



TWEAK Score

Questionnaire on Alcohol Use During Pregnancy

*To be completed **early** in **all** pregnancies*

When having a baby one of the areas your care provider will talk about is your use of alcohol. The following questions will help with the discussion.

How many drinks does it take to make you feel high? Number of drinks _____

Have close friends or relatives worried or complained about your drinking in the past year? No Yes

Do you sometimes have a drink in the morning when you first get up? No Yes

Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember? No Yes

Do you sometimes feel the need to cut down on your drinking? No Yes

Talk about your answers to the above questions with your health care provider.

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



Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

For use between **28–32 weeks** in **all** pregnancies

Name: _____ Date: _____ Gestation in Weeks: _____

As you are having a baby, we would like to know how you are feeling. Please mark “X” in the box next to the answer which comes closest to how you have felt in the past 7 days—not just how you feel today.

In the past 7 days:

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

Talk about your answers to the above questions with your health care provider.

Translations for care-provider use available on PSBC website: perinatalservicesbc.ca.

The Royal College of Psychiatrists 1987. From Cox, JL, Holden, JM, Sagovsky, R (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry. 150, 782–786. Reprinted with permission.

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		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	Breastfed	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) _____ 1st US (DD/MM/YYYY) _____ GA by US (WEEKS + 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. _____

Inherited disease/defect _____

Ethnic (e.g. Tay Sachs, Sickle) _____

Other _____

Maternal *Newborn's Father*

7. **Medical History**

No _____ *Yes (specify)* _____

Surgery _____

Anesthesia _____

Uterine/Cx procedure _____

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/Food Safety _____

Folic acid _____

Physical Activity/rest/work _____

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 _____

Public Health Nursing follow-up/assessment _____

9. **Physical Examination**

Date (DD/MM/YYYY) _____ BP _____ Height (cm) _____ Pre-pregnant weight (kg) _____ Pre-pregnant BMI _____

Head & neck _____ Musculoskeletal _____

Breasts & nipples _____ Varicels & skin _____

Heart & lungs _____ Pelvic exam _____

Abdomen _____ Swabs/cervix cytology _____

10. **First Trimester Topics Discussed:**

Prenatal Genetic Screening Genetic counselling offered HIV & other tests Yes

Baby's Best Chance Prenatal education Breastfeeding No

Seat belt use Sexual relations Maybe

Plans to breastfeed

11. **Summary**

SIGNATURE: _____ MD/MW _____

British Columbia Antenatal Record Part 2

12. Intended place of birth	Alternate place of birth (Hospital)
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13. Investigations / Result ABO group _____ Rh factor _____ Antibody titre (DD/MM/YYYY) Results 1 _____ 2 _____ Rhlg given (DD/MM/YYYY) 1 _____ 2 _____ Hemoglobin 1st _____ 3rd _____ Urine C & S result _____	Rubella titre <input type="checkbox"/> PP vaccination indicated S.T.S. _____ HIV test done <input type="checkbox"/> Yes <input type="checkbox"/> No HBsAg done (DD/MM/YYYY) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Partner/household contact <input type="checkbox"/> NB vaccination indicated Other tests (e.g. Hep C, TSH, Varicella) _____	Prenatal Genetic Screening Type _____ Result _____ Gest. diabetes screen (24-28 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) (DD/MM/YYYY) Score _____ Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	Surname _____ Given name _____ Address _____ Phone number _____ Personal health number _____
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15. Potential or Actual Concerns:

Lifestyle _____

Pregnancy _____

Labour _____

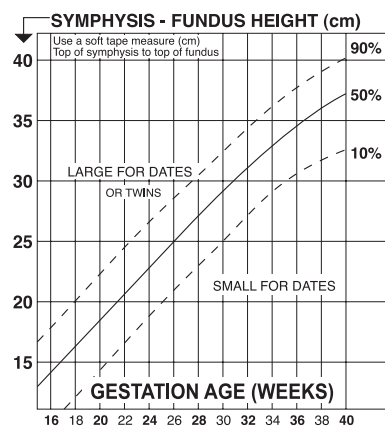
Breastfeeding _____

Postpartum _____

Newborn _____

14. Age	Pre-pregnant weight (KG)	Height (CM)	LMP (DD/MM/YYYY)	Confirmed EDD (DD/MM/YYYY)
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16. Date	B.P.	Urine	Wt. (KG)	Gest. wks.	Fundus (CM)	FHR	FM	Pres. and Pos.	Comments	Next visit
									Give Pregnancy Passport	
									1 st tri serum 10-13 ⁺⁶ wks / NT 11-13 ⁺⁶ wks	
									2 nd tri serum 15-20 ⁺⁶ weeks	
									At 20 wks copy to patient / to hospital	
									Reassess diet, physical activity, smoking, alcohol & substance use	
									Discuss fetal movement 26-32 wks	
									At 36 wks copy to patient / to hospital	



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"/> Breastfeeding
<input type="checkbox"/> Risks/benefits of planned or use of blood/blood products	<input type="checkbox"/> Birth plan	<input type="checkbox"/> VBAC	<input type="checkbox"/> Newborn screening: bloodspot/hearing	<input type="checkbox"/> Infant safe sleep
<input type="checkbox"/> Pain management	<input type="checkbox"/> Cesarean		<input type="checkbox"/> 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

Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

SCORING GUIDE

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 Cox, Holden, JM, Sagovsky, R (1987)
Department of Psychiatry, University of Edinburgh*

TWEAK SCORING GUIDE

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?”) Record number of drinks.</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.

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

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.)
- Breasts—no change in size, inverted nipple(s)
- 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 (<.5 kg/wk or weight loss)
- Pregnancy >42 weeks
- Preterm labour
- Proteinuria 1+ or greater
- Smoking any time during pregnancy

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

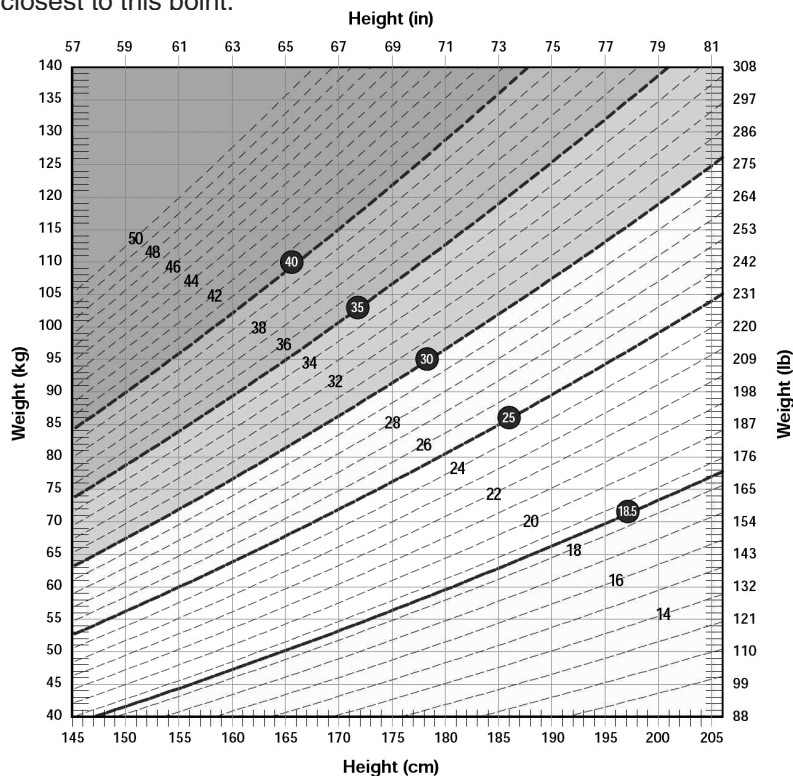
OBESITY (BMI >30)

- Medical complications eg. diabetes, hypertension, cardiac, pulmonary disease, obstructive sleep apnea
- Venous thromboembolism risks
- Anesthetic risks

OTHER

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

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