

British Columbia Antenatal Record Part 2

12. Intended place of birth	Alternate place of birth (Hospital)
-----------------------------	-------------------------------------

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

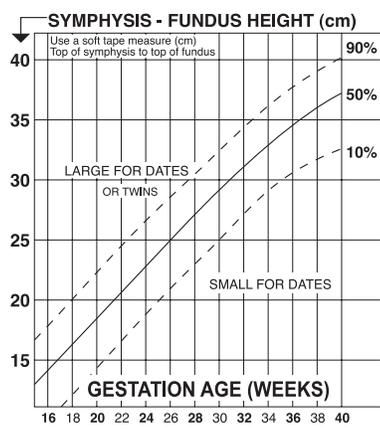
Surname _____	Given name _____
Address _____	
Phone number _____ Personal health number _____	

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)
---------	--------------------------	-------------	------------------	----------------------------

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: Yes No

SIGNATURE: _____ MD/MW