more antenatal care, with the patient being referred back to the hospital at the 32nd or 34th week. The chart may be sent to the hospital with the patient. It could be completed in hospital and a flimsy photocopy returned to the general practitioner for his records. The front and back of the form could be similar to the EC24 R/2 form, or perhaps these also could be revised. My charts may not be the most acceptable, and the squares are on the small size, but I do feel that charting the findings we obtain at antenatal examinations is a much more satisfactory way of recording results.

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