

# Self-disclosure - Registration for labour at the Hospital St. Elisabeth and St. Barbara Halle

Version: 16.03.2020

## Please fill out the questionnaire during the time period of 34 - 36 weeks of pregnancy!

Dear expectant mother, to limit the personal contacts during the corona-crisis to the necessary current need, personal contacts for the registration of birth occur only if required.

Precautionary we ask you to get a referral „Überweisung zur Geburtsplanung“ from your gynaecologist. On the basis of this self-disclosure questionnaire, the “Mutterpass” and the referral to the birth registration we will decide, if a personal consultation is needed. If we should determine reasons for a personal consultation, we will inform you. Therefore we ask you to name a reliable contact opportunity (e.g. mobile phone). If there is no personal consultation needed, we prepare your birth-record and ask you to present yourself with contractions, when your water breaks, or bleeding (!) at the delivery ward. As long as your pregnancy shows an inconspicuous progression you will receive routine examinations by your gynaecologist and your midwife.

We wish you a good pregnancy and will be pleased with your first acquaintance.

Dr. Sven Seeger, Head of department of obstetrics

Ideally you present the filled form to your gynaecologist / midwife before consignment. Send the questionnaire, a copy of the „Mutterpass“, important results / doctor's reports as well as a copy of the referral using one of the following options:

E-Mail: [anmeldung-geburt@krankenhaus-halle-saale.de](mailto:anmeldung-geburt@krankenhaus-halle-saale.de) (preferred option)

Fax: (0345) 213 4429

Post: Hospital St. Elisabeth und St. Barbara, Kreißsaal, Mauerstr. 5, 06110 Halle (Saale)

Surname, First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Attending gynaecologist: \_\_\_\_\_

Antenatal classes:  No /  Yes Name of the midwife: \_\_\_\_\_

Postnatal classes:  No /  Yes Name of the midwife: \_\_\_\_\_

Do you have a pediatrician yet?  No /  Yes Name of the doctor: \_\_\_\_\_

**Expected delivery date in accordance with the “Mutterpass”:**

Unfortunately we have to start with some questions concerning the risk of infection of the Coronavirus Disease (COVID-19). Naturally, we supervise you in case of an infection or the suspicion of an infection without any restrictions! These questions are needed for the maximal security for you, your baby, other expectant women and the staff.

Do you have or did you have the Coronavirus Disease?  No /  Yes

Did you have fever, breathlessness or cough during the last 4 weeks?  No /  Yes

Have you been in a risk area of the COVID-19 during the last 14 days?  No /  Yes

Did you have contact to a person with a proven infection of the COVID-19?  No /  Yes

**\*\*\* PLEASE DO NOT FORGET TO SEND THE COPY OF YOUR „MUTTERPASS“! \*\*\***



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## Information on prior pregnancies

### Number of prior births

Numbers of abortions / interruptions / ectopic pregnancies:

Miscarriages after the 20th Week of pregnancy?

If so, further information:


Information on prior pregnancies / births / childbed						
Year	Was it a preterm birth <37 weeks? If yes, which week?	Birth: vaginal delivery, Caesarean Section, assisted vaginal birth?	Did you have birth injuries?	Birth weight	Did you have problems during the pregnancy / birth / childbed?	Is the child healthy? If not, further information:

Further information to prior pregnancies which seem important to you:  
(If there is not enough space, feel free to add an appendix)

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## Information on your medical history

1. Do you have allergies (including to medications)?  No /  Yes  
If yes, please specify:  
\_\_\_\_\_
2. Did you ever had a thrombosis?  No /  Yes  
If yes, further information:  
\_\_\_\_\_
3. Do you have a higher bleeding tendency? Do you have relatives with a higher bleeding tendency? (not caused by medication)  No /  Yes  
If yes, further information:  
\_\_\_\_\_
4. Do you have prior illnesses?  No /  Yes  
If yes, further information (e.g. diabetes, epilepsy, illnesses of heart, lung, liver, kidneys, central nervous system, mental)  
\_\_\_\_\_

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5. Have you ever had surgery?  No /  Yes

If yes, further information:

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6. Do you take any current medication?  No /  Yes

If yes, please list it (excluding vitamins, iodine and folic acid precautionary for the pregnancy):

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## Information to the current pregnancy

7. Prenatal diagnostics (PND): Did any special examination beyond the routine precaution occur?

First trimester screening

Anomaly Scan

Amniotic fluid test (Amniocentesis) / Chorionic villus sampling

Not-invasive Prenatal test (blood sample of the mother for chromosome analysis of the child, e.g. Fetalis-, Harmony-, Veracity-Test)

8. Were or are there any specialities during performed ultrasound scans?  No /  Yes

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9. Risks of pregnancy: Did you have any problems or conspicuous results during the current pregnancy?

(If so, please mark with a cross)

Multiple pregnancy

Gestational hypertension/ high blood pressure (Preeclampsia)  Gestational diabetes

--> if yes:  without Insulin or  with insulin (please transmit your blood sugar levels)

Fetal growth restriction (the child is too small)

The child does not show a head-first presentation yet (see also information "Beckenendlage" on our homepage)

Other problems / risks:

10. Are there special wishes regarding your upcoming birth?

(If there is not enough space, please add an appendix)

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\_\_\_\_\_

Date

\_\_\_\_\_

Signature of the expectant mother  
(or the custodian)

### FILLED IN BY STAFF

Eingang Datum / HZ: \_\_\_\_\_

SSW aktuell: \_\_\_\_\_

Akte angelegt:  Ja

Vorstellung notwendig:  Nein /  Ja

Grund: \_\_\_\_\_

Patn. informiert / HZ:  Ja / \_\_\_\_\_ Wann? /

Wie?: \_\_\_\_\_

Termin Vorstellung: