Ontario Medical Association

In conjunction with the

Ministry of Health and Long-Term Care

Antenatal Record 1

Patient's Last Name	Patient's First Name

Address – number, street name	Apt/Suite/Unit

City/Town	Province	Postal Code

Telephone - Home	Telephone - Work	Language

Date of birth *YYYY/MM/DD*	Age	Occupation	Educational level

OHIP No.	Patient File No.	Marital status

Partner's Last Name	Partner's First Name

Partner's Occupation	Partner's Educational level	Age

Ethnic or Racial backgrounds: Mother / Father

Birth attendant	Newborn care	Family Physician

Allergies or Sensitivities (describe reaction details)	Medications/Herbals

Pregnancy Summary

LMP *YYYY/MM/DD*	Certain	Yes ☐ No ☐	EDB (by dates)	**Final EDB**	Dating Method
Cycle q _____	Regular	Yes ☐ No ☐			☐ Dates
Contraceptive type	Last used	*YYYY/MM/DD*			☐ T_1 US
					☐ T_2 US
					☐ ART (e.g. IVF)

Gravida	Term	Premature	Abortuses	Living

Obstetrical History

No.	Year	Sex M/F	Gest. age (weeks)	Birth weight	Length of labour	Place of birth	Type of delivery	Comments regarding pregnancy and birth

Medical History and Physical Exam (provide details in comments)

Current Pregnancy
1. Bleeding Y / N
2. Nausea, vomiting Y / N
3. Smoking ___cig/day Y / N
4. Alcohol, street drugs Y / N
5. Occup/Environ. risks Y / N
6. Dietary restrictions Y / N
7. Calcium adequate Y / N
8. Preconceptual folate Y / N

Medical History
9. Hypertension Y / N
10. Endocrine Y / N
11. Urinary tract Y / N
12. Cardiac/Pulmonary Y / N
13. Liver, hepatitis, GI Y / N
14. Gynaecology/ Breast Y / N
15. Hem./Immunology Y / N
16. Surgery Y / N
17. Blood transfusion Y / N
18. Anaesthetic compl. Y / N
19. Psychiatric Y / N
20. Epilepsy/ Neurological Y / N
21. Other Y / N

Genetic History
22. At risk population Y / N
(e.g.: Ashkenazi, consanguinity , CF, sickle cell, Tay Sachs, thalassemia)

Family history of:
23. Developmental delay Y / N
24. Congenital anomalies Y / N
25. Chromosomal disorders Y / N
26. Genetic disorders Y / N

Infectious Disease
27. Varicella susceptible Y / N
28. STDs / HSV / BV Y / N
29. Tuberculosis risk Y / N
30. Other Y / N

Psychosocial
31. Poor social support Y / N
32. Relationship problems Y / N
33. Emotional/Depression Y / N
34. Substance abuse Y / N
35. Family violence Y / N
36. Parenting concerns Y / N
37. Relig. / Cultural issues Y / N

Family History
38. At risk population Y / N
(e.g.: DM, DVT/PE, PIH/HT, postpartum depression, thyroid)

Physical Examination

Ht._______ Wt._______

BMI_______ BP _______

39. Thyroid N / Abn
40. Chest N / Abn
41. Breasts N / Abn
42. Cardiovascular N / Abn
43. Abdomen N / Abn
44. Varicosities / Extrm. N / Abn
45. External genitalia N / Abn
46. Cervix, vagina N / Abn
47. Uterus N / Abn
48. Size: ______ weeks
49. Adnexae N / Abn
50. Other N / Abn

Initial Laboratory Investigations

Test	Result	Test	Result
Hb		HIV	
MCV		☐ Counseled and test declined	
ABO		Last Pap	
Rh		*YYYY/MM/DD*	
Antibody Screen		GC/Chlamydia	
Rubella immune		Urine C&S	
HBsAg			
VDRL			
Sickle Cell			

Prenatal Genetic Investigations	Result
a) All ages-MSS, IPS, FTS	
b) Age ≥ 35 at EDB-CVS/amnio	
c) If a or b declined, or twins, then MSAFP	
d) Counseled and test declined, or too late	☐

Comments

Signature	Date	Signature	Date

A Guide to Pregnancy Assessment

In the event of maternal transfer, please photocopy the front sheet and send to referral hospital.

This assessment system is intended as a basis for planning the on-going management of the pregnancy and should reflect local resources. The risk factors or problems listed below are intended as examples only.

Healthy Pregnancy, no predictable risk:

- ❑ No pregnancy complications now or in the past
- ❑ No significant maternal medical disease
- ❑ No prior perinatal morbidity or mortality
- ❑ Fetal growth adequate

Pregnancy at risk:
The fetus/mother may be at risk. Closer observation of the pregnancy may be necessary. In addition, consultation with an appropriate specialist (obstetrician, internist, pediatrician, *etc.*) may also be necessary. These patients may be managed by continuing collaborative care and birth in an obstetrical unit with intermediate level nursing facilities OR they may be returned to the care of the referring provider with a suggested plan of management for the remainder of the pregnancy.

Maternal factors:

- ❑ Diabetes, White Classes B, C, or D
- ❑ Chronic hypertension
- ❑ Other significant medical illness
- ❑ Obesity (BMI ≥ 35)
- ❑ Significant tobacco, alcohol, drug use
- ❑ Severe psychosocial issues
- ❑ Family history genetic disease or congenital anomalies
- ❑ Other significant family history, esp. DVT/PE and recurrent pregnancy losses

Prior pregnancy history of:

- ❑ Preterm labour < 36 weeks
- ❑ Stillbirth or neonatal death
- ❑ Intrauterine growth restriction
- ❑ Previous uterine surgery including lower segment Cesarean section
- ❑ Cervical incompetence

Current pregnancy complicated by:

- ❑ Gestational hypertension
- ❑ Placenta previa (with or without bleeding)
- ❑ Other significant antepartum hemorrhage
- ❑ Twin pregnancy
- ❑ Gestational diabetes (White Class A)
- ❑ Abnormal fetal growth (suspected intrauterine growth restriction or large for dates)
- ❑ PROM 32-36 weeks
- ❑ Preterm labour 32-36 weeks
- ❑ Rh or atypical blood group sensitization
- ❑ Hydramnios or oligohydramnios
- ❑ Fetal malposition (breech, transverse) at 36 weeks
- ❑ Postdates ≥ 41 weeks
- ❑ Anemia not responding to Fe (Hb <100 g/l)
- ❑ ________________________________

Pregnancy at high risk:
Pregnancies which are so complicated that the fetus and/or mother are obviously in danger. If at all possible, these patients should be transferred to a regional perinatal centre (level III) for intensive care and birth. Clearly, there are patients who deserve to be placed in this risk category (with problems such as excessive antepartum bleeding, cord prolapse, or advanced uncontrolled premature
labour) who cannot be transferred safely or in time to benefit the fetus or mother.

- ❑ High order multiple gestation (triplets or greater)
- ❑ Fetal congenital anomaly
- ❑ Diabetes beyond Class D (end-organ involvement)
- ❑ Renal disease with hypertension ± ↓ function
- ❑ Heart disease, especially with failure
- ❑ Other significant severe medical illness
- ❑ ____________________________________

Pregnancy < 32 weeks with:

- ❑ Preterm labour and/or premature rupture
- ❑ Gestational hypertension with adverse conditions
- ❑ Antepartum hemorrhage ongoing
- ❑ Oligohydramnios
- ❑ IUGR, $\leq 10^{th}$ %, reverse flow Doppler

Two or more risk problems can combine to produce a high pregnancy risk. Such a patient may need to be placed in a higher risk category

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Antenatal Record 2

Patient's Last Name	Patient's First Name
Birth attendant	Newborn care
Family Physician	**Final EDB**

G	**T**	**P**	**A**	**L**

Allergies or Sensitivities	**Medications / Herbals**

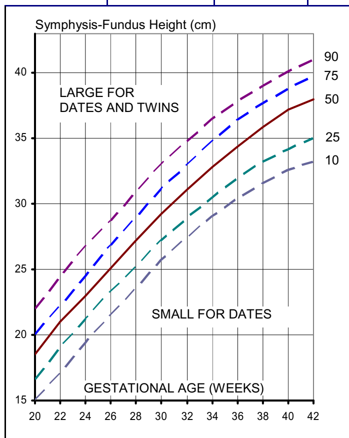
Identified Risk Factors	**Plan of Management**

Recommended Immunoprophylaxis

Rh neg. ☐ **Rh IG Given:** *YYYY/MM/DD* | **Rubella booster postpartum** ☐ | **Newborn needs: Hep B IG** ☐ **Hep B vaccine** ☐

Subsequent Visits

Date	GA (weeks)	Weight.	B.P.	Urine Prot.	SFH	Pres. Posn.	FHR/ FM	Comments
								IPS, FTS, NT best done between 11w0d and 13w6d
								MSS best done between 15w0d and 17w6d
								Ultrasound for fetal anatomy best done between 18 and 20 weeks
								Antenatal 1 to L&D when final EDB known and Initial Laboratory Investigations complete
								Arrange for Prenatal Education Classes
								24-28 week blood work with 1 hr. GCT
								Rh Immunoprophylaxis at 28 weeks
								Group B Strep. screening best done between 35 and 37 weeks
								Antenatal 2 to be sent to Labour and Delivery
								Review Labour and Delivery plans:
								-pain management in labour
								-admission and discharge timing
								-postpartum contraception



Ultrasound

Date	GA	Result
		Dating scan (if done)
		18-20 weeks for morphology

Additional Lab Investigations

Test	Result
Hb	
ABO/Rh	
Repeat ABS	
1 hr. GCT	
2 hr. GTT	
GBS	

Discussion Topics

- ☐ Exercise
- ☐ Work plan
- ☐ Intercourse
- ☐ Travel
- ☐ Prenatal classes
- ☐ Birth plans
- ☐ On call providers
- ☐ Preterm labour
- ☐ PROM
- ☐ APH
- ☐ Fetal movement
- ☐ Admission timing
- ☐ Pain management
- ☐ Labour support
- ☐ Breastfeeding
- ☐ Circumcision
- ☐ Discharge planning
- ☐ Car seat safety
- ☐ Depression
- ☐ Contraception
- ☐ Postpartum care

Signature	Date	Signature	Date

Postnatal Visit

No of weeks postpartum	Date *(YYYY/MM/DD)*

History

Review of birth
☐ Vaginal ☐ Operative ☐ Cesarean

Baby's Health / Concerns	Baby's Name

Breastfeeding ☐ Yes ☐ No	Breastfeeding concerns

Bladder function	Lochia / Menses
Bowel function	Perineal discomfort
Rubella immune ☐ Yes ☐ No ☐ Vaccinated	Smoking history

Pap smear status

Physical Examination

Weight lb / kg	B.P. mm Hg
Affect	Thyroid

Breast exam

Abdomen

Perineum

Pelvic exam

Discussion Topics

Emotional problems / depression

Preconceptual folate to begin prior to next pregnancy

Contraception

Sexual / Relationship concerns

Social support

Family violence

Follow-up and advice re: future pregnancies and risks

Signature of physician or midwife