

1. Hospital		Attending physician/midwife		Referring physician/midwife	
Mother's name			Date of birth <i>DD MM YYYY</i>		Age at EDD
Mother's maiden name		Ethnic origin		Language preferred	
Occupation			Work hrs./day		No. of school yrs completed
Partner's name		Age	Ethnic origin of newborn's father		Partner's work

Surname		Given name	
Address			
Phone number		Personal health number	

2. Allergies <input type="checkbox"/> Yes (reaction)	<input type="checkbox"/> None known	Medications/herbals	Beliefs & practices
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[illegible]

4. LMP DD MM YYYY	Menses cycle	Contraceptives	When stopped DD MM YYYY	EDD by dates DD MM YYYY	Confirmed EDD DD MM YYYY	<input type="checkbox"/> US performed _____ Gest wks. _____ days
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5. Present Pregnancy <i>no</i> <i>yes (specify)</i> <input type="checkbox"/> IVF pregnancy _____ <input type="checkbox"/> Bleeding _____ <input type="checkbox"/> Nausea _____ <input type="checkbox"/> Infections or fever _____ <input type="checkbox"/> Other _____			7. Medical History <i>no</i> <i>yes (specify)</i> <input type="checkbox"/> Surgery _____ <input type="checkbox"/> Anesthesia _____ <input type="checkbox"/> Uterine/Cx procedure _____ <input type="checkbox"/> RESP. or CV _____ <input type="checkbox"/> STIs / infections _____ <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"/> Endocrine/diabetes _____ <input type="checkbox"/> Neurologic _____ <input type="checkbox"/> Hx of mental illness _____ <div> <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Bipolar </div> <div> <input type="checkbox"/> PP depression <input type="checkbox"/> Unknown <input type="checkbox"/> Other </div> <input type="checkbox"/> Other _____			8. Lifestyle & Social <div> <i>Discussed</i> <i>Concerns</i> <i>Referred</i> </div> <input type="checkbox"/> Diet _____ <input type="checkbox"/> <input type="checkbox"/> Folic acid _____ <input type="checkbox"/> <input type="checkbox"/> Physical activity/ rest / stop work date _____ <input type="checkbox"/> <input type="checkbox"/> OTC drugs / vitamins _____ <input type="checkbox"/> <input type="checkbox"/> Alcohol <input type="checkbox"/> never <input type="checkbox"/> quit <i>DD MM YYYY</i> Drinks/wk: before pregnancy _____ current _____ Binge drinking <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> TWEAK score _____ (see reverse) <input type="checkbox"/> Substance use <input type="checkbox"/> no <input type="checkbox"/> yes <hr/> <div> <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana </div> <div> <input type="checkbox"/> Methadone <input type="checkbox"/> Solvents <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Prescription <input type="checkbox"/> Unknown </div> <input type="checkbox"/> Smoking <input type="checkbox"/> never <input type="checkbox"/> quit <i>DD MM YYYY</i> Cig/day: before pregnancy _____ current _____ <input type="checkbox"/> Exposure 2nd hand smoke <input type="checkbox"/> no <input type="checkbox"/> yes _____ <input type="checkbox"/> Financial & housing _____ <input type="checkbox"/> <input type="checkbox"/> Support system _____ <input type="checkbox"/> <input type="checkbox"/> IPV _____ <input type="checkbox"/>		
6. Family History <i>no</i> <i>yes (specify)</i> <input type="checkbox"/> Heart disease _____ <input type="checkbox"/> Hypertension _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Depression / psychiatric _____ <input type="checkbox"/> Alcohol / drug use _____ <input type="checkbox"/> Thromboembolic / coag. _____ <div> <input type="checkbox"/> Inherited <input type="checkbox"/> Maternal <input type="checkbox"/> Newborn's Father </div> disease / defect _____ <input type="checkbox"/> Ethnic (e.g. Taysachs, Sickle) _____ <input type="checkbox"/> Other _____								

9. Physical Examination					10. First Trimester Topics Discussed:					Plans to breastfeed
DD MM YYYY		BP	Height CM	Pre-pregnant weight KG	Pre-pregnant BMI	<input type="checkbox"/> MSS offered	<input type="checkbox"/> Genetic counseling offered	<input type="checkbox"/> HIV & other tests	<input type="checkbox"/> Yes	
						<input type="checkbox"/> Baby's Best Chance	<input type="checkbox"/> Prenatal education	<input type="checkbox"/> Maternity pathway	<input type="checkbox"/> No	
Head & neck		Musculoskeletal				<input type="checkbox"/> Seat belt use	<input type="checkbox"/> Sexual relations		<input type="checkbox"/> Maybe	

Head & neck	Musculoskeletal
Breasts & nipples	Varicies & skin
Heart & lungs	Pelvic exam
Abdomen	Swabs/cervix cytology
<div style="text-align: right;">SIGNATURE: _____ MD / MW</div>	

British Columbia Antenatal Record Part 2

12. Intended place of birth

Alternate place of birth (Hospital)

13. Investigations/Results

ABO group

Rh factor

Antibody titre

1 DD MM YYYY

2 DD MM YYYY

Rhlg given

1 DD MM YYYY

2 DD MM YYYY

Hemoglobin

1st 3rd

Urine C & S

Rubella titre

PP vaccination indicated

S.T.S.

HIV test done

Yes No

HBsAg done

Yes No

DD MM YYYY Result

Partner/household contact

NB vaccination indicated

Other tests (e.g. Hep C, TSH, Varicella)

Maternal prenatal screening

Gest. diabetes screen (24-28 wks)

Wks DD MM YYYY Result

GBS screen (35-37 wks)

Yes No

DD MM YYYY Result

Copy to hospital

Edinburgh Postnatal Depression Scale (28-32 weeks)

Score DD MM YYYY

Follow-up

Yes No

Surname

Given Name

Address

Phone Number

Personal Health Number

15. Potential or Actual Concerns:

Lifestyle

Pregnancy

Labour

Postpartum

Newborn

14. Age

Pre-pregnant weight

KG

LMP

DD MM YYYY

EDD

DD MM YYYY

16. Date

D M Y

B.P.

Urine

Wt.

KG

Gest. Wks.

Fundus cms.

FHR

FM

Pres. and Pos.

Comments

Next Visit

1st tri: serum & NT 10 - 13⁺⁶ weeks

2nd tri: serum 15 - 20⁺⁶ weeks

Copy given to patient Copy sent to hospital at 20 weeks

Gest diabetes screen at 24 - 28 weeks

Discuss fetal movement 26 - 32 weeks

EPDS at 28 - 32 weeks

Reassess diet, physical activity, smoking, substance & alcohol use

GBS Screen 35 - 37 weeks

Send Hospital copy at 36 weeks

SYMPHYSIS - FUNDUS HEIGHT (cm)

Use a soft tape measure (cm)

Top of symphysis to top of fundus

40

35

30

25

20

15

LARGE FOR DATES

OR TWINS

SMALL FOR DATES

GESTATION AGE (WEEKS)

16 18 20 22 24 26 28 30 32 34 36 38 40

90%

50%

10%

17. Second & Third Trimester Topics Discussed:

Call schedule

Risks/benefits of planned or use of blood/blood products

Preterm labour

Fetal movement

Breastfeeding

Hospital admission

Birth plan

Pain management

Doula

VBAC

Cesarean

Back to sleep

Infant car seats

18. Other Investigations & Comments

1st US DD MM YYYY

GA by US weeks + days

If maternal prenatal screen above cut off, amnio:

Yes No

SIGNATURE

MD / MW

BCPHP (HLTH) 1582-2 Rev. 2007/06/05 Prepared by The British Columbia Perinatal Health Program (formerly BCRCP)

WHITE: MOTHER'S CHART YELLOW: INFANT'S CHART PINK: PHYSICIAN/MIDWIFE

BAR CODE AREA; DO NOT USE

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WHITE: MOTHER'S CHART YELLOW: INFANT'S CHART PINK: PHYSICIAN/MIDWIFE

BAR CODE AREA; DO NOT USE

RISK ASSESSMENT GUIDE

PAST OBSTETRICAL HISTORY

- ☐ Abortion (12-20 weeks)
- ☐ Cesarean birth (uterine surgery)
- ☐ Habitual abortion (3+)
- ☐ Hypertensive disorders of pregnancy
- ☐ IUGR baby
- ☐ Macrosomic baby
- ☐ Major congenital anomalies (e.g. Cardiac, CNS, Down Syndrome)
- ☐ Neonatal death
- ☐ Placental abruption
- ☐ Postpartum hemorrhage
- ☐ Preterm birth (< 37 weeks)
- ☐ Rh isoimmunization (affected infant)
- ☐ Rh isoimmunization (unaffected infant)
- ☐ Stillbirth

MEDICAL HISTORY

DIABETES

- ☐ Controlled by diet only
- ☐ Insulin dependent
- ☐ Retinopathy documented

HEART DISEASE

- ☐ Asymptomatic (no effect on daily living)
- ☐ Symptomatic (affects daily living)

HYPERTENSION

- ☐ 140/90 or greater
- ☐ Anti-hypertensive drugs
- ☐ Chronic renal disease

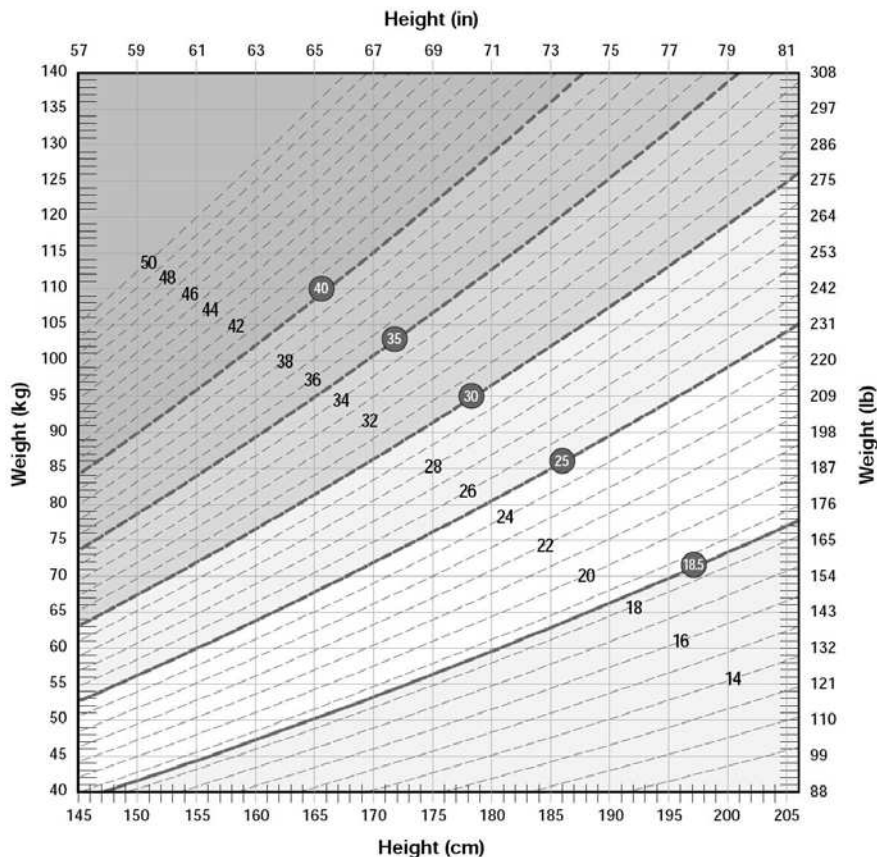
OTHER

- ☐ Age under 18 at delivery
- ☐ Age 35 or over at delivery
- ☐ Alcohol and/or drugs
- ☐ BMI less than 18.5 (Underweight)
- ☐ BMI over 30 (Obesity)
- ☐ Depression
- ☐ Height (under 152 cm or 5 ft. 0 in.)
- ☐ Smoking
- ☐ Other medical/surgical disorders eg. epilepsy, severe asthma, Lupus etc.

PROBLEMS IN CURRENT PREGNANCY

- ☐ Abnormal maternal serum screening (HCG or AFP > 2.0 MOM)
- ☐ Alcohol and/or drugs
- ☐ Anemia (<100 g per L)
- ☐ Antepartum bleeding
- ☐ Blood antibodies (Rh, Anti C, Anti K etc.)
- ☐ Decreased fetal movement
- ☐ Depression
- ☐ Diagnosis of large for dates
- ☐ Diagnosis of small for dates (IUGR)
- ☐ Gestational diabetes
- ☐ Hypertensive disorders of pregnancy
- ☐ Malpresentation
- ☐ Membranes rupture before 37 weeks
- ☐ Multiple pregnancy
- ☐ Polyhydramnios or oligohydramnios
- ☐ Poor weight gain 26 - 36 weeks (<0.5 kg/wk or weight loss)
- ☐ Pregnancy > 42 weeks
- ☐ Preterm labour
- ☐ Proteinuria 1+ or greater
- ☐ Smoking any time during pregnancy

To estimate Pre-pregnancy BMI, locate the point on the chart where height and weight intersect. Read the number on the dashed line closest to this point.



Source: Health Canada. Canadian Guidelines for Body Weight Classification in Adults. Ottawa: Minister of Public Works and Government Services Canada; 2003.

Health Risk Classification According to BMI

Classification	BMI	Risks of developing health problems
Underweight	< 18.5	Increased
Normal	18.5 - 24.9	Least
Overweight	25 - 29.9	Increased
Obese I	30 - 34.9	High
Obese II	35 - 39.9	Very High
Obese III	> = 40	Extremely High

SCORING GUIDE

In the past 7 days:

1. I have been able to laugh and see the funny side of things
 - 0 As much as I always could
 - 1 Not quite so much now
 - 2 Definitely not so much now
 - 3 Not at all
2. I have looked forward with enjoyment to things
 - 0 As much as I ever did
 - 1 Rather less than I used to
 - 2 Definitely less than I used to
 - 3 Hardly at all
3. I have blamed myself unnecessarily when things went wrong
 - 3 Yes, most of the time
 - 2 Yes, some of the time
 - 1 Not very often
 - 0 No, never
4. I have been anxious or worried for no good reason
 - 0 No, not at all
 - 1 Hardly ever
 - 2 Yes, sometimes
 - 3 Yes, very often
5. I have felt scared or panicky for no very good reason
 - 3 Yes, quite a lot
 - 2 Yes, sometimes
 - 1 No, not much
 - 0 No, not at all
6. Things have been getting on top of me
 - 3 Yes, most of the time I haven't been able to cope
 - 2 Yes, sometimes I haven't been coping as well as usual
 - 1 No, most of the time I have coped quite well
 - 0 No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping
 - 3 Yes, most of the time
 - 2 Yes, sometimes
 - 1 Not very often
 - 0 No, not at all
8. I have felt sad or miserable
 - 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Not very often
 - 0 No, not at all
9. I have been so unhappy that I have been crying
 - 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Only occasionally
 - 0 No, never
10. The thought of harming myself has occurred to me
 - 3 Yes, quite often
 - 2 Sometimes
 - 1 Hardly ever
 - 0 Never

A score of 1 - 3 to item 10 indicating a risk of self-harm, requires immediate mental health assessment and intervention as appropriate.

Scoring of 11 - 13 range, monitor, support, and offer education.

Scoring of 14 or higher, follow up with comprehensive bio-psychosocial diagnostic assessment for depression.

Source: Cox, JL, Holden, JM, Sagovsky, R (1987).
Department of Psychiatry, University of Edinburgh.

T	Tolerance: "How many drinks does it take to make you feel high?" (Or this can be modified to "How many drinks can you hold?") <i>Record number of drinks.</i>	3 or more drinks = 2 points
W	Worry: "Have close friends or relatives worried or complained about your drinking in the past year?"	Yes = 2 points
E	Eye-Opener: "Do you sometimes have a drink in the morning when you first get up?"	Yes = 1 point
A	Amnesia (Blackout): "Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?"	Yes = 1 point
K (C)	Cut Down: "Do you sometimes feel the need to cut down on your drinking?"	Yes = 1 point

A score of 2 or more points indicates a risk of a drinking problem.

Source: Russell, M (1994). New Assessment tools for risk drinking during pregnancy: T-ACE, TWEAK and others. Alcohol Health and Research World.