

British Columbia Antenatal Record Part 1

1. Hospital

Attending physician/midwife

Referring physician/midwife

Mother's name

Date of birth
DD MM YYYY

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

☐ None known

Medications/herbals

Beliefs & practices

3. Obstetrical History

Gravida

Term

Preterm

Abortion

(Induced ____ Spontaneous ____)

Living

Children

Date

Place of birth/
abortion

Hrs. in
labour

Gest.
age

Type of
birth

Perinatal complications

Sex

Birth
weight

Present
health

4. LMP

Menses cycle

Contraceptives

When stopped

EDD by dates

Confirmed EDD

☐ US performed ____ Gest wks. ____ days

5. Present Pregnancy

no

yes (specify)

☐ IVF pregnancy

☐ Bleeding

☐ Nausea

☐ Infections or fever

☐ Other

6. Family History

no

yes (specify)

☐ Heart disease

☐ Hypertension

☐ Diabetes

☐ Depression /
psychiatric

☐ Alcohol /
drug use

☐ Thromboembolic / coag.

Maternal

Newborn's Father

☐ Inherited
disease / defect

☐ Ethnic (e.g.
Taysachs, Sickie)

☐ Other

7. Medical History

no

yes (specify)

☐ Surgery

☐ Anesthesia

☐ Uterine/Cx procedure

☐ RESP. or CV

☐ STIs / infections

☐ Susceptible to chicken pox

☐ Thromboembolic / coag.

☐ Hypertension

☐ GI

☐ Urinary

☐ Endocrine/diabetes

☐ Neurologic

☐ Hx of mental illness

☐ Anxiety☐ Depression☐ Bipolar

☐ PP depression☐ Unknown☐ Other

☐ Other

8. Lifestyle & Social

Discussed

Concerns

Referred

☐ Diet

☐ Folic acid

☐ Physical activity/
rest / stop work date

☐ OTC drugs / vitamins

☐ Alcohol ☐ never ☐ quit *DD MM YYYY*

Drinks/wk: before pregnancy ____ current ____

Binge drinking ☐ no ☐ yes

☐ TWEAK score ____ (see reverse)

☐ Substance use ☐ no ☐ yes

☐ Heroin☐ Cocaine☐ Marijuana

☐ Methadone☐ Solvents☐ Other

☐ Prescription☐ Unknown

☐ Smoking ☐ never ☐ quit *DD MM YYYY*

Cig/day: before pregnancy ____ current ____

☐ Exposure 2nd hand smoke ☐ no ☐ yes

☐ Financial & housing

☐ Support system

☐ IPV

9. Physical Examination

DD MM YYYY

BP

Height
CM

Pre-pregnant weight
KG

Pre-pregnant BMI

Head & neck

Musculoskeletal

Breasts & nipples

Varicies & skin

Heart & lungs

Pelvic exam

Abdomen

Swabs/cervix cytology

10. First Trimester Topics Discussed:

☐ MSS offered☐ Genetic counseling offered☐ HIV & other tests

☐ Baby's Best Chance☐ Prenatal education☐ Maternity pathway

☐ Seat belt use☐ Sexual relations

Plans to breastfeed
☐ Yes
☐ No
☐ Maybe

11. Summary

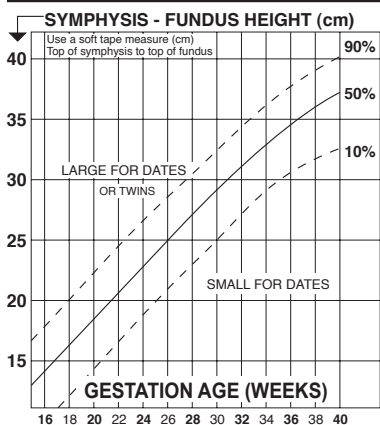
SIGNATURE:

MD / MW

BCPHP (HLTH) 1582-1 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

[illegible]

☐ Call schedule ☐ Preterm labour ☐ Hospital admission ☐ Doula ☐ Back to sleep
☐ Risks/benefits of planned or use of blood/blood products ☐ Fetal movement ☐ Birth plan ☐ VBAC ☐ Infant car seats
☐ Breastfeeding ☐ Pain management ☐ Cesarean

1st US *DD MM YYYY* GA by US *weeks + days* If maternal prenatal screen above cut off, amnio: ☐ Yes ☐ No

MD / MW

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

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

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