

Antenatal General Encounter + Midwifery tab

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

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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

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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)

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- 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

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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

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MIDWIFERY TAB

CLINICAL & VISIT SUMMARY

Did the pregnant person plan for a home birth at any point during pregnancy (from conception to intrapartum)?

(Select One) Yes No Unknown

First Trimester Visit Provider type: (Select 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: _____

Prenatal visits virtual: _____

Prenatal visits other location (eg. shelter, prison): _____

ADMINISTRATIVE DETAILS

Midwifery Booking Date: dd/mm/yyyy

Pregnancy Outcome: (Select one)

- Pregnancy continued
- Pregnancy loss spontaneous miscarriage
- Pregnancy Loss termination

Repeat Ontario midwifery client? Yes No

IF THERE WAS A PREGNANCY LOSS:

Was post-pregnancy loss care provided? Yes No

If YES, How many post-pregnancy loss visits were provided?

1 2 3 4 or more

Was the client discharged from midwifery care during pregnancy/after pregnancy loss? Yes No

Were there any antenatal consultations, transfers of care, or use of hospital/outpatient/emergency services during pregnancy including early labour, prior to active labour?

Yes No

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ANTENATAL CONSULTATION & TRANSFER OF CARE (DURING PREGNANCY INCLUDING EARLY LABOUR, PRIOR TO ACTIVE LABOUR):

Antenatal consultation(s) with physician? Yes No

If YES, Was rationale for consult only because of hospital/
physician protocol, and not because of midwifery judgement
or scope of practice? Yes No

Antenatal Transfer of Care: Yes No

If YES, Was rationale for transfer of care only because of
hospital/physician protocol, and not because of midwifery
judgement or scope of practice? Yes No

And, Was the transfer of care returned anytime during
pregnancy including early labour, prior to active labour?
 Yes No

REASON(S) FOR CONSULTATION/TRANSFER OF CARE?

Antenatal outpatient (+ Emergency services)? Yes No

Antenatal admission to hospital in pregnancy? Yes No