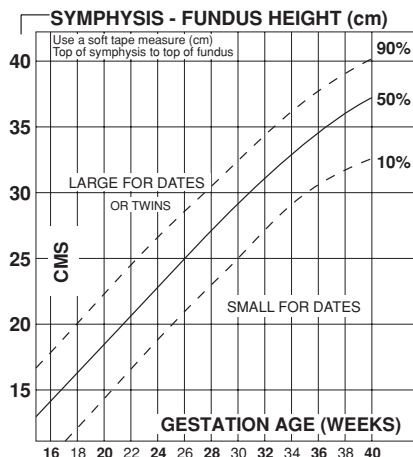


# British Columbia Antenatal Record Part 2

14. HOSPITAL		INTENDED PLACE OF BIRTH	
15. LABORATORY		Rh ANTIBODY TITRE	
BLOOD GROUP	Rh FACTOR	D M Y	Results
RUBELLA TITRE		HBsAg.	
HEMOGLOBIN (1st & 3 rd TM)		Rh Ig GIVEN D M Y	
1st:	3 rd:		
GEST. DIABETES SCREEN WKS. D M Y		RESULT	
GBS SCREEN (35-37 wks.)		RESULT	
		<input type="checkbox"/> NO <input type="checkbox"/> YES	

16. AGE	PREPREGNANT WEIGHT	HEIGHT	LMP D M Y	EDD D M Y
DATE D M Y	WT.	B.P.	URINE	GEST. AGE IN WEEKS
				FUNDAL HEIGHT CMS.
				FHR & ACTIVITY
				PRESEN-TATION & POSITION

17. PROBLEM LIST (specify):	
PREGNANCY:	
LABOUR:	
POSTPARTUM:	
NEWBORN:	
Return in	
NOTE: SEND A PHOTOCOPY OF ANTENATAL PARTS 1&2 TO HOSPITAL AT 20 WEEKS <input type="checkbox"/> SENT <input type="checkbox"/> GIVEN TO PATIENT	
NOTE: SEND HOSPITAL COPY AT 36 WEEKS	



## 18. PROBLEMS, INVESTIGATIONS

1ST ULTRASOUND DATE	GEST. AGE BY US	COMMENTS

CONSULTATION FOR MOTHER OR NEWBORN Name:	SIGNATURE
	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 II

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<sup>th</sup> Ed.)  
1997, Appleton and Lange

### T-ACE QUESTIONNAIRE

#### Tolerance

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 :*

#### Annoyance

Have people annoyed you by criticizing your drinking?

#### Cut down

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

#### Eye 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,  
Practical Prenatal Detection of Risk Drinking,  
American Journal of Obstetrics and Gynaecology,  
Vol. 160, No. 4 April 1989.