

British Columbia Antenatal Record Part 2

12. Intended place of birth	Alternate place of birth (Hospital)
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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 <input type="checkbox"/> PP vaccination indicated S.T.S. HIV test done <input type="checkbox"/> Yes <input type="checkbox"/> No HBsAg done <input type="checkbox"/> Yes <input type="checkbox"/> No DD MM YYYY Result <input type="checkbox"/> Partner/household contact <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No DD MM YYYY Result <input type="checkbox"/> Copy to hospital Edinburgh Postnatal Depression Scale (28-32 weeks) Score _____ DD MM YYYY Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No
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Surname _____ Given Name _____

Address _____

Phone Number _____ Personal Health Number _____

14. Age	Pre-pregnant weight KG	LMP DD MM YYYY	EDD DD MM YYYY
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15. Potential or Actual Concerns:

Lifestyle _____

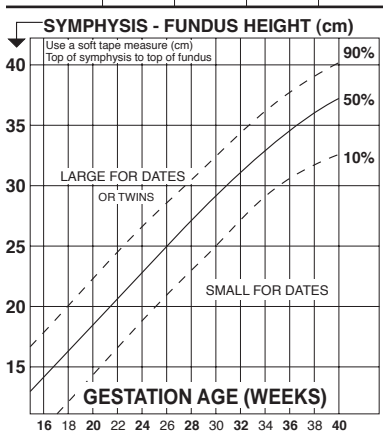
Pregnancy _____

Labour _____

Postpartum _____

Newborn _____

16. Date D M Y	B.P.	Urine	Wt. KG	Gest. Wks.	Fundus cms.	FHR	FM	Pres. and Pos.	Comments	Next Visit
									<i>1st tri: serum & NT 10 - 13⁺⁶ weeks</i>	
									<i>2nd tri: serum 15 - 20⁺⁶ weeks</i>	
									<input type="checkbox"/> Copy given to patient <input type="checkbox"/> Copy sent to hospital at 20 weeks	
									<i>Gest diabetes screen at 24 - 28 weeks</i>	
									<i>Discuss fetal movement 26 - 32 weeks</i>	
									<i>EPDS at 28 - 32 weeks</i>	
									<i>Reassess diet, physical activity, smoking, substance & alcohol use</i>	
									<i>GBS Screen 35 - 37 weeks</i>	
									<i>Send Hospital copy at 36 weeks</i>	



17. Second & Third Trimester Topics Discussed:

<input type="checkbox"/> Call schedule	<input type="checkbox"/> Preterm labour	<input type="checkbox"/> Hospital admission	<input type="checkbox"/> Doula	<input type="checkbox"/> Back to sleep
<input type="checkbox"/> Risks/benefits of planned or use of blood/blood products	<input type="checkbox"/> Fetal movement	<input type="checkbox"/> Birth plan	<input type="checkbox"/> VBAC	<input type="checkbox"/> Infant car seats
	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Pain management	<input type="checkbox"/> Cesarean	

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 _____

SCORING GUIDE

In the past 7 days:

1. I have been able to laugh and see the funny side of things
 - 0 As much as I always could
 - 1 Not quite so much now
 - 2 Definitely not so much now
 - 3 Not at all
2. I have looked forward with enjoyment to things
 - 0 As much as I ever did
 - 1 Rather less than I used to
 - 2 Definitely less than I used to
 - 3 Hardly at all
3. I have blamed myself unnecessarily when things went wrong
 - 3 Yes, most of the time
 - 2 Yes, some of the time
 - 1 Not very often
 - 0 No, never
4. I have been anxious or worried for no good reason
 - 0 No, not at all
 - 1 Hardly ever
 - 2 Yes, sometimes
 - 3 Yes, very often
5. I have felt scared or panicky for no very good reason
 - 3 Yes, quite a lot
 - 2 Yes, sometimes
 - 1 No, not much
 - 0 No, not at all
6. Things have been getting on top of me
 - 3 Yes, most of the time I haven't been able to cope
 - 2 Yes, sometimes I haven't been coping as well as usual
 - 1 No, most of the time I have coped quite well
 - 0 No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping
 - 3 Yes, most of the time
 - 2 Yes, sometimes
 - 1 Not very often
 - 0 No, not at all
8. I have felt sad or miserable
 - 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Not very often
 - 0 No, not at all
9. I have been so unhappy that I have been crying
 - 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Only occasionally
 - 0 No, never
10. The thought of harming myself has occurred to me
 - 3 Yes, quite often
 - 2 Sometimes
 - 1 Hardly ever
 - 0 Never

A score of 1 - 3 to item 10 indicating a risk of self-harm, requires immediate mental health assessment and intervention as appropriate.

Scoring of 11 - 13 range, monitor, support, and offer education.

Scoring of 14 or higher, follow up with comprehensive bio-psychosocial diagnostic assessment for depression.

Source: Cox, JL, Holden, JM, Sagovsky, R (1987).
Department of Psychiatry, University of Edinburgh.

T	<p>Tolerance: "How many drinks does it take to make you feel high?" (Or this can be modified to "How many drinks can you hold?") <i>Record number of drinks.</i></p>	3 or more drinks = 2 points
W	<p>Worry: "Have close friends or relatives worried or complained about your drinking in the past year?"</p>	Yes = 2 points
E	<p>Eye-Opener: "Do you sometimes have a drink in the morning when you first get up?"</p>	Yes = 1 point
A	<p>Amnesia (Blackout): "Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?"</p>	Yes = 1 point
K (C)	<p>Cut Down: "Do you sometimes feel the need to cut down on your drinking?"</p>	Yes = 1 point

A score of 2 or more points indicates a risk of a drinking problem.

Source: Russell, M (1994). New Assessment tools for risk drinking during pregnancy: T-ACE, TWEAK and others. Alcohol Health and Research World.