

British Columbia Antenatal Record Part 1

1. Hospital		Attending physician/midwife		Referring physician/midwife	
Mother's name			Date of birth <i>DD MM YYYY</i>	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"/> Yes (reaction) <input type="checkbox"/> None known			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
4. LMP <i>DD MM YYYY</i>		Menses cycle	Contraceptives	When stopped <i>DD MM YYYY</i>	EDD by dates <i>DD MM YYYY</i>
					Confirmed EDD <i>DD MM YYYY</i> <input type="checkbox"/> US performed ____ Gest wks. ____ days
5. Present Pregnancy			7. Medical History		
<i>no</i> <i>yes (specify)</i>			<i>no</i> <i>yes (specify)</i>		
<input type="checkbox"/> IVF pregnancy			<input type="checkbox"/> Surgery		
<input type="checkbox"/> Bleeding					
<input type="checkbox"/> Nausea			<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Infections or fever			<input type="checkbox"/> Uterine/Cx procedure		
<input type="checkbox"/> Other			<input type="checkbox"/> RESP. or CV		
6. Family History			<input type="checkbox"/> STIs / infections		
<i>no</i> <i>yes (specify)</i>			<input type="checkbox"/> Susceptible to chicken pox		
<input type="checkbox"/> Heart disease			<input type="checkbox"/> Thromboembolic / coag.		
<input type="checkbox"/> Hypertension			<input type="checkbox"/> Hypertension		
<input type="checkbox"/> Diabetes			<input type="checkbox"/> GI		
<input type="checkbox"/> Depression / psychiatric			<input type="checkbox"/> Urinary		
<input type="checkbox"/> Alcohol / drug use			<input type="checkbox"/> Endocrine/diabetes		
<input type="checkbox"/> Thromboembolic / coag.			<input type="checkbox"/> Neurologic		
Maternal Newborn's Father			<input type="checkbox"/> Hx of mental illness		
<input type="checkbox"/> Inherited disease / defect			<input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Bipolar		
<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"/> Other			<input type="checkbox"/> Other		
8. Lifestyle & Social					
Discussed		Concerns		Referred	
<input type="checkbox"/> Diet				<input type="checkbox"/>	
<input type="checkbox"/> Folic acid				<input type="checkbox"/>	
<input type="checkbox"/> Physical activity/ rest / stop work date				<input type="checkbox"/>	
<input type="checkbox"/> OTC drugs / vitamins				<input type="checkbox"/>	
<input type="checkbox"/> Alcohol <input type="checkbox"/> never <input type="checkbox"/> quit <i>DD MM YYYY</i>					
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 <i>DD MM YYYY</i>					
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"/>	
<input type="checkbox"/> Support system				<input type="checkbox"/>	
<input type="checkbox"/> IPV				<input type="checkbox"/>	
9. Physical Examination					
<i>DD MM YYYY</i>	BP	Height <i>CM</i>	Pre-pregnant weight <i>KG</i>	Pre-pregnant BMI	
Head & neck		Musculoskeletal			
Breasts & nipples		Varicies & skin			
Heart & lungs		Pelvic exam			
Abdomen		Swabs/cervix cytology			
10. First Trimester Topics Discussed:					
<input type="checkbox"/> MSS offered		<input type="checkbox"/> Genetic counseling offered		<input type="checkbox"/> HIV & other tests	
<input type="checkbox"/> Baby's Best Chance		<input type="checkbox"/> Prenatal education		<input type="checkbox"/> Maternity pathway	
<input type="checkbox"/> Seat belt use		<input type="checkbox"/> Sexual relations		<input type="checkbox"/> Plans to breastfeed	
				<input type="checkbox"/> Yes <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)

13. Investigations/Results

ABO group

Rh factor

Antibody titre

1 DD MM YYYY

2 DD MM YYYY

Rhlg given

1 DD MM YYYY

2 DD MM YYYY

Hemoglobin

1st 3rd

Urine C & S

Rubella titre

PP vaccination indicated

S.T.S.

HIV test done

Yes No

HBsAg done

Yes No

DD MM YYYY Result

Partner/household contact

NB vaccination indicated

Other tests (e.g. Hep C, TSH, Varicella)

Maternal prenatal screening

Gest. diabetes screen (24-28 wks)

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)

Score DD MM YYYY

Follow-up

Yes No

Surname

Given Name

Address

Phone Number

Personal Health Number

15. Potential or Actual Concerns:

Lifestyle

Pregnancy

Labour

Postpartum

Newborn

14. Age

Pre-pregnant weight

KG

LMP

DD MM YYYY

EDD

DD MM YYYY

16. Date

D M Y

B.P.

Urine

Wt.

KG

Gest. Wks.

Fundus cms.

FHR

FM

Pres. and Pos.

Comments

Next Visit

1st tri: serum & NT 10 - 13⁺⁶ weeks

2nd tri: serum 15 - 20⁺⁶ weeks

Copy given to patient

Copy sent to hospital at 20 weeks

Gest diabetes screen at 24 - 28 weeks

Discuss fetal movement 26 - 32 weeks

EPDS at 28 - 32 weeks

Reassess diet, physical activity, smoking, substance & alcohol use

GBS Screen 35 - 37 weeks

Send Hospital copy at 36 weeks

SYMPHYSIS - FUNDUS HEIGHT (cm)

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

40

35

30

25

20

15

LARGE FOR DATES

OR TWINS

SMALL FOR DATES

GESTATION AGE (WEEKS)

16 18 20 22 24 26 28 30 32 34 36 38 40

17. Second & Third Trimester Topics Discussed:

Call schedule

Risks/benefits of planned or use of blood/blood products

Preterm labour

Fetal movement

Breastfeeding

Hospital admission

Birth plan

Pain management

Doula

VBAC

Cesarean

Back to 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

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

BAR CODE AREA; DO NOT USE

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

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

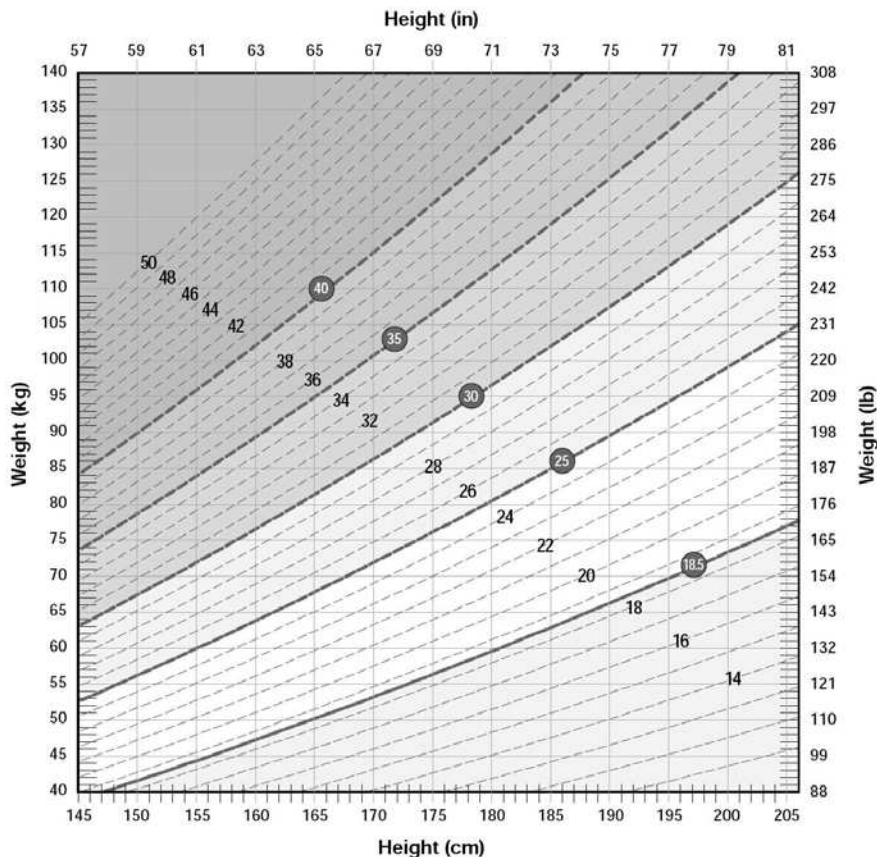
OTHER

- ☐ Age under 18 at delivery
- ☐ Age 35 or over at delivery
- ☐ Alcohol and/or drugs
- ☐ BMI less than 18.5 (Underweight)
- ☐ BMI over 30 (Obesity)
- ☐ Depression
- ☐ Height (under 152 cm or 5 ft. 0 in.)
- ☐ Smoking
- ☐ Other medical/surgical disorders eg. epilepsy, severe asthma, Lupus etc.

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.)
- ☐ 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 (<0.5 kg/wk or weight loss)
- ☐ Pregnancy > 42 weeks
- ☐ Preterm labour
- ☐ Proteinuria 1+ or greater
- ☐ Smoking any time during pregnancy

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