



Antenatal Record Completion Guide

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Introduction

The NB Perinatal Health Program Antenatal Record is a provincial tool approved by both regional health authorities and developed to facilitate the clinical assessment and documentation of relevant information about maternal health and pregnancy care in a standardized matter. It is a tool to aid in the communication between healthcare providers and facilities and provides a guide for evidence-based components of prenatal care.

In addition to its clinical purpose, specific data fields in the Antenatal Record will be collected as a part of the NB Perinatal Health Program database. Having good documentation is the key to maintain a consistent, accurate and reliable database. The data collected using the Antenatal Record will also help to report on maternal and newborn health in NB and guide quality improvements initiatives.

Below in appendix are several additional tools to assist with the assessment of the pregnant individual:

- **Body Mass Index Graph**
 - **TWEAK QUESTIONNAIRE** (Tolerance, Worry, Eye-opener, Amnesia, Cut down) for assessing the risk of alcohol use.
 - **Edinburgh Postnatal Depression Scale** (a self-administered questionnaire) must be used to assess all patients' risk of depression in the antenatal and postnatal periods.
 - **Cannabis visual guide** is a reference of the different forms a patient may be using.
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Recommendations/Important Information

- A copy of Part 1 and Part 2 of the Antenatal Record should be sent to the intended hospital of birth as soon as completed. A full copy must follow no later than 36 weeks gestation. Consideration should be made to send Part 3 and Part 4 as they are completed/updated.
- Please keep a copy for your own records, the original must follow the patient through all referrals.
- According to Horizon Health Network policies, the date should be entered as dd/mm/yyyy.
- According to Vitalite Health Network policies, the date should be entered as yyyy-mm-dd.
- Please Note that the Antenatal Record will have 3 copies made upon discharge from the hospital. The original copy will be placed in the birthing parent's clinical chart, a copy for the baby's clinical chart and a copy for the attending physician.

Antenatal Record Overall:

Each page of the record requires a patient label, either a sticker or completed by hand.

Each page has important information to be completed in the upper left-hand corner, such as EDD, Ultrasound Information, Initial Visit BMI, and Placenta location.

First Antenatal Visit and all US dates must contain month, day, and year as per your networks date policy.

Antenatal Record – Part 1

Obstetrical History

- **The Obstetrical History should be completed in the box indicated including the patient's intention to breastfeed after birth and eligibility for a trial of labour.** If they had a previous c-section, TOLAC eligibility denominator is to determine a VBAC rate.

Medical History/Family History

- **The Medical History should be completed in the boxes indicated.** There is now space to note the patient's BMI.
- There is now a space to indicate any mental health concerns, such as anxiety, depression, eating disorders, etc. The [Edinburgh Prenatal/Post-partum Depression Scale](#) (provided below) should be done for pregnant individuals at risk of depression during pregnancy and again at 6-8 weeks post-partum.
- **Family History can be documented or indicated as 'unknown' if the patient is unaware of their family background.**
- Additional details should be documented in the space provided.

Medications/Herbals/OTC

- **All medications, herbals and Over the Counter (OTC) medications should be documented in the provided box.** Selections for common medications have been provided to facilitate documentation and coding. If a patient has been taking folic acid or prenatal vitamins prior to pregnancy, this is considered separate from prenatal vitamin use during pregnancy and must be documented accordingly.
- **Patients who are taking Methadone or Suboxone to control substance use should be indicated in this section.** If they are also using illicit substances this should be documented in the appropriate section in Part 2.

Allergies/Sensitivities

- **No Known Drug Allergies (NKDA) and Latex have been given as quick checkboxes as the most common answers. Space for any known allergies and their reaction is provided.**

Antenatal Record – Part 2

Demographic Information

- **Important demographic indicators are to be completed** (Pronoun preference, language preference, employment status, ethnic/racial background, level of education, and partner information) **at the first antenatal visit.** This information is necessary for the delivery of quality health care and will be used for important work on quality initiatives, research, and resource allocation. It is also available upon provider request to help inform their practice.

Healthcare Providers

- **Indicate all the provider who are giving care to the patient at any point over the pregnancy, or to the infant after delivery.**

Lifestyle and Social History

- **Several discussion topics are listed as a guide.** Indicate any potential concerns and whether a referral was required or made.
- Additional details should be documented in the space provided.

Substance Use

- **Substance use is separated into tobacco, cannabis, vaping, alcohol, and other illicit substance use.** The included alcohol use prompts are provided to assist you in approaching this topic with your patients. They have been recommended by the NB FASD Centre of Excellence. Providing space for an open conversation is paramount to providing harm reduction care to all patients with substance use concerns.
- The [TWEAK Scoring Guide](#), and a [Cannabis Visual Aid](#) can be found below.
- **For each substance, please indicate the amount and the last known date of use** if they have stopped during or within 3 months of becoming pregnant. An option for 'never' or 'no' is provided if the patient has not used these substances in the last 3 months before pregnancy.
- Opioids include heroine, morphine, OxyContin, codeine, and their derivatives.

Antenatal Record – Part 3

Laboratory and Diagnostic Imaging

- **This section contains space to summarize the important lab and imaging investigations through the pregnancy.**
- Both routine Ultrasounds (first trimester dating, and second trimester anatomy) shall be documented in the left-hand corner. Room is given for additional ultrasounds (ex: NT, BPP, etc.)
- All initial lab investigations can be completed in the appropriate section, followed by the routine 24-28 week lab investigations and finally, any 35-37 week lab investigations.
- Please use the appropriate checkbox to indicate a diagnosis of gestational diabetes (early pregnancy vs 24-28 weeks).
- Any additional tests that are not routine can be documented in the section provided.

Genetic Screening

- **Prenatal screening options are provided in this section, including the gestational age when they are to be completed.** Please document the results in the respective space.
- If a patient does not have screening completed, check the appropriate box indicating the reason (i.e. declined vs late presentation).

Vaccinations

- **Vaccinations for Influenza, TDAP, COVID-19 or RSV given during the pregnancy are to be documented in this section or noted if the patient declined.**

Antenatal Record – Part 4

Risk Factors/Management/Consults

- **Space is given to document all identified risk factors and their management plan.** A checklist of common prenatal referrals/consults is given, please indicate any done during the pregnancy.

Initial Physical Exam

- **Room is given to document the physical exam completed at the first prenatal visit.** This includes blood pressure, height, weight, and any pelvic exam findings. Please calculate initial BMI, you can find a [BMI Calculating tool](#) below if needed. Most EMRs calculate the BMI automatically. Alternatively, an online calculator can be used for improved accuracy. This BMI will be copied at the top of every Part 4 and used in the Medical History in Part 1.

Subsequent Visits

- **This is the space to document each subsequent prenatal visit.** Each line shall be signed by the responsible health care provider at each visit.
- Multiple copies of Part 4 can be printed or copied when this page is filled.

Obtaining Copies of the Antenatal Record

Copies of the Antenatal Record are available:

- On the Intranet Skyline and Boulevard in the Forms section
- On the NB Perinatal Program website:
 - [NB Perinatal Health Program Website](#)

If you wish to receive paper copies of the form, please contact your local Printshop at your facility and request using the relevant form number.

Horizon: HHN-0924,

Vitalite: RC-51E/RC-51F.

PerinatalNB will provide the Antenatal Record to Electronic Medical Record (EMR) suppliers upon request.

Contact Information

For any feedback or questions regarding any of the perinatal forms or this guide, please contact the PerinatalNB offices at perinatalnb@gnb.ca or (506)-870-2484.

Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

For use between **28-32 weeks** in **all** pregnancies and **6-8 weeks** postpartum

Name: _____ Date: _____ Gestation in Weeks: _____

As you are having a baby, we would like to know how you are feeling. Please mark "X" in the box next to the answer which comes closest to how you have felt in the **past 7 days** – not just how you feel today.

In the past 7 days:

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

Total Score:

TWEAK Scoring Guide:

T	Tolerance: “How many drinks does it take to make you feel drunk?” (or this can be modified to “how many drinks can you hold?”) Record the 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
<p>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. <i>Alcohol Health and Research World</i>.</p>		



Type of cannabis products

 **Marijuana**
(dried crushed buds/leaves):
pot, weed, grass, bud, dope

 **Hashish**
(the resin of flower buds/physically concentrated):
hash, kief

 **Extracts and concentrates:**
oils, BHO, tinctures, shatter, budder, wax

Mode of use

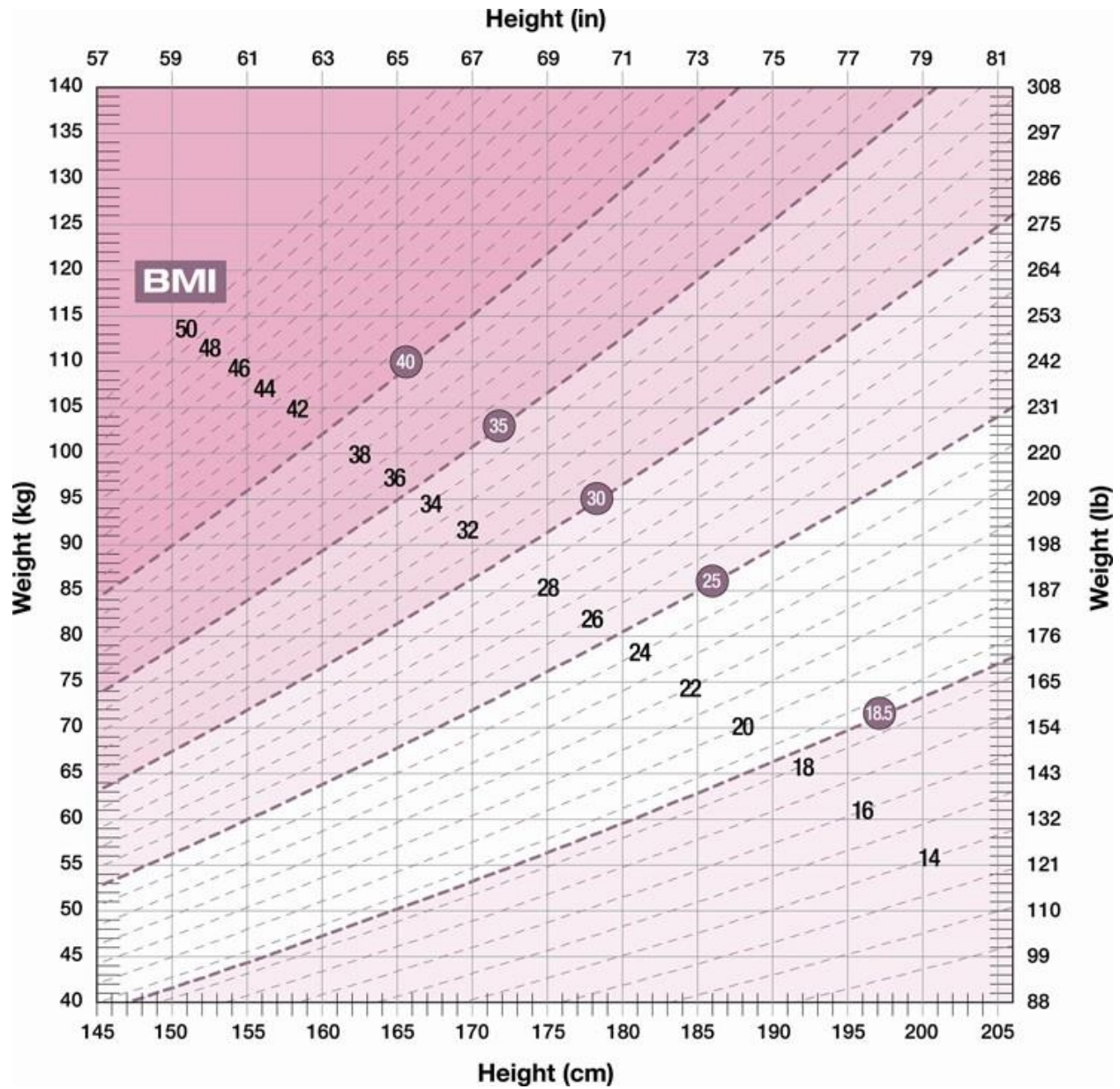
 **Inhalation Smoking – Combustion:**
joint/spliff, blunt, pipe, bong/hookah, hot knives

 **Inhalation Vaping – Vaporization:**
e-cigarette, vaporizer, dab rig, dab pen

 **Ingestion:**
food, beverages, capsules, sprays

Calculating Pre-pregnancy Body Mass Index:

<https://health.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/prenatal-nutrition/pregnancy-weight-gain-calculator.html>



Underweight: <18.5

Normal: 18.5-24.9

Overweight: 25.0-29.9

Obese: >=30.0