

Antenatal General Encounter



Patient Label Here

ADMISSION TAB

DEMOGRAPHICS: Per patient label *or*

Family Name: _____

Given Name: _____

Date of Birth: dd / mm / yyyy

Chart Number: _____

Postal Code: _____

No Fixed Address

Expected Date of Birth (EDB): dd / mm / yyyy

Language Spoken at Home: *(Select One)*

English French Unknown

Other (specify): _____

HISTORY TAB

Pre-existing Health Conditions (Outside of Pregnancy):

(List All) _____

Mental Health Concerns: *(Select All That Apply)*

None Anxiety Depression

History of Postpartum Depression Addiction Bipolar

Schizophrenia Other Unknown

Domestic/Intimate Partner Violence: *(Select One)*

No Disclosure Disclosure Unable to ask

Obstetrical History: Gravida (G): _____

of Previous Term Pregnancies (T): _____

of Previous Preterm Pregnancies (P): _____

of Previous Abortions (A): _____

of Living Children (L): _____

of Previous Stillbirths (S): _____

of Previous Vaginal Births: _____

of Previous C/S Births: _____

of Previous VBACs: _____

Parity: Auto calculates

Antenatal General Encounter

PREGNANCY TAB

Maternal Height: _____ (in, ft & in, cm) Unknown

Pre-pregnancy weight: _____ (lb/kg) Unknown

Pre-pregnancy BMI: *Calculates*

Number of Fetuses: _____

Is the pregnant person a gestational carrier? *(Select One)*

Yes No Unknown

Estimated Date of Birth (EDB): dd / mm / yyyy

Conception type: *(Select One)*

- Spontaneous
- Intrauterine Insemination alone
- Intrauterine Insemination (IUI) with ovulation induction but no IVF
- Ovulation induction without IVF (i.e. Clomid, FSH)
- IVF Vaginal insemination Unknown

First Trimester Visit: *(Select One)* Yes No Unknown

Antenatal Health Care Provider: None

- Obstetrician Family Physician Midwife Nurse
- Nurse Practitioner (APN/CNS) Other Unknown

Prenatal Education: *(Select One)*

- Yes - In-person prenatal education only
- Yes - Online prenatal education only
- Yes - Combination of in-person and online prenatal education
- Yes - Unknown method of education delivery
- No - Patient/client did not receive prenatal education
- Unknown if patient/client received prenatal education

Was prenatal genetic screening offered, as indicated on the OPR?: *(Select One)*

- Yes, screening was offered
- No, screening was not offered
- Counsellor and declined screening
- Unknown if screening was offered – no access to the OPR
- Unknown if screening was offered – other reason

Prenatal RSV vaccine administered? Yes No Unknown

Date of administration: dd / mm / yyyy Unknown

Prenatal RSV product:

- Abrysvo Unknown
- Other, specify _____

Folic Acid Use: *(Select One)* None Pre-conception only

- During pregnancy only
- Pre-conception and during pregnancy Unknown

Antenatal General Encounter

Intention to Breastfeed: *(Select 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
-

Smoking at First Trimester Visit: *(Select One)*

- None < 10 cigarettes/day 10-20/day
 - >20/day Amount unknown Unknown
-

Resides with smoker at first trimester visit: *(Select One)*

- Yes No Unknown
-

Alcohol Exposure in Pregnancy: *(Select 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
-

Cannabis Exposure in Pregnancy: *(Select One)*

- Never Less than 1 day per month
 - 1 day per month 2-3 days per month
 - 1-2 days per week 3-4 days per week
 - 5-6 days per week Daily
 - Some use, but frequency unknown Usage unknown
-

Drug and Substance Exposure in Pregnancy:

- (Select All That Apply)* None Amphetamines
- Cocaine Gas/Glue Hallucinogens Opioids
 - Other Unknown
-

ANTENATAL EXPOSURE TO MEDICATION:

- (Select All That Apply)* None

OTC/Vitamins/Homeopathic:

- Prenatal Vitamins (including folic acid)
- Probiotics Iron Supplements
- Anti-emetics (OTC) Antihistamines (OTC)
- Herbal or homeopathic remedies
- Other over the counter medications

Prescribed Medications:

- Amphetamines Antibiotics (NOT for GBS prophylaxis)
- Anticonvulsants (NOT for preeclampsia)

Antenatal General Encounter

- Anti-emetics Antihistamines Antihypertensives
- Anti-inflammatory Antiretrovirals
- Anti-rheumatic Antiviral Cardiovascular
- Chemotherapeutic Agents
- Gastrointestinal Agents / Proton Pump Inhibitors / H2 blockers
- General anaesthetic Insulin Metformin Opioids

Opioid Agonist Therapy:

- Methadone Buprenorphine monoprodukt (Subutex)
- Buprenorphine – naloxone (Suboxone)
- Slow-release morphine for opioid use disorder

Other Medications:

- Psychotropics Selective Serotonin Reuptake Inhibitors
- Thyroid medications Other prescription
- Unknown prescription or OTC exposure

INFECTION & PREGNANCY: *(Select All That Apply)*

- None C-Difficile Chlamydia Covid-19 Gonorrhoea
- Group B Streptococcus (bacteriuria) 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

If Yes To Covid Infection:

Date of positive COVID-19 Diagnosis: dd/mm/yyyy

Was the patient hospitalized due to COVID-19 specifically?

- Yes No Unknown

Progesterone taken daily for spontaneous preterm birth prevention, any time after 16 weeks gestation:

- Yes No Unknown

(Do NOT include if progesterone is used only in first trimester)

ASA (aspirin) taken daily for preeclampsia prevention, any time after 12 weeks' gestation: Yes No Unknown

(Do NOT include if aspirin is used only in first trimester)

BLOOD TYPING AND IMMUNOGLOBULIN

Blood group and type of pregnant individual, ABO/Rh(D):

(Select One) Not collected/unknown

- O+ O- A+ A- B+ B- AB+ AB-

What was the antibody screen result?:

- Negative Positive Unknown

For Rh(D) negative patients, was Rh(D) immunoglobulin (RhIG/Rhogam/WinRho) given in pregnancy?:

- No Yes, 1 dose Yes, 2 doses
- Yes, 3 or more doses
- Yes, number of doses unknown Unknown

Antenatal General Encounter

Date of Rh(D) Immunoglobulin Dose
(latest prior to birth): dd/mm/yyyy

DIABETES AND PREGNANCY: *(Select One)*

- None Gestational - Insulin Gestational - No Insulin
- Gestational - Insulin status unknown Type 1
- Type 2 Insulin Type 2 No Insulin
- Type 2 Insulin Usage Unknown Type Unknown
- Declined Testing Unknown

HYPERTENSIVE DISORDERS OF PREGNANCY: *(Select One)*

- None Gestational Hypertension Preeclampsia
- Pre-existing Hypertension with superimposed preeclampsia
- Eclampsia HELLP syndrome Unknown

COMPLICATIONS OF PREGNANCY, NOT INCLUDING HYPERTENSION OR DIABETES: *(Select All That Apply)*

Complications of Pregnancy, not including Hypertension or Diabetes: None Unknown

Complications of Pregnancy – Fetal:

- Anomaly(ies) Isoimmunization/Alloimmunization
- Intrauterine Growth Restriction (IUGR)
- Oligohydramnios Polyhydramnios Other

Complications of Pregnancy – Maternal:

- Anemia unresponsive to therapy
- Antepartum bleeding (persistent and unexplained)
- Cancer – diagnosed in this pregnancy
- Haematology – Gestational Thrombocytopenia
- Hyperemesis Gravidarum (Requiring Hospital Admission)
- Liver/Gallbladder – Intrahepatic Cholestasis of Pregnancy
- Liver/Gallbladder – Acute Fatty Liver of Pregnancy
- Neurology – Epilepsy/Seizures – Seizure occurred during current pregnancy
- Prelabour rupture of membranes (PROM)
- Preterm labour
- Preterm pre-labour rupture of membranes (PPROM)
- Pulmonary – asthma occurred during current pregnancy
- Other

Complications of Pregnancy – Placental:

- Placenta accreta Placenta Increta Placenta percreta
- Placenta Previa Placental abruption Other