

# 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
Mother's maiden name			Ethnic origin	Language preferred	Given name
Occupation			Work hrs/day	No. of school yrs. completed	Address
Partner's name		Age	Ethnic origin of newborn's father	Partner's work	Phone number
					Personal health number

2. <b>Allergies</b> <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**

No  Yes (specify) \_\_\_\_\_

IVF pregnancy \_\_\_\_\_

Bleeding \_\_\_\_\_

Nausea \_\_\_\_\_

Infections or fever \_\_\_\_\_

Other \_\_\_\_\_

**6. Family History**

No  Yes (specify) \_\_\_\_\_

Heart disease \_\_\_\_\_

Hypertension \_\_\_\_\_

Diabetes \_\_\_\_\_

Depression/psychiatric \_\_\_\_\_

Alcohol/drug use \_\_\_\_\_

Thromboembolic/coag. \_\_\_\_\_

Inherited disease/defect \_\_\_\_\_

Ethnic (e.g. Tay Sachs, Sickle) \_\_\_\_\_

Other \_\_\_\_\_

*Maternal      Newborn's Father*

**7. Medical History**

No  Yes (specify) \_\_\_\_\_

Surgery \_\_\_\_\_

Anesthesia \_\_\_\_\_

Uterine/Cx procedure \_\_\_\_\_

STIs/infections \_\_\_\_\_

Susceptible to chicken pox \_\_\_\_\_

Thromboembolic/coag. \_\_\_\_\_

Hypertension \_\_\_\_\_

GI \_\_\_\_\_

Urinary \_\_\_\_\_

Endocrine/diabetes \_\_\_\_\_

Neurologic \_\_\_\_\_

Hx of mental illness \_\_\_\_\_

Anxiety       Depression       Bipolar

PP depression       Unknown       Other

Other \_\_\_\_\_

**8. Lifestyle & Social**

*Discussed*      *Concerns*      *Referred*

Diet/Food Safety \_\_\_\_\_

Folic acid \_\_\_\_\_

Physical Activity/rest/work \_\_\_\_\_

OTC drugs/vitamins \_\_\_\_\_

Alcohol  never  quit (DD/MM/YYYY) \_\_\_\_\_

Drinks/wk: before pregnancy \_\_\_\_\_ current \_\_\_\_\_

Binge drinking  No  Yes \_\_\_\_\_

TWEAK score \_\_\_\_\_ (see reverse)

Substance use  No  Yes \_\_\_\_\_

Heroin       Cocaine       Marijuana

Methadone       Solvents       Other

Prescription       Unknown \_\_\_\_\_

Smoking  never  quit (DD/MM/YYYY) \_\_\_\_\_

Cig/day: before pregnancy \_\_\_\_\_ current \_\_\_\_\_

Exposure 2nd hand smoke  No  Yes

Financial & housing \_\_\_\_\_

Support system \_\_\_\_\_

IPV \_\_\_\_\_

Public Health Nursing follow-up/assessment \_\_\_\_\_

**9. Physical Examination**

Date (DD/MM/YYYY)	BP	Height (CM)	Pre-pregnant weight (KG)	Pre-pregnant BMI

Head & neck      Musculoskeletal

Breasts & nipples      Varicels & skin

Heart & lungs      Pelvic exam

Abdomen      Swabs/cervix cytology

**10. First Trimester Topics Discussed:**

<input type="checkbox"/> Prenatal Genetic Screening	<input type="checkbox"/> Genetic counselling offered	<input type="checkbox"/> HIV & other tests	Plans to breastfeed
<input type="checkbox"/> Baby's Best Chance	<input type="checkbox"/> Prenatal education	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Yes
<input type="checkbox"/> Seat belt use	<input type="checkbox"/> Sexual relations		<input type="checkbox"/> No
			<input type="checkbox"/> Maybe

**11. Summary**

SIGNATURE: \_\_\_\_\_ MD/MW



# British Columbia Antenatal Record Part 2

12. Intended place of birth	Alternate place of birth (Hospital)
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<b>13. Investigations / Result</b> ABO group _____ Rh factor _____  Antibody titre (DD/MM/YYYY) <b>Results</b> 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 _____ <b>Result</b> _____ Gest. diabetes screen (24-28 wks) (DD/MM/YYYY) _____ <b>Result</b> _____ GBS screen (35-37 wks) (DD/MM/YYYY) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Result</b> _____ <input type="checkbox"/> Copy to hospital Edinburgh Postnatal Depression Scale (28-32 weeks) (DD/MM/YYYY) _____ <b>Score</b> _____ Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No
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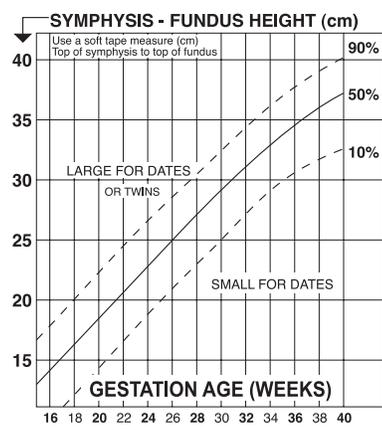
Surname _____	Given name _____
Address _____	
Phone number _____ Personal health number _____	

**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 <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	



**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

# 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

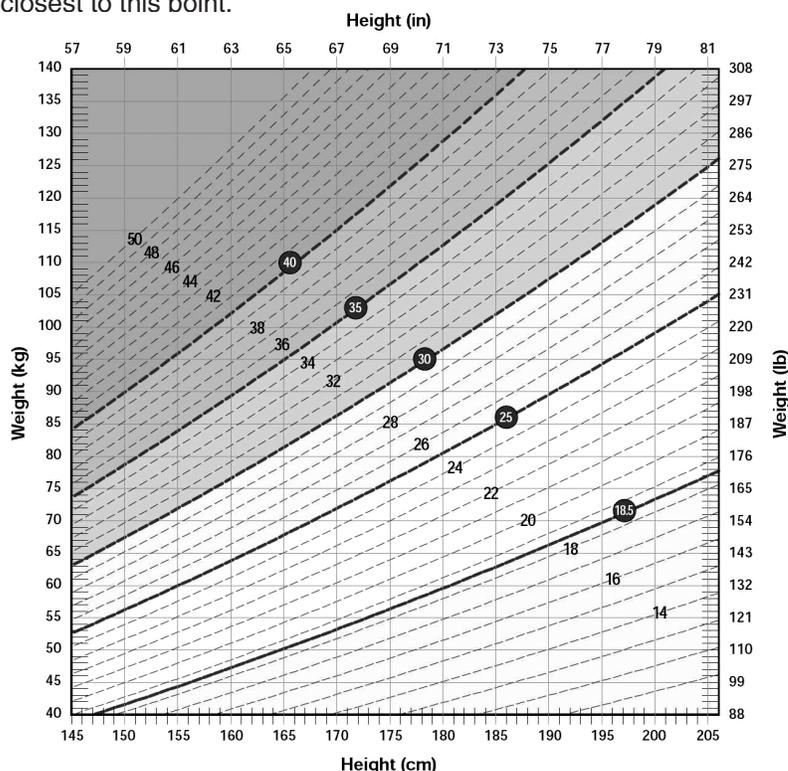
### OBESITY (BMI >30)

- 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

<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.*

**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.*