

Patient Label Here



Antenatal General Encounter

Demographics: Per patient label OR

Mother Family Name _____ Given Name _____

Maternal Date of Birth: dd / mmm / yyyy Chart Number : _____ Postal Code: _____

No Fixed address Expected date of Birth: dd / mmm / yyyy

Language Spoken at Home : One English French Other (specify): _____
 Unknown

Pre-existing Health Conditions (Outside of Pregnancy): (LIST)

Mental Health Conditions: None Anxiety Depression History of PP Depression Addiction Bipolar Schizophrenia
 Other: Please Specify _____ Unknown

Domestic/Intimate Partner Violence : One No Disclosure Disclosure Unable to ask

First Trimester Visit: One
 Yes No Unknown

Antenatal Health Care Provider: None
 Obstetrician Family Physician Midwife
 Nurse Practitioner (APN/CNS) Other
 Unknown

Obstetrical History: Gravida: _____ # of Previous Term Pregnancies: _____ # of Preterm Pregnancies _____
of Previous Abortions: _____ # of Living Children: _____ # of Previous Stillbirths: _____
of Previous Vaginal Births: _____ # of Previous C/S: _____ # of Previous VBACs: _____

Height: _____ Unknown **Pre-pregnancy weight:** _____ Unknown

Number of fetuses: _____

EDB: dd / mmm / yyyy **EDB determined by:** One Last Menstrual Period First trimester dating ultrasound
 Second trimester ultrasound Assisted reproductive technology
 Obstetrical clinical estimate (includes SF height) Unknown

Type of conception: Spontaneous
 Intrauterine Insemination (IUI) alone
 IUI with ovulation induction but no IVF
 Ovulation induction without IVF (i.e. Clomid, FSH) IVF IVF ICSI Surrogate
 Vaginal Insemination Unknown

Prenatal Education: One Yes - In-person prenatal education only Yes - Online prenatal education only
 Yes - Combination of in-person and online prenatal education Yes - Unknown method of education delivery
 No - Patient/client did not receive prenatal education Unknown if patient/client received prenatal education

Intention to Breastfeed: One Yes, intends to exclusively breastfeed
 Yes, intends to combination feed (use breast milk and breast milk substitute) No, does not intend to breastfeed
 Mother unsure Unknown, intent not collected

Folic Acid Use: One None Pre-conception only During pregnancy only Pre-conception and during pregnancy Unknown

Was prenatal genetic screening offered, as indicated on the OPR? One Yes, screening was offered No, screening was not offered Counselling and declined screening Unknown if screening was offered – no access to the OPR Unknown if screening was offered – other reason

Smoking at First Trimester Visit: One None < 10 cigarettes/day 10-20/day >20/day Amount unknown Unknown

Resides with smoker at first trimester visit: One Yes No Unknown

Alcohol Exposure in Pregnancy: One None < 1 drink/month 1 drink/month 2-3 drinks/month 1 drink/week More than 1 drink/week
 Episodic excessive drinking (binging) Exposure prior to pregnancy confirmed, amount unknown Unknown

Cannabis Exposure in Pregnancy: One Yes No Unknown

Drug and Substance Exposure in Pregnancy: None Amphetamines Cocaine Gas/Glue Hallucinogens Opioids Other Unknown

Antenatal Exposure to Medication: None

OTC/Vitamins/Homeopathic: Prenatal Vitamins (including folic acid) Probiotics Anti-emetics (OTC) Antihistamines (OTC) Herbal or homeopathic remedies Other over the counter medications

Prescribed Medications: Amphetamines Antibiotics (NOT for GBS prophylaxis)
Anticonvulsants (NOT for preeclampsia) Anti-emetics Antihistamines
Antihypertensives Anti-inflammatory Antiretrovirals Anti-rheumatic Antiviral
Cardiovascular Chemotherapeutic Agents Gastrointestinal agents /protein pump inhibitors/H2 blockers General anaesthetic Insulin Metformin Opioids Opioid agonist therapy (Select appropriate option): Methadone Buprenorphine monoprodukt (Subutex) Buprenorphine – naloxone (Suboxone) Slow-release morphine for opioid use disorder Psychotropics Selective Serotonin Reuptake Inhibitors Thyroid medications Other prescription
Unknown prescription or OTC exposure

Infection & Pregnancy: None C-Difficile Chlamydia
Gonorrhoea Group B Streptococcus Hepatitis A
Hepatitis B Hepatitis C Herpes Simplex Virus HIV HPV
Seasonal Influenza Syphilis Trichomonas
Methicillin-resistant staphylococcus aureus (MRSA)
Suspected Chorioamnionitis Urinary Tract Infection (UTI)
Viruses-other Other infections Unknown

Progesterone taken daily for spontaneous preterm birth prevention, any time after 16 weeks gestation Yes No Unknown
(Do NOT include if progesterone is used only in first trimester)

ASA (aspirin) taken daily for preeclampsia prevention, any time after 12 weeks' gestation Yes No Unknown
(Do NOT include if aspirin is used only in first trimester)

Diabetes and Pregnancy: One None Gestational Insulin Gestational No Insulin Type 1 Type 2 - Insulin Type 2 - No Insulin
Type Unknown Declined Testing Unknown

Hypertensive Disorders of Pregnancy: None Gestational Hypertension Preeclampsia Preeclampsia requiring magnesium sulfate
Pre-existing Hypertension with superimposed preeclampsia Eclampsia HELLP Unknown

Complications of Pregnancy, not including Hypertension or Diabetes: None Unknown

Complications of Pregnancy – Fetal: Anomaly(ies) Isoimmunization/Alloimmunization Intrauterine Growth Restriction (IUGR) Oligohydramnios

Polyhydramnios Other

Complications of Pregnancy - Maternal: Anemia unresponsive to therapy Antepartum bleeding (persistent and unexplained) Cancer – diagnosed in this pregnancy Liver/Gallbladder – Intrahepatic Cholestasis of Pregnancy Liver/Gallbladder – Acute Fatty Liver of Pregnancy Haematology – Gestational Thrombocytopenia Hyperemesis Gravidarum (Requiring Hospital Admission) Preterm pre-labour rupture of membranes (PPROM) Preterm labour prior to this admission Prelabour rupture of membranes(PROM) Pulmonary – asthma occurred during current pregnancy Neurology – Epilepsy/Seizures – Seizure occurred during current pregnancy Other

Complications of Pregnancy – Placental: Placenta accreta Placenta increta Placenta percreta Placenta Previa Placental abruption Other

MIDWIFERY TAB – Clinical & Visit Summary

First Trimester Visit PROVIDER type: One Midwife Midwife and other Other

Prenatal Visits:

prenatal visits COORDINATING MW _____

prenatal visits ALL OTHER MW _____

of visits in which a student was involved _____

Total # of Registered Midwives providing antenatal care _____

Prenatal Visits - Location:

prenatal visits clinic _____ # prenatal visits hospital _____

prenatal visits home _____ # prenatal visits virtual _____

prenatal visits other location _____

Was post-pregnancy loss care provided? Yes No

If YES, How many post-pregnancy loss visits were provided? 1 2 3

4 or more

Was the client discharged from midwifery care prior to onset of active labour?

Were there any antenatal consultations, transfers of care, or use of hospital/outpatient/emergency services during pregnancy including early labour, prior to active labour? Yes _____ No _____

2 consultation records provided. If additional are needed, please attach to record.

Antenatal Consultation & Transfer of Care (during pregnancy including early labour, prior to active labour)? Yes _____ No _____

Reason(s) for consultation/transfer of care?

Antenatal consultation(s) with physician? Yes _____ No _____

Antenatal Consult with Physician? Yes _____ No _____

Antenatal Consultation/Transfer of Care Reason(s):

Antenatal Transfer of Care? Yes _____ No _____

Was rationale for consult due to hospital/physician protocol? Yes ___ No _____

Antenatal Transfer of Care returned? Yes _____ No _____

Was rationale for transfer of care due to hospital/physician protocol?

Antenatal outpatient (+emergency services)? Yes _____ No _____

Yes _____ No _____

Antenatal admission to hospital in pregnancy? Yes _____ No _____

Was the transfer of care returned anytime during pregnancy including early labour, prior to active labour? Yes _____ No _____