

Patient Label Here



Antenatal General Encounter, History and Pregnancy Tabs

Demographics: Per patient label OR

Mother Family Name _____ Given Name _____

Maternal Date of Birth: dd / mmm / yyyy Chart Number : _____ Postal Code: _____

No Fixed address Expected date of Birth: dd / mmm / yyyy

Language Spoken at Home : One English French Other (specify): _____ Unknown

Maternal Health Conditions: (LIST)

Mental Health Conditions: None Anxiety Depression History of PP Depression Addiction Bipolar Schizophrenia
 Other: Please Specify _____ Unknown

Women Abuse : One No Disclosure Disclosure Unable to ask

First Trimester Visit: One Yes No
 Unknown

Antenatal Health Care Provider: None
 Obstetrician Family Physician Midwife
 Nurse Practitioner (APN/CNS) Other
 Unknown

Obstetrical History: Gravida: _____ # of Previous Term Births: _____ # of Preterm Births _____
of Previous Abortions: _____ # of Living Children: _____ # of Previous Stillbirths: _____
of Previous Vaginal Births: _____ # of Previous C/S: _____ # of Previous VBACs: _____

Height: _____ Unknown **Pre-pregnancy weight:** _____ Unknown

Number of fetuses: _____

EDB: dd / mmm / yyyy **EDB determined by:** One Last Menstrual Period First trimester dating ultrasound
 Second trimester ultrasound Assisted reproductive technology
 Obstetrical clinical estimate (includes SF height) Unknown

Type of conception: Spontaneous
 Intrauterine Insemination (IUI) alone
 IUI with ovulation induction but no IVF
 Ovulation induction without IVF (i.e. Clomid, FSH) IVF IVF ICSI Surrogate
 Vaginal Insemination Unknown

Prenatal Classes: One Yes No Unknown

Intention to Breastfeed: One Yes, intends to exclusively breastfeed
 Yes, intends to combination feed (use breast milk and breast milk substitute) No, does not intend to breastfeed
 Mother unsure Unknown, intent not collected

Folic Acid Use: One None Pre-conception only During pregnancy only Pre-conception and during pregnancy Unknown

Smoking at First Trimester Visit: One None < 10 cigarettes/day 10-20/day >20/day Amount unknown Unknown

Resides with smoker at first trimester visit: One Yes No Unknown

Alcohol Exposure in Pregnancy: One None < 1 drink/month 1 drink/month 2-3 drinks/month 1 drink/week More than 1 drink/week
 Episodic excessive drinking (binging) Exposure prior to pregnancy confirmed, amount unknown Unknown

Drug and Substance Exposure in Pregnancy: None Cocaine Gas/Glue Hallucinogens Marijuana Opioids Other Unknown

Medication Exposure in Pregnancy: None Amphetamines Antibiotics
Anticonvulsants Anti-emetics Antihistamines Anti-inflammatory Anti-retrovirals
Anti-rheumatic Antiviral Cardiovascular Chemotherapeutic Agents
Contraceptives Gastrointestinal agents General anaesthetic Herbal or
homeopathic remedies Insulin Methadone/Subutex Opioids Other over the counter
medications Other prescription Psychotropic Selective Serotonin Reuptake Inhibitors
Thyroid medications Vitamin A and Congeners Vitamins Other
Unknown

Infection & Pregnancy: None C-Difficile Chlamydia
Gonorrhea Group B Streptococcus Hepatitis A
Hepatitis B Hepatitis C Herpes Simplex Virus HIV HPV
Seasonal Influenza Syphilis Trichomonas
Methicillin-resistant staphylococcus aureus (MRSA)
Suspected Chorioamnionitis Urinary Tract Infection (UTI)
Viruses-other Other infections Unknown

Diabetes and Pregnancy: One None Gestational Insulin Gestational No Insulin Type 1 Type 2 - Insulin Type 2 - No Insulin
Type Unknown Unknown

Hypertensive Disorder in Pregnancy: None Gestational Hypertension Preeclampsia Preeclampsia requiring magnesium sulfate
Pre-existing Hypertension with superimposed preeclampsia Eclampsia HELLP Unknown

Complications of Pregnancy: None Unknown

Complications of Pregnancy – Fetal: Anomaly(ies) Isoimmunization/Alloimmunization Intrauterine Growth Restriction (IUGR) Large for Gestational Age (LGA) Oligohydramnios Polyhydramnios Other

Complications of Pregnancy - Maternal: Anemia unresponsive to therapy Antepartum bleeding (persistent and unexplained)
Gestational diabetes Hyperemesis Gravidarum (Requiring Hospital Admission) Hypertensive Disorder of Pregnancy
Preterm pre-labour rupture of membranes (PPROM) Preterm labour prior to this admission Prelabour rupture of membranes(PROM) Other

Complications of Pregnancy – Placental: Placenta accreta Placenta increta Placenta percreta Placenta Previa Placental abruption Other

MIDWIFERY TAB – Clinical & Visit Summary**First Trimester Visit PROVIDER type:** One Midwife Midwife and other Other**Prenatal Visits:**

prenatal visits COORDINATING MW _____

prenatal visits ALL OTHER MW _____

of visits in which a student was involved _____

Total # of Registered Midwives providing antenatal care _____

Prenatal Visits - Location:

prenatal visits clinic _____ # prenatal visits hospital _____

prenatal visits home _____

Where there any consults, transfers of care, or use of hospital/outpatient/emergency services? Yes _____ No _____**2 consultation records provided. If additional are needed, please attach to record.****Reason(s) for consultation/transfer of care?****Antenatal Consult with Physician?** Yes _____ No _____**Rationale for Consult:** College/regulatory body ___ Hospital/physician protocol ___ Midwife discretion ___ Parental request ___ Other, specify _____**Antenatal Transfer of Care?** Yes _____ No _____**Rationale for Transfer of Care:** College/regulatory body ___ Hospital/physician protocol ___ Midwife discretion ___ Parental request ___ Other, specify _____**Antenatal Transfer of Care returned?** Yes _____ No _____**Antenatal outpatient (+emergency services)?** Yes _____ No _____**Antenatal admission to hospital in pregnancy?** Yes _____ No _____**Reason(s) for consultation/transfer of care?****Antenatal Consult with Physician?** Yes _____ No _____**Rationale for Consult:** College/regulatory body ___ Hospital/physician protocol ___ Midwife discretion ___ Parental request ___ Other, specify _____**Antenatal Transfer of Care?** Yes _____ No _____**Rationale for Transfer of Care:** College/regulatory body ___ Hospital/physician protocol ___ Midwife discretion ___ Parental request ___ Other, specify _____**Antenatal Transfer of Care returned?** Yes _____ No _____**Antenatal outpatient (+emergency services)?** Yes _____ No _____**Antenatal admission to hospital in pregnancy?** Yes _____ No _____