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
Mother's maiden name	Ethnic origin	Language preferred
Occupation	Work hrs/day	No. of school yrs. completed
Partner's name / Age	Ethnic origin of newborn's father	Partner's work

Surname | Given name

Address

Phone number | Personal health number

2. Allergies ☐ None known ☐ Yes (reaction)

Medications/herbals

Beliefs & practices

3. Obstetrical History **G**ravida **T**erm **P**reterm **A**bortion (Induced _____ Spontaneous _____) **L**iving

Date	Place of birth/abortion	Hrs. in labour	Gest. age	Type of birth	Perinatal complications	**Children** 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

No	*Yes (specify)*
☐ IVF pregnancy	
☐ Bleeding	
☐ Nausea	
☐ Infections or fever	
☐ Other	

6. Family History

No	*Yes (specify)*	*Maternal*	*Newborn's Father*
☐ Heart disease			
☐ Hypertension			
☐ Diabetes			
☐ Depression/psychiatric			
☐ Alcohol/drug use			
☐ Thromboembolic/coag.			
☐ Inherited disease/defect			
☐ Ethnic (e.g. Taysachs, Sickle)			
☐ Other			

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

Breasts & nipples

Heart & lungs

Abdomen

Musculoskeletal

Varicles & skin

Pelvic exam

Swabs/cervix cytology

10. First Trimester Topics Discussed:

☐ Prenatal Genetic Screening ☐ Genetic counselling offered ☐ HIV & other tests
☐ Baby's Best Chance ☐ Prenatal education ☐ Breastfeeding
☐ Seat belt use ☐ Sexual relations

Plans to breastfeed: ☐ Yes ☐ No ☐ Maybe

11. Summary

SIGNATURE: MD/MW

BAR CODE AREA – DO NOT USE

WHITE: MOTHER'S CHART YELLOW: INFANT'S CHART PINK: PHYSICIAN/MIDWIFE

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

Rhig given (DD/MM/YYYY)

1

2

Hemoglobin

1st *3rd*

Urine C & S result

Rubella titre

☐ PP vaccination indicated

S.T.S.

HIV test done ☐ Yes ☐ No

HBsAg done (DD/MM/YYYY) ☐ Yes ☐ No ☐ Negative ☐ Positive

☐ Partner / household contact

☐ 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) ☐ Yes ☐ No

(DD/MM/YYYY) *Result*

☐ Copy to hospital

Edinburgh Postnatal Depression Scale (28–32 weeks)

(DD/MM/YYYY) *Score*

Follow-up ☐ Yes ☐ No

Surname | Given name

Address

Phone number | Personal health number

15. Potential or Actual Concerns:

Lifestyle

Pregnancy

Labour

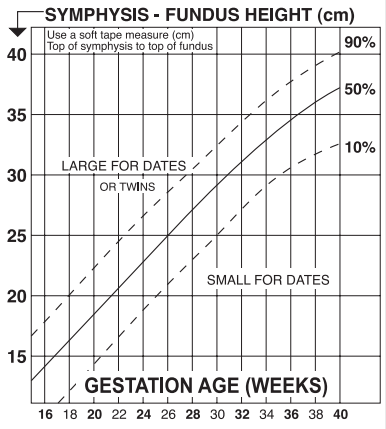
Breastfeeding

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	
									1st tri serum 10–13+6 wks / NT 11–13+6 wks	
									2nd 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

☐ Call schedule
☐ Risks / benefits of planned or use of blood / blood products
☐ Preterm labour
☐ Birth plan
☐ Pain management
☐ Hospital admission
☐ VBAC
☐ Cesarean
☐ Doula
☐ Newborn screening: bloodspot / hearing
☐ Breastfeeding
☐ Infant safe sleep
☐ 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

BAR CODE AREA – DO NOT USE

PSBC 1582 – OCTOBER 2011

WHITE: MOTHER'S CHART **YELLOW: INFANT'S CHART** **PINK: PHYSICIAN / MIDWIFE**