## Obstetrical History

<table>
<thead>
<tr>
<th>Year</th>
<th>Place of Birth</th>
<th>Gest. (wks)</th>
<th>Labour Length</th>
<th>Type of Birth</th>
<th>Comments regarding abortus, pregnancy, birth, and newborn (e.g. GD, HTN, IUGR, shoulder dystocia, PPH, OASIS, neonatal jaundice)</th>
<th>Sex</th>
<th>Birth Weight</th>
<th>Breastfed / Duration</th>
<th>Child's Current Health</th>
</tr>
</thead>
</table>

## Medical History (provide details in comments)

### Current Pregnancy

1. **Bleeding**
   - \( \square \ Y \ N \)
2. **Nausea/vomiting**
   - \( \square \ Y \ N \)
3. **Rash/fever/illness**
   - \( \square \ Y \ N \)

### Nutrition

1. **Calcium adequate**
   - \( \square \ Y \ N \)
2. **Vitamin D adequate**
   - \( \square \ Y \ N \)
3. **Folic acid preconception**
   - \( \square \ Y \ N \)
4. **Prenatal vitamin**
   - \( \square \ Y \ N \)
5. **Food access/quality adequate**
   - \( \square \ Y \ N \)
6. **Dietary restrictions**
   - \( \square \ Y \ N \)

### Surgical History

1. **Surgery**
   - \( \square \ Y \ N \)
2. **Anaesthetic complications**
   - \( \square \ Y \ N \)

### Medical History

1. **Hypertension**
   - \( \square \ Y \ N \)
2. **Cardiac / Pulmonary**
   - \( \square \ Y \ N \)
3. **Endocrine**
   - \( \square \ Y \ N \)
4. **GI / Liver**
   - \( \square \ Y \ N \)
5. **Breast (incl. surgery)**
   - \( \square \ Y \ N \)
6. **Gynecological (incl. surgery)**
   - \( \square \ Y \ N \)
7. **Urinary tract**
   - \( \square \ Y \ N \)
8. **MSK/Rheumatology**
   - \( \square \ Y \ N \)
9. **Hematological**
   - \( \square \ Y \ N \)
10. **Thromboembolic/coag**
    - \( \square \ Y \ N \)
11. **Blood transfusion**
    - \( \square \ Y \ N \)
12. **Neurological**
    - \( \square \ Y \ N \)
13. **Other**
    - \( \square \ Y \ N \)

### Genetic History of Gametes

1. **Carrier screening: at risk?**
   - \( \square \ Y \ N \)
2. **Ashkenazi Jewish screening panel**
   - \( \square \ Y \ N \)
3. **French Canadian, Acadian, Cajun**
   - \( \square \ Y \ N \)
4. **Mediterranean, Hispanic, Caribbean**
   - \( \square \ Y \ N \)
5. **Other**
   - \( \square \ Y \ N \)

### Infectious Disease

1. **Varicella disease**
   - \( \square \ Y \ N \)
2. **HIV**
   - \( \square \ Y \ N \)
3. **HSV**
   - \( \square \ Y \ N \)
4. **STIs**
   - \( \square \ Y \ N \)
5. **At risk population (Hep C, TB, Parvo, Toxo)**
   - \( \square \ Y \ N \)
6. **Other**
   - \( \square \ Y \ N \)

## Comments

- **Nutrition Genetic History of Gametes**
- **Nutrition**
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- **Nutrition**
### Physical Exam

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ht _____ cm</td>
<td></td>
</tr>
<tr>
<td>Pre-pregnancy Wt _____ kg</td>
<td></td>
</tr>
<tr>
<td>BP _____</td>
<td>Pre-pregnancy BMI _____</td>
</tr>
</tbody>
</table>

### Initial Laboratory Investigations

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb</td>
<td></td>
</tr>
</tbody>
</table>

### Second and Third Trimester Lab Investigations

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABO/Rh(D)</td>
<td>Platelets</td>
</tr>
<tr>
<td>MCV</td>
<td>ABO/Rh(D)</td>
</tr>
<tr>
<td>Antibody screen</td>
<td>Repeat Antibodies</td>
</tr>
<tr>
<td>Platelets</td>
<td>1hr GCT</td>
</tr>
<tr>
<td>Rubella immune</td>
<td>2 hr GTT</td>
</tr>
</tbody>
</table>

### Exam Comments

- Head and neck: N/Abn, MSK N/Abn
- Breast/nipples: N/Abn, Pelvic N/Abn
- Heart/lungs: N/Abn, Other N/Abn
- Abdomen: N/Abn

### Additional investigations as indicated

- TSH, Diabetes screen, Hb Electrophoresis/HPLC, Ferritin, B12, Infectious diseases (e.g. Hep C, Parvo B19, Varicella, Toxo, CMV), Drug screen, repeat STI screen.

### Prenatal Genetic Investigations

- Screening Offered: □ Yes □ No
  - CVS/Amnio: Offered □ Y □ N
  - Other genetic testing: Offered □ Y □ N
  - NT Risk Assessment 11-13+6wk (multiples)
  - Abnormal Placental Biomarkers

### Ultrasound

<table>
<thead>
<tr>
<th>Date</th>
<th>GA</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>YYYY/MM/DD</td>
<td></td>
<td>NT Ultrasound (between 11-13+6 weeks)</td>
</tr>
<tr>
<td>YYYY/MM/DD</td>
<td></td>
<td>Anatomy scan (between 18-22wks)</td>
</tr>
<tr>
<td>YYYY/MM/DD</td>
<td></td>
<td>Placental Location</td>
</tr>
<tr>
<td>YYYY/MM/DD</td>
<td></td>
<td>Soft Markers</td>
</tr>
<tr>
<td>YYYY/MM/DD</td>
<td></td>
<td>Genetic screening result reviewed with pt/client □</td>
</tr>
<tr>
<td>YYYY/MM/DD</td>
<td></td>
<td>Approx 22 wks: Copy of OPR 1 &amp; 2 to hospital □ and/or to pt/client □</td>
</tr>
</tbody>
</table>

### Last Pap YYYY/MM/DD

- Result
  - Chlamydia
  - Urine C&S

### Additional investigations as indicated

- Date YYYY/MM/DD
  - □ Presentation > 20+6wk
  - NIPT offered □ Y □ N

### Ultrasound

- Date YYYY/MM/DD
### Social (e.g. child protection, adoption, surrogacy)
- Low dose ASA indicated
- Progesterone indicated (PTB Prevention)
- HSV supression indicated
- Rectovaginal swab
  - pos
  - neg

### Other indications for prophylaxis
- Y
- N

### Special Circumstances
#### Issues (abnormal results, medical/social problems)
Plan of Management / Medication Change / Consultations

### Recommended Immunoprophylaxis
- Rh(D) neg
- Rh(D) I G given
- Additional dose given

#### GBS
- Influenza discussed
  - Received
  - Declined
- Pertussis discussed
  - Up-to-date
  - Y
  - N
  - Year________
- Post-partum vaccines discussed
- Newborn needs
  - Hep B prophylaxis
  - HIV prophylaxis

### Pre-pregnancy Wt kg BMI

### Subsequent Visits

### Discussion Topics

#### 1st Trimester
- Nausea / Vomiting
- Routine prenatal care /Emergency contact /On call providers
- Safety: food, medication, environment, infections, pets
- Healthy weight gain
- Physical activity
- Seatbelt use
- Sexual activity

#### 2nd Trimester
- Prenatal classes
- Preterm labour
- PROM
- Bleeding
- Fetal movement
- Mental health
- VBAC consent

#### 3rd Trimester
- Fetal movement
- Work plan / Maternity leave
- Birth plan: pain management, labour support
- Type of birth, potential interventions, VBAC plan
- Admission timing
- Mental health
- Breastfeeding and support
- Contraception
- Newborn care / Screening tests / Circumcision / Follow-up appt.
- Discharge planning / Car seat safety
- Postpartum care

### Approx 36 wks: Copy of OPR 2 (updated) & OPR 3 to hospital
- and/or to pt/client

1. Name / Initials
2. Name / Initials
3. Name / Initials
4. Name / Initials
5. Name / Initials
### Anxiety Screening

**Generalized Anxiety Disorder scale (GAD-2)**

- Over the last 2 weeks, how often have you been bothered by the following problems:
  - Feeling nervous, anxious or on edge
  - Not been able to stop or control worrying

A total score of 3 or more warrants consideration of: Using the GAD-7 for further assessment or additional mental health follow-up.

**Response Key**

- Hardly at all = 0
- Rather less than I used to = 1
- Not very often = 2
- Not much = 3
- As much as I always could = 4

**Total Score**

---

### Depression Screening

**The Patient Health Questionnaire-2 (PHQ-2)**

- Over the last 2 weeks, how often have you been bothered by the following problems:
  - Little interest or pleasure in doing things
  - Feeling down, depressed or hopeless

A total score of 3 or more warrants consideration of: Using the Edinburgh Postnatal Depression Scale (EPDS) or the Patient Health Questionnaire (PHQ) 9 for further assessment or additional mental health follow-up.

**Response Key**

- Definitely less than I used to = 0
- Quite a lot = 1
- Rather less than I used to = 2
- Hardly at all = 3
- Not at all = 4

**Total Score**

---

### T-ACE Screening Tool (Alcohol)

**In the past 7 days:**

1. I have been able to laugh and see the funny side of things
2. I have looked forward with enjoyment to things
3. I have blamed myself unnecessarily when things went wrong
4. I have been anxious or worried for no good reason
5. I have felt scared or panicky for no very good reason
6. Things have been getting on top of me
7. I have been so unhappy that I have had difficulty sleeping
8. I have felt sad or miserable
9. I have been so unhappy that I have been crying
10. The thought of harming myself has occurred to me

**Total Score**

---

### 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
2. I have looked forward with enjoyment to things
3. I have blamed myself unnecessarily when things went wrong
4. I have been anxious or worried for no good reason
5. I have felt scared or panicky for no very good reason
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8. I have felt sad or miserable
9. I have been so unhappy that I have been crying
10. The thought of harming myself has occurred to me

**Total Score**

---

### Institute of Medicine Weight Gain Recommendations for Pregnancy (2009)

<table>
<thead>
<tr>
<th>Weight Category</th>
<th>Body Mass Index</th>
<th>Total Weight in kg (lb)</th>
<th>Rates of Weight Gain in Second and Third Trimesters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>Less than 18.5</td>
<td>12.5-18 kg (28-40)</td>
<td>0.5</td>
</tr>
<tr>
<td>Normal Weight</td>
<td>18.5-24.9</td>
<td>11.5-16 kg (25-35)</td>
<td>0.4</td>
</tr>
<tr>
<td>Overweight</td>
<td>25-29.9</td>
<td>7-11.5 kg (15-25)</td>
<td>0.3</td>
</tr>
<tr>
<td>Obese (includes all classes)</td>
<td>30 and greater</td>
<td>5-9 kg (11-20)</td>
<td>0.2</td>
</tr>
</tbody>
</table>

*Calculations assume a 0.5 to 2 kg (1.1-4.4 lb) weight gain in the first trimester.

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### User Guide available at www pcmch on ca
### Ontario Perinatal Record
#### Postnatal Visit

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
</table>

**Date of visit** YYYY/MM/DD  **Date of Delivery** YYYY/MM/DD  **Number of weeks postpartum**  **GA at Birth**  **Primary Care Provider**

#### History

**Review of birth**
- Vaginal: □ Spontaneous  □ Vacuum  □ Forceps  □ VBAC  □ Episiotomy / Lacerations  □ OASIS
- Caesarean: □ Planned  □ Unplanned

**Details**

**Pregnancy/birth issues requiring follow-up (e.g. diabetes, hypertension, thyroid)**

**Baby’s Name**  **Baby’s Care Provider**

**Birth Weight (g)**  **Baby’s Health/Concerns**

**Infant feeding**
- □ Breast milk only  □ Combination of breast milk and breast milk substitute  □ Breast milk substitute only

**Feeding concerns**

**Current Medications**

- Bladder function
- Bowel function
- Sexual function
- Lochia / Menses
- Perineum / Incision

**Smoking**
- □ No  □ Yes  __cig/day

**Non-prescribed substances / drugs (e.g. opioids, cocaine, marijuana, party drugs, other)**
- □ No  □ Yes

**Rubella Immune**
- □ Yes  □ No  □ Discussed  □ Declined  □ Received

**Pertussis (TdAP) Up-to-date**
- □ Yes  □ No  □ Discussed  □ Declined  □ Received

**Influenza**
- □ Discussed  □ Declined  □ Received YYYY/MM/DD

**Other Immunizations**

**Last Pap YYYY/MM/DD**  **Result**

#### Physical Exam As Indicated

<table>
<thead>
<tr>
<th>Weight Today</th>
<th>kg</th>
<th>Pre-Delivery Weight</th>
<th>kg</th>
<th>Pre-Pregnancy Weight</th>
<th>kg</th>
<th>BP</th>
<th>mm Hg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affect</td>
<td>N/Abn</td>
<td>Abdomen</td>
<td>N/Abn</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid</td>
<td>N/Abn</td>
<td>Perineum</td>
<td>N/Abn</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breasts</td>
<td>N/Abn</td>
<td>Pelvic</td>
<td>N/Abn</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments**

#### Discussion Topics

- □ Transition to parenthood/partner’s adjustment
- □ Family violence and safety
- □ Nutrition/physical activity/healthy weight
- □ Plan for management of alcohol / tobacco / substance use
- □ Contraception
- □ Pelvic floor exercises
- □ Community resources (e.g. Healthy Babies Healthy Children)
- □ Advice regarding future pregnancies and risks
- □ Preconception planning (e.g. folic acid,medications)
- □ If CS, future mode of birth and pregnancy spacing
- □ Other comments / concerns

**Signature of healthcare provider**

YYYY/MM/DD