



Prenatal Record Part 1A

1. Patient's name		Date of birth (DD/MM/YYYY)	Age at EDD		
Maiden name		Ethnic origin	Language preferred	Surname	Given name
Occupation		Education	# of children at home	Address	Home Community
Partner's name (optional)		Ethnic origin of newborn's father (optional)	Partner's occupation (optional)	Phone number	
Living arrangements		Intended Birthplace		Hospital chart number	HCP #

2. **Allergies** None known Yes (reaction) **Medications/Herbals/OTC/Vitamins at first visit**

3. Obstetrical History		Gravida	Term	Preterm	Abortion (Induced _____ Spontaneous _____)	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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<p>5. Present Pregnancy</p> <p>No <i>Yes (specify)</i></p> <p><input type="checkbox"/> Bleeding _____</p> <p><input type="checkbox"/> Nausea _____</p> <p><input type="checkbox"/> Infections or fever _____</p> <p><input type="checkbox"/> Planned adoption <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Uncertain <input type="checkbox"/> Custom <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Other _____</p>	<p>7. Medical History</p> <p>No <i>Yes (specify)</i></p> <p><input type="checkbox"/> Surgery/Anesthesia _____</p> <p><input type="checkbox"/> Blood Transfusion _____</p> <p><input type="checkbox"/> Asthma/Lung _____</p> <p><input type="checkbox"/> Current TB _____</p> <p><input type="checkbox"/> Uterine/Cx procedure _____</p> <p><input type="checkbox"/> STIs/Genital Herpes _____</p> <p><input type="checkbox"/> Susceptible to chicken pox _____</p> <p><input type="checkbox"/> Susceptible to toxoplasmosis _____</p> <p><input type="checkbox"/> Thromboembolic/coag. _____</p> <p><input type="checkbox"/> Hypertension/Cardiac _____</p> <p><input type="checkbox"/> GI _____</p> <p><input type="checkbox"/> Urinary / Renal _____</p> <p><input type="checkbox"/> Endocrine / diabetes _____</p> <p><input type="checkbox"/> Thyroid _____</p> <p><input type="checkbox"/> Neurologic / Seizure _____</p> <p><input type="checkbox"/> Hx of mental illness _____</p> <p><input type="checkbox"/> Other _____</p>	<p>8. Lifestyle & Social</p> <p><i>Discussed Concerns Referred</i></p> <p><input type="checkbox"/> Diet/Food Security _____ <input type="checkbox"/></p> <p><input type="checkbox"/> Folic acid / Vitamin D/ Prenatal Vitamins _____</p> <p><input type="checkbox"/> Alcohol <input type="checkbox"/> Never <input type="checkbox"/> Yes <input type="checkbox"/> quit (DD/MM/YYYY) Drinks/wk: before pregnancy _____ current _____ Binge drinking <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p><input type="checkbox"/> TWEAK (if drinking) score _____ (see 2B)</p> <p><input type="checkbox"/> Marijuana use in pregnancy <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Other substance use <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify:</p> <p><input type="checkbox"/> Smoking <input type="checkbox"/> never <input type="checkbox"/> quit (DD/MM/YYYY)</p> <p>Cig/day: before pregnancy _____ current _____ <input type="checkbox"/></p> <p><input type="checkbox"/> Exposure 2nd hand smoke <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Financial _____ <input type="checkbox"/></p> <p><input type="checkbox"/> Housing _____ <input type="checkbox"/></p> <p><input type="checkbox"/> Support system _____ <input type="checkbox"/></p> <p><input type="checkbox"/> Intimate Partner Violence _____ <input type="checkbox"/></p>
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9. Physical Examination				
Date (DD/MM/YYYY)	BP	Height (cm)	Pre-pregnant weight (kg)	Pre-pregnant BMI

Head & neck	Abdomen
Dental	Musculoskeletal
Breasts & nipples	Varices & skin
Heart & lungs	Pelvic exam (PRN)

10. First Trimester Topics Discussed:		<input type="checkbox"/> Food safety	Plans to breastfeed
<input type="checkbox"/> Prenatal bloodwork	<input type="checkbox"/> Physical activity/ rest	<input type="checkbox"/> Flu Vaccine	<input type="checkbox"/> Yes
<input type="checkbox"/> Comprehensive U/S	<input type="checkbox"/> Dental care	<input type="checkbox"/> Sexual relations	<input type="checkbox"/> No
<input type="checkbox"/> Prenatal Genetic Screening	<input type="checkbox"/> Prenatal classes/CPNP/CHR	<input type="checkbox"/> Seat belt use	<input type="checkbox"/> Maybe

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)
- Habitual abortion (3+)
- Hypertensive disorders of pregnancy
- IUGR baby
- Macrosomic baby
- Major congenital anomalies (e.g. Cardiac, CNS, Down Syndrome)
- Neonatal death
- Placental abruption
- Postpartum hemorrhage
- Preterm birth (<37 weeks)
- Rh isoimmunization (affected infant)
- Rh isoimmunization (unaffected infant)
- Stillbirth
- Known uterine abnormality
- Known Cholestasis of pregnancy

PROBLEMS IN CURRENT PREGNANCY

- Abnormal maternal serum screening (HCG or AFP >2.0 MOM)
- Alcohol and/or drugs
- Anemia (<100 g per L)
- Antepartum bleeding
- Blood antibodies (Rh, Anti C, Anti K etc.)
- Breasts—no change in size, inverted nipple(s)
- Decreased fetal movement
- Depression
- Diagnosis of large for dates
- Diagnosis of small for dates (IUGR)
- Gestational diabetes
- Hypertensive disorders of pregnancy
- Malpresentation
- Membranes rupture before 37 weeks
- Multiple pregnancy
- 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

- Controlled by diet only
- Insulin dependent
- Known Diabetic complications

HEART DISEASE

- Asymptomatic (no effect on daily living)
- Symptomatic (affects daily living)

HYPERTENSION

- 140/90 or greater
- Anti-hypertensive drugs
- Chronic renal disease

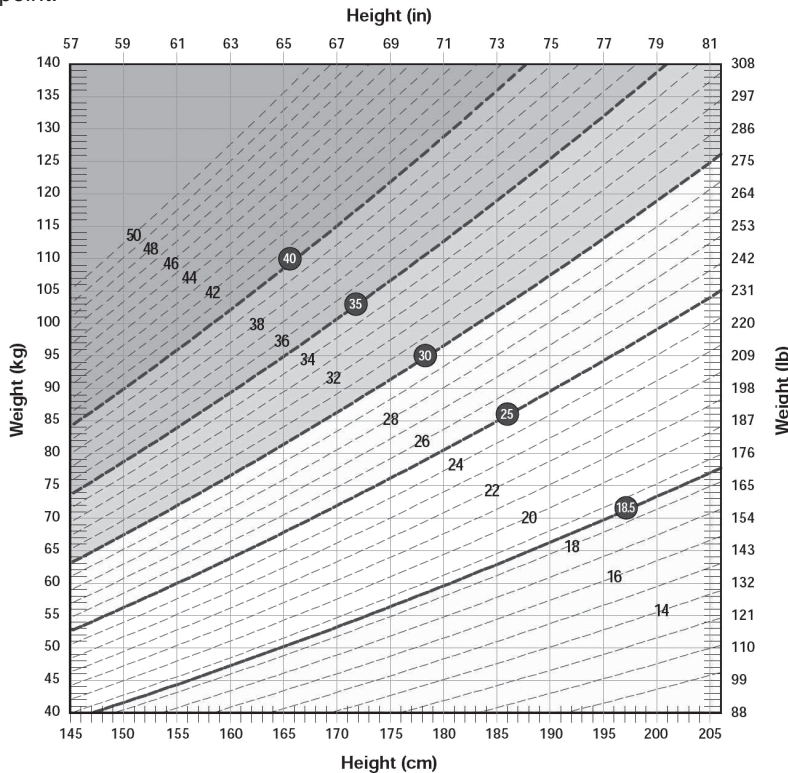
OBESITY (BMI >30 Pre-preg)

- Medical complications eg. diabetes, hypertension, cardiac, pulmonary disease, obstructive sleep apnea
- Venous thromboembolism risks
- Anesthetic risks

OTHER

- Age under 18 at delivery
- Age 35 or over at delivery
- BMI less than 18.5 (Underweight)
- Depression
- Height (under 152 cm or 5 ft. 0 in.)
- Hx breastfeeding difficulties
- Smoking
- Other medical/surgical disorders eg. epilepsy, severe asthma, Lupus etc.

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.



Health Risk Classification According to BMI

Classification	BMI	Risks of developing health problems
Underweight	< 18.5	Increased
Normal	18.5–24.9	Least
Overweight	25–29.9	Increased
Obese I	30–34.9	High
Obese II	35–39.9	Very High
Obese III	>= 40	Extremely High

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



Prenatal Record Part 2 B

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)

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TWEAK SCORING GUIDE

T	<p>Tolerance:</p> <p>“How many drinks does it take to make you feel high?” (Or this can be modified to “How many drinks can you hold?”)</p> <p>Record number of drinks.</p>	3 or more drinks = 2 points
W	<p>Worry:</p> <p>“Have close friends or relatives worried or complained about your drinking in the past year?”</p>	Yes = 2 points
E	<p>Eye-Opener:</p> <p>“Do you sometimes have a drink in the morning when you first get up?”</p>	Yes = 1 point
A	<p>Amnesia (Blackout):</p> <p>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>	Yes = 1 point
K (C)	<p>Cut Down:</p> <p>“Do you sometimes feel the need to cut down on your drinking?”</p>	Yes = 1 point

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.



LNMP _____
Confirmed EDD _____

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

Prenatal Record: Part 3

Sign and initial Signature Sheet : Initial in box when complete

Blood Work and Investigations	Cultures	Other
Initial Prenatal Visit DD/MM/YYYY		
<input type="checkbox"/> HBsAg <input type="checkbox"/> Syphilis <input type="checkbox"/> HIV <input type="checkbox"/> Rubella IgG (if indicated) <input type="checkbox"/> Varicella IgG (if negative history) <input type="checkbox"/> CBC/Hgb <input type="checkbox"/> ABO, Rh and Antibodies <input type="checkbox"/> TSH (if indicated) <input type="checkbox"/> 50 Gm GCT if high risk <input type="checkbox"/> Pap – if due by Guidelines	<input type="checkbox"/> Urine C&S <input type="checkbox"/> Gonorrhea (urine PCR) <input type="checkbox"/> Chlamydia (urine PCR) <input type="checkbox"/> BV (if symptomatic or previous preterm birth)	<input type="checkbox"/> Flag chart as prenatal. <input type="checkbox"/> See q 4 weeks until 28 weeks. <input type="checkbox"/> Dispense prenatal vitamins and Vit D. <input type="checkbox"/> Consult with MD/RM if high risk for hypertension/ preeclampsia: maternal age > 40 or <18; pre-existing hypertension or previous preeclampsia or preterm birth: BMI > 35. <input type="checkbox"/> Book for MD/RM visit if available. <input type="checkbox"/> Book early US if unsure of LNMP date (if available), MD referral. <input type="checkbox"/> Consider booking comprehensive US for 18-20 weeks at this time. <input type="checkbox"/> Summarize Risk Assessment. <input type="checkbox"/> Dental Appt, if available.
15 to 20 Weeks DD/MM/YYYY		
<input type="checkbox"/> Counsel on Maternal Serum Screen and draw blood if client requests testing.		<input type="checkbox"/> Book U/S for 18-20 weeks <input type="checkbox"/> MD/RM visit
18-20 Weeks DD/MM/YYYY		
		<input type="checkbox"/> Start plotting SFH <input type="checkbox"/> Comprehensive U/S <input type="checkbox"/> Confirm EDD and review with US report and review with mother
24-28 Weeks DD/MM/YYYY		
<input type="checkbox"/> Repeat Antibodies if Rh Neg prior to giving anti-D Ig. <input type="checkbox"/> Repeat syphilis <input type="checkbox"/> Repeat CBC/Hgb GDM Screen <input type="checkbox"/> 50 Gm GCT – even if client tested in first trimester. <input type="checkbox"/> Follow with 75 Gm 2 hr GTT (if indicated)	<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 anti-D immune globulin at 28 wks <input type="checkbox"/> Summarize Risk Assessment
30-34 Weeks DD/MM/YYYY		
		<input type="checkbox"/> See weekly from 34 weeks <input type="checkbox"/> Review date of transfer, if required
35 – 37 Weeks DD/MM/YYYY		
To be done at Place of Birth <input type="checkbox"/> Repeat Syphilis <input type="checkbox"/> Repeat CBC/Hgb	To be done at Place of Birth <input type="checkbox"/> Gonorrhea (urine PCR) <input type="checkbox"/> Chlamydia (urine PCR) <input type="checkbox"/> Swab for GBS	<input type="checkbox"/> CHN to collate Clinical Record in preparation for transfer.

