

[illegible]

Midwifery Assessment Sheet for Potential manual Handling Risks

Identification or Patient identity sticker

Surname

Forename(s)

Hospital No.

Is woman fully mobile?		If not mobile, describe problem below & write specific management overpage	Date	Signature
At Booking	Yes / No			
On Admission	1 Yes / No			
	2 Yes / No			
	3 Yes / No			
	4 Yes / No			
	5 Yes / No			
	6 Yes / No			
Activities	Potential	Generic plan followed (GPF) (with any amendments)	Date	Signature
	Risks	Specific plan formulated (SPF) (write plan overpage)		
Support during Labour	Yes / No			
Using birthing pool	Yes / No			
Epidural	Yes / No			
Suturing	Yes / No			
Surgery	Pre-Op Yes / No			
	In Theatre Yes / No			
	Post-Op Yes / No			
Breast feeding	Yes / No			
Baby bathing	Yes / No			
Help in toilet / bath area	Yes / No			
Transfer between areas	Yes / No			

Generic risk assessments and Management plans - located in policy folder appropriate to each area of care

Specific risk assessments and Management jointly planned with all concerned and readily available at all times