PérinatalNB

Antenatal Record (Part 2)

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

FINAL EDD:	DATING METHOD: □ T1 US □ ART □ T2 US □ Other	METHOD OF CONCEPTION: □ Spontaneous □ ART *Specify :* □ *OI* □ *IUI* □ *IVF* □ *ICSI*
Pregnancy on contraceptive: □ Yes □ No **LMP Date** _____		

OBSTETRICAL HISTORY

Gravida Term Preterm Abortion (Induced Spontaneous) Living

Date	Place of birth/abortion	Hrs. in labour	Gest. Age	Type of birth	Perinatal complications	Sex	Children: Birth weight	Children: Breast fed	Children: Present health
								□ Y □ N	
								□ Y □ N	
								□ Y □ N	
								□ Y □ N	
								□ Y □ N	
								□ Y □ N	

MEDICAL HISTORY and SURGICAL HISTORY

GI/ Hepatic	□ Y □ N	Varicella	□ Y □ N	Neurologic	□ Y □ N	**Allergies/ Sensitivities**
Urinary / Renal	□ Y □ N	Blood transfusion	□ Y □ N	Respiratory	□ Y □ N	
Anesthesia	□ Y □ N	Mental Health Concerns	□ Y □ N	Cardiovascular	□ Y □ N	
Hypertension/ Preeclampsia/ Eclampsia	□ Y □ N	Diabetes/ Thyroid/ Endocrine	□ Y □ N	Thromboembolic/ Hematologic	□ Y □ N	
HSV/ STI	□ Y □ N	Uterine /Cx procedure *(LEEP, cone, myomectomy)*	□ Y □ N	Other:	□ Y □ N	**Medications/ Herbals/ OTC**
Surgeries	□ Y □ N					

Comments:

LABORATORY AND DIAGNOSTIC IMAGING

FIRST PRENATAL VISIT Date: _____ PAP Date: _____ Results: _____	**Results** Hgb & PLt : _____ HbsAg: _____ Rubella: _____ Syphillis: _____ ABO/ Rh: _____	**Results** Blood type: _____ HIV: _____ Chlamydia: _____ Gonorrhea: _____ Urine C&S: _____	**Offered to some women** **Results** Varicella: _____ Hepatitis C: _____ Father's RH: _____ TSH: _____ Early Diabetic screen: _____ Other: _____
9-13+6 WEEKS	MATERNAL SERUM SCREEN: □ Discussed □ Declined □ Accepted / Date: _____ Nuchal Translucency / Date:_____		
15-20+6 WEEKS	MATERNAL SERUM SCREEN: □ Discussed □ Declined □ Accepted / Date: _____		
24-28 WEEKS	□ CBC □ GTT □ Antibody Screen □ Diabetic Screen (1 hour PC 50g glucose screen)		
28 WEEKS	Rho (D) Immuno Globulin Given □ Yes □ No Date:	VBAC eligibility □ Yes □ No	

28-32 WEEKS	Edinburgh Depression Scale Score: _____ Follow-up: □ Yes □ No	Prenatal Classes: □ Yes □ No	Breastfeeding Education: □ Yes □ No	Intention to breastfeed: □ Yes □ No
35-37 WEEKS	Group B Strep / Date:	Results:		□ Declined

Other Lab/ DI Results:

SPECIAL PROCEDURES/ TESTS

Amniocentesis / CVS
Date:
Results:

NIPS
Date:
Results:

VACCINATIONS

Influenza
Date given:_____
□ Declined

TDAP
Date given:_____
□ Declined

Covid-19
□ Received □ Declined
First dose date given: _____
Second dose date given: _____
Manufacturer:_____

Date: _____ Signature: _____

Original copy in mother's clinical chart, copy in baby's clinical chart, copy family healthcare provider.

Horizon: HHN-0924 (01/21)
Vitalité: RC-51E (2021-01)