

# British Columbia Antenatal Record Part 1

1. Hospital		Attending physician/midwife		Referring physician/midwife	
Mother's name			Date of birth <i>DD MM YYYY</i>	Age at EDD	Surname <span style="float:right">Given name</span>
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	
			Address		Phone number <span style="float:right">Personal health number</span>

2. Allergies <input type="checkbox"/> Yes (reaction) <input type="checkbox"/> None known		Medications/herbals	Beliefs & practices
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3. Obstetrical History						Children			
Date	Place of birth/ abortion	G	T	P	A	Perinatal complications	Sex	Birth weight	Present health

4. LMP <i>DD MM YYYY</i>	Menses cycle	Contraceptives	When stopped <i>DD MM YYYY</i>	EDD by dates <i>DD MM YYYY</i>	Confirmed EDD <i>DD MM YYYY</i> <input type="checkbox"/> US performed ___ Gest wks. ___ days
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**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. \_\_\_\_\_

Inherited disease / defect \_\_\_\_\_

Ethnic (e.g. Tay Sachs, 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
<input type="checkbox"/> Diet _____		<input type="checkbox"/>
<input type="checkbox"/> Folic acid _____		<input type="checkbox"/>
<input type="checkbox"/> Physical activity/ rest / stop work date _____		<input type="checkbox"/>
<input type="checkbox"/> OTC drugs / vitamins _____		<input type="checkbox"/>
<input type="checkbox"/> Alcohol <input type="checkbox"/> never <input type="checkbox"/> quit <i>DD MM YYYY</i>		
Drinks/wk: before pregnancy _____ current _____		
Binge drinking <input type="checkbox"/> no <input type="checkbox"/> yes		
<input type="checkbox"/> TWEAK score _____ (see reverse)		
<input type="checkbox"/> Substance use <input type="checkbox"/> no <input type="checkbox"/> yes		
<input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana		
<input type="checkbox"/> Methadone <input type="checkbox"/> Solvents <input type="checkbox"/> Other		
<input type="checkbox"/> Prescription <input type="checkbox"/> Unknown		
<input type="checkbox"/> Smoking <input type="checkbox"/> never <input type="checkbox"/> quit <i>DD MM YYYY</i>		
Cig/day: before pregnancy _____ current _____		
<input type="checkbox"/> Exposure 2nd hand smoke <input type="checkbox"/> no <input type="checkbox"/> yes _____		
<input type="checkbox"/> Financial & housing _____		<input type="checkbox"/>
<input type="checkbox"/> Support system _____		<input type="checkbox"/>
<input type="checkbox"/> IPV _____		<input type="checkbox"/>

**9. Physical Examination**

BP	Height	Pre-pregnant weight	Pre-pregnant BMI
<i>DD MM YYYY</i>	<i>CM</i>	<i>KG</i>	
Head & neck	Musculoskeletal		
Breasts & nipples	Varicies & skin		
Heart & lungs	Pelvic exam		
Abdomen	Swabs/cervix cytology		

**10. First Trimester Topics Discussed:**

<input type="checkbox"/> MSS offered	<input type="checkbox"/> Genetic counseling offered	<input type="checkbox"/> HIV & other tests	Plans to breastfeed <input type="checkbox"/> Yes
<input type="checkbox"/> Baby's Best Chance	<input type="checkbox"/> Prenatal education	<input type="checkbox"/> Maternity pathway	<input type="checkbox"/> No
<input type="checkbox"/> Seat belt use	<input type="checkbox"/> Sexual relations		<input type="checkbox"/> Maybe

**11. Summary**

SIGNATURE: \_\_\_\_\_ MD / MW

# RISK ASSESSMENT GUIDE

## PAST OBSTETRICAL HISTORY

- Abortion (12-20 weeks)
- Cesarean birth (uterine surgery)
- Habitual abortion (3+)
- Hypertensive disorders of pregnancy
- IUGR baby
- Macrosomic baby
- Major congenital anomalies (e.g. Cardiac, CNS, Down Syndrome)
- Neonatal death
- Placental abruption
- Postpartum hemorrhage
- Preterm birth (< 37 weeks)
- Rh isoimmunization (affected infant)
- Rh isoimmunization (unaffected infant)
- Stillbirth

## MEDICAL HISTORY

### DIABETES

- Controlled by diet only
- Insulin dependent
- Retinopathy documented

### HEART DISEASE

- Asymptomatic (no effect on daily living)
- Symptomatic (affects daily living)

### HYPERTENSION

- 140/90 or greater
- Anti-hypertensive drugs
- Chronic renal disease

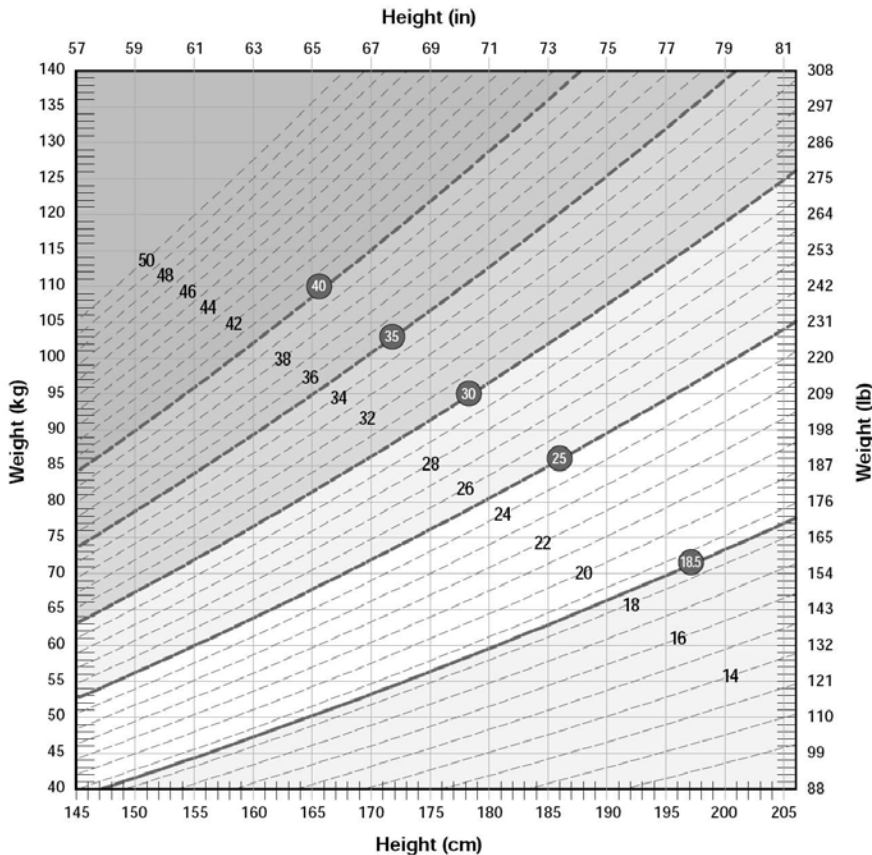
### OTHER

- Age under 18 at delivery
- Age 35 or over at delivery
- Alcohol and/or drugs
- BMI less than 18.5 (Underweight)
- BMI over 30 (Obesity)
- Depression
- Height (under 152 cm or 5 ft. 0 in.)
- Smoking
- Other medical/surgical disorders eg. epilepsy, severe asthma, Lupus etc.

## PROBLEMS IN CURRENT PREGNANCY

- Abnormal maternal serum screening (HCG or AFP > 2.0 MOM)
- Alcohol and/or drugs
- Anemia (<100 g per L)
- Antepartum bleeding
- Blood antibodies (Rh, Anti C, Anti K etc.)
- Decreased fetal movement
- Depression
- Diagnosis of large for dates
- Diagnosis of small for dates (IUGR)
- Gestational diabetes
- Hypertensive disorders of pregnancy
- Malpresentation
- Membranes rupture before 37 weeks
- Multiple pregnancy
- Polyhydramnios or oligohydramnios
- Poor weight gain 26 - 36 weeks (<0.5 kg/wk or weight loss)
- Pregnancy > 42 weeks
- Preterm labour
- Proteinuria 1+ or greater
- Smoking any time during pregnancy

To estimate Pre-pregnancy BMI, locate the point on the chart where height and weight intersect. Read the number on the dashed line closest to this point.



Health Risk Classification According to BMI

Classification	BMI	Risks of developing health problems
Underweight	< 18.5	Increased
Normal	18.5 - 24.9	Least
Overweight	25 - 29.9	Increased
Obese I	30 - 34.9	High
Obese II	35 - 39.9	Very High
Obese III	> = 40	Extremely High