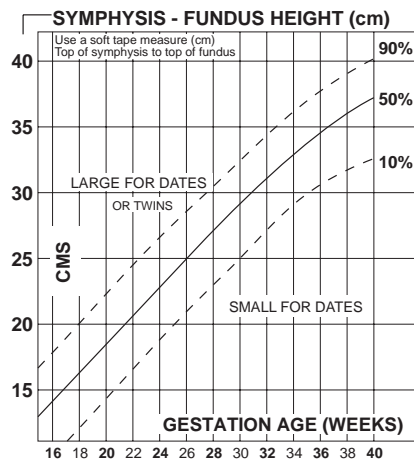


DATE	
SURNAME	GIVEN NAME
ADDRESS	PHONE NUMBER
PERSONAL HEALTH NUMBER	PHYSICIAN / MIDWIFE NAME

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

[illegible]

17. PROBLEM LIST (<i>specify</i>):	
PREGNANCY:	
LABOUR:	
POSTPARTUM:	
NEWBORN:	
	Return in _____ weeks
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

Doula: CONSULTATION FOR MOTHER OR NEWBORN Name:	Doula #: 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.