Prenatal Record – Part 1 A

See Risk Guide and BMI Chart on Reverse

1. Mother's Maiden Name	Age at EDD	Language Preferred Inuktitut Inuinnaqtun English French Other	
Ethnic Origin: Inuk Dene Other 1st Nations Métis Non-Aboriginal	Highest Education Level	Working Yes No	Hrs/wk:
2. Baby's Father Ethnic Origin: Inuk Dene Other 1st Nations Métis Non-Aboriginal	Highest Education Level	Working Yes No	Hrs/wk:
Living with Baby's Father? Yes No	Baby's Father Height (cm)	Baby's Father Weight (kg)	

Surname	Given Name
Address	Home Community
Phone Number	Date of Birth
Hospital Chart #	HCP #

3. OBSTETRICAL HISTORY

Date	Place of Birth / Abortion	Gest. Age	Hours of Labour	Type of Delivery	Comments (mother / infant) *(If applicable, please record birth defect present, cause of death)*	Sex	Birth Weight	Present Health

4. METHOD OF CONTRACEPTION Type (specify):	Date Stopped *DD MM YYYY*	**LMP:** *DD MM YYYY* Cycle: /	Certain Uncertain	Age of Menarche:	**FINAL EDD:** *DD MM YYYY*	Based on: LMP U/S

5. PRESENT PREGNANCY

No	*Yes (Specify)*
Bleeding (date)	
Nausea	
Fever	If yes, GA: *wks +days*
Current TB	Active LTBI → Treatment: Yes No
Other infection	If yes, GA: *wks +days*

Planned Pregnancy? Yes No

Planned Adoption? No Uncertain Yes → Custom Public

Intended Place of Birth: _____

Cigarettes: Yes No Amount (cig/day):_____ Quit: *DD MM YYYY*

Marijuana: Yes No #Joints:____ Hashish: Yes No #Joints:___

Freq: Daily Weekly Monthly Occ Freq: Daily Weekly Monthly Occ

People smoking inside the house (cig): _____ (marij): _____

Alcohol: Yes No Freq: Daily Weekly Monthly Occ

Amount: 1 2-4 ≥5 *(drinks)*

How many times **since conception** have you had 5 or more drinks on one occasion?: _____

TWEAK Score: *(See reverse of Part 3)*

Other (e.g. cocaine, solvents, etc.): _____

6. MEDICAL HISTORY

No	*Yes (Specify)*
ALLERGIES	
Renal	
Cardiac	
Hypertension	
Neurological	
Gastrointestinal	
STIs	
Surgery	
Transfusions	
Endocrine/Diabetes	Non-Insulin dependent Insulin dependent Other
Asthma	
Mental Health	
Birth Defect	
Other (TB, etc.)	

7. FAMILY HISTORY

No	*Yes (Specify)*	*No*	*Yes (Specify)*
Diabetes		Twins	
Cardiac		Birth Defect	
Hypertension		Inherited Disease	
TB		Other	

8. EXAMINATION *DD MM YYYY*	B.P.	Height (cm)	Current Weight (kg)	Pre-preg Weight (kg)	BMI (pre-preg)

General Condition	Abdomen
Head & Neck	Pelvic exam
Respiratory	Musculoskeletal / Spine
CVS	Varices & Skin
Breast	Other

9. CURRENT MEDICATIONS (including over-the-counter drugs)

Antidepressant: _____ Anticonvulsant: _____

10. OTHER NOTES

SIGNATURE: **DATE:** *DD MM YYYY*

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WHITE: MOTHER'S CHART YELLOW: NUTAQQAVUT HEALTH INFORMATION SYSTEM (IQALUIT) PINK: INFANT'S CHART

Prenatal Record - Part 1 B

RISK ASSESSMENT GUIDE

PAST OBSTETRICAL HISTORY

- Abortion (12-20 weeks)
- Caesarean birth (uterine surgery)
- Habitual abortion (3+)
- Hypertensive disorders of pregnancy
- IUGR baby
- Macrosomic baby
- Major congenital anomalies (e.g. Cardiac, CNS, Down Syndrome)
- Neonatal death
- Placental abruption
- Postpartum hemorrhage
- Preterm birth (<37 weeks)
- Rh isoimmunization (affected infant)
- Rh isoimmunization (unaffected infant)
- Stillbirth

MEDICAL HISTORY

DIABETES

- Controlled by diet only
- Insulin dependent
- Retinopathy documented

HEART DISEASE

- Asymptomatic (no effect on daily living)
- Symptomatic (affects daily living)

HYPERTENSION

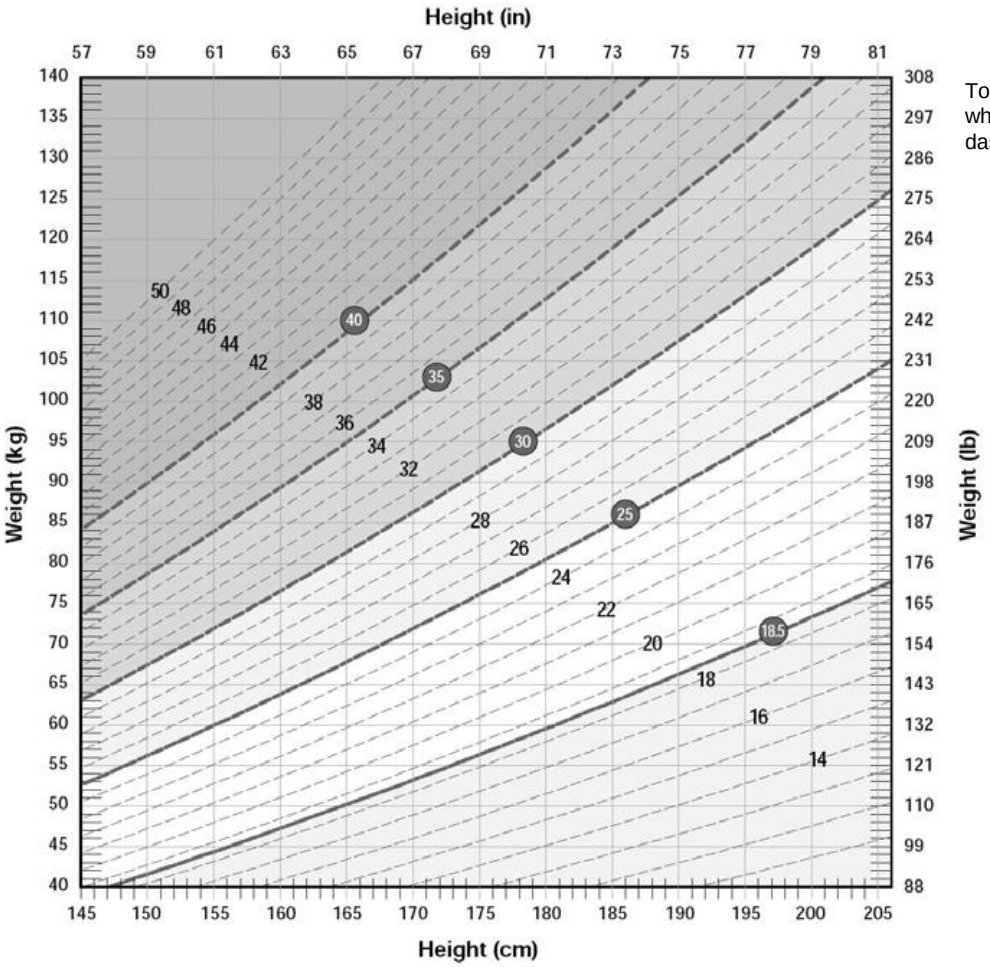
- 140/90 or greater
- Anti-hypertensive drugs
- Chronic renal disease

OTHER

- Age under 18 at delivery
- Age 35 or over at delivery
- Alcohol and/or drugs
- BMI less than 18.5 (underweight)
- BMI over 30 (obesity)
- Depression
- Height (under 152cm or 5ft. 0 in.)
- Smoking
- Other medical/surgical disorders eg. epilepsy, severe asthma, lupus, etc.

PROBLEMS IN CURRENT PREGNANCY

- Abnormal maternal serum screening (HCG or AFP > 2.0 MOM)
- Alcohol and/or drugs
- Anemia (<100 g per L)
- Antepartum bleeding
- Blood antibodies (Rh, Anti C, Anti K, etc.)
- Decreased fetal movement
- Depression
- Diagnosis of large for dates
- Diagnosis of small for dates (IUGR)
- Gestational diabetes
- Hypertensive disorders of pregnancy
- Malpresentation
- Membranes ruptured before 37 weeks
- Multiple pregnancy
- Polyhydramnios or oligohydramnios
- Poor weight gain 26-36 weeks (<0.5 kg/wk or weight loss)
- Pregnancy >42 weeks
- Preterm labour
- Proteinuria 1+ or greater
- Smoking any time during pregnancy



To estimate pre-pregnancy BMI, locate the point on the chart where height and weight intersect. Read the number on the dashed line closest to this point.

Health Risk Classification According to BMI

Classification	BMI	Risks of developing health programs
Underweight	< 18.5	Increased
Normal	18.5 – 24.9	Least
Overweight	25 – 29.9	Increased
Obese I	30 – 34.9	High
Obese II	35 – 39.9	Very High
Obese III	> = 40	Extremely High

Adapted from: WHO (2000) Obesity: Preventing and Managing the Global Epidemic: Report of a WHO Consultation on Obesity

Source: Health Canada. Canadian Guidelines for Body Weight Classification in Adults. Ottawa: Minister of Public Works and Government Services Canada; 2003.

Prenatal Record – Part 2 A

See Discussion Topics and SFH Graph on Reverse

Nunavut

Surname	Given Name
Address	Home Community
Phone Number	Date of Birth
Hospital Chart #	HCP #

11. LABORATORY (Results & Dates)

Syphilis Screen *DD MM YYYY*	Pos Neg	Pap Smear		Maternal Serum Screening: Offered: Yes No	
Rubella Titre *DD MM YYYY*	Pos Neg Equivocal	Urine C & S *DD MM YYYY*	Pos Neg	Screen Results: Not Done Normal Abnorm → Down S NTD Other	
Hepatitis B *DD MM YYYY*	Reactive Not reactive	Chlamydia Test *1st Trim: DD MM YYYY*	Pos Neg		
Group B Strep *DD MM YYYY*	Pos Neg	Test of Cure:_____ *3rd Trim: DD MM YYYY*	Pos Neg	Prenatal Karyotype Results Norm Abnorm Not Done	
Varicella *DD MM YYYY*	Pos Neg	Test of Cure:_____		HTLV-1 Test *DD MM YYYY*	Pos Neg Not Done
Blood Group *DD MM YYYY*	Rh Factor	Gonorrhea Test *1st Trim: DD MM YYYY*	Pos Neg	HIV Test *DD MM YYYY*	Done Not Done
Antibody Titre *1 DD MM YYYY* *2 DD MM YYYY*	Results	Test of Cure:_____ *3rd Trim: DD MM YYYY*	Pos Neg	Toxoplasmosis	Pos Neg Not Done
Rhogam Given *1 DD MM YYYY* *2 DD MM YYYY*	Signature	Test of Cure:_____		Other Tests:	

12. GDM SCREENING

GCT 50 gm (24-28 weeks):	*DD MM YYYY*	*Result*
If 7.8-10.2 mmol/L, 75 gm OGTT:	*DD MM YYYY*	*Result*
Final Diagnosis: Normal IGT GDM		
GDM Management: Lifestyle Insulin Refer to Dietician		

13. DUE DATES:

LMP: Certain Uncertain	**EDD** by LMP:	Dating U/S (GA by U/S: *wks +days*)	EDD by U/S:	**FINAL EDD:** Based on: LMP U/S
DD MM YYYY	*DD MM YYYY*	*DD MM YYYY*	*DD MM YYYY*	*DD MM YYYY*

14. DETAILED ULTRASOUND: *DD MM YYYY* GA: *wks +days*

Normal Abnormal Not Done

Soft Markers: Yes No

Placental Location:

Major Malformations: Yes No

If Yes, Specify: _____

15. PRENATAL ASSESSMENTS:

Gravida | **T**erm | **P**reterm | **A**bortion (Induced ___ Spontaneous ___) | **E**ctopic | **L**iving

Date *D M YY*	Gest Age (wks)	SFH (cms)	Wt (kgs)	B.P.	Hgb	Urine (gluc/prot)	Fetal Heart	Fetal Activity	Position	Comments *(Please see Prenatal Record Part 3 at 1st Trimester, 2nd Trimester & 3rd Trimester)*	Next Visit	Initial

16. SPECIAL INVESTIGATIONS OR NOTES (other U/S, laboratory)

TO FOLLOW-UP:

17. OUTCOME:

Termination: GA: *wks +days*
Yes No

Pregnancy Loss: GA: *wks +days*
Yes No

Signature (Physician / Midwife / Nurse-in-Charge of Patient)

Date

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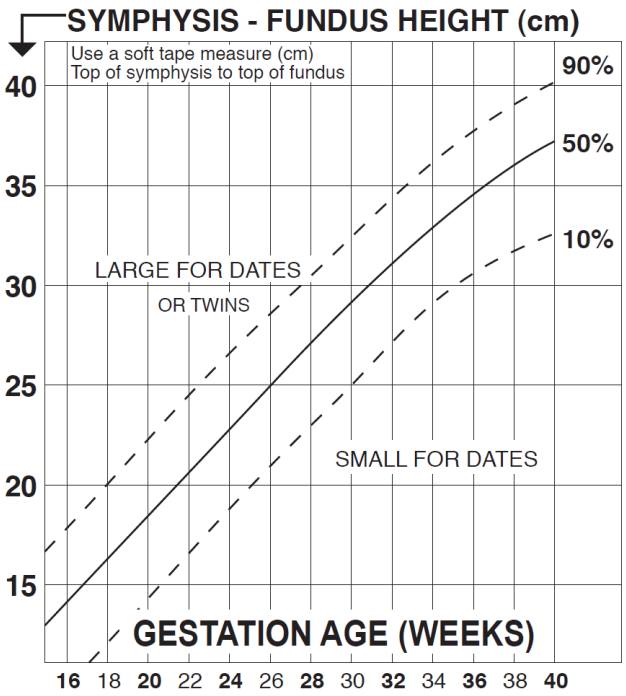
WHITE: MOTHER'S CHART YELLOW: NUTAQQAVUT HEALTH INFORMATION SYSTEM (IQALUIT) PINK: INFANT'S CHART

Prenatal Record - Part 2 B

TOPICS FOR DISCUSSION / ADVICE	Date discussed: *DD MM YYYY*
Prenatal Classes / Books / CPNP	
Nutrition	
Weight Gain / Weight Loss	
Supp Vits & Iron, Vit D	
Exercise & Rest	
Food acquired infections	
Smoking, Alcohol, Drugs	
Dental care	
Preterm labour, PPROM	
Fetal Movement	
Travel	
Alternate Physician / Nurse / Midwife	
Symptoms / Signs of Labour	
When to call Physician / Nurse / Midwife / Go to Hospital	
Labour Stages Analgesia / Anaesthesia	
Breastfeeding	
Baby Care	
Back to sleep	
Contraception	
Depression	



Prenatal Record - Part 3 A

See Prenatal Tools on Reverse

Surname | Given name

Address | Home Community

Phone number | Date of Birth

Hospital Chart # | HCP #

INITIAL VISIT / 1st TRIMESTER (_____Weeks)

19a. Vitamins & Iron Status

Vitamins being taken **at conception**? Yes No

Type: Multi Prenatal Folic Acid only Don't Know Other: _____

Vitamins taken in 1st trimester: Yes No

Freq: Daily Weekly Monthly Occ

Type: Multi Prenatal Folic Acid only Don't Know Other: _____

Vitamins Started At: GA: *wks +days*

Vitamin D Prescribed: Yes No

Vitamin D Education Given: Yes No

Iron Prescribed (in 1st trimester): Yes No

Iron Taken (in 1st trimester): Yes No

20a. Food Security & CPNP

Since you have been pregnant, were there times when the food for you and your family just did not last and there was no money to buy more?

Often Sometimes Never Don't Know / Refused

Have you been going to CPNP this pregnancy?

Yes No → discuss CPNP N/A

Do you plan to breastfeed?

Yes No Maybe

Since you have been pregnant, did you eat country food?

Yes No None available

Freq: Daily Weekly Monthly Occ

21. Household & Supports

People living in household: _____

Do you feel that you are at risk of abuse (physical / emotional / sexual) in this pregnancy?

Yes No Unknown

WAST: Not Done Done *DD MM YYYY*

Increased Risk? Yes No

Do you feel that you have support in this pregnancy?

Yes No Unknown

NOTES:

2nd TRIMESTER (~28 Weeks)

18b. Exposures *(SINCE 1st TRIMESTER VISIT)*

Cigarettes: Yes No Quit: *DD MM YYYY*

Amount (cig/day): _____

Marijuana: Yes No # Joints: _____

Freq: Daily Weekly Monthly Occ

Hashish: Yes No # Joints: _____

Freq: Daily Weekly Monthly Occ

Alcohol: Yes No

Freq: Daily Weekly Monthly Occ

Amount: 1 2-4 ≥ 5 *(drinks)*

How many times have you had 5 or more drinks on one occasion?: _____

Other: (e.g. cocaine, solvents, etc.)

Antidepressant Use:

Yes: *specify* _____ No

Anticonvulsant Use:

Yes: *specify* _____ No

Gingivitis: Yes No

19b. Vitamins & Iron Status

Vitamins taken in **Past Month**? Yes No

Type: Multi Prenatal Folic Acid only Don't Know Other: _____

Freq: Daily Weekly Monthly Occ

Vitamin D taken in **Past Month**? Yes No

Freq: Daily Weekly Monthly Occ

How much is taken? _____ IU / day

Iron Prescribed (in 2nd trimester): Yes No

Iron Taken (in 2nd trimester): Yes No

20b. CPNP

Since your 1st trimester, have you been going to CPNP?

Yes No → discuss CPNP N/A

22. Edinburgh Perinatal Depression Scale (28-32 weeks)

EPDS Score: _____ *DD MM YYYY*

3rd TRIMESTER (~36 Weeks)

18c. Exposures *(SINCE 2nd TRIMESTER VISIT)*

Cigarettes: Yes No Quit: *DD MM YYYY*

Amount (cig/day): _____

Marijuana: Yes No # Joints: _____

Freq: Daily Weekly Monthly Occ

Hashish: Yes No # Joints: _____

Freq: Daily Weekly Monthly Occ

Alcohol: Yes No

Freq: Daily Weekly Monthly Occ

Amount: 1 2-4 ≥ 5 *(drinks)*

How many times have you had 5 or more drinks on one occasion?: _____

Other: (e.g. cocaine, solvents, etc.)

Antidepressant Use:

Yes: *specify* _____ No

Anticonvulsant Use:

Yes: *specify* No

19c. Vitamins & Iron Status

Vitamins taken in **Past Month**? Yes No

Type: Multi Prenatal Folic Acid only Don't Know Other: _____

Freq: Daily Weekly Monthly Occ

Vitamin D taken in **Past Month**? Yes No

Freq: Daily Weekly Monthly Occ

How much is taken? _____ IU / day

Iron Prescribed (in 3rd trimester): Yes No

Iron Taken (in 3rd trimester): Yes No

20c. Food Security & CPNP

Since you have been pregnant, were there times when the food for you and your family just did not last and there was no money to buy more?

Often Sometimes Never Don't know / Refused

Since your 2nd trimester, have you been going to CPNP?

Yes No → discuss CPNP N/A

If Yes: How often did you receive vouchers, bags of food or meals to take home?

Weekly Monthly Occ Never

Who ate the food that you brought home?

I ate it all

Shared the food with those in my house

I did not eat any

Do you plan to breastfeed?

Yes No Maybe

During your pregnancy, did you eat country food?

Yes No None available

Freq: Daily Weekly Monthly Occ

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Prenatal Record - Part 3 B - Prenatal Tools: TWEAK, WAST, Edinburgh

TWEAK SCORING GUIDE

T	**Tolerance:** "How many drinks does it take to make you feel high?" (Or this can be modified to "How many drinks can you hold?") *Record number of drinks.*	3 or more drinks = 2 points
W	**Worry:** "Have close friends or relatives worried or complained about your drinking in the past year?"	Yes = 2 points
E	**Eye-Opener:** "Do you sometimes have a drink in the morning when you first get up?"	Yes = 1 point
A	**Amnesia (Blackout):** "Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?"	Yes = 1 point
K (C)	**Cut Down:** "Do you sometimes feel the need to cut down on your drinking?"	Yes = 1 point

A score of 2 or more points indicates a risk of a drinking problem.

Source: Russell, M (1994). New Assessment tools for risk drinking during pregnancy: T-ACE, TWEAK and others. Alcohol Health and Research World

Please record 'Score' in Prenatal Record Part 1 A (Present Pregnancy)

WOMAN ABUSE SCREENING TOOL (WAST)

1. In general, how would you describe your relationship?
   - A lot of tension
   - Some tension
   - No tension
2. Do you and your partner work out arguments with:
   - Great difficulty?
   - Some difficulty?
   - No difficulty?
3. Do arguments ever result in you feeling down or bad about yourself?
   Often Sometimes Never
4. Do arguments ever result in hitting, kicking, or pushing?
   Often Sometimes Never
5. Do you ever feel frightened by what your partner says or does?
   Often Sometimes Never
6. Has your partner ever abused you physically?
   Often Sometimes Never
7. Has your partner ever abused you emotionally?
   Often Sometimes Never
8. Has your partner ever abused you sexually?
   Often Sometimes Never

Source: developed by Dr. B. Lent, (1996) London Middlesex

Please record Results in Prenatal Record Part 3 A (1st Trimester)

EDINBURGH PERINATAL / POSTNATAL DEPRESSION SCALE (EPDS)

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - 0 As much as I always could
   - 1 Not quite so much now
   - 2 Definitely not so much now
   - 3 Not at all
2. I have looked forward with enjoyment to things
   - 0 As much as I ever did
   - 1 Rather less than I used to
   - 2 Definitely less than I used to
   - 3 Hardly at all
3. I have blamed myself unnecessarily when things went wrong
   - 3 Yes, most of the time
   - 2 Yes, some of the time
   - 1 Not very often
   - 0 No, never
4. I have been anxious or worried for no good reason
   - 0 No, not at all
   - 1 Hardly ever
   - 2 Yes, sometimes
   - 3 Yes, very often
5. I have felt scared or panicky for no very good reason
   - 3 Yes, quite a lot
   - 2 Yes, sometimes
   - 1 No, not much
   - 0 No, not at all
6. Things have been getting on top of me
   - 3 Yes, most of the time I haven't been able to cope
   - 2 Yes, sometimes I haven't been coping as well as usual
   - 1 No, most of the time I have coped quite well
   - 0 No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping
   - 3 Yes, most of the time
   - 2 Yes, sometimes
   - 1 Not very often
   - 0 No, not at all
8. I have felt sad or miserable
   - 3 Yes, most of the time
   - 2 Yes, quite often
   - 1 Not very often
   - 0 No, not at all
9. I have been so unhappy that I have been crying
   - 3 Yes, most of the time
   - 2 Yes, quite often
   - 1 Only occasionally
   - 0 No, never
10. The thought of harming myself has occurred to me
    - 3 Yes, quite often
    - 2 Sometimes
    - 1 Hardly ever
    - 0 Never

A score of 1, 2 or 3 for question 10 indicates a risk of self-harm and requires immediate mental health assessment and intervention as appropriate

EPDS Score of 11-13 range: monitor, support, and offer education.

EPDS Score of 14 or higher: follow up with comprehensive bio-psychosocial diagnostic assessment for depression.

Source: Cox, JL, Holden, JM, Sagovsky, R (1987). Dept of Psychiatry, University of Edinburgh

Please record 'Score' in Prenatal Record Part 3 A (2nd Trimester)