	British (Columb	ia Ant			ecord		2	DATE			
	HOOFTIAL				LINDLD	LACE OF BI	KIII		SURNAME GIVEN NAME	<u> </u>		
15.	LABORAT BLOOD GROUP		Rh ANTIB		Results	A.F.P./ TRI	PLE SCRE	EN	ADDRESS PHONE NUM	BER		
	DUDELLA TITO	- 115 4				S.T.S.				THORE NOMBER		
	RUBELLA TITRE HBsAg.					HIV TEST D	ONE YES					
	HEMOGLOBIN (1st & 3 rd TM) Rh Ig GIVEN D				M Y	OTHER TE			PERSONAL HEALTH NUMBER PHYSICIAN /	MIDWIFE NAME		
	1st: 3 rd:								PERSONAL REALTH NUMBER PRISONAL	WIDWIFE NAME		
	GEST. DIABETE WKS. D	S SCREEN M Y	RESULT	G	BS SCRE	EN (35-37 w	ks.) RESU	JLT	7. PROBLEM LIST (specify):			
16.	AGE P	REPREGNANT V	VEIGHT H	t. BM	I LMP D) M Y	EDD D	M Y	REGNANCY: ABOUR:			
	DATE				GEST.			PRESEN-	OSTPARTUM:			
	D M Y	WT.		URINE P G	AGE IN WEEKS	HEIGHT CMS.	FHR & ACTIVITY	POSITION &	EWBORN:	Return ir		
									IOTE: SEND A PHOTOCOPY OF ANTENATAL PARTS 1&2 TO H	OSPITAL		
									T 20 WEEKS SENT GIVEN TO PATIENT			
									DTE: SEND HOSPITAL COPY AT 36 WEEKS			
	SYMPHYSIS - FUNDUS HEIGHT (cm) 18 PROBLEMS INVESTIG						EMC IN	TIONS				
Use a soft tape measure (cm)							EMS, INVESTIGATIONS ND DATE GEST. AGE BY US COMMENTS					
35				50%								
30	LARGE FOR D			10%								
25	OR TWINS											
20	C	SMALL	FOR DATES	3								
15	GESTATION AGE (WEEKS)					Doula: CONSULTATION FOR MOTHER OR NEWB Name:			Doula #: SIGNATURE			
	16 18 20 22 24	26 28 30 32	34 36 38	40						MD/RM		

RISK IDENTIFICATION									
PAST OBSTETRICAL HISTORY RISK FACTORS Neonatal death Stillbirth Abortion (12 - 20 weeks) Habitual abortion (3+) Prior preterm birth (33 - 36 wks.) Prior preterm birth (20 - 33 wks.) Prior Cesarean birth (uterine surgery) Prior IUGR baby Prior macrosomic baby Rh Immunized (antibodies present) Prior Rh affected preg. with NB exchange or prem. Major congenital anomalies (eg. Cardiac, CNS, Down's Syndrome.) P.P. Hemorrhage	MEDICAL HISTORY RISK FACTORS DIABETES Controlled by diet only Diet only macrosomic fetus Insulin dependent Retinopathy documented HEART DISEASE Asymptomatic (no effect on daily living) Symptomatic (affects daily living) HYPERTENSION 140 / 90 Hypertensive drugs Chronic renal disease documented OTHER Age under 18 at delivery Age 35 or over at delivery Obesity (equal or more than 90kg. or 200 lbs.) Height (under 1.57 m 5 ft. 2 in.) Height (under 1.52 m 5 ft. 0 in.) Depression Alcohol and Drugs Smoking any time during pregnancy Other medical / surgical disorders e.g. epilepsy, severe asthma, Lupus etc.	PROBLEMS IN CURRENT PREGNANCY RISK FACTOR Diagnosis of large for dates Diagnosis of small for dates (IUGR) Polyhydramnios or oligohydramnios Multiple pregnancy Malpresentations Membrane rupture before 37 weeks Bleeding Pregnancy induced hypertension Proteinuria > 1+ Gestational diabetes documented Blood antibodies (Rh, Anti C, Anti K, etc.) Anemia (< 100g per L) Admission in preterm labour Pregnancy ≥ 42 weeks Poor weight gain 26 - 36 weeks (<.5 kg / wk) or weight loss							

CARDIAC CLASSIFICATION

(New York Heart Association)

CLASS I

No limitation of physical activity.

CLASS I

Slight limitation of physical activity.

CLASS III

Marked limitation of physical activity.

CLASS IV

Inability to perform any physical activity without discomfort.

Reference: Williams Obstetrics. (20 th Ed.) 1997, Appleton and Lange

T-ACE QUESTIONNAIRE

T olerance

How many drinks does it take to make you feel high? Score **2** for more than 2 drinks Score **0** for 2 drinks or less

Score 1 point for each Yes answer to the following:

A nnoyance

Have people annoyed you by criticizing your drinking?

C ut down

Have you felt that you ought to cut down on your drinking?

E ye opener

Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

High Risk Score = 2 or more points

Reference:

Sokol, R et al. The T-ACE Questions, Pratical Prenatal Detection of Risk Drinking, American Journal of Obstetrics and Gynaecology, Vol. 160, No. 4 April 1989.