PérinatalNB

Completion Guide

Antenatal Record (Part 1)

↓ PATIENT LABEL ↓		
Patient's Last Name	Patient's First Name	
Address - Number, street name	Unit/Apt	Prov
City/Town	Postal Code	DOB
Telephone – Home/Cell	Telephone – Work	
Medicare Number	Expiry Date	Hospital File #

FINAL EDD:	DATING METHOD: □ **T1 US** □ T2 US □ ART □ Other □ LMP Date: _____

Conception: □ Spontaneous □ ART *Donor: □ Egg (Age at retrieval___) □ Sperm*
ART details: □ OI □ IUI □ IVF □ ICSI Embryo transfer date_____ *□D3 □ D5*
Pregnancy on Contraceptive: □ Y □ N □ Surrogate

OBSTETRICAL HISTORY

Gravida Term Preterm Aborta (TA SA) Living Children

Date	Location	Hrs in Labour	GA	Type of Birth	Complications/Details	Sex	Birth Weight	Breastfed	Present Health
								□ Y □ N	
								□ Y □ N	
								□ Y □ N	
								□ Y □ N	
								□ Y □ N	
								□ Y □ N	
								□ Y □ N	
								□ Y □ N	

Intention to Breastfeed: □ Yes □ No

Eligible for TOLAC: □ Yes □ No □ N/A

MEDICAL HISTORY

	Yes	No
Obesity – BMI ____	□	□
Hypertension	□	□
Diabetes	□	□
Cardiovascular	□	□
Respiratory	□	□
GI/Hepatic	□	□
Urinary/Renal	□	□
Neurologic	□	□
Thyroid/Endocrine	□	□
Thromboembolic	□	□
Hematologic	□	□

	Yes	No
HSV/STI/HIV	□	□
Varicella/Vaccinated	□	□
Blood Transfusion	□	□
Breast	□	□
Uterine (myomectomy)	□	□
CX procedure (LEEP/cone)	□	□
General Anesthesia	□	□
Surgeries	□	□

	Yes	No
Anxiety	□	□
Depression	□	□
Previous PPD	□	□
Bipolar	□	□
Eating Disorder	□	□
Schizophrenia	□	□
Addictions	□	□

(See Part 2 for specific substances)
Other: _____

FAMILY HISTORY Unknown □

	Yes	No
Heart Disease	□	□
Hypertension	□	□
Diabetes	□	□
Thromboembolic	□	□
Hematologic	□	□
Congenital Abn	□	□
Chromosome Abn.	□	□
Consanguinity	□	□
At risk population	□	□

(e.g. Cystic Fibrosis, Sickle Cell, Thalassemia)

Comments on Medical History:

MEDICATIONS / HERBALS / OTC

□ Folic acid preconception Dose: _____mcg □ Other
□ Prenatal Vitamins
□ ASA
□ Progesterone
□ Methadone/Suboxone

ALLERGIES / SENSITIVITIES

NKDA □ LATEX □
Reactions:

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Antenatal Record (Part 2)

Completion Guide

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Medicare Number	Expiry Date	Hospital File #

Date of Birth	Age at EDD	EDD (FINAL)	Pronoun

Language: □ English □ French □ Other _____ □ Interpreter

Employed: □ Yes □ No Occupation:

Relationship status: Partner involved □ Yes □ No

Ethnic or Racial Background of Mother

□ Acadian □ Black □ East Asian □ Filipino
□ Indigenous □ Jewish □ Latin American
□ Middle Eastern (Arab/West Asian) □ Southeast Asian □ South Asian
□ White □ Unknown □ Prefer not to say □ Other_____

Level of Education:

High School completed □ Yes □ No

Higher Education completed:

□ Current Post-Secondary □ College or Trade □ University degree

PARTNER INFORMATION

Partner's name: Age:

Employed: □ Yes □ No Occupation:

HEALTHCARE PROVIDER

FP/NP:

Birth Attendant:

Newborn Care:

LIFESTYLE AND SOCIAL HISTORY

Discussion	Discussed	Concerns	Referred	Discussion	Discussed	Concerns	Referred
Occupational/Environmental Risks				Breastfeeding Classes			
Work Plan				On-call Providers			
Support System				Travel			
Interpersonal/Sexual Violence				Sexual Activity			
Financial/Housing/Prenatal Benefits				Fetal Movement			
Nutrition				Birth Plan			
Exercise				Postpartum Care			
Weight Gain				Neonatal Care			
Depression Scale				Breastfeeding			
Prenatal Classes				Newborn Screening			

Notes:

SUBSTANCE USE

Substances	Never	Before pregnancy	During pregnancy	Date of Last Use
Tobacco	□	□ Amount: _____	□ Amount: _____	
Cannabis	□	□ THC □ CBD Amount: _____	□ THC □ CBD Amount: _____	
Vaping	□	□ Amount: _____	□ Amount: _____	

Alcohol (Please use the following prompts)

Q: Did you consume alcohol prior to knowing you were pregnant?

□ Yes □ No

a) How many consumptions would you have in a 24-hour period? Amount: _____

Q: Since knowing you were pregnant; did you consume any alcohol? □ Yes □ No

b) How many consumptions would you have in a 24-hour period? Amount: _____

Date of last drink: _____

Are you using any other substances? □ Yes □ No

□ Cocaine □ Methamphetamines □ Opioids

□ Other

Notes:

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Antenatal Record (Part 3)

Completion Guide

↓ PATIENT LABEL ↓			
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Medicare Number	Expiry Date	Hospital File #	

Final EDD	First Trimester US: Date: Results:	Second Trimester US: Date: Results: Placenta Location:
Initial Visit BMI		

LABORATORY AND DIAGNOSTIC IMAGING

Additional Ultrasounds

Date	GA	Results	Date	GA	Results

Initial Lab Investigations

Tests	Results	
Hemoglobin		
Platelets		
ABO/Rh (D)		
Antibody Screen	□ Negative	□ Positive
Hemoglobin A1c		
Fasting Glucose		
Early OGCT		□ GDM
Syphilis	□ Non-reactive	□ Reactive
HbsAG	□ Non-reactive	□ Reactive
HIV	□ Non-reactive	□ Reactive
GC / Chlamydia	□ Negative	□ Positive
Urine C&S		
Varicella	□ Immune	□ Non-immune
Rubella	□ Immune	□ Non-immune
Last Pap	□ Normal	□ Abnormal

24-28 Weeks Lab Investigations

Tests	Results	
Hemoglobin		
Platelets		
ABO/Rh (D)		
Antibody screen	□ Negative	□ Positive
RH Prophylaxis given	□ Yes	□ No
Antibody titer		
OGCT 50g	1 hour _____	□ GDM
OGTT 75g	Fasting _____ 1 hour _____ 2 hours _____	□ GDM
Syphilis	□ Non-reactive	□ Reactive

35-37 Weeks Lab Investigations Date: _____

Group B Strep	□ Negative	□ Positive
GC/Chlamydia	□ Negative	□ Positive

Additional Tests

Test	Results	Date	Test	Results	Date
Ferritin					
TSH					

Genetics Screening

□ Counselled and declined	Date:	□ First prenatal visit > 20+6 weeks	Date:
Screening Method	**Result**		**Result**
eFTS (between 11 – 13+6 weeks)		CVS	
STS (between 15 – 20+6 weeks)		Amniocentesis	
NIPS (non-invasive Prenatal Screening)			

Vaccinations

Influenza	**TDAP:**	**COVID-19:**	**RSV:**
Date given: _____	Date given: _____	Date of latest dose: _____	Date given: _____
Declined □	Declined □	Declined □	Declined □

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Antenatal Record (Part 4)

Completion Guide

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Final EDD	Initial Visit BMI	Placenta Location
Blood Type	GBS	

RISK FACTORS/MANAGEMENT/CONSULTS

	Consults: □ Obstetrics □ Anesthesia □ MFM □ Pediatrics/NICU □ Internal Medicine

INITIAL PHYSICAL EXAM

Date	GA	B.P	Height (cm)	Weight at 1st visit	Initial Visit BMI	Pelvic exam

SUBSEQUENT VISITS

AGE AT EDD		G		T		P	A	L		
Date	Gest Age	SFH	Weight	BP	FHR/ FM	Position	Comments		Next visit	Signature

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