

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)

14. Age	Pre-pregnant weight (KG)	Height (CM)	LMP (DD/MM/YYYY)	Confirmed EDD (DD/MM/YYYY)
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15. Potential or Actual Concerns:	
Lifestyle	
Pregnancy	
Labour	
Breastfeeding	
Postpartum	
Newborn	

SYMPHYSIS - FUNDUS HEIGHT (cm)

Use a soft tape measure (cm)
Top of symphysis to top of fundus

GESTATION AGE (WEEKS)

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 _____

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

14. Age	Pre-pregnant weight (KG)	Height (CM)	LMP (DD/MM/YYYY)	Confirmed EDD (DD/MM/YYYY)
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<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

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

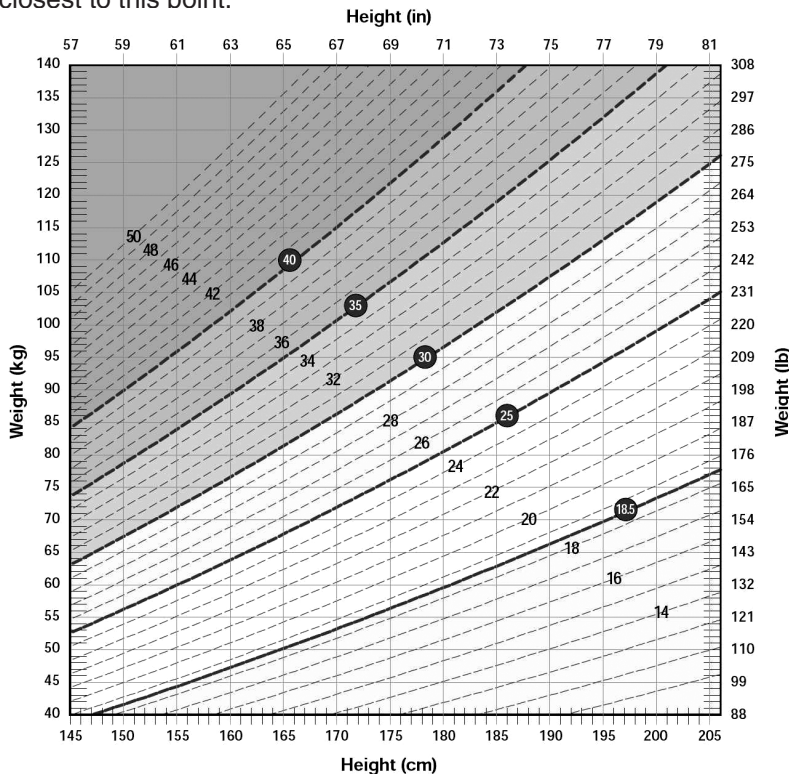
OBESITY (BMI >30)

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