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 Gravida Term Preterm Abortion Living

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

4. LMP D M Y | MENSES CYCLE | EDD BY DATES D M Y

CONTRACEPTION METHOD: | WHEN STOPPED: D M Y | EDD BY US D M Y

5. ALLERGIES ☐ NONE KNOWN

☐ YES (specify):

CURRENT MEDICATIONS

6. BELIEFS & PRACTICES

COMPLEMENTARY Rx's

7. PRESENT PREGNANCY

no	yes (specify)	
☐		BLEEDING
☐		NAUSEA
☐		INFECTIONS OR FEVER
☐		DEPRESSION
☐		OTHER

8. PAST ILLNESS

no	yes (specify)	
☐		OPERATIONS
☐		CV OR RESPIRATORY
☐		ANESTHETIC PROBLEMS
☐		Rx BLOOD PRODUCTS
☐		INFECTIONS, STDS etc.
☐		SUSCEPTIBLE TO CHICKEN POX
☐		THROMBOEMBOLIC / COAG.
☐		HYPERTENSION
☐		GI
☐		URINARY
☐		DIABETES OR ENDOCRINE
☐		SEIZURE OR NEUROLOGIC
☐		DEPRESSION OR PSYCHIATRIC
☐		OTHER

9. SOCIAL HISTORY

discussed	concerns (specify)	
☐		NUTRITION
☐		SPECIAL DIET
☐	start date:	FOLIC ACID
☐	T-ACE SCORE (see reverse):	ALCOHOL
☐		DRUGS (OTC's, vitamins)
☐		SUBSTANCE USE
☐		IPV
☐	Cigs./day	SMOKING (before pregnancy)
☐	Cigs./day	SMOKING (currently)
☐		SECOND HAND SMOKE
☐		FINANCIAL/HOUSING
☐		SUPPORT SYSTEMS

NUMBER OF SCHOOL YEARS COMPLETED:

WORK (specify type):

hours worked per day: quitting date:

partner's work:

☐ EARLY COMMUNITY SERVICES REFERRAL

☐ OTHER REFERRAL

10. FAMILY HISTORY

no	yes (specify)	MATERNAL	PATERNAL
☐				HEART DISEASE
☐				HYPERTENSION
☐				DIABETES
☐				DEPRESSION OR PSYCHIATRIC
☐				ALCOHOL/ DRUG USE
☐				THROMBOEMBOLIC / COAG.
☐				INHERITED DISEASE/DEFECT
☐				ETHNIC (e.g. Taysachs, Sickle)
☐				OTHER

11. EXAMINATION D M Y

BP

HEAD & NECK	MUSCULOSKELETAL &SPINE
BREAST / NIPPLES	VARICES & SKIN
HEART & LUNGS	PELVIC EXAM
ABDOMEN	SWABS / CERVIX CYTOLOGY

12. TOPICS FOR DISCUSSION

☐ *Baby's Best Chance*	☐ Rest / Preterm Labour	☐ Call Schedule
☐ Prenatal Education	☐ Sexual Relations	☐ Labour Stages
☐ Breastfeeding	☐ GBS Management	☐ C-Section
plans to BF ☐ yes ☐ no	☐ VBAC	☐ Baby Care
☐ Breast / Nipple Care	☐ Hospital Admission/ Procedures	☐ SIDS Prevention
☐ Exercises		☐ Circumcision
☐ Genetic Counselling	☐ Birth Plan	☐
☐ HIV Testing	☐ Pain Management	

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