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 ☐ Yes (reaction)

Medications/herbals

Beliefs & practices

3. Obstetrical History **G**ravida **T**erm **P**reterm **A**bortion (Induced ____ Spontaneous___) **L**iving

Date	Place of birth/ abortion	Hrs. in labour	Gest. age	Type of birth	Perinatal complications	Children: Sex	Children: Birth weight	Children: Present health

4. LMP DD MM YYYY | Menses cycle | Contraceptives | When stopped DD MM YYYY | EDD by dates DD MM YYYY | Confirmed EDD DD MM YYYY ☐ 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, Sickle)
- ☐ 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

Breasts & nipples

Heart & lungs

Abdomen

Musculoskeletal

Varicies & skin

Pelvic exam

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

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

BAR CODE AREA - DO NOT USE

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 — *Results*

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

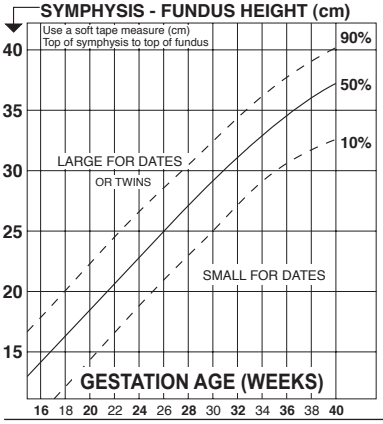
Labour

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	



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

BAR CODE AREA; DO NOT USE

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