

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
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3. Obstetrical History		Gravida		Term		Preterm		Abortion (Induced _____ Spontaneous _____)		Living		Children			
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)
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5. Present Pregnancy <i>No</i> <input type="checkbox"/> IVF pregnancy _____ <input type="checkbox"/> Bleeding _____ <input type="checkbox"/> Nausea _____ <input type="checkbox"/> Infections or fever _____ <input type="checkbox"/> Other _____ 6. Family History <i>No</i> <input type="checkbox"/> Heart disease _____ <input type="checkbox"/> Hypertension _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Depression/psychiatric _____ <input type="checkbox"/> Alcohol/drug use _____ <input type="checkbox"/> Thromboembolic/coag. _____ <input type="checkbox"/> Inherited disease/defect _____ <input type="checkbox"/> Ethnic (e.g. Tay Sachs, Sickle) _____ <input type="checkbox"/> Other _____	7. Medical History <i>No</i> <input type="checkbox"/> Surgery _____ <input type="checkbox"/> Anesthesia _____ <input type="checkbox"/> Uterine/Cx procedure _____ <input type="checkbox"/> STIs/infections _____ <input type="checkbox"/> Susceptible to chicken pox _____ <input type="checkbox"/> Thromboembolic/coag. _____ <input type="checkbox"/> Hypertension _____ <input type="checkbox"/> GI _____ <input type="checkbox"/> Urinary _____ <input type="checkbox"/> Endocrine/diabetes _____ <input type="checkbox"/> Neurologic _____ <input type="checkbox"/> Hx of mental illness _____ <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Bipolar <input type="checkbox"/> PP depression <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Other _____	8. Lifestyle & Social <i>Discussed</i> <input type="checkbox"/> Diet/Food Safety _____ <input type="checkbox"/> Folic acid _____ <input type="checkbox"/> Physical Activity/rest/work _____ <input type="checkbox"/> OTC drugs/vitamins _____ <input type="checkbox"/> Alcohol <input type="checkbox"/> never <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"/> TWEAK score _____ (see reverse) <input type="checkbox"/> Substance use <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> Methadone <input type="checkbox"/> Solvents <input type="checkbox"/> Other _____ <input type="checkbox"/> Prescription <input type="checkbox"/> Unknown _____ <input type="checkbox"/> Smoking <input type="checkbox"/> never <input type="checkbox"/> quit (DD/MM/YYYY) _____ Cig/day: before pregnancy _____ current _____ <input type="checkbox"/> Exposure 2nd hand smoke <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <input type="checkbox"/> Financial & housing _____ <input type="checkbox"/> Support system _____ <input type="checkbox"/> IPV _____ <input type="checkbox"/> Public Health Nursing follow-up/assessment _____
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9. Physical Examination Date (DD/MM/YYYY) BP Height (CM) Pre-pregnant weight (KG) Pre-pregnant BMI	10. First Trimester Topics Discussed: <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
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Head & neck Musculoskeletal Breasts & nipples Varicels & skin Heart & lungs Pelvic exam Abdomen Swabs/cervix cytology	11. Summary SIGNATURE: _____ MD / MW
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British Columbia Antenatal Record Part 2

12. Intended place of birth	Alternate place of birth (Hospital)
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13. Investigations / Result	Rubella titre <input type="checkbox"/> PP vaccination indicated	Prenatal Genetic Screening Type Result
ABO group	S.T.S.	Gest. diabetes screen (24–28 wks) (DD/MM/YYYY) Result
Rh factor	HIV test done <input type="checkbox"/> Yes <input type="checkbox"/> No	GBS screen (35–37 wks) (DD/MM/YYYY) <input type="checkbox"/> Yes <input type="checkbox"/> No Result
Antibody titre (DD/MM/YYYY) Results	HBsAg done (DD/MM/YYYY) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Edinburgh Postnatal Depression Scale (28–32 weeks) (DD/MM/YYYY) Score
1	<input type="checkbox"/> Partner/household contact	Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> NB vaccination indicated	
Rhlg given (DD/MM/YYYY)	Other tests (e.g. Hep C, TSH, Varicella)	
1		
2		
Hemoglobin		
1st	3rd	
Urine C & S result		

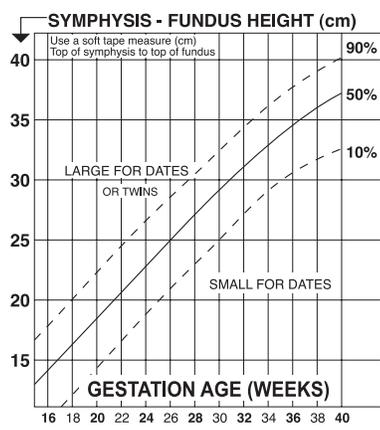
Surname	Given name
Address	
Phone number	Personal health number

15. Potential or Actual Concerns:

- Lifestyle
- Pregnancy
- Labour
- Breastfeeding
- Postpartum
- Newborn

14. Age	Pre-pregnant weight (KG)	Height (CM)	LMP (DD/MM/YYYY)	Confirmed EDD (DD/MM/YYYY)
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16. Date	B.P.	Urine	Wt. (KG)	Gest. wks.	Fundus (CM)	FHR	FM	Pres. and Pos.	Comments	Next visit
									Give Pregnancy Passport	
									1 st tri serum 10–13 ⁶ wks / NT 11–13 ⁶ wks	
									2 nd tri serum 15–20 ⁶ 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	



17. Second & Third Trimester Topics Discussed

<input type="checkbox"/> Call schedule	<input type="checkbox"/> Preterm labour	<input type="checkbox"/> Hospital admission	<input type="checkbox"/> Doula	<input type="checkbox"/> Breastfeeding
<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"/> Infant safe sleep
<input type="checkbox"/> Pain management	<input type="checkbox"/> Cesarean		<input type="checkbox"/> Infant car seats	

18. Other Investigations & Comments

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
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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

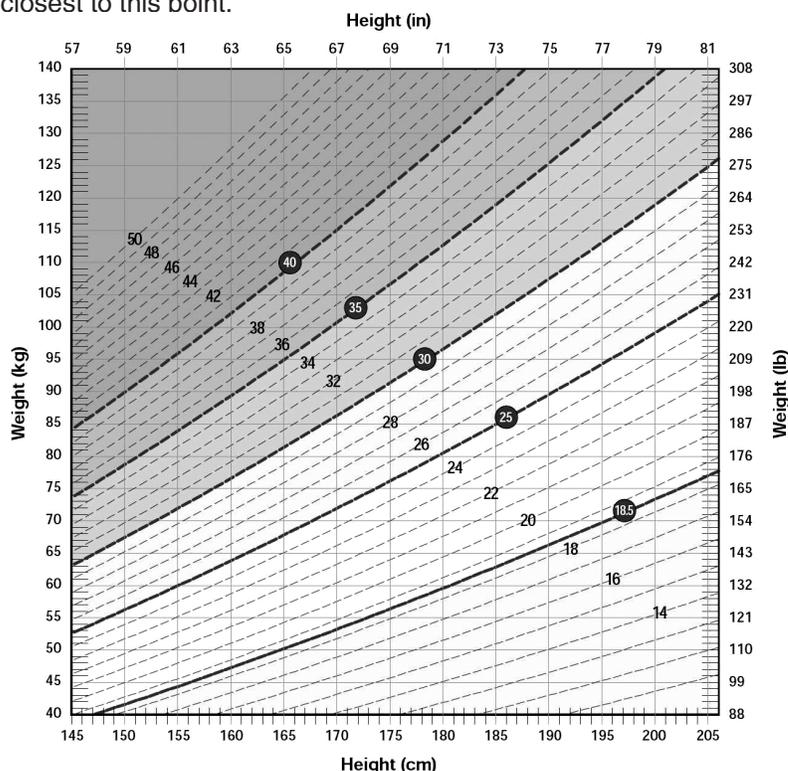
OBESITY (BMI >30)

- 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.

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?") <i>Record number of drinks.</i></p>	3 or more drinks = 2 points
W	<p>Worry: "Have close friends or relatives worried or complained about your drinking in the past year?"</p>	Yes = 2 points
E	<p>Eye-Opener: "Do you sometimes have a drink in the morning when you first get up?"</p>	Yes = 1 point
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>	Yes = 1 point
K (C)	<p>Cut Down: "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.