British Columbia Antenatal Record Part 1

1. Primary maternity care provider name | Family physician / nurse practitioner name

Patient surname | Patient given name(s) | Date of birth (dd/mm/yyyy) | Age at EDD

Surname at birth | Preferred name / pronoun | Language preferred | Relationship status*

Highest level of education completed* | Occupation

Indigenous identity:* ☐ First Nations ☐ Métis ☐ Inuk (Inuit) ☐ Status ☐ Non-status ☐ No response ☐ None

☐ Live on reserve ☐ Live off reserve ☐ Live on & off reserve

Ethnicity*

Partner: Surname, given name(s) | Occupation

Biological father / donor: Surname, given name(s) OR ☐ Same as partner | Age | Ethnicity*

Surname Given name

Address

Phone number

Personal Health Number

2. Allergies (incl. reaction) ☐ None | Medications / OTC drugs / herbals / vitamins ☐ Preconception folic acid ☐ T1 folic acid | Beliefs / practices (e.g. Jehovah's Witness)

3. Contraceptives: Type | Last used (dd/mm/yyyy) | Pregnancy planned: ☐ No ☐ Yes | LMP (dd/mm/yyyy) | EDD by LMP (dd/mm/yyyy) | Dating US (dd/mm/yyyy) | GA by US (wks/days) | EDD by US (dd/mm/yyyy)

4. Obstetrical History **G**ravida _____ **T**erm _____ **P**reterm _____ **A**bortus (Induced _____ Spontaneous _____) **L**iving _____

Date (mm/yyyy)	Place of birth	GA (wks/days)	Duration of labour (hrs)	Mode of birth	Perinatal complications / comments	Sex	Birth weight (g)	Breastfed (mos)	Child's present health

5. Present Pregnancy

No Yes (specify)

- ☐ ☐ ART: (select one only)
  - ☐ Ovarian stimulation only
  - ☐ IUI only
  - ☐ Ovarian stimulation + IUI
  - ☐ IVF (# of embryos transferred) _____
  - ☐ ICSI (# of embryos transferred) _____
  - ☐ Other _____
- ☐ ☐ Bleeding _____
- ☐ ☐ Nausea _____
- ☐ ☐ Travel (self / partner) _____
- ☐ ☐ Infection / rash / fever _____
- ☐ ☐ Other _____

6. Family History

No Yes (specify)

- ☐ ☐ Anesthetic complications _____
- ☐ ☐ Hypertension _____
- ☐ ☐ Thromboembolic _____
- ☐ ☐ Diabetes _____
- ☐ ☐ Mental health _____
- ☐ ☐ Substance use disorder _____
- ☐ ☐ Inherited conditions / defects (e.g. Tay-Sachs, Sickle Cell, Congenital Heart Defect, Cystic Fibrosis)
  (Mother) _____
  (Biological father / donor) _____
- ☐ ☐ Other _____

7. Medical History

No Yes (specify)

- ☐ ☐ Surgery _____
- ☐ ☐ Anesthetic complications _____
- ☐ ☐ Neuro. _____
- ☐ ☐ Resp. _____
- ☐ ☐ CV: ☐ Hypertension ☐ Prev. hypertension in preg. ☐ Other _____
- ☐ ☐ Abdo. / GI _____
- ☐ ☐ Gyne. / GU _____
- ☐ ☐ Hematology (e.g. transfusion, thromboembolic / coag.) _____
- ☐ ☐ Endocrine: ☐ T1DM ☐ T2DM ☐ Prev. GDM ☐ Thyroid ☐ Other _____
- ☐ ☐ Mental health: ☐ Anxiety ☐ Depression ☐ Prev. PPD ☐ Bipolar ☐ Eating disorder ☐ Substance use disorder: ☐ Methadone treatment ☐ Suboxone treatment ☐ Other _____
- ☐ ☐ Infectious diseases: ☐ Varicella ☐ HSV ☐ Other _____
- ☐ ☐ Immunizations: ☐ Flu (dd/mm/yyyy) _____ ☐ Tdap (dd/mm/yyyy) _____ ☐ Other _____
- ☐ ☐ Other _____

8. Lifestyle / Social Concerns

No Yes (specify)

- ☐ ☐ Diet / nutrition _____
- ☐ ☐ Exercise _____
- ☐ ☐ Financial _____
- ☐ ☐ Housing / food security _____
- ☐ ☐ Transportation _____
- ☐ ☐ Safety _____
- ☐ ☐ Gender-based violence: ☐ Partner ☐ Non-partner
- ☐ ☐ Relationships / support _____
- ☐ ☐ Other _____

9. Substance Use

	3 Mos Before Preg	During Preg
Alcohol	☐ No ☐ Yes	☐ No ☐ Yes
# Drinks per week	_____	_____
4 or more drinks at one time	☐ No ☐ Yes	☐ No ☐ Yes
Quit alcohol: ☐ No ☐ Yes, date (dd/mm/yyyy)	_____	
Tobacco	☐ No ☐ Yes	☐ No ☐ Yes
# Cigarettes per day	_____	_____
Exposed to 2nd-hand smoke	☐ No ☐ Yes	☐ No ☐ Yes
Quit tobacco: ☐ No ☐ Yes, date (dd/mm/yyyy)	_____	
Cannabis	☐ No ☐ Yes	☐ No ☐ Yes
CBD product(s) only	☐ No ☐ Yes	☐ No ☐ Yes
# Times used per (circle to specify)	_____ day week month	_____ day week month
Primary route: (select one only)	☐ Smoke ☐ Vaporize ☐ Edible / oral ☐ Other	☐ Smoke ☐ Vaporize ☐ Edible / oral ☐ Other
Quit cannabis: ☐ No ☐ Yes, date (dd/mm/yyyy)	_____	

Other(s) During Preg ☐ No ☐ Yes: (check all that apply)

☐ Cocaine ☐ Opioids ☐ Methamphetamines ☐ IV drugs ☐ Prescription drugs ☐ Other(s) _____

10. Initial Physical Examination Date (dd/mm/yyyy) _____ Completed by (name) _____

BP | HR (per min) | Ht (cm) | Pre-preg. Wt* (kg) | Pre-preg. BMI*

Norm Abnorm (specify)

- ☐ ☐ Head & neck _____
- ☐ ☐ Breasts & nipples _____
- ☐ ☐ Heart & lungs _____
- ☐ ☐ Abdomen _____
- ☐ ☐ Musculoskeletal _____
- ☐ ☐ Skin: ☐ Varicosities ☐ Other _____
- ☐ ☐ Pelvic _____
  STI test (dd/mm/yyyy) _____
  Pap test (dd/mm/yyyy) _____
- ☐ ☐ Other _____

11. Comments / Follow-up (incl. details from sections 5–10)

Care provider (signature) _____ ☐ MD ☐ RM ☐ NP

** Please refer to **Reference Page 1** on the back of this page for guidance and a list of discussion topics.*

REFERENCE PAGE 1

Section 1: Demographics and Background

Relationship status

Record in the appropriate field on the first page **one** of the following:

- **Married**
- **Living with partner**
- **Single (never married)**
- **Separated or divorced**
- **Widowed**
- **Unknown**

Highest level of education completed

Record in the appropriate field on the first page **one** of the following:

- **Less than high school**
- **High school diploma**
- **Trade or other certificate/diploma (not Bachelors)**
- **Undergraduate university degree(s)**
- **Postgraduate university degree(s)**
- **Unknown**

Indigenous identity

Everyone should be asked this question:

"Do you identify as an Indigenous or Aboriginal person?"

Responding to this question is voluntary.

If '**No response**' or '**None**,' skip to '**Ethnicity**.'

If 'Yes,' record the Indigenous or Aboriginal identity by checking **all** that apply from the following list on the first page:

- **First Nations**
- **Métis**
- **Inuk (Inuit)**

If the individual identifies as First Nations, specify whether they are '**Status**' or '**Non-status**,' and whether they '**Live on reserve**,' '**Live off reserve**,' or '**Live on & off reserve**.'

Ethnicity

Determine the ethnicities of the mother and the biological father/donor from the following list, and record **all** that apply in the appropriate fields on the first page:

- **Indigenous/Aboriginal**
- **European–Western (e.g. English, Italian)**
- **European–Eastern (e.g. Russian, Polish)**
- **Asian–East (e.g. Chinese, Japanese, Korean)**
- **Asian–South (e.g. Indian, Pakistani, Sri Lankan)**
- **Asian–South East (e.g. Malaysian, Filipino)**
- **Middle Eastern (e.g. Iranian, Lebanese)**
- **African**
- **Caribbean**
- **Latin American (e.g. Argentinean, Chilean)**
- **Other(s)** (specify) _____
- **Do not know**
- **Prefer not to answer**

Section 10: Initial Physical Examination

Health Canada Weight Gain Recommendations for Singleton Pregnancies (adapted from Institute of Medicine, 2009)

Pre-pregnancy Weight Category	Pre-pregnancy Body Mass Index (BMI)	Mean Rate[1] of Weight Gain in 2nd and 3rd Trimesters		Recommended Total Weight Gain[2]	
		kg/wk	lb/wk	kg	lb
Underweight	<18.5	0.5	1.0	12.5–18.0	28–40
Normal weight	18.5–24.9	0.4	1.0	11.5–16.0	25–35
Overweight	25.0–29.9	0.3	0.6	7.0–11.5	15–25
Obese[3]	≥30.0	0.2	0.5	5.0–9.0	11–20

[1] Rounded values.
[2] Calculations for the recommended total weight gain range assume a gain of 0.5 to 2.0 kg (1.1 to 4.4 lbs) in the first trimester.
[3] A lower weight gain may be advised for women with a BMI of 35 or greater, based on clinical judgement and a thorough assessment of the risks and benefits to mother and child.

Discussion Topics

1st–3rd Trimester (as indicated)

- ☐ Nutrition/folic acid
- ☐ Healthy weight gain
- ☐ Physical activity
- ☐ Occupational concerns
- ☐ Personal safety
- ☐ Support system
- ☐ Mental health
- ☐ Substance use (i.e. alcohol, drugs)
- ☐ Sexual activity, STI risk factors, screening
- ☐ Immunization
- ☐ VBAC counseling (if applicable)

1st Trimester

- ☐ Nausea/vomiting
- ☐ Safety: food, medications/vitamins/supplements, seatbelts
- ☐ Oral health
- ☐ Exposures: infections, pets, environment, occupation
- ☐ Travel
- ☐ Prenatal genetic screening
- ☐ Early pregnancy loss: signs/symptoms, what to do
- ☐ Routine prenatal care, emergency contact/on-call providers
- ☐ Breastfeeding: attitudes/beliefs
- ☐ Quality educational resources
- ☐ Public health services/programs

2nd Trimester

- ☐ Bleeding
- ☐ Preterm labour: signs/symptoms
- ☐ PROM
- ☐ Lifestyle and social risk assessment
- ☐ Gestational diabetes screening
- ☐ Prenatal classes
- ☐ Birth options and practices that promote healthy birth
- ☐ Birth plan: travel to other community for delivery (if applicable)
- ☐ Breastfeeding and importance of immediate, uninterrupted skin-to-skin care
- ☐ Postpartum contraception

3rd Trimester

- ☐ Fetal movement
- ☐ Emergency contact/on-call providers
- ☐ ECV, breech delivery, elective Cesarean delivery (if applicable)
- ☐ Indications for induction of labour
- ☐ Signs/symptoms of labour and admission timing
- ☐ Birth plan: labour support, pain management
- ☐ Potential interventions, use of blood products
- ☐ Genital herpes suppression
- ☐ GBS screening/prophylaxis
- ☐ Cord blood banking
- ☐ Erythromycin/ophthalmia neonatorum prophylaxis/treatment
- ☐ Vitamin K prophylaxis
- ☐ Newborn care, screening, circumcision, follow-up
- ☐ Breastfeeding adjustment, skills, support
- ☐ Postpartum care
- ☐ Postpartum contraception
- ☐ Discharge planning, car seat safety
- ☐ Infant safe sleep
- ☐ Work plan, maternity leave
- ☐ EPDS screening

British Columbia Antenatal Record Part 2

12. Planned place of birth @ 20 wks ☐ Copy to hospital	Planned place of birth @ 36 wks ☐ Copy to hospital	Referral hospital

Confirmed EDD (dd/mm/yyyy) _____ by: ☐ US ☐ IVF

13. Investigations ABO | Rh factor	Date (dd/mm/yyyy) Antibody Titre	Date RhIg given (dd/mm/yyyy)	Hemoglobin (g/L)
	1.	1.	T1
	2.	2.	T3

Test	Results	Results/Follow-up/Comments
Rubella	☐ Imm ☐ Non-imm	Value (IU/mL) _____ ☐ Postpartum vaccine required
HIV	☐ Neg ☐ Pos	☐ T3 repeat if high-risk
Syphilis	☐ N/R ☐ R	
HBsAg	☐ N/R ☐ R	HBV DNA (IU/mL) _____ ☐ Anti-viral therapy required ☐ Newborn vaccine required ☐ Partner/household contact ☐ Newborn HBIg required
Gonorrhea	☐ Neg ☐ Pos	☐ T3 repeat if Pos
Chlamydia	☐ Neg ☐ Pos	☐ T3 repeat if Pos
Urine C&S	☐ Neg ☐ Pos	Culture _____
GDM (@24–28 wks)		☐ GDM test declined ☐ Diet controlled ☐ Insulin required
GCT (50 g)	☐ Neg ☐ Pos	Value (mmol/L) @ 1 hr _____
GTT (75 g)	☐ Neg ☐ Pos	Value (mmol/L) @ 1 hr _____ @ 2 hr _____ @ 3 hr _____
GBS (@35–37 wks)	☐ Neg ☐ Pos	Date (dd/mm/yyyy) _____ ☐ Copy to hospital

Other (e.g. Ferritin, TSH, HepC)

Prenatal Genetic Investigations ☐ Declined

☐ SIPS ☐ IPS ☐ Quad ☐ CVS

☐ NIPT (MSP) ☐ NIPT (self-pay) ☐ Other _____ ☐ Amnio

Results

14. Edinburgh Perinatal/Postnatal Depression Scale* ☐ Declined

Date (dd/mm/yyyy) _____ GA (wks/days) _____

Total score _____ Anxiety subscore (questions 3–5) _____ Self-harm subscore (question 10) _____

Follow-up _____

Surname Given name

Address

Phone number

Personal Health Number

15. Ultrasounds & Other Imaging Investigations

Date (dd/mm/yyyy)	GA (wks/days)	Comments

16. Perinatal Considerations & Referrals

Pregnancy type: ☐ Singleton ☐ Twin ☐ Multiple (3+)

VBAC eligible @ 36 wks: ☐ No ☐ Yes ☐ N/A

VBAC planned @ 36 wks: ☐ No ☐ Yes ☐ N/A

Plan to breastfeed: ☐ No ☐ Yes ☐ Undecided

Lifestyle/substance use _____

Pregnancy _____

Labour & birth _____

Breastfeeding _____

Postpartum _____

Contraception plan _____

Newborn _____

17. Date (dd/mm/yyyy)	GA (wks/days)	BP	Urine (if indicated)	Wt (kg)	Fundus (cm)	FHR (per min)	FM	Pres. & position	Comments*	Next visit	Initials

Please see the next page, British Columbia Antenatal Record Part 2 (cont'd), to record additional visits.

18. Sign-Offs

1. (name) _____ (signature) _____ ☐ MD ☐ RM ☐ NP

2. (name) _____ (signature) _____ ☐ MD ☐ RM ☐ NP

3. (name) _____ (signature) _____ ☐ MD ☐ RM ☐ NP

** Please refer to **Reference Page 2** on the back of this page for guidance and a list of discussion topics.*

REFERENCE PAGE 2

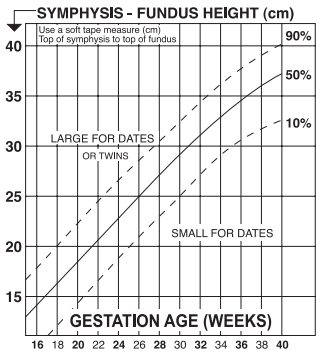
Section 14: Edinburgh Perinatal / Postnatal Depression Scale

Edinburgh Perinatal / Postnatal Depression Scale Scoring Guide (Cox, Holden, Sagovsky, 1987; PSBC 2015)

In the past 7 days . . .

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

Section 17: Prenatal Visits Notes



EPDS Scores – Interpretation and Actions

Total score	**≥14** →	Follow up with diagnostic assessment and treatment, and consider referral to a mental health specialist, as appropriate.
	12–13 →	Monitor, support, and offer education.
Anxiety subscore (questions 3–5)	**≥6** →	Monitor, support, and offer education.
Self-harm subscore (question 10)	**1–3** →	Provide immediate mental health assessment and intervention, and consider referral to a mental health specialist, as appropriate.

The EPDS should be completed between 28–32 weeks in all pregnancies, as well as 6–8 weeks postpartum.

Discussion Topics

1st–3rd Trimester (as indicated)

- ☐ Nutrition/folic acid
- ☐ Healthy weight gain
- ☐ Physical activity
- ☐ Occupational concerns
- ☐ Personal safety
- ☐ Support system
- ☐ Mental health
- ☐ Substance use (i.e. alcohol, drugs)
- ☐ Sexual activity, STI risk factors, screening
- ☐ Immunization
- ☐ VBAC counseling (if applicable)

1st Trimester

- ☐ Nausea/vomiting
- ☐ Safety: food, medications/vitamins/supplements, seatbelts
- ☐ Oral health
- ☐ Exposures: infections, pets, environment, occupation
- ☐ Travel
- ☐ Prenatal genetic screening
- ☐ Early pregnancy loss: signs/symptoms, what to do
- ☐ Routine prenatal care, emergency contact/on-call providers
- ☐ Breastfeeding: attitudes/beliefs
- ☐ Quality educational resources
- ☐ Public health services/programs

2nd Trimester

- ☐ Bleeding
- ☐ Preterm labour: signs/symptoms
- ☐ PROM
- ☐ Lifestyle and social risk assessment
- ☐ Gestational diabetes screening
- ☐ Prenatal classes
- ☐ Birth options and practices that promote healthy birth
- ☐ Birth plan: travel to other community for delivery (if applicable)
- ☐ Breastfeeding and importance of immediate, uninterrupted skin-to-skin care
- ☐ Postpartum contraception

3rd Trimester

- ☐ Fetal movement
- ☐ Emergency contact/on-call providers
- ☐ ECV, breech delivery, elective Cesarean delivery (if applicable)
- ☐ Indications for induction of labour
- ☐ Signs/symptoms of labour and admission timing
- ☐ Birth plan: labour support, pain management
- ☐ Potential interventions, use of blood products
- ☐ Genital herpes suppression
- ☐ GBS screening/prophylaxis
- ☐ Cord blood banking
- ☐ Erythromycin/ophthalmia neonatorum prophylaxis/treatment
- ☐ Vitamin K prophylaxis
- ☐ Newborn care, screening, circumcision, follow-up
- ☐ Breastfeeding adjustment, skills, support
- ☐ Postpartum care
- ☐ Postpartum contraception
- ☐ Discharge planning, car seat safety
- ☐ Infant safe sleep
- ☐ Work plan, maternity leave
- ☐ EPDS screening

British Columbia Antenatal Record Part 2 *(cont'd)*

16. Perinatal Considerations & Referrals *(cont'd)*

Confirmed EDD (dd/mm/yyyy) _____

Lifestyle/substance use _____

Pregnancy _____

Labour & birth _____

Breastfeeding _____

Postpartum _____

Contraception plan _____

Newborn _____

Surname _____ Given name _____

Address _____

Phone number _____

Personal Health Number _____

Cont'd from previous page of British Columbia Antenatal Record Part 2.

17. Date (dd/mm/yyyy)	GA (wks/days)	BP	Urine (if indicated)	Wt (kg)	Fundus (cm)	FHR (per min)	FM	Pres. & position	Comments	Next visit	Initials

18. Sign-Offs

1. (name) _____ (signature) _____ ☐ MD ☐ RM ☐ NP

2. (name) _____ (signature) _____ ☐ MD ☐ RM ☐ NP

3. (name) _____ (signature) _____ ☐ MD ☐ RM ☐ NP

Privacy Notice

Perinatal Services BC collects, uses and discloses personal information only as authorized under section 26 (c), 33 and 35 of the BC Freedom of Information and Protection of Privacy Act, other legislation and PHSA's Privacy and Confidentiality Policy. Information is collected for the purposes of supporting health care providers, leaders, researchers, and policymakers in their work to improve maternal, fetal, and neonatal health. This includes work carried out for purposes of research, surveillance, program delivery, and evaluation. We take all reasonable steps to make sure personal information is treated confidentially, is used only for the intended purpose and securely stored. For questions regarding collection, use or disclosure of personal information, please contact the Provincial Director, Informatics and Privacy, at 604-877-2121 extension 223761 or business address: Perinatal Services BC, Suite 260 – 1770 West 7th Avenue, Vancouver, BC V6J 4Y6.

PSBC 1905A – January 2020