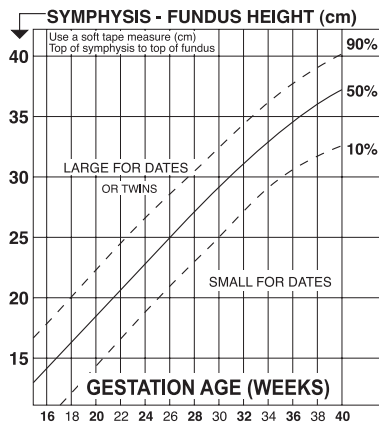


British Columbia Antenatal Record Part 1

1. Hospital		Attending physician/midwife:		Referring physician/midwife:							
Mother's name			Date of birth (DD/MM/YYYY)	Age at EDD	Surname Given name						
Mother's maiden name			Ethnic origin	Language preferred	Address						
Occupation			Work hrs/day	No. of school yrs. completed							
Partner's name		Age	Ethnic origin of newborn's father	Partner's work	Phone number Personal health number						
2. Allergies <input type="checkbox"/> None known <input type="checkbox"/> Yes (reaction)			Medications/herbals		Beliefs & practices						
3. Obstetrical History		Gravida	Term	Preterm	Abortion (Induced _____ Spontaneous _____) Living						
Date	Place of birth/ abortion	Hrs. in labour	Gest. age	Type of birth	Perinatal complications	Sex	Birth Weight	Breastfed	Present health		
4. LMP (DD/MM/YYYY)		Menses cycle	Contraceptives	When stopped (DD/MM/YYYY)	EDD by dates (DD/MM/YYYY)	Confirmed EDD (DD/MM/YYYY)	1st US (DD/MM/YYYY)	GA by US (WEEKS + DAYS)			
5. Present Pregnancy				7. Medical History		8. Lifestyle & Social					
No		Yes (specify)		No		Yes (specify)		Discussed		Concerns	Referred
<input type="checkbox"/> IVF pregnancy				<input type="checkbox"/> Surgery				<input type="checkbox"/> Diet/Food Safety			<input type="checkbox"/>
<input type="checkbox"/> Bleeding				<input type="checkbox"/> Anesthesia				<input type="checkbox"/> Folic acid			
<input type="checkbox"/> Nausea				<input type="checkbox"/> Uterine/Cx procedure				<input type="checkbox"/> Physical Activity/rest/work			<input type="checkbox"/>
<input type="checkbox"/> Infections or fever				<input type="checkbox"/> STIs/infections				<input type="checkbox"/> OTC drugs/vitamins			<input type="checkbox"/>
<input type="checkbox"/> Other				<input type="checkbox"/> Susceptible to chicken pox				<input type="checkbox"/> Alcohol <input type="checkbox"/> never <input type="checkbox"/> quit (DD/MM/YYYY)			
				<input type="checkbox"/> Thromboembolic/coag.				Drinks/wk: before pregnancy _____ current _____			
				<input type="checkbox"/> Hypertension				Binge drinking <input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/>
6. Family History		Yes (specify)		<input type="checkbox"/> GI				<input type="checkbox"/> TWEAK score _____ (see reverse)			
No				<input type="checkbox"/> Urinary				<input type="checkbox"/> Substance use <input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/>
<input type="checkbox"/> Heart disease				<input type="checkbox"/> Endocrine/diabetes				<input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana			
<input type="checkbox"/> Hypertension				<input type="checkbox"/> Neurologic				<input type="checkbox"/> Methadone <input type="checkbox"/> Solvents <input type="checkbox"/> Other			
<input type="checkbox"/> Diabetes				<input type="checkbox"/> Hx of mental illness				<input type="checkbox"/> Prescription <input type="checkbox"/> Unknown			
<input type="checkbox"/> Depression/psychiatric								<input type="checkbox"/> Smoking <input type="checkbox"/> never <input type="checkbox"/> quit (DD/MM/YYYY)			
<input type="checkbox"/> Alcohol/drug use								Cig/day: before pregnancy _____ current _____			<input type="checkbox"/>
<input type="checkbox"/> Thromboembolic/coag.		Maternal Newborn's Father						<input type="checkbox"/> Exposure 2nd hand smoke <input type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Inherited disease/defect				<input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Bipolar				<input type="checkbox"/> Financial & housing			<input type="checkbox"/>
<input type="checkbox"/> Ethnic (e.g. Tay Sachs, Sickle)				<input type="checkbox"/> PP depression <input type="checkbox"/> Unknown <input type="checkbox"/> Other				<input type="checkbox"/> Support system			<input type="checkbox"/>
<input type="checkbox"/> Other				<input type="checkbox"/> Other				<input type="checkbox"/> IPV			<input type="checkbox"/>
								<input type="checkbox"/> Public Health Nursing follow-up/assessment			<input type="checkbox"/>
9. Physical Examination					10. First Trimester Topics Discussed:						
Date (DD/MM/YYYY)	BP	Height (CM)	Pre-pregnant weight (KG)	Pre-pregnant BMI	Plans to breastfeed						
					<input type="checkbox"/> Prenatal Genetic Screening <input type="checkbox"/> Genetic counselling offered <input type="checkbox"/> HIV & other tests <input type="checkbox"/> Yes						
					<input type="checkbox"/> Baby's Best Chance <input type="checkbox"/> Prenatal education <input type="checkbox"/> Breastfeeding <input type="checkbox"/> No						
					<input type="checkbox"/> Seat belt use <input type="checkbox"/> Sexual relations <input type="checkbox"/> Maybe						
Head & neck					Musculoskeletal					11. Summary	
Breasts & nipples					Varicles & skin						
Heart & lungs					Pelvic exam						
Abdomen					Swabs/cervix cytology						
					SIGNATURE:					MD / MW	

12. Intended place of birth						Alternate place of birth (Hospital)									
<b>13. Investigations / Result</b>															
ABO group		Rh factor		Rubella titre			Prenatal Genetic Screening Type			Surname			Given name		
				<input type="checkbox"/> PP vaccination indicated						Address					
Antibody titre (DD/MM/YYYY) Results				S.T.S.			Gest. diabetes screen (24–28 wks) (DD/MM/YYYY) Result								
1				HIV test done <input type="checkbox"/> Yes <input type="checkbox"/> No											
2				HBsAg done (DD/MM/YYYY) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Negative <input type="checkbox"/> Positive			GBS screen (35–37 wks) <input type="checkbox"/> Yes <input type="checkbox"/> No (DD/MM/YYYY) Result			Phone number			Personal health number		
Rhig given (DD/MM/YYYY)				<input type="checkbox"/> Partner/household contact <input type="checkbox"/> NB vaccination indicated			Edinburgh Postnatal Depression Scale (28–32 weeks) (DD/MM/YYYY) Score			<b>15. Potential or Actual Concerns:</b>			Lifestyle Pregnancy Labour Breastfeeding Postpartum Newborn		
1				Other tests (e.g. Hep C, TSH, Varicella)			Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No								
2															
Hemoglobin															
1st		3rd													
Urine C & S result															
14. Age		Pre-pregnant weight (kg)		Height (cm)		LMP (DD/MM/YYYY)			Confirmed EDD (DD/MM/YYYY)						
16. Date		B.P.	Urine	Wt. (KG)	Gest. wks.	Fundus (CM)	FHR	FM	Pres. and Pos.	Comments				Next visit	
												Give Pregnancy Passport			
												1 <sup>st</sup> tri serum 10–13 <sup>+6</sup> wks / NT 11–13 <sup>+6</sup> wks			
												2 <sup>nd</sup> tri serum 15–20 <sup>+6</sup> weeks			
												At 20 wks copy to patient / to hospital			
												Reassess diet, physical activity, smoking, alcohol & substance use			
												Discuss fetal movement 26–32 wks			
												At 36 wks copy to patient / to hospital			



<b>16. Second &amp; Third Trimester Topics Discussed</b> <input type="checkbox"/> Call schedule <input type="checkbox"/> Preterm labour <input type="checkbox"/> Hospital admission <input type="checkbox"/> Doula <input type="checkbox"/> Risks/benefits of planned or use of blood/blood products <input type="checkbox"/> Birth plan <input type="checkbox"/> VBAC <input type="checkbox"/> Newborn screening: bloodspot/hearing <input type="checkbox"/> Pain management <input type="checkbox"/> Cesarean <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Infant safe sleep <input type="checkbox"/> Infant car seats		
<b>17. Other Investigations &amp; Comments</b> 1st US (DD/MM/YYYY)      GA by US (WEEKS + DAYS)		If maternal prenatal screen above cut-off, amnio: <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE:		MD/MW

## RISK ASSESSMENT GUIDE

### PAST OBSTETRICAL HISTORY

- ☐ Abortion (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

### 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
- ☐ Retinopathy documented

#### HEART DISEASE

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

#### HYPERTENSION

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

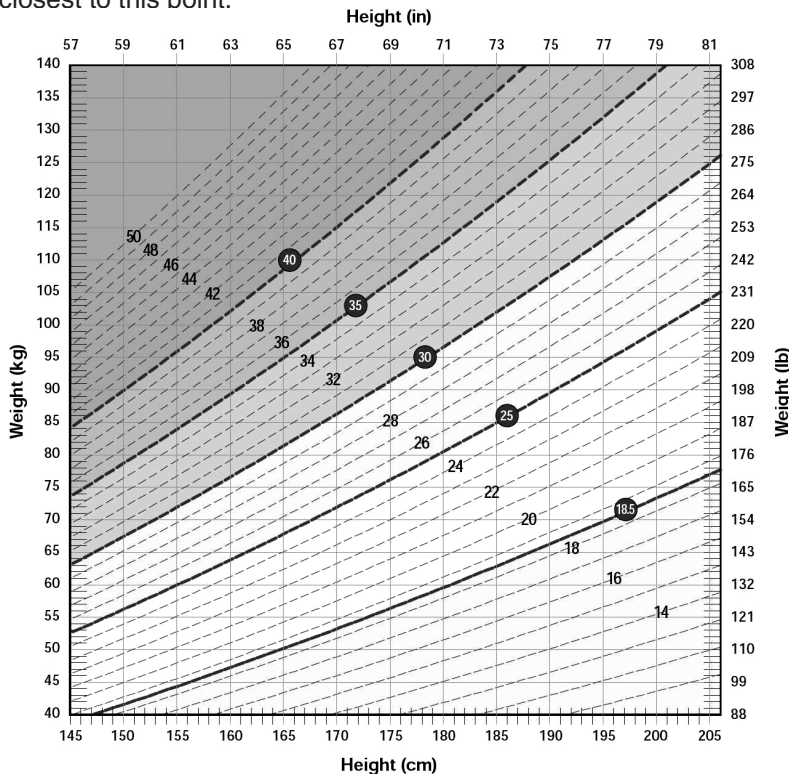
#### OBESITY (BMI >30)

- ☐ 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
- ☐ Alcohol and/or drugs
- ☐ 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

## SCORING GUIDE

## In the past 7 days:

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, Holden, JM, Sagovsky, R (1987).  
Department of Psychiatry, University of Edinburgh.

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