

REFERENCE PAGE 1

Section 1: Demographics and Background

Relationship status

Record in the appropriate field on the first page **one** of the following:

- **Married**
- **Living with partner**
- **Single (never married)**
- **Separated or divorced**
- **Widowed**
- **Unknown**

Highest level of education completed

Record in the appropriate field on the first page **one** of the following:

- **Less than high school**
- **High school diploma**
- **Trade or other certificate/diploma (not Bachelors)**
- **Undergraduate university degree(s)**
- **Postgraduate university degree(s)**
- **Unknown**

Indigenous identity

Everyone should be asked this question:

“Do you identify as an Indigenous or Aboriginal person?”

Responding to this question is voluntary.

If ‘**No response**’ or ‘**None**,’ skip to ‘**Ethnicity**.’

If ‘**Yes**,’ record the Indigenous or Aboriginal identity by checking **all** that apply from the following list on the first page:

- **First Nations**
- **Métis**
- **Inuk (Inuit)**

If the individual identifies as First Nations, specify whether they are ‘**Status**’ or ‘**Non-status**,’ and whether they ‘**Live on reserve**,’ ‘**Live off reserve**,’ or ‘**Live on & off reserve**.’

Ethnicity

Determine the ethnicities of the mother and the biological father/donor from the following list, and record **all** that apply in the appropriate fields on the first page:

- **Indigenous/Aboriginal**
- **European–Western (e.g. English, Italian)**
- **European–Eastern (e.g. Russian, Polish)**
- **Asian–East (e.g. Chinese, Japanese, Korean)**
- **Asian–South (e.g. Indian, Pakistani, Sri Lankan)**
- **Asian–South East (e.g. Malaysian, Filipino)**
- **Middle Eastern (e.g. Iranian, Lebanese)**
- **African**
- **Caribbean**
- **Latin American (e.g. Argentinean, Chilean)**
- **Other(s)** (specify) _____
- **Do not know**
- **Prefer not to answer**

Section 10: Initial Physical Examination

Health Canada Weight Gain Recommendations for Singleton Pregnancies (adapted from Institute of Medicine, 2009)

Pre-pregnancy Weight Category	Pre-pregnancy Body Mass Index (BMI)	Mean Rate ¹ of Weight Gain in 2 nd and 3 rd Trimesters		Recommended Total Weight Gain ²	
		kg/wk	lb/wk	kg	lb
Underweight	<18.5	0.5	1.0	12.5–18.0	28–40
Normal weight	18.5–24.9	0.4	1.0	11.5–16.0	25–35
Overweight	25.0–29.9	0.3	0.6	7.0–11.5	15–25
Obese ³	≥30.0	0.2	0.5	5.0–9.0	11–20

¹ Rounded values.

² Calculations for the recommended total weight gain range assume a gain of 0.5 to 2.0 kg (1.1 to 4.4 lbs) in the first trimester.

³ A lower weight gain may be advised for women with a BMI of 35 or greater, based on clinical judgement and a thorough assessment of the risks and benefits to mother and child.

Discussion Topics

1st–3rd Trimester (as indicated)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Nutrition/folic acid | <input type="checkbox"/> Occupational concerns | <input type="checkbox"/> Mental health | <input type="checkbox"/> Immunization |
| <input type="checkbox"/> Healthy weight gain | <input type="checkbox"/> Personal safety | <input type="checkbox"/> Substance use (i.e. alcohol, drugs) | <input type="checkbox"/> VBAC counseling (if applicable) |
| <input type="checkbox"/> Physical activity | <input type="checkbox"/> Support system | <input type="checkbox"/> Sexual activity, STI risk factors, screening | |

1st Trimester

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Exposures: infections, pets, environment, occupation | <input type="checkbox"/> Early pregnancy loss: signs/symptoms, what to do | <input type="checkbox"/> Breastfeeding: attitudes/beliefs |
| <input type="checkbox"/> Safety: food, medications/vitamins/supplements, seatbelts | <input type="checkbox"/> Travel | <input type="checkbox"/> Routine prenatal care, emergency contact/on-call providers | <input type="checkbox"/> Quality educational resources |
| <input type="checkbox"/> Oral health | <input type="checkbox"/> Prenatal genetic screening | | <input type="checkbox"/> Public health services/programs |

2nd Trimester

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Lifestyle and social risk assessment | <input type="checkbox"/> Birth options and practices that promote healthy birth | <input type="checkbox"/> Breastfeeding and importance of immediate, uninterrupted skin-to-skin care |
| <input type="checkbox"/> Preterm labour: signs/symptoms | <input type="checkbox"/> Gestational diabetes screening | <input type="checkbox"/> Birth plan: travel to other community for delivery (if applicable) | <input type="checkbox"/> Postpartum contraception |
| <input type="checkbox"/> PROM | <input type="checkbox"/> Prenatal classes | | |

3rd Trimester

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Fetal movement | <input type="checkbox"/> Birth plan: labour support, pain management | <input type="checkbox"/> Erythromycin/ophthalmia neonatorum prophylaxis/ treatment | <input type="checkbox"/> Postpartum care |
| <input type="checkbox"/> Emergency contact/on-call providers | <input type="checkbox"/> Potential interventions, use of blood products | <input type="checkbox"/> Vitamin K prophylaxis | <input type="checkbox"/> Postpartum contraception |
| <input type="checkbox"/> ECV, breech delivery, elective Cesarean delivery (if applicable) | <input type="checkbox"/> Genital herpes suppression | <input type="checkbox"/> Newborn care, screening, circumcision, follow-up | <input type="checkbox"/> Discharge planning, car seat safety |
| <input type="checkbox"/> Indications for induction of labour | <input type="checkbox"/> GBS screening/prophylaxis | <input type="checkbox"/> Breastfeeding adjustment, skills, support | <input type="checkbox"/> Infant safe sleep |
| <input type="checkbox"/> Signs/symptoms of labour and admission timing | <input type="checkbox"/> Cord blood banking | | <input type="checkbox"/> Work plan, maternity leave |
| | | | <input type="checkbox"/> EPDS screening |