British Columbia Antenatal Record Part 2

12. Intende	d place of l	birth				Alternate place of birth (Hospital)]						
13. Investigations/Result Rubella titre									Pr	enatal (Gene	etic Screening	Surname			Given na	ame	
ABO group Rh factor					PP vac	cinat	ion ind	icated	Ту	Type Result			Address					
S.T.S.											0.1.1.1.1							
Antibody titre (DD/MM/YYYY) Results 1 HIV test done						ne		Yes		Gest. diabetes screen (24–28 wks) (DD/MM/YYYY) Result								
2																		
Rhig given (DD/MM/YYYY) HBsAg done (DD/MM/YYYYY)							☐ Yes ☐ No ☐ Negative			GBS screen (35-37 wks)			Phone numb	er		Persona	al health number	
1						☐ Positive			☐ Yes ☐ No (DD/MM/YYYY) Result									
2							usehold contact						15. Potential	or Actual Concerns	3:			
Hemoglobin NB vaccinat						tion indicated			Copy to hospital Edinburgh Postnatal Depression Scale			Lifestyle						
1st 3rd — Other tests (e.g						(e.g	g. Hep C, TSH,			(28-32 weeks)			Pregnancy	У				
Urine C & S result										(DD/MM/YYYY) Score			Luboui					
										Follow-up Yes No								
14. Age Pre-pregnant weight (KG)				Heig	iht (CM)		LMP	P (DD/MM/YYYY)		Cor		infirmed EDD (DD/MM/YYYY)	Postpartu Newborn	m				
16. Date	B.P.	Urine	Wt. (₁₀	Gest.	l c	undus	FHR	FM	Pres.	and	4	Newbolli	Comments				Next
- Date	Б.г.	Utille	VVI. (NG)	wks.		(CM)	HIIN	1 IVI	Po:		1		Comments				visit
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	DI IVOIO	FUND	10.115		-		17. S	econd & 1	 Third Tri	mester	Тор	ics Discussed						
SYMPHYSIS - FUNDUS HEIGHT (cm) Use a soft tape measure (cm) Top of symphysis to top of fundus 90%								Call scl		e Preterm labour Birth plan			☐ Ho	spital admission	☐ Doula ☐ Newborn scr	reening:	☐ Breastfeeding ☐ Infant safe sle	
40					50%		use of	blood/b	lood pro	odu	cts Pain managem	ent Ce	sarean	bloodspot/h		Infant car sea		
35						JU /6		ther Invest	-		mm	ents GA by US (WEEKS + DAYS		If maternal prenat	al screen above cut	-off, amn	io: Yes	s 🗌 No
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16 18	20 22 24	26 28 30	32 3	4 36	38 40		SIGN	ATURE:							MD/MW	1		