

British Columbia Antenatal Record Part 1

1. HOSPITAL		PRIMARY CARE GIVER		FAMILY PHYSICIAN	
MOTHER'S NAME			DATE OF BIRTH D M Y		AGE AT EDD
MOTHER'S MAIDEN NAME		ETHNIC ORIGIN		LANGUAGE PREFERRED	
PARTNER'S NAME		AGE	ETHNIC ORIGIN OF NEWBORN'S FATHER		

DATE	
SURNAME	GIVEN NAME
ADDRESS	PHONE NUMBER
PERSONAL HEALTH NUMBER	
PHYSICIAN / MIDWIFE NAME	

2. **INFORMED CONSENT** (in compliance with the *Freedom of Information and Protection of Privacy Act, Oct. 1993*) . I understand that providing this information is necessary to assist the physician/midwife in planning my care throughout pregnancy, childbirth and postpartum; my personal information will be kept private. I also understand this information may be reviewed when necessary by other health professionals directly involved in my care. This information is collected in accordance with the provisions of the Freedom of Information and the Protection of Privacy Act by the Perinatal Database Registry, an integral part of the Ministry of Health supported and funded British Columbia Reproductive Care Program. I understand that I can ask my care provider if I have any questions regarding the collection and use of this information.

Mother's Signature:

Witness:

Date:

3. OBSTETRICAL HISTORY INCLUDING ABORTIONS							CHILDREN		
DATE	HOSPITAL OF BIRTH OR ABORTION	WEEKS AT DELIVERY	HRS. IN ACTIVE LABOUR	DELIVERY TYPE	PERINATAL COMPLICATIONS	SEX	BIRTH WEIGHT	PRESENT HEALTH	

4. LMP D M Y		MENSES CYCLE	EDD BY DATES D M Y	5. ALLERGIES <input type="checkbox"/> NONE KNOWN <input type="checkbox"/> YES (specify):		6. BELIEFS & PRACTICES COMPLEMENTARY Rx's
CONTRACEPTION METHOD:		WHEN STOPPED: D M Y	EDD BY US D M Y	CURRENT MEDICATIONS		

7. PRESENT PREGNANCY no yes (specify)			8. PAST ILLNESS no yes (specify)			9. SOCIAL HISTORY discussed concerns (specify)		
<input type="checkbox"/> BLEEDING <input type="checkbox"/> NAUSEA <input type="checkbox"/> INFECTIONS OR FEVER <input type="checkbox"/> DEPRESSION <input type="checkbox"/> OTHER			<input type="checkbox"/> OPERATIONS <input type="checkbox"/> CV OR RESPIRATORY <input type="checkbox"/> ANESTHETIC PROBLEMS <input type="checkbox"/> Rx BLOOD PRODUCTS <input type="checkbox"/> INFECTIONS, STDS etc. <input type="checkbox"/> SUSCEPTIBLE TO CHICKEN POX <input type="checkbox"/> THROMBOEMBOLIC / COAG. <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> GI <input type="checkbox"/> URINARY <input type="checkbox"/> DIABETES OR ENDOCRINE <input type="checkbox"/> SEIZURE OR NEUROLOGIC <input type="checkbox"/> DEPRESSION OR PSYCHIATRIC <input type="checkbox"/> OTHER			<input type="checkbox"/> NUTRITION <input type="checkbox"/> SPECIAL DIET <input type="checkbox"/> FOLIC ACID start date: <input type="checkbox"/> ALCOHOL T-ACE SCORE (see reverse): <input type="checkbox"/> DRUGS (OTC's, vitamins) <input type="checkbox"/> SUBSTANCE USE <input type="checkbox"/> IPV <input type="checkbox"/> SMOKING (before pregnancy) Cigs./day <input type="checkbox"/> SMOKING (currently) Cigs./day <input type="checkbox"/> SECOND HAND SMOKE <input type="checkbox"/> FINANCIAL/HOUSING <input type="checkbox"/> SUPPORT SYSTEMS		
10. FAMILY HISTORY no yes (specify)						NUMBER OF SCHOOL YEARS COMPLETED:		
<input type="checkbox"/> HEART DISEASE <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> DIABETES <input type="checkbox"/> DEPRESSION OR PSYCHIATRIC <input type="checkbox"/> ALCOHOL/ DRUG USE <input type="checkbox"/> THROMBOEMBOLIC / COAG. <input type="checkbox"/> INHERITED DISEASE/DEFECT <input type="checkbox"/> ETHNIC (e.g. Taysachs, Sickle) <input type="checkbox"/> OTHER						WORK (specify type): hours worked per day: quitting date: partner's work:		
						<input type="checkbox"/> EARLY COMMUNITY SERVICES REFERRAL <input type="checkbox"/> OTHER REFERRAL		

11. EXAMINATION D M Y		BP		12. TOPICS FOR DISCUSSION	
HEAD & NECK		MUSCULOSKELETAL & SPINE		<input type="checkbox"/> Baby's Best Chance <input type="checkbox"/> Rest / Preterm Labour <input type="checkbox"/> Call Schedule	
BREAST / NIPPLES		VARICES & SKIN		<input type="checkbox"/> Prenatal Education <input type="checkbox"/> Sexual Relations <input type="checkbox"/> Labour Stages	
HEART & LUNGS		PELVIC EXAM		<input type="checkbox"/> Breastfeeding <input type="checkbox"/> GBS Management <input type="checkbox"/> C-Section	
ABDOMEN		SWABS / CERVIX CYTOLOGY		plans to BF <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> VBAC <input type="checkbox"/> Baby Care	
				<input type="checkbox"/> Breast / Nipple Care <input type="checkbox"/> Hospital Admission/ Procedures <input type="checkbox"/> SIDS Prevention	
				<input type="checkbox"/> Exercises <input type="checkbox"/> Birth Plan <input type="checkbox"/> Circumcision	
				<input type="checkbox"/> Genetic Counselling <input type="checkbox"/> Pain Management <input type="checkbox"/>	
				<input type="checkbox"/> HIV Testing <input type="checkbox"/>	

13. **SUMMARY** ☐ I have discussed the benefits and risks of planned or potential transfusion therapy of blood and/or blood products with the patient ☐ Maternal serum screening offered

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. (20th 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.