

**Perinatal Forms Guideline 7**

**MATERNAL ASSESSMENT RECORD (HLTH 1590)**

***INTRODUCTION***

This is a form designed for any obstetrical patient >20 weeks gestation who, during the prenatal period may be either: 1) admitted to hospital not in labour or, 2) seen in hospital as an outpatient. Some examples of when this form may be used include patients arriving for assessment with query preterm labour, query rupture of membranes, antepartum hemorrhage prior to term, patients requiring a Non Stress Test, admission for elective caesarean section, term women in early labour who can labour at home, etc. It may be used in either the emergency department or labour and delivery department, depending on hospital policy. It is designed to elicit the most important pieces of information when the Antenatal Record is not immediately available. It should be kept and attached to the copy of the Antenatal Record sent at 20 weeks gestation.

If clarification is required under “Elements to Collect,” then please refer to:  
Forms Guideline 11: Abbreviations used in the Provincial Perinatal Forms.

**SECTION 1: PRELIMINARY INFORMATION**

- Indicate the date and time of arrival at the hospital. Indicate woman’s primary care giver.
- Indicate Allergies, including reactions to known allergies. Record any medications or complementary therapies in use.
- Indicate primary reason for coming to hospital.
- Indicate all previous admissions, if applicable.
- Indicate GTPAL, LMP, EDD, and Gestational Age in weeks and days, e.g. 35 3/7.

***Elements to Collect:***

- *Date*
- *Time*
- *Primary Caregiver*
- *Allergies: None Known, Yes (specify)*
- *Current medications/Complementary therapies*
- *Reason for admission*
- *Previous admission (specify)*
- *G, T, P, A, L*
- *LMP*
- *EDD*
- *Gest. Age*

**SECTION 2: OBSTETRICAL, MEDICAL, SURGICAL HISTORY AND HISTORY OF PRESENT PREGNANCY**

Elicit information from the woman on each of these topics. Include narration if significant history identified.

***Elements to Collect:***

- *Present Pregnancy: No concerns, Yes (specify)*
- *Obstetrical History: No concerns, Yes (specify)*
- *Medical History: No concerns, Yes (specify)*
- *Surgical History: No concerns, Yes (specify)*

**SECTION 3: MATERNAL EXAMINATION**

***Elements to Collect:***

- *T, P, R, BP*
- *Membranes ruptured: No, Yes, Queried*
- *Nitrazine Test (if applicable): Pos., Neg., Equivocal*
- *Ferning Test (if applicable): Pos., Neg. (A nitrazine test and/or ferning test may be indicated if membrane rupture is queried).*
- *Urinalysis: Protein, Ketones*

**SECTION 4: ABDOMINAL PALPATION**

***Elements to Collect:***

- *SF Height, Lie, Presentation, Position, FH*
- *Fetal Activity: Normal, Increased, Decreased*
- *Contractions: No, Yes (specify)*
- *NST: No, Yes, Reason*
- *KUBLI Score: (Please see reverse side of the form)*
- *Narrative Notes (Complete as appropriate)*

**SECTION 5: TRANSFER/DISCHARGE INFORMATION**

It is important to document any instructions given, re: signs to watch for or information given about when to return to hospital.

***Elements to Collect:***

- *Physician/Midwife Contacted*
- *Time*
- *Admitted to (specify), Accompanied By*
- *Discharged to (specify), Accompanied By*
- *Transferred to (specify), Accompanied By*
- *Date*
- *Time*
- *Discharge Instructions*
- *Signature, RM/RN*

## **REVERSE OF FORM: ADAPTED KUBLI SCORE**

The Kubli Score is a tool used to evaluate a non-stress test. It works very much like an Apgar Score in that there are 5 criteria to be assessed, and each will be assigned a score of 0, 1, or 2, for a maximum total of 10. The advantage of the Kubli Score is that it is systematic and specific. This communication tool helps health professionals to have a quick visual image of the immediate fetal status.

### **Interpretation of the Kubli Score**

8-10	Normal
7	Normal if gestational age is <32 weeks
5-6	Equivocal/Abnormal
1-4	Ominous/Pathological

### **Kubli Score Guidelines**

#### **1. Baseline Rate**

In order to determine the baseline you need to identify those portions of the fetal heart strip where there are no accelerations, decelerations, or uterine activity. Note the average range of this “resting rate” and score accordingly.

#### **2. Amplitude of Fluctuations**

This measures baseline variability, or the integrity of the sympathetic/ parasympathetic nervous system. Having identified the baseline portions, scrutinize any **one**-minute interval. Note the lowest fetal heart beat and the highest fetal heart beat during that one minute. Calculate the range and score according to the parameter. Select two other one-minute intervals and repeat the same process so that you have an overall average that is an accurate representation of the entire fetal heart strip.

#### **3. Frequency of Fluctuations**

This also measures the baseline variability, or the integrity of the sympathetic/ parasympathetic nervous system. Take the same three identified one-minute periods and estimate the amount of cycles present in each minute. A cycle must last for 5 seconds and have a measurable amplitude of 5 to be judged a genuine cyclical cardiac movement and not machine artifact. Calculate the average cycles per minute and score accordingly.

#### **4. Deceleration Pattern**

Decelerations in the antepartum period may occur with small changes in uterine tonus or more obvious Braxton Hicks contractions. They can also be caused by activation of a baroreceptor response with fetal movement, particularly in the younger fetus (<30 weeks) or at any time when the cushioning actions of liquor and/or Whartons Jelly have been reduced.

Scrutinize the graph for any identified pattern of either late or variable decelerations. Classify the decelerations observed and score according to persistence and severity of the pattern.

**5. Accelerations with Fetal Movement**

Accelerations are a reassuring sign reflecting an intact central nervous system. Measure the fetal heart accelerations from the baseline immediately preceding the acceleration. The fetal heart rate must increase by at least 15 beats from that baseline and be sustained at that level or higher for at least 15 seconds in order for it to fulfill the criteria of one satisfactory acceleration. Measure all accelerations and score accordingly.

Fetal stimulation to obtain an arousal period has fallen out of favour in recent years.