

Perinatal Services BC

A Guide for Completion of the Antenatal Record

Part 1 and 2

October 2012

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Perinatal Services BC
West Tower, 3rd Floor
555 West 12th Avenue
Vancouver, BC Canada V5Z 3X7
Tel: (604) 877-2121
www.perinatalservicesbc.ca



While every attempt has been made to ensure that the information contained herein is clinically accurate and current, Perinatal Services BC acknowledges that many issues remain controversial, and therefore may be subject to practice interpretation.

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Introduction

Perinatal Services BC Antenatal Record Part 1 and 2, PSBC 1582 Rev. October 2011 is a tool developed to facilitate the assessment and documentation of pertinent information about the woman's health and pregnancy care in a structured, logical and standardized manner. It is first and foremost a tool to facilitate communication and continuity of care between providers and facilities and provides a guide for the evidence-based components of prenatal care. Secondly, specific fields in the antenatal record are collected as part of a comprehensive database for the British Columbia Perinatal Database Registry (BCPDR), which includes data collection from the entire suite of Provincial Perinatal Forms. The mandate of the PSBC includes the collection and analysis of perinatal data to evaluate provincial perinatal outcomes, and to improve health care initiatives.

Items collected in the database are identified with an asterisk (*).

We recommend a copy of the Antenatal Record Part 1 and 2 be provided to the woman and a copy sent to the hospital at **20 weeks gestation**. This will ensure important information is available if the woman is admitted to the hospital unexpectedly in the antenatal period. At **36 weeks gestation**, an additional copy of the Antenatal Record Part 1 and 2 should be sent to the intended hospital of birth.

In conjunction with Part 1 and 2, several additional tools are provided to assist with assessment:

- Body Mass Index Graph
- Risk assessment guide for specific pregnancy outcomes
- TWEAK (Tolerance, Worry, Eye-opener, Amnesia, Cut down) for assessing the risk of alcohol use.
- Edinburgh Postnatal Depression Scale (a self-administered questionnaire) is used to assess a woman's risk of perinatal depression in the antenatal and postnatal period

The following tables provide information on the items on the Antenatal Record along with a description of the items to assist documentation.

Section 1: Demographics and Background Information

Item	Description
Surname*	The surname of the mother of the fetus.
Given name*	The given (first) name of the mother of the fetus.
Address	Location where the woman normally resides (including postal code*).
Phone number	Woman's phone number. Indicate if it is a work or home number.
Personal health number*	Indicate the woman's BC Care Card 10 digit personal health number.
Hospital	Location where the woman plans to give birth (hospital or home).
Attending physician / midwife	Name of the primary care provider giving pregnancy care.
Referring physician / midwife	Primary care provider's name if referring the woman for care during pregnancy to another care provider.
Mother's name*	Full name of the mother of the fetus.
Mother's maiden name*	The maiden name of the mother of the fetus.

Section 1: Demographics and Background Information, *cont.*

Item	Description
Date of Birth*	Woman's date of birth (day, month and year).
Age at EDD	Woman's age at estimated date of delivery.
Ethnic origin	Ethnic or cultural identity as provided by the woman.
Language preferred	Language most readily understood by the woman. Important when English is the second language.
Occupation	The woman's occupation and daily hours worked.
No. of school years completed*	Level of education in years. Often relates to ability to understand and carry out health recommendations and used in assessing the woman's ability to comprehend oral and written information.
Partner's name	Full name of the supportive partner.
Ethnic origin of newborn's father	Ethnic or cultural identity as provided by the woman.
Partner's work	The supportive partner's current occupation.

Section 2: Allergies, Medications / Herbal, Beliefs & Practices

Item	Description
Allergies	List allergies and any reactions.
Medications / Herbal	List any used.
Beliefs & Practices	List those important to woman related to pregnancy / birth / postpartum.

Section 3: Obstetrical History

Item	Description
Gravida*	The total number of prior plus present pregnancies regardless of gestational age, type, time or method of termination/outcome. Twins or multiples are counted as one pregnancy. A blighted ovum and hydatiform mole are classified as a gravida.
Term*	The total number of previous pregnancies with birth occurring at greater than or equal to 37 completed weeks gestation (includes 37 ⁰ – 37 ⁶).
Preterm*	The total number of previous pregnancies with birth occurring between 20 – 36 completed weeks gestation (includes 36 ⁰ – 36 ⁶).
Abortion – Spontaneous*	The total number of previous spontaneous terminations of pregnancies ending prior to 20 completed weeks gestation and weighing less than 500 gm. Ectopic pregnancies, missed abortions, blighted ovum and hydatiform moles are classified as spontaneous abortions.
Abortion – Induced*	The total number of previous induced terminations of pregnancies ending prior to 20 completed weeks gestation and weighing less than 500 gm.
Living*	The total number of children the woman has given birth to, and are presently living. Does not include current pregnancy.
Previous Births, Details and Outcomes	Document details of previous pregnancies and birth outcomes including date, place of birth/abortion, hours in labour, gestational age*, type of birth* (spontaneous vaginal, forceps, vacuum, C/S), perinatal complications*, sex of the baby, birth weight*, breastfed and present health status.

Section 4: Menstrual History & Pregnancy Confirmation

Item	Description
LMP*	Document the woman's last menstrual period.
Menses cycle*	Indicate the frequency of the menses, the duration in days that the menstrual period lasts, and indicate if the cycle is regular or irregular.
Contraceptives / When stopped	Indicate type of contraceptive and date stopped.
Expected Date of Delivery by dates (EDD)	Indicate the expected date of birth by using the last menstrual period date (if known).
Confirmed EDD	Indicate the expected date of birth, confirmed by the initial ultrasound (US) done at <20 weeks gestational age. Indicate when the US* was performed and the gestational age* in weeks and days.

Section 5: Present Pregnancy

Check the 'no' box if the condition / situation is not present. If 'Yes', please document / explain.

Item	Description
IVF pregnancy*	Indicate if this is a pregnancy where in-vitro fertilization was utilized. Specify treatment.
Bleeding*	Any vaginal bleeding that has occurred during the current pregnancy. Specify if bleeding occurred <20 weeks or ≥20 weeks.
Nausea	Specify if nausea is a concern during the current pregnancy.
Infections or fever	Any fever and issues related to infections such as toxoplasmosis, Listeria, CMV, Parvo, TB, etc.
Other	Other concerns in the current pregnancy.

Section 6: Family History

Check the 'no' box if the condition / situation is not present. If 'Yes', please document / explain.

Item	Description
Maternal Family History	Includes heart disease, hypertension, diabetes, depression / psychiatric, alcohol / drug use and thromboembolic or coagulation issues. <i>Sample question for alcohol / drug use: Did any of your parents have a problem with alcohol or other drug use?</i>
Maternal and Paternal Family history of genetic disorders for both parents of the fetus. Family Genetic Disorders	Family history of genetic disorders for both parents of the fetus. <ul style="list-style-type: none"> Includes inherited diseases / defects, ethnic diseases (e.g. Tay-Sachs, Sickle Cell) or other conditions.

Section 7: Medical History

Includes medical history of the woman that may influence the management or outcome of the current pregnancy. Check the 'no' box if the condition / situation is not present. If 'Yes', please document / explain.

Item	Description
Surgery	Any surgical procedures that may affect pregnancy management or outcome including any previous transfusions and outcomes.
Anesthesia	Any complications from previous anesthetics.
Uterine / Cx procedure	Significant gynecological history or cervical procedures such as fibroids, endometriosis, abnormal Pap tests which required treatment or further observation.
STIs / Infections	History of STIs or other infections and their risk to the pregnancy.
Susceptible to chicken pox	History of varicella infection or immunization.
Thromboembolic / coag.	Previous problems with varicose veins, deep vein thrombosis, pulmonary embolism or coagulation disorders.
Hypertension*	Previous chronic hypertension, hypertension currently on medication, hypertension with previous pregnancies.
GI	History of gastrointestinal disease.
Urinary	Pre-existing disorders, history of recurrent UTI, pyelonephritis or those complicating a previous pregnancy.
Endocrine / diabetes	Endocrine disorders (e.g. diabetes, thyroid).
Neurologic	Significant neurological disorder (e.g. epilepsy, multiple sclerosis).
History of mental illness*	Past or current history of mental illness and treatment. Check all that apply.
Other	Other medical conditions that may affect pregnancy management or outcome (eg. chronic respiratory disease or cardiac disease).

Section 8: Lifestyle & Social

Check the 'Discussed' box of the item and document any concerns noted.

Check the 'Referred' box if the woman is referred for further follow-up and/or treatment.

Item	Description
Diet	Adequacy of nutrition during the present pregnancy. A restricted diet may indicate an eating disorder (e.g. anorexia, bulimia) or other types of diets (e.g. vegetarian, pure vegan diet). Referral may be needed for women with diabetes, obesity or a restricted diet.
Folic acid	Use of folic acid including date commenced.
Physical activity / rest / work	Physical activity, rest and the woman's work schedule.
OTC drugs / vitamins	Use of over the counter drugs and prenatal vitamins.

Section 8: Lifestyle & Social, cont.

Beginning your discussion on these issues with an introductory sentence can help facilitate effective engagement (e.g. *I ask all my patients these questions because it is important to their health and the health of their newborns*).

Check the 'Discussed' box of the item and document any concerns noted.

Check the 'Referred' box if the woman is referred for further follow-up and/or treatment.

Alcohol, Substance and Tobacco Use

Refer to: the SOGC guideline *Alcohol use and Pregnancy: Consensus Clinical Guidelines*.
www.sogc.org/guidelines/documents/gui245CPG1008E.pdf

PSBC substance use management guidelines. www.perinatalservicesbc.ca

Healthy Choices in Pregnancy website. www.hcip-bc.org/

- **Alcohol Use***

The TWEAK tool is attached to part 1 of the Antenatal Record. The tool has been validated to screen for alcohol risk with pregnant women. The TWEAK (self-administered) can be integrated into discussions with the woman.

Item	Description
Alcohol use: Never / Former	Indicate if alcohol was never used or when she stopped using alcohol. <i>Sample questions:</i> can you tell me a bit about your drinking patterns before you knew you were pregnant? Have you been able to cut down or stop since you found out you were pregnant?
Drinks / wk before pregnancy Drinks / wk current*	Document the average number of drinks/wk before pregnancy and the average number of drinks/wk during the current pregnancy*. <i>Sample questions:</i> In a typical week, on how many occasions did you usually have something to drink? On those days, would you have something like 3-4 drinks or about 8-10 drinks? Do you have any concerns about your drinking?
Binge Drinking*	Document episodes of binge drinking during pregnancy. For an average-sized woman this is 4 or more drinks in about 2 hrs. <i>Sample questions:</i> have there been any occasions where you have consumed more than 4 drinks in less than a couple hours?
TWEAK score*	Document the TWEAK score for all women. Refer to the back of the Antenatal Record part 2 for questions and scoring.

Each encounter is an opportunity to Assess, Advise and Assist.

- **Substance Use***

Item	Description
Substance Use	Indicate 'no' or 'yes' for substance use during pregnancy. Comment as necessary.
Substance Type*	Use the check boxes to indicate all substances used (heroin, cocaine, marijuana, methadone, solvents, prescription medication, other, or unknown substance).

Each encounter is an opportunity to Assess, Advise and Assist.

Section 8: Lifestyle & Social, *cont.*

- **Tobacco Use (Smoking)***

Item	Description
Smoking – Never*	Indicate if the woman has never smoked.
Smoking – Former*	Indicate quit date if former smoker.
Cig / day before pregnancy	Document the average number of cigarettes per day before pregnancy. <i>Sample questions:</i> Have you ever smoked cigarettes (>100 in a lifetime)? Have you smoked any cigarettes in the past 3 months? How many cigarettes did you smoke in a day before you were pregnant?
Cig / day current*	Document the average number of cigarettes per day during the current pregnancy. <i>Sample questions:</i> Do you smoke now? If yes, how many cigarettes do you smoke in a day?
Exposure to 2nd hand smoke*	Check 'no' or 'yes' if exposed to indoor tobacco smoke.

Item	Description
Financial and housing	Document any financial concerns, housing stability.
Support system	Discuss who will provide support to the woman during and after pregnancy. Questions about how the woman's partner / family feel about the pregnancy and who will be helping with the baby following birth are helpful in eliciting information.
IPV (Intimate Partner Violence)	Refers to a pattern or history of physical, sexual and/or emotional interpersonal violence.
Public Health Nursing follow-up / assessment	For at risk women, early referral to public health can be helpful to ensure appropriate services in place.

Section 9: Physical Examination

Information provides a baseline for subsequent assessments.

Item	Description
Exam date	Indicate when the physical examination took place.
BP	Document the blood pressure taken during the exam.
Height*	Document the height of the woman in centimeters.
Pre-pregnant weight*	Document the pre-pregnant weight of the woman in kilograms.
Pre-pregnant BMI	Document the pre-pregnant BMI. Refer to the chart on the back of the Antenatal Form Part 1 to estimate pre-pregnancy BMI.
Results and Comments	Document results and comments for the physical examination findings in the space provided for the Headings: Head & neck, Musculoskeletal, Breasts & nipples, Varices & skin, Heart & lungs, Pelvic exam, Abdomen, Swabs / cervix cytology.

Section 10: First Trimester Topics Discussed

Indicate with a check if the discussion topics were addressed.

Item	Description
Prenatal Genetic Screening discussed and offered	Check the box if prenatal genetic screening (IPS, SIPS, Quad) for Down Syndrome, Trisomy 18, Neural Tube Defects was discussed and offered. Provide patient pamphlet. www.bcprenatalscreening.ca
Other Discussion Topics	Includes: genetic counseling offered, HIV & other tests, accessing <i>Baby's Best Chance</i> , attendance at a prenatal education program, give the Pregnancy Passport, correct seat belt use during pregnancy, sexual relations / sexuality.
Plans to breastfeed	Indicate the woman's plan regarding breastfeeding.

Section 11: Summary

Summarize and add any additional comments.

Section 12: Place of Birth

Item	Description
Intended place of birth*	Identify where the woman plans to give birth; record name of hospital
Alternate place of birth (hospital)	If the woman plans to have a home birth, record the name of the hospital she will go to if it becomes necessary.

Section 13: Investigation / Results

A number of laboratory tests and investigations are recommended during pregnancy to identify the need for further assessment or interventions.

Item	Description
ABO* Rh factor Antibody titre	ABO and D (or Rh) blood typing and red blood cell antibody screening is performed at the first prenatal visit. A positive antibody screen warrants repeat testing to identify the specific antibody present. If D (or Rh) negative, repeat antibody screening at 24-26 weeks gestation, unless the father is known to be D (or Rh) negative.
Rhlg* given	Refers to Rh Immunoglobulin given and date. Non-sensitized D (or Rh) negative women should receive D immunoglobulin (or Rh immuno-globulin) at 28-29 weeks gestation, within 72 hours after delivery of a D positive infant, and after induced abortion or amniocentesis. Non-sensitized D negative women should be offered a dose of D immunoglobulin after spontaneous abortion, ectopic pregnancy or other obstetrical procedures or complications. Informed consent is recommended for use of D immunoglobulin (as it is a blood product).
Hemoglobin*	Record Hgb results for the 1st and 3rd* trimesters. Screening is recommended in early pregnancy (at the first appointment) and at 28 weeks when other blood screening tests are performed.
Urine C&S result	Refers to urine culture and sensitivity for asymptomatic bacteriuria at 12-16 weeks of pregnancy. Record result.

Section 13: Investigation / Results, cont.

Item	Description																
Rubella titre	Refers to Rubella susceptibility screening. Record Rubella status as immune or non-immune. Check box if rubella immunization is required postpartum.																
S.T.S. (Serology Testing for Syphilis)	Indicate results for screening as negative or positive.																
HIV test*	Refers to screening for the human immunodeficiency virus antibody. Offer prenatal HIV screening to all pregnant women. Indicate whether HIV test was done and the result as positive or negative. Indicate if the test was declined. For further information on treatment of HIV positive women in pregnancy, refer to the BC Women's Oak Tree Clinic website: http://www.bcwomens.ca/Services/HealthServices/OakTreeClinic/ClinicalGuidelines.htm																
HBsAg* (Hepatitis B surface Antigen) <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Assess for household contact as well as woman's history of exposure. Indicate test result as positive or negative*. <table border="1" data-bbox="412 726 1511 1759"> <thead> <tr> <th>Indications</th> <th>Infant Prophylaxis</th> </tr> </thead> <tbody> <tr> <td>1. No indications for hepatitis B or HBIG at birth.</td> <td>1. Routine hepatitis B immunization at 2 months.</td> </tr> <tr> <td>2. Mother is known hepatitis B surface antigen positive.</td> <td>2. Give HBIG 0.5 ml IM, and the first dose of hepatitis B vaccine (0.5 ml IM) immediately after birth.</td> </tr> <tr> <td>3. Mother is at high risk for hepatitis B infection (i.e. intravenous drug use, sex trade work) and her infectious status is unknown or negative (possible window period).</td> <td>3. Give HBIG 0.5 ml IM, and the first dose of hepatitis B vaccine (0.5 ml IM) immediately after birth.</td> </tr> <tr> <td>4. Primary caregiver or other household contact (e.g. father, nanny, etc.) of infant has acute hepatitis B infection.</td> <td>4. Give HBIG 0.5 ml IM and the first dose of hepatitis B vaccine (0.5 ml IM) immediately after birth.</td> </tr> <tr> <td>5. Primary caregiver or other household contact (e.g. father, nanny, etc.) of infant has chronic hepatitis B infection.</td> <td>5. Give first dose of hepatitis B vaccine (0.5 ml IM) immediately after birth. DO NOT GIVE HBIG.</td> </tr> <tr> <td>6. Mother is at high risk for hepatitis B (other than Intravenous Drug User and/or Sex Trade Worker) and her infectious status at delivery is unknown or negative (possible window period).</td> <td>6. Give first dose of hepatitis B vaccine (0.5 ml IM) immediately after birth. DO NOT GIVE HBIG.</td> </tr> <tr> <td>7. Father or other primary caregiver is at high risk for hepatitis B infection and their infectious status is unknown or negative (possible window period).</td> <td>7. Give first dose of hepatitis B vaccine (0.5 ml. IM) immediately after birth. DO GIVE HBIG.</td> </tr> </tbody> </table>	Indications	Infant Prophylaxis	1. No indications for hepatitis B or HBIG at birth.	1. Routine hepatitis B immunization at 2 months.	2. Mother is known hepatitis B surface antigen positive.	2. Give HBIG 0.5 ml IM, and the first dose of hepatitis B vaccine (0.5 ml IM) immediately after birth.	3. Mother is at high risk for hepatitis B infection (i.e. intravenous drug use, sex trade work) and her infectious status is unknown or negative (possible window period).	3. Give HBIG 0.5 ml IM, and the first dose of hepatitis B vaccine (0.5 ml IM) immediately after birth.	4. Primary caregiver or other household contact (e.g. father, nanny, etc.) of infant has acute hepatitis B infection.	4. Give HBIG 0.5 ml IM and the first dose of hepatitis B vaccine (0.5 ml IM) immediately after birth.	5. Primary caregiver or other household contact (e.g. father, nanny, etc.) of infant has chronic hepatitis B infection.	5. Give first dose of hepatitis B vaccine (0.5 ml IM) immediately after birth. DO NOT GIVE HBIG.	6. Mother is at high risk for hepatitis B (other than Intravenous Drug User and/or Sex Trade Worker) and her infectious status at delivery is unknown or negative (possible window period).	6. Give first dose of hepatitis B vaccine (0.5 ml IM) immediately after birth. DO NOT GIVE HBIG.	7. Father or other primary caregiver is at high risk for hepatitis B infection and their infectious status is unknown or negative (possible window period).	7. Give first dose of hepatitis B vaccine (0.5 ml. IM) immediately after birth. DO GIVE HBIG.
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Other tests	Document laboratory tests such as Hepatitis C, TSH, Varicella or other relevant tests for women who may be at risk.																

Section 13: Investigation / Results, cont.

Item	Description																
Prenatal Genetic Screening for Down Syndrome (Trisomy 21), Trisomy 18 and Neural Tube Defects	<p>All women, regardless of age, should be offered prenatal screening after a discussion of the pros and cons. The type of screen offered will depend on gestational age at 1st prenatal visit and maternal age at the time of delivery.</p> <p>In this box, indicate the type of screen the woman has chosen to undertake (IPS, SIPS, Quad, or private First Trimester Screening (FTS)). Indicate result as the risk calculation provided on the lab report e.g. 1/50 positive; or e.g. 1/2000 negative.</p>																
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<p>Above screening options based on maternal age:</p> <p><35 years: SIPS</p> <p>35-39 years: IPS; or if NT not available do SIPS</p> <p>40+ years: IPS; or if NT not available do SIPS; or CVS / amnio without prior screening.</p> <p>First Trimester screening (FTS) performed privately in BC between 12⁺⁰ – 13⁺⁶ wks measures PAPP-A, free beta hCG, and NT (and possible other ultrasound markers). FTS is different from the 3 publically available screens.</p> <p>For further detailed recommendations and for women with multiples, personal or family history that increases their risks, or pregnancies conceived via IVF with ICSI, consult www.bcprenatalscreening.ca</p>																	
Gestational diabetes screen	Record date, gestational weeks, and positive or negative result of screening test between 24 -28 weeks of gestation.																
Group B Strep (GBS) screen*	Indicate positive or negative result of Group B Strep screening with a vaginal anorectal culture at 35 – 37 weeks of gestation. For a GBS positive woman with a significant history of penicillin allergy indicate GBS sensitivity to clindamycin and erythromycin. Copy the results to the hospital.																
Edinburgh Postnatal Depression Scale (EPDS)	<p>Screening for perinatal depression is recommended for all women between 28 – 32 weeks and again at 6 – 8 weeks postpartum. The EPDS screening tool is printed as part of the Antenatal Record for use with women during the prenatal period. For the EPDS scoring guide refer to the back of Antenatal Part 2. Record EPDS score and follow-up care as applicable.</p> <p>For EPDS in other languages visit www.perinatalservicesbc.ca/ForHealthcareProviders/Resources/ProfessionalToolbox/EPDSScale/default.htm</p>																

Section 14: Age, Height, Pre-Pregnant Weight, LMP and EDD

Item	Description
Age	Woman's age.
Height	Document the woman's height in centimeters.
Pre-pregnant weight	Document the pre-pregnant weight of the woman in kilograms.
LMP	Document the woman's last menstrual period.
EDD	Document the woman's estimated date of delivery.

Section 15: Potential or Actual Concerns

Identify any concerns related to:

- Lifestyle
- Pregnancy
- Labour or birth
- Breastfeeding
- Postpartum
- Newborn

Section 16: Prenatal Visit Documentation

Item	Description
Date*	Date of each prenatal visit.
B.P.*	Blood pressure.
Urine*	Urine testing for ketones and protein.
Weight	Weight in kilograms.
Gestation Weeks	Gestational age of the fetus.
Fundus (cms.)	Symphysis fundus height at each antenatal visit. Plotting the measurement on the SFH graph is recommended.
FHR	Fetal heart rate.
FM	Fetal movement.
Pres. and Pos.	Presentation and position, if known.
Comments*	Note any prompts for various screening and suggested activities.
Next Visit	Indicate the next visit, initials may be entered here.

Section 17: Second and Third Trimester Topics Discussed

Indicate with a check if the discussion topics were addressed.

Item	Description
Call schedule	Individualized discussion re: your practice.
Risk / benefits of planned or use of blood or blood products	Informed discussion on the indications, risks, benefits and alternatives to use of non-fractionated and fractionated blood products (e.g. red cells, Rh immunoglobulin, including autologous red cells). Opportunity to address personal beliefs. Document any concerns in the summary or comment section.
Hospital admission	May include pre-registration, hospital tour, latent phase of labour.
Fetal movement	Refers to awareness of fetal movement and formalized counting for pregnant women with risk factors. Refer to the new SOGC guideline on FHS (2007).
Breastfeeding	Early initiation, frequent feedings.
Newborn Screening	Discuss newborn screening (for 22 rare but treatable disorders) tested by way of heel prick bloodspot card. Provide women with Parent Information Sheet. www.newbornscreeningbc.ca
Other topics discussed	Preterm labour, birth plan, pain management, VBAC, cesarean, doula, NB screening: bloodspot/hearing, infant safe sleep (infant sleep position and safe sleep environment) see PSBC Safe Sleep guideline, infant car seat. Refer to <i>Baby's Best Chance</i> .

Section 18: Other Investigations & Comments

Item	Description
1st Ultrasound*	Record the date of the 1st ultrasound. Subsequent ultrasounds can be recorded in the space provided.
GA by Ultrasound*	Record the gestational age in weeks and days based on the 1st ultrasound.
Amniocentesis	If result of prenatal genetic screen is positive (above screen cut off), indicate if amniocentesis is performed.
Other Investigations and Comments	Document other investigations and comments in the space provided.
Signature	Signature of primary care provider.

* Data collected in the British Columbia Perinatal Database Registry

Obtaining copies of the Antenatal Record Part 1 and 2

- Copies of **A Guide for Completion of the Antenatal Record Part 1 and 2** may be downloaded via the PSBC website www.perinataleservicesbc.ca/ForHealthcareProviders/Forms/PerinatalForms/default.htm
- Contact the Perinatal Services BC at 604.877.2121 or psbc@phsa.ca regarding any feedback or questions about any of the perinatal forms.

Members of the Antenatal Record Part 1 and 2 Revision Committee

Perinatal Services BC (PSBC) would like to acknowledge the committee who revised the Antenatal Record 1 & 2 and developed the completion guide. Committee members included:

Barbara Selwood	Perinatal Nurse Consultant, BCPHP
Catherine Holland	Midwife, Maple Ridge / New Westminster
Gary Jackson	Obstetrician, White Rock
Keith Still	Obstetrician, Surrey
Kenny Der	Analyst, BCPHP
Lily Lee	Perinatal Nurse Consultant, BCPHP
William Ehman	Family Physician, Nanaimo

2011 update participants:

Anita Dirks	Project Manager, PSBC
Barbara Selwood	Lead, Health Promotion and Prevention, PSBC
Janet E. Walker	Lead, Education and Quality, PSBC
Julie MacFarlane	Manager, Prenatal Genetic Screening/Newborn Screening, PSBC
Lily Lee	Lead, Surveillance, PSBC

Perinatal Services BC

West Tower, 3rd Floor

555 West 12th Avenue

Vancouver, BC Canada V5Z 3X7

Tel: (604) 877-2121

www.perinataleservicesbc.ca



Perinatal Services BC
An agency of the Provincial Health Services Authority

While every attempt has been made to ensure that the information contained herein is clinically accurate and current, Perinatal Services BC acknowledges that many issues remain controversial, and therefore may be subject to practice interpretation.