



Prenatal Record Part 1A

1. Patient's name	Date of Birth DD / MM / YYYY	Age at EDD
Maiden name	Ethnic origin	Language preferred
Occupation	Education	# of children at home
Partner's name (optional)	Ethnic origin of newborn's father (optional)	Partner's occupation (optional)
Living arrangements	Intended Birthplace	

Surname	Given name
Address	Home Community
Phone number	
Hospital chart number	HCP #

2. Allergies None known Yes (reaction)

Medications/Herbals/OTC/Vitamins at first visit

3. Obstetrical History		Gravida	Term	Preterm	Abortion (Ind. Spon. Ectop.)	Living	Children			
Date	Place of birth/abortion	Gest. age	Hrs. in labour	Type of birth	Perinatal complications	Sex	Birth weight	Breastfed	Present health	

Please see page 1A & 2A Supplementary for additional pregnancies. GN1079/1011-F55/1011a

4. LMP (DD/MM/YYYY)	Certain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Menses cycle	Contraceptives	When stopped (DD/MM/YYYY)	EDD by dates (DD/MM/YYYY)	Confirmed EDD (DD/MM/YYYY) based on U/S
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5. Present Pregnancy

No *Yes (specify)*

Bleeding _____

Nausea _____

Infections or fever _____

Planned adoption
 No Yes Uncertain
 Custom Other _____

Other _____

7. Medical History

No *Yes (specify)*

Surgery/Anesthesia _____

Blood Transfusion _____

Asthma/Lung _____

Current TB _____

Uterine/Cx procedure _____

STIs/Genital Herpes _____

Susceptible to varicella _____

Susceptible to rubella _____

Susceptible to toxoplasmosis _____

Thromboembolic/coag. _____

Hypertension/Cardiac _____

GI _____

Urinary/Renal _____

Endocrine/diabetes _____

Thyroid _____

Neurologic/Seizure _____

Hx of mental illness _____

Other _____

8. Lifestyle & Social

Discussed *Concerns Referred*

Diet/Food Security _____

Folic acid/Vitamin D/Prenatal Vitamins _____

Alcohol Never Yes Quit (DD/MM/YYYY) _____

Drinks/wk: before pregnancy _____ current _____

Binge drinking No Yes

TWEAK (if drinking) score _____ (see 2B)

Cannabis use in pregnancy No Yes

Other substance use No Yes

Specify:

Smoking Never Quit (DD/MM/YYYY) _____

Cig/day: before pregnancy _____ current _____

Exposure 2nd hand smoke No Yes

Financial _____

Housing _____

Support system _____

Intimate Partner Violence _____

9. Physical Examination

Date (DD/MM/YYYY)	BP	Height (cm)	Initial weight (kg)	Initial BMI
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Head & neck Heart & lungs Pelvic exam (PRN) Other

Dental Abdomen

10. First trimester topics discussed

<input type="checkbox"/> Prenatal bloodwork	<input type="checkbox"/> Dental care	<input type="checkbox"/> Sexual relations
<input type="checkbox"/> Comprehensive U/S	<input type="checkbox"/> Prenatal classes/CPNP/CHR	<input type="checkbox"/> Seat belt use
<input type="checkbox"/> Prenatal Genetic Screening	<input type="checkbox"/> Food safety	<input type="checkbox"/> Child care during confinement
<input type="checkbox"/> Physical activity/rest	<input type="checkbox"/> Vaccines	<input type="checkbox"/> Plans to breastfeed

Yes No Maybe

Notes if abn:

11. Risk factors summary – See Risk Assessment Guide on reverse

Signature: _____ MD/RM/RN Date: _____

RISK ASSESSMENT GUIDE

PAST OBSTETRICAL HISTORY

- Pregnancy loss (12–20 weeks)
- Cesarean birth (uterine surgery)
- Recurrent abortion (3+)
- Gestational hypertension/preeclampsia
- IUGR baby
- Newborn > 4000 g
- Major congenital anomalies
- Neonatal death
- Placental abruption
- Postpartum hemorrhage
- Preterm birth (<37 weeks)
- Rh isoimmunization
- Stillbirth
- Known uterine abnormality
- History of intrahepatic cholestasis of pregnancy
- History of mental health concerns

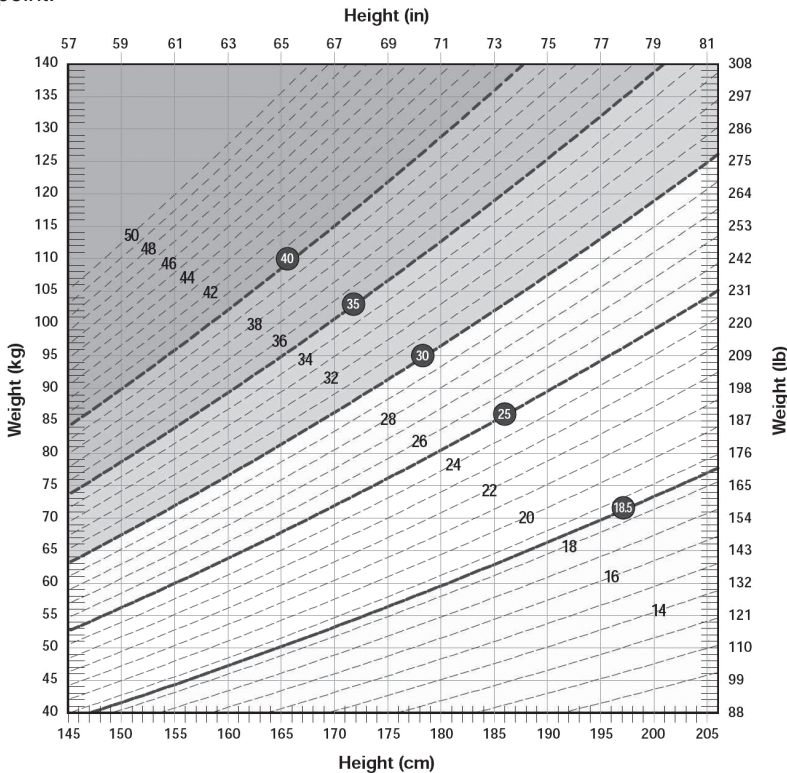
PROBLEMS IN CURRENT PREGNANCY

- Alcohol/cannabis/other drug use
- Anemia (<110 g per L)
- Bleeding after 10 weeks
- Abnormal prenatal blood group and screen
- Breasts – no change in size, inverted nipple(s)
- Decreased fetal movement
- Mental health concerns
- Diagnosis of large for dates
- Diagnosis of small for dates (IUGR)
- Gestational diabetes
- Gestational hypertension/preeclampsia
- Malpresentation in third trimester
- Membranes rupture before 37 weeks
- Multiple pregnancy
- Placenta – low lying or previa
- Polyhydramnios or oligohydramnios
- Poor weight gain 26 – 36 weeks (< .5 kg / wk or weight loss)
- Pregnancy > 42 weeks
- Preterm labour
- Proteinuria 1+ or greater
- Smoking any time during pregnancy

MEDICAL HISTORY

- Diabetes (IDDM, Diet controlled)
 - GDM (Insulin or Diet controlled)
 - Cardiac disease
 - BP 140 / 90 or greater
 - Anti-hypertensive drugs
 - Chronic renal disease
 - Obesity (Pre-preg BMI > 30)
 - Venous thromboembolism risks
 - Anesthetic risks
- Other**
- Age under 18 at delivery
 - Age 40 or over at delivery
 - Pre-preg BMI < 18.5
 - Hx breastfeeding difficulties
 - Other medical disorders (eg. epilepsy, severe asthma, pulmonary disease, obstructive sleep apnea, lupus, etc.)
 - Uterine/cervical procedures/surgeries

To estimate Pre-pregnancy BMI, locate the point on the chart where height and weight intersect. Read the number on the dashed line closest to this point.



Recommended Weight Gain

Classification	BMI	Recommended Total Wt Gain (Kg)
Underweight	<18.5	12.5 – 18
Normal	18.5 – 24.9	11.5 – 16
Overweight	25 – 29.9	7 – 11.5
Obese I	30 – 34.9	5 – 9
Obese II	35 – 39.9	
Obese III	>40	

Source: Health Canada. Canadian Guidelines for Body Weight Classification in Adults. Ottawa: Minister of Public Works and Government Services Canada; 2003.

12. Birth Place		Age at EDD	Confirmed EDD (DD/MM/YYYY)
13. Investigations/Result		Initial Serology (DD/MM/YYYY)	24 to 28 Wks (DD/MM/YYYY)
ABO group	Rh factor	HBsAg:	Syphilis:
		Syphilis:	Hgb:
		HIV:	Ferritin:
Antibody screen (DD/MM/YYYY) Results		Hep C:	Gonorrhea (urine PCR):
1		Rubella IgG (if indicated):	Chlamydia (urine PCR):
2		Varicella IgG (if indicated):	HIV if HR:
		Hgb:	Toxo IgG _____ IgM _____
Rhig given (DD/MM/YYYY)		Ferritin:	35 to 37 Wks (DD/MM/YYYY)
		HbA1c (if HR):	Syphilis:
PP immunization required:		Toxo IgG _____ IgM _____	Hgb:
<input type="checkbox"/> Rubella <input type="checkbox"/> Varicella		Other:	Gonorrhea (urine PCR):
MSS/NIPT		Initial Cultures (DD/MM/YYYY)	Chlamydia (urine PCR):
Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Urine C&S:	Toxo IgG _____ IgM _____
Results		Gonorrhea (urine PCR):	GDM screen:
GBS: <input type="checkbox"/> Pos <input type="checkbox"/> Neg		Chlamydia (urine PCR):	50 G GCT
(DD/MM/YYYY)		Other:	Date: (DD/MM/YYYY)
Pap (if due): (DD/MM/YYYY)			Result:
Tdap: (DD/MM/YYYY)			2Hr 75 G OGTT (if indicated)
			Date: (DD/MM/YYYY)
			Result:

Surname _____ Given name _____

Address _____ Home Community _____

Phone number _____

Hospital chart number _____ HCP # _____

Ultrasound		
Date	GA	Result

14. Date	GA (w/d)	Fundus (cm)	Wt. (kg)	B.P.	FHR	FM	Pres.	Comments	Next visit	Initial

Please see page 1A & 2A Supplementary for additional pregnancies and prenatal visits. Sign and initial Signature Sheet

15. Second & Third Trimester Topics Discussed

<input type="checkbox"/> Preterm labour	<input type="checkbox"/> Pain mgmt.	<input type="checkbox"/> Newborn Hep B	<input type="checkbox"/> Newborn screening
<input type="checkbox"/> Vitamin D	<input type="checkbox"/> Contraception	<input type="checkbox"/> Newborn VitK	<input type="checkbox"/> Infant safe sleep
<input type="checkbox"/> Birth plan	<input type="checkbox"/> Cesarean/VBAC	<input type="checkbox"/> Edinburgh Perinatal Depression Screen	<input type="checkbox"/> Breastfeeding
<input type="checkbox"/> Symptoms of Preeclampsia	<input type="checkbox"/> Fetal movements	<input type="checkbox"/> PROM	<input type="checkbox"/> Car seat

15.a Plan for Child Care During Confinement

<p>16. Referrals, Follow-up</p> <p><input type="checkbox"/> Dietitian</p> <p><input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> Obstetrician</p> <p><input type="checkbox"/> Income Support/Housing</p> <p><input type="checkbox"/> Other (please specify):</p> <p>Adoption Plan in Place (if required):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required</p>	<p>17. Summary of Risk Factors – See back of 1A</p> <p>Signature: _____ MD/RM/RN Date: _____</p>
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Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

SCORING GUIDE

1. I have been able to laugh and see the funny side of things
 - 0 As much as I always could
 - 1 Not quite so much now
 - 2 Definitely not so much now
 - 3 Not at all
2. I have looked forward with enjoyment to things
 - 0 As much as I ever did
 - 1 Rather less than I used to
 - 2 Definitely less than I used to
 - 3 Hardly at all
3. I have blamed myself unnecessarily when things went wrong
 - 3 Yes, most of the time
 - 2 Yes, some of the time
 - 1 Not very often
 - 0 No, never
4. I have been anxious or worried for no good reason
 - 0 No, not at all
 - 1 Hardly ever
 - 2 Yes, sometimes
 - 3 Yes, very often
5. I have felt scared or panicky for no very good reason
 - 3 Yes, quite a lot
 - 2 Yes, sometimes
 - 1 No, not much
 - 0 No, not at all
6. Things have been getting on top of me
 - 3 Yes, most of the time I haven't been able to cope
 - 2 Yes, sometimes I haven't been coping as well as usual
 - 1 No, most of the time I have coped quite well
 - 0 No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping
 - 3 Yes, most of the time
 - 2 Yes, sometimes
 - 1 Not very often
 - 0 No, not at all
8. I have felt sad or miserable
 - 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Not very often
 - 0 No, not at all
9. I have been so unhappy that I have been crying
 - 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Only occasionally
 - 0 No, never
10. The thought of harming myself has occurred to me
 - 3 Yes, quite often
 - 2 Sometimes
 - 1 Hardly ever
 - 0 Never

A score of 1–3 to item 10 indicating a risk of self-harm, requires immediate mental health assessment and intervention as appropriate.

Scoring of 11 – 13 range, monitor, support, and offer education.

Scoring of 14 or higher, follow up with comprehensive bio-psychosocial diagnostic assessment for depression.

Source: Cox, JL Cox, Holden, JM, Sagovsky, R (1987)
Department of Psychiatry, University of Edinburgh

TWEAK SCORING GUIDE

T	<p>Tolerance: “How many drinks does it take to make you feel high?” (Or this can be modified to “How many drinks can you hold?”) Record number of drinks.</p>	<p>3 or more drinks = 2 points</p>
W	<p>Worry: “Have close friends or relatives worried or complained about your drinking in the past year?”</p>	<p>Yes = 2 points</p>
E	<p>Eye-Opener: “Do you sometimes have a drink in the morning when you first get up?”</p>	<p>Yes = 1 point</p>
A	<p>Amnesia (Blackout): Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?</p>	<p>Yes = 1 point</p>
K (C)	<p>Cut Down: “Do you sometimes feel the need to cut down on your drinking?”</p>	<p>Yes = 1 point</p>

A score of 2 or more points indicates a risk of a drinking problem.

Source: Russell, M (1994). *New Assessment tools for risk drinking during pregnancy: T-ACE, TWEAK and others.* Alcohol Health and Research World.

Location of Placenta

Overview/Summary at 35–37 weeks	
EDD _____	Hgb 3 rd Trimester _____
G _____ P _____ Blood Type _____	Gonorrhea _____ Chlamydia _____
Syphilis _____	GBS (DD/MM/YYYY) _____
Toxo IgG _____ IgM _____ (if indicated)	
Allergies _____	Risk Factors _____

Surname _____	Given name _____
Address _____	Home Community _____
Phone number _____	
Hospital chart number _____	HCP # _____

14. Prenatal Assessments (supplementary):

Date	GA (w/d)	Fundus (cm)	Wt. (kg)	B.P.	FHR	FM	Pres.	Comments	Next visit	Initial
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3. Obstetrical History (continued)		Gravida	Term	Preterm	Abortion (Ind. Spon. Ectop.)	Living	Children			
Date	Place of birth/abortion	Gest. age	Hrs. in labour	Type of birth	Perinatal complications		Sex	Birth weight	Breastfed	Present health

Adapted with permission from Perinatal Services BC
GN1079/1011-F55/1011 (2023)

LMP _____
Confirmed EDD _____

Surname _____ Given name _____
Address _____ Home Community _____
Phone number _____
Hospital chart number _____ HCP # _____

Sign and initial Signature Sheet: Initial in box when complete.

BLOOD WORK AND INVESTIGATION	CULTURE	OTHER
Initial Prenatal Visit DD / MM / YYYY		
<input type="checkbox"/> HBsAg <input type="checkbox"/> Syphilis <input type="checkbox"/> HIV <input type="checkbox"/> HepC <input type="checkbox"/> Rubella IgG (if indicated) <input type="checkbox"/> Varicella IgG (if indicated) <input type="checkbox"/> CBC/Hgb <input type="checkbox"/> Ferritin <input type="checkbox"/> ABO, Rh and Antibodies <input type="checkbox"/> Screen for DM/GDM if HR with HbA1c <input type="checkbox"/> Screen for toxoplasmosis <input type="checkbox"/> Pap – if <10 weeks and indicated <input type="checkbox"/> Provide info on MSS/NIPT	<input type="checkbox"/> Urine C & S (indicate 'pregnant' on req.) <input type="checkbox"/> Gonorrhea (urine PCR) <input type="checkbox"/> Chlamydia (urine PCR) <i>(see Guidelines for obtaining urine for testing)</i> <input type="checkbox"/> BV (if previous PROM or PTB)	<input type="checkbox"/> Request previous birth records. Review OBS and medical history <input type="checkbox"/> Flag chart as prenatal <input type="checkbox"/> See q 4 weeks until 28 weeks <input type="checkbox"/> Script/dispense prenatal vit and Vit D <input type="checkbox"/> Consult with MD/RM if high risk for HTN/preeclampsia: maternal age >40 or <18; pre-existing HTN or previous preeclampsia or preterm birth: BMI > 35; DM/GDM <input type="checkbox"/> Book for MD/RM visit if available <input type="checkbox"/> Book early U/S for dating if available, MD referral <input type="checkbox"/> Consider booking comp U/S for 18 – 20 wks <input type="checkbox"/> Dental Appt. if available <input type="checkbox"/> Refer to prenatal classes/CPNP/CHR <input type="checkbox"/> Initial prenatal review by Region
15 to 20 weeks DD / MM / YYYY		
<input type="checkbox"/> Counsel on Prenatal Genetic Screening and draw blood (MSS or NIPT) if client requests		<input type="checkbox"/> Book U/S for 18-20 weeks <input type="checkbox"/> MD/RM Visit
18 to 20 weeks DD / MM / YYYY		
		<input type="checkbox"/> Start measuring SFH – contact MD/RM if OoR <input type="checkbox"/> Comprehensive U/S conducted <input type="checkbox"/> Confirm EDD with U/S and review with mother
24 to 28 weeks DD / MM / YYYY		
<input type="checkbox"/> Repeat Antibody Screen <input type="checkbox"/> Repeat syphilis and CBC/Hgb/Ferritin <input type="checkbox"/> Repeat HIV if HR <input type="checkbox"/> Repeat Toxo Screen if indicated GDM Screen <input type="checkbox"/> 50 Gm 1 hr GCT <input type="checkbox"/> Follow with 75 Gm 2 hr OGTT (if GCT is 7.8–11.0 mmol/l)	<input type="checkbox"/> Gonorrhea (urine PCR) <input type="checkbox"/> Chlamydia (urine PCR)	<input type="checkbox"/> Start to see q 2 weeks at 28 weeks until 34 weeks <input type="checkbox"/> Book MD/RM visit <input type="checkbox"/> If Rh negative give ant-D immune globulin at 28 weeks <input type="checkbox"/> Tdap at 21 to 32 gest. weeks <input type="checkbox"/> Review Risk Assessment <input type="checkbox"/> Teach awareness of fetal movement
30 to 34 weeks DD / MM / YYYY		
<input type="checkbox"/> Give patient complete copy of PR to take to Place of Birth <input type="checkbox"/> Fax PR to Place of Birth once travel date known		<input type="checkbox"/> See weekly from 34 weeks <input type="checkbox"/> Review date of transfer <input type="checkbox"/> Scan initial part of PR and upload to Meditech <input type="checkbox"/> Check arrangements have been made for travel and appointment at Place of Birth Travel day _____ @ _____ weeks <input type="checkbox"/> CHN to collate Clinical Record in preparation for transfer
35 to 37 weeks DD / MM / YYYY		
<i>Done at HC or Place of Birth</i> <input type="checkbox"/> Repeat syphilis <input type="checkbox"/> Repeat CBC/Hgb <input type="checkbox"/> Repeat Toxo Screen if indicated	<i>Done at HC or Place of Birth</i> <input type="checkbox"/> Gonorrhea & Chlamydia (urine PCR) <input type="checkbox"/> Swab for GBS	

Surname	Given name
Address	Home Community
Phone number	
Hospital chart number	HCP #

Preeclampsia – low-dose Aspirin:

Consult with MD about use of low-dose ASA starting before 16 weeks and discontinued by 36 weeks for pregnant women at risk of preeclampsia. In addition, these women should be tested for proteinuria at the initial prenatal visit.

Box 2. Clinical risk factors for preeclampsia that can be identified in early pregnancy^a

	High risk factors (any 1)	Moderate-risk factors (2 or more)
Pregnancy history	Prior preeclampsia	<ul style="list-style-type: none"> • Prior placental abruption • Prior stillbirth • Prior FGR
Demographics	Pre-pregnancy BMI >30 kg/m ²	Maternal age >40 y
Pre-existing medical conditions	<ul style="list-style-type: none"> • Chronic hypertension • Pre-gestational diabetes mellitus • Chronic kidney disease^b • Systemic lupus erthematosus/antiphospholipid antibody syndrome^b 	
Current pregnancy	Assisted reproductive therapy	<ul style="list-style-type: none"> • Nulliparity • Multifetal pregnancy

Reproduced with permission from Magee LA, Brown MA, Hall DR, et al. The 2021 International Society for the Study of Hypertension in Pregnancy classification, diagnosis & management recommendations for international practice. *Pregnancy Hypertens.* 2021;27:148-69.¹³⁴ Source: modified from Bartsch et al.⁴⁷

^aWomen are considered to be increased risk of preeclampsia if they have at least 1 high-risk factor, or at least 2 moderate-risk factors.

^bListed as high-risk (rather than moderate risk as in Bartsch *et al*⁴⁷).

BMI: body mass index; FGR: fetal growth restriction.

NB: Other individuals may have a combination of risk factors that warrants ASA prescription – this decision can be individualized for each client.

Symptoms of preeclampsia, in addition to hypertension (plus or minus proteinuria):

- sudden swelling of the face, hands or feet
- rapid weight gain - more than 1 kg (2 lb) a week or 3 kg (6 lb) a month.
- headache not responding to usual treatment
- vision problems, such as blurring or flashing
- right upper quadrant or epigastric pain
- chest pain
- neurological deficits
- reduced urination
- problems breathing
- vomiting.

Criteria for High Risk of DM/GDM:

In first trimester screen for DM/GDM only if high risk – defined as 1 or more of:

- maternal age >35 years
- obesity (pre-pregnancy body mass index >30 kg/m²),
- ethnicity (First Nations, African, Asian, Hispanic, South Asian),
- family history of diabetes,
- polycystic ovary syndrome,
- acanthosis nigricans,
- systematic corticosteroid use,
- previous pregnancy with GDM, or
- previous macrosomic infant (>4,000 gms)
- History of prediabetes (impaired glucose tolerance, impaired fasting glucose or HbA1c 6.0-6.4%)



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 Building *Nunavut* Together
Nunavut iuqatigiingniq
 Bâtir le *Nunavut* ensemble

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 Department of Health
 Munaqhiliqiyitkut
 Ministère de la Santé

(Client's Identification Label Here)

Signature Sheet

Date DD/MM/YYYY	Name (Print)	Signature	Initial	Designation