

Self-disclosure / Advance registration for birth

Dear parents-to-be,

We are delighted that you have chosen to give birth at St. Georg Hospital.

We would like to use this questionnaire to obtain information about your medical history in order to complete your birth registration and provide individualized support for the birth of your child.

Procedure:

- Please fill out the form.
- Copy/scan all pages of your maternity records.
- Copy/scan all other relevant findings (detailed diagnostics, special laboratory findings, etc.).
- If you have any questions, please contact us at: 0341 909-3535.
- **Please ensure that your contact details are accurate so that we can reach you if we have any questions.**
- Pregnant minors must sign together with their legal guardian.

Options for sending all documents:

By email: elternschule@sanktgeorg.de

By post:

Klinikum St. Georg gGmbH

Delitzscher Str. 141

04129 Leipzig

Thank you for your support. We look forward to welcoming you to our delivery room soon!

Your midwife team at St. Georg

Personal details:

Last name:

First name:

Date of birth:

Occupation:

Cell phone number:

Marital status:

Child's last name

(if already known):

Last menstrual period:

Expected date of birth:

Attending

gynaecologist:

Attending midwife

(postpartum care):

Accompanying person / Emergency contact:

Last name:

First name:

Relationship:

Date of birth:

Cell phone number:

↑ Please ensure that your details are correct ↑

Family medical history:

Are there any chronic or treatable conditions or congenital malformations in your family? If so, which ones?

Relative	Diagnosis/illness
Child's father	
Mother of the child's mother	
Father of the child's mother	
Siblings	
Grandparents	

Pregnancy history:

How many times have you given birth?

How many times have you been pregnant?

Number of miscarriages:

Number of abortions:

Was there a manual exploration of the uterine cavity? yes / no

Number of ectopic pregnancies:

Previous pregnancies and/or births:

Date	Week of pregnancy	Spontaneous birth, Vacuum extraction, Cesarean section	Birth injury, Episiotomy	Gender	Weight	Were there any special circumstances during pregnancy, birth, or the postpartum period?

If you would like to provide us with further information about your pregnancies, please use the following lines:

Information about your medical history

1. Do you have any chronic/congenital disease or disease requiring treatment?

☐ Yes

☐ No

2. Are you taking any medication?

If yes, which ones? (Vitamins, dietary supplements, insulin, Fragmin, heparin)

3. Have you ever had surgery? ☐ yes ☐ no

If yes, which operations (with year)?

(especially operations on the uterus/ovaries/abdomen)

Were there any special circumstances during or after anesthesia? ☐ yes ☐ no
(e.g., side effects)

4. Have you ever received a blood transfusion? ☐ yes ☐ no

If yes, when?

Were there any issues with compatibility?

5. Do you have any allergies? ☐ yes ☐ no

(e.g., medications, bandages, antibiotics, latex)

If yes, which ones?

6. Are you prone to excessive bleeding? Do you or your relatives have an increased tendency to bleed or a known bleeding disorder? ☐ yes ☐ no

7. Do you have an infectious diseases? ☐ yes ☐ no
(e.g., hepatitis, HIV, tuberculosis)

8. Do you wear glasses or contact lenses? ☐ yes ☐ no
If yes, what is your diopter value?

9. Do you smoke? ☐ yes ☐ no
If yes, how many cigarettes per day?

10. Do you drink alcohol during pregnancy? ☐ yes ☐ no
If yes, how often?

11. Do you use drugs or have you used drugs immediately prior to pregnancy? If yes, which ones and during what period? ☐ yes ☐ no

Information about your current pregnancy

- Height:
- Weight before pregnancy:

Prenatal diagnostics:

- Were any additional tests performed in addition to the routine prenatal care? Please check the appropriate box:
 - ☐ First trimester screening
 - ☐ Ultrasound to rule out malformations/detailed diagnostics
 - ☐ Amniocentesis/chorionic villus sampling
 - ☐ Non-invasive prenatal testing (NIPT = blood sample from the pregnant woman for chromosomal testing of the fetus)
- Were there any abnormalities during the examinations?
(regarding amniotic fluid, placenta, or your child) ☐ yes ☐ no

- Are you aware of any risk factors?
Please tick the relevant boxes:
 - ☐ Multiple pregnancy
 - ☐ Gestational diabetes, if yes: ☐ with insulin ☐ without insulin
 - ☐ High blood pressure
 - ☐ History of preeclampsia // HELLP syndrome
 - ☐ Previous cesarean section
 - ☐ Baby is not in head-down position
 - ☐ The placenta is located in front of the cervix

Attention!

The last part of the pre-registration form asks about possible experiences of violence. Answering these questions is voluntary.

If this topic is difficult for you and you would like support, we are here for you.

Further points of contact:



or in Leipzig:

Bellis e.V.

Opferschutz und Gewaltprävention

<https://bellis-leipzig.de/>

Wir beraten Sie gern:

Weißenfeller Str. 48a
04229 Leipzig

(durch den Hof, im Hinterhaus)

Mail: beratung@bellis-leipzig.de

Tel: (0341) 39285565

Telefonsprechzeiten*:

Di 14-16
Do 11-13

*in der Regel sind wir Mo-Fr. Von 10-16 Uhr erreichbar
(falls nicht: bitte hinterlassen Sie uns eine Nummer
auf dem Anrufbeantworter, wenn Sie einen Rückruf
wünschen)

Now we have one last question, which you don't have to answer if you don't want to.
We know that people experience violence and that it can be very difficult to talk about it.
We have therefore made it a habit to openly address possible violence and to ask about it in our pre-registration form.

Therefore, we would like to ask you: Have you ever experienced violence in your life?

☐ yes

☐ no

Violence can take many forms: Have you experienced physical, psychological, and/or sexualised violence/sexual abuse?

If the answer is yes, we have some more questions for you, which you only need to answer if you want to.

Who committed the violence?

When did this occur?

Are there any triggers?

In other words, are there certain touches, words, or situations that are particularly stressful for you or that we should avoid?

Has the experience been processed and worked through (e.g., in psychotherapy)?

☐ yes

☐ no

Have you learned strategies for dealing with challenging situations?

If yes, which ones?

Is there anything else you would like to tell us about the birth?

Do you have any special requests? (Water birth, family room, etc.)

Date

Signature