Reproductive Care Program of Nova Scotia RCP

nova scotia health

IWK Health

Place Patient Label here.

NOVA SCOTIA PRENATAL RECORD

Part 1 - Date completed (YYYY/MON/DD) _____

Demographics

Last name	First name	Gender	Pronoun

Address	Contact phone # Alternate phone #	Leave message ❑ Yes ❑ No	Health card number

Date of birth YYYY/MON/DD	Age at EDD	Highest level of education completed	Employed ❑ Yes ❑ No	Occupation	Culture/beliefs/practices

Language: ❑ English ❑ French ❑ Mi'kmaq ❑ Arabic ❑ Other _____ ❑ Interpreter required	Indigenous identity: ❑ Yes ❑ No ❑ First Nations ❑ Métis ❑ Inuit	Relationship status Partner involved ❑ Yes ❑ No

Partner's name	Gender	Age	Partner employed ❑ Yes ❑ No	Occupation	Support person ❑ Yes ❑ No Name

Prenatal care provider(s)	Baby's care provider in hospital	Primary care provider	Baby's care provider in community

Pregnancy Dating

EDD (FINAL) YYYY/MON/DD

Last menstrual period (LMP) YYYY/MON/DD	EDD by LMP YYYY/MON/DD	Dating U/S YYYY/MON/DD	Gestational age (GA)	EDD by U/S YYYY/MON/DD	Assisted Reproductive Technology (ART) ❑ Yes ❑ No Type	EDD by ART YYYY/MON/DD

Length of cycle _____ Regular ❑ Yes ❑ No Certain of dates ❑ Yes ❑ No Planned pregnancy ❑ Yes ❑ No	Multiple pregnancy ❑ Yes ❑ No	Chorionicity	Embryo Transfer YYYY/MON/DD

Obstetrical History

Gravida _____ **T**erm _____ **P**reterm _____ **A**bortus _____ **L**iving children _____ **S**tillbirth _____

Date YYYY/MON/DD	Place of birth	Gest. age	Type of birth	Complications/Comments e.g. PPH, GDM, IUGR, etc.	Birth weight	Sex	Current health	Nursing duration

Health History

Allergies (include reaction) ❑ Latex ❑ NKDA	Previous surgery ❑ Yes ❑ No	Past medications	Current medications

	Yes	No
Anesthesia comp.	❑	❑
Blood transfusion	❑	❑
Respiratory	❑	❑
Cardiovascular	❑	❑
❑ hypertension		
❑ previous GHTN		
Neurology	❑	❑
Hematology	❑	❑

	Yes	No
Infectious diseases	❑	❑
❑ HSV ❑ HIV ❑ Hep B ❑ Hep C ❑ Other		
MSK/Rheumatology	❑	❑
Gynecology/Breast	❑	❑
Gastrointestinal/Liver	❑	❑
Renal/Genitourinary	❑	❑
Endocrine	❑	❑
❑ Thyroid ❑ previous GDM ❑ T1DM ❑ T2DM		

Mental Health	Yes	No
	❑	❑
❑ Anxiety		
❑ Depression		
❑ Previous PPD		
❑ Bipolar		
❑ Eating disorder		
❑ Schizophrenia		
❑ Other _____		

Family History	Yes	No
	❑	❑
❑ Anesthesia comp.		
❑ Diabetes		
❑ Hypertension		
❑ Thromboembolic		
❑ Mental health		
❑ Genetic anomalies		
❑ Other _____		

Comments

Reproductive Care Program of Nova Scotia RCP | nova scotia health | IWK Health

Place Patient Label here.

NOVA SCOTIA PRENATAL RECORD

Part 2 - Date completed (YYYY/MON/DD) _____

Current Pregnancy

	Yes	No		Yes	No		Yes	No
Nausea/vomiting	❑	❑	Travel (self/partner)	❑	❑	Calcium/vitamin D	❑	❑
Illness/rash/fever	❑	❑	Preconception folic acid	❑	❑			
Bleeding	❑	❑	Prenatal vitamins	❑	❑			

Infant feeding plan: ❑ nursing ❑ non nursing ❑ undecided

Clinical Exam

Height	Weight	Pre-pregnancy BMI	Recommended gestational weight gain see worksheet 1			Comments
BP	Lungs	Heart	Abdomen	Pelvic exam	Female genital cutting ❑ Yes ❑ No	

Lifestyle/Risk Factors

	Yes	No		Yes	No		Yes	No		Yes	No
Relationship issues	❑	❑	Financial/housing issues	❑	❑	Parenting concerns	❑	❑	Dietary restrictions/concerns	❑	❑
History of trauma/abuse	❑	❑	Barriers accessing care	❑	❑	Occupational risks	❑	❑	Food security concerns	❑	❑
Intimate partner violence	❑	❑	Social support concerns	❑	❑	Oral hygiene concerns	❑	❑	Other	❑	❑

Substance Use

	Yes	No		Yes	No	Comments/Follow-up
Tobacco - past 6 months #cigs/day Quit YYYY/MON/DD _____ _____	❑	❑	Alcohol - past 6 months #/week Last drink YYYY/MON/DD _____ _____	❑	❑	
Tobacco - current use #cigs/day ❑ Ceremonial _____	❑	❑	Alcohol - current use #drinks/day /week _____ _____	❑	❑	
Nicotine replacement	❑	❑	≥ 4 drinks at one time	❑	❑	
Vaping during pregnancy	❑	❑	Other Substance use in pregnancy ❑ Cocaine ❑ Methamphetamines ❑ Opioids ❑ Other Route _____	❑	❑	
Cannabis - past 6 months	❑	❑				
Cannabis - current use #/times used/day /week _____ _____ Method Strength _____ _____	❑	❑	Substance use disorder ❑ Opioid agonist therapy _____	❑	❑	

Ethnicity

Acadian	❑	South Asian	❑
Black	❑	White	❑
East Asian	❑	Other	❑
Indigenous	❑	Unknown	❑
Latin American	❑	Prefer not to say	❑
Middle Eastern	❑		
Southeast Asian	❑		

Genetic Risk Assessment

	Yes	No
Donor gamete: Egg	❑	❑
Sperm	❑	❑
Egg age ≥ 35 at EDD	❑	❑

Ethnicity gamete

Hemoglobinopathy/Thalassemia screen (CBC, Hgb electrophoresis) ❑ Yes ❑ No ❑ NA

Consanguinity (blood relation) ❑ Yes ❑ No

Referral to Medical Genetics (see worksheet 2): ❑ Yes ❑ No ❑ NA

Specify

Genetic Screening/Investigations

No genetic screening ❑ Counseled and declined

MST 9-13+6 weeks	❑ Counseled	❑ Completed	❑ Declined		EPR	❑ Counseled	❑ Completed	❑ Declined	❑ NA
NT 11-13+6 weeks	❑ Counseled	❑ Completed	❑ Declined	❑ NA	NIPT	❑ Counseled	❑ Declined	❑ MSI	❑ Self pay
MST 15-20+6 weeks	❑ Counseled	❑ Completed	❑ Declined		CVS/Amniocentesis	❑ Yes	❑ No	Other	❑ Yes	❑ No

Comments

Reproductive Care Program of Nova Scotia RCP

nova scotia health

IWK Health

Place Patient Label here.

NOVA SCOTIA PRENATAL RECORD

Part 3 For additional information referr to the "Guidelines for Antenatal Laboratory Screening and Testing" resource.

Ultrasound/Biophysical Profile

Date YYYY/MON/DD	GA	Results	Date YYYY/MON/DD	GA	Results

Initial Lab Investigations

Test	Results	Date YYYY/MON/DD
Hemoglobin		
Platelets		
ABO/Rh (D)		
Antibody screen	❑ Negative ❑ Positive	
Hemoglobin A1c		
Fasting Plasma Glucose	❑ NA	
Syphilis	❑ Non-reactive ❑ Reactive	
HbsAG	❑ Non-reactive ❑ Reactive	
HIV	❑ Non-reactive ❑ Reactive	
Urine C&S		
Varicella*	❑ Immune ❑ Non-immune	
Rubella*	❑ Immune ❑ Non-immune	
Pap due	❑ Yes ❑ No	
Last pap results	❑ Normal ❑ Abnormal	

24-28 Weeks Lab Investigations

Test	Results	Date YYYY/MON/DD
Hemoglobin		
Platelets		
ABO/Rh (D)		
Repeat Antibodies	❑ Negative ❑ Positive	
GCT 50 g	1 hour _____ ❑ **GDM**	
OGTT 75 g	❑ NA Fasting _____ 1 hour _____ 2 hour _____ ❑ **GDM**	
Syphilis	❑ Non-reactive ❑ Reactive	
Group B strep (35-37 weeks)	❑ Negative ❑ Positive	
GC/Chlamydia (35-37 weeks)	❑ Negative ❑ Positive	

Additional Tests (as indicated)

Ferritin	❑ NA		
TSH	❑ NA		
GC/Chlamydia**	❑ Negative ❑ Positive		

Screening Tool Results (see worksheets 3 and 4)

WAST ❑ Negative ❑ Positive	EPDS score	EPDS score	EPDS score	T-ACE score ❑ NA as no alcohol consumed
Date YYYY/MON/DD	Date YYYY/MON/DD	Date YYYY/MON/DD	Date YYYY/MON/DD	Date YYYY/MON/DD

Rh CARE ❑ NA

❑ Rh (D) Neg Paternal/Donor blood type _____

Rh (D) Alloimmunization ❑ Yes ❑ No

❑ Rho(D) IG (28-29+6 weeks) Date YYYY/MON/DD _____

❑ Additional Rho(D) given Date YYYY/MON/DD _____

Bleeding/other event in pregnancy ❑ Yes ❑ No

_____ weeks

Recommended Vaccines

Influenza vaccine ❑ NA Lot Number _____
Date YYYY/MON/DD

Hepatitis B vaccine ❑ NA Lot Number _____
Date YYYY/MON/DD

Tdap vaccine at 27-32 weeks Lot Number _____
Date YYYY/MON/DD

Other _____ Lot Number _____
Date YYYY/MON/DD

*Perform serology if immunity unknown ** Perform GC/Chlamydia screening early in pregnancy for those at risk.

For copies: Reproductive Care Program http://rcp.nshealth.ca/chart-prenatal-forms/nova-scotia-prenatal-record • Tel: 902-470-6798
REV 2022/MAR

NSRCPRC

Reproductive Care Program of Nova Scotia

nova scotia health

IWK Health

Place Patient Label here.

NOVA SCOTIA PRENATAL RECORD

Part 4 Use 'Additional Prenatal Visit' page when additional space is required.

Refer to the "Nova Scotia Prenatal Record Companion Document".

Issues/Management Plan

EDD (FINAL) YYYY/MON/DD

❑ HSV treatment indicated ❑ Low dose aspirin indicated ❑ Progesterone (preterm birth prevention) indicated
❑ Social concerns (adoption, child protection, etc.)

Referral follow up:

❑ Obstetrics ❑ Medical Genetics ❑ Anesthesia ❑ Diabetes Centre ❑ Dietician
❑ Neonatology ❑ Pediatrics ❑ Mental Health ❑ Social Work ❑ Other

At approximately 36 weeks: Copy of prenatal record to ❑ hospital and/or with ❑ patient

Prenatal Visits

Gravida _____ **T**erm _____ **P**reterm _____ **A**bortus _____ **L**iving children _____ **S**tillbirth _____

Date YYYY/MON/DD	**Wt.** (kg)	**BP**	**GA**	**Fundal height**	**Fetal HR**	**FM**	**Pres/ Pos.**	**Cig/ day**	**Comments:** e.g. IPV, mental health, sub. use	**Next visit**	**Initials**

Care Provider Signature

Print name	**Signature**	**Initials**

Print name	**Signature**	**Initials**

Reproductive Care Program of Nova Scotia

nova scotia health

IWK Health

Place Patient Label here.

NOVA SCOTIA PRENATAL RECORD
Additional Prenatal Visits

Issues/Management Plan

EDD (FINAL) YYYY/MON/DD

Prenatal Visits **G**ravida _____ **T**erm _____ **P**reterm _____ **A**bortus _____ **L**iving children _____ **S**tillbirth _____

Date YYYY/MON/DD	**Wt.** (kg)	**BP**	**GA**	**Fundal height**	**Fetal HR**	**FM**	**Pres/ Pos.**	**Cig/ day**	**Comments:** e.g. IPV, mental health, sub. use	**Next visit**	**Initials**

Reproductive Care Program of Nova Scotia

nova scotia health

IWK Health

Place Patient Label here.

NOVA SCOTIA PRENATAL RECORD
Additional Prenatal Visits

Issues/Management Plan

EDD (FINAL) YYYY/MON/DD

Prenatal Visits **G**ravida _____ **T**erm _____ **P**reterm _____ **A**bortus _____ **L**iving children _____ **S**tillbirth _____

Date YYYY/MON/DD	**Wt.** (kg)	**BP**	**GA**	**Fundal height**	**Fetal HR**	**FM**	**Pres/ Pos.**	**Cig/ day**	**Comments:** e.g. IPV, mental health, sub. use	**Next visit**	**Initials**

Reproductive Care Program of Nova Scotia RCP

nova scotia health

IWK Health

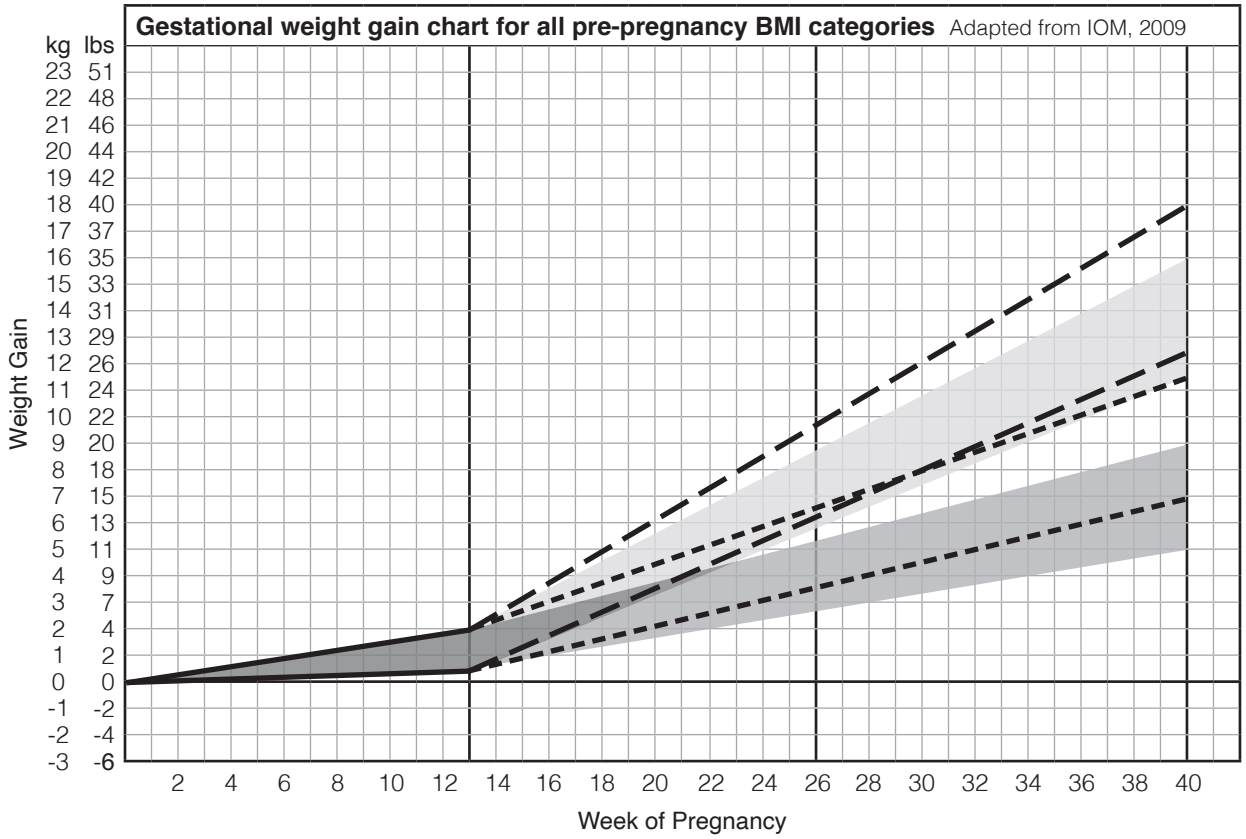
Place Patient Label here.

NOVA SCOTIA PRENATAL RECORD

Worksheet 1

Height _____ **Weight** _____ **Pre-Pregnancy BMI** _____

Recommended total weight gain _____



Legend	Prepregnancy BMI	Recommend total weight gain	GWG/week in 2nd 3rd trimester
— —	< 18.5 kg/m²	12.5-18 kg (28-40 lbs)	0.5 kg (1-1.3 lbs)
	18.5-24.9 kg/m²	11.5-16 kg (25-35 lbs)	0.4kg (0.8-1 lbs)
- - - -	25-29.9 kg/m²	7.5-11.5 (15-25 lbs)	0.3 kg (0.5-0.7 lbs)
	>30 kg/m²	5-9 kg (11-20 lbs)	0.2 kg (0.4-0.6 lbs)

- The y axis represents gestational weight gain (the 0 is the pre-pregnancy weight). The x axis represents weeks of pregnancy.
- Plot the accumulated weight gain on the along the y axis, above the weeks of pregnancy along the x axis.

Care Considerations for Increased Pre-Pregnancy BMI

Pre-pregnancy BMI ≥ 30 kg/m²

- Fasting plasma glucose with initial bloodwork
- Dating U/S – transvaginal for optimal accuracy
- 3rd Trimester U/S for fetal growth (serial)

Pre-pregnancy BMI ≥ 40 kg/m²

- Consider anesthesia consult to assess risks/delivery planning
- Weekly biophysical at 36 weeks
- Thyroid screening with initial blood work

5A's of Healthy Pregnancy weight gain

Ask – for permission to talk about weight

Assess – potential root cause

Advise – pregnancy weight gain risk and options

Agree – on a realistic SMART plan to achieve healthy behaviour outcomes

Assist – in identifying barriers and facilitators

If weight gain is below or above recommendations:

Assess for clinical issues (such as edema) and explore the root causes of inappropriate weight gain, including

- **Mental** (e.g. insomnia)
- **Metabolic** (e.g. medications)
- **Mechanical** (e.g. reduced mobility)
- **Milieu** (e.g. employment)

For copies: Reproductive Care Program http://rcp.nshealth.ca/chart-prenatal-forms/nova-scotia-prenatal-record • Tel: 902-470-6798
REV 2022/MAR

NSRCPRE

Reproductive Care Program of Nova Scotia

nova scotia health

IWK Health

Place Patient Label here.

NOVA SCOTIA PRENATAL RECORD

Worksheet 2

Genetic Screening and Assessment[1]

One's ethnicity is an important piece of risk assessment as some populations are known to have a higher incidence of certain genetic conditions, such as:

- ❑ Ashkenazi Jewish (Tay Sachs, Canavan, Familial dysautonomia)
- ❑ French Canadian from Saguenay Lac-St Jean, Charlevoix, Bas-St-Laurent (Tay Sachs, CF)

All pregnant persons and their partners should have a three-generation family history taken.

Referral to Medical Genetics should be considered for those from higher risks populations and those with a personal or family history of:

- congenital anomaly e.g. congenital heart defect, neural tube defect
- intellectual disability or developmental delay
- genetic syndrome e.g. neurofibromatosis, Noonan syndrome
- chromosomal disorder e.g. Down syndrome (trisomy 21), familial translocation
- muscular disorder e.g. X-linked Duchenne and Becker muscular dystrophies
- bleeding disorder e.g. X-linked hemophilia A or B
- stillbirth
- sudden unexplained death
- other major health concerns such as cardiomyopathy, neurological disease, epilepsy, hearing loss, autism, and psychiatric disorders
- consanguinity

Hemoglobinopathies

- α thalassemia
- β thalassemia
- Sickle cell disease

Screening recommendations

Offer to individuals from the following at-risk populations/ ethnic backgrounds when red blood cell indices reveal a mean cellular volume (MCV) < 80 fl OR electrophoresis reveals an abnormal hemoglobin type

- African
- Mediterranean
- Middle East
- South East Asian
- Western Pacific
- Caribbean
- South American

Method of carrier screening:

- Complete blood count
- Hemoglobin (Hb) electrophoresis (HE) or Hb high performance liquid chromatography (HHPLC)
- Quantification of Hb alpha 2 and fetal Hb
- Serum ferritin/H bodies (blood smear stain using brilliant cresyl blue) if microcytosis (MCV < 80 fl) and/or hypochromia (mean cellular Hb < 27 pg) in the presence of a normal HE or HHPLC assessment

Refer for genetic consultation if both members of a couple are carries of thalassemia OR a combination of thalassemia and hemoglobin variant.

[1] Wilson, R. and De Bei, I. (2016) Joint SOGC–CCMG Opinion for Reproductive Genetic Carrier Screening: An Update for All Canadian Providers of Maternity and Reproductive Healthcare in the Era of Direct-to-Consumer Testing. Retrieved from: https://www.jogc.com/article/S1701-2163(16)39347-1/pdf

Reproductive Care Program of Nova Scotia RCP

nova scotia health

IWK Health

Place Patient Label here.

NOVA SCOTIA PRENATAL RECORD

Worksheet 3

T-ACE Alcohol Screening Tool[1]

The T-ACE screening tool is a measurement tool of four questions that are significant identifiers of pregnancy risk drinking (i.e., alcohol intake sufficient to potentially damage the embryo/fetus).

The T-ACE score has a range of 0-5. The value of each answer to the four questions is totaled to determine the final T-ACE score.

A total score of 2 or more indicates a positive outcome for pregnancy risk drinking and the pregnant person should be referred for further assessment.

Screening is not required if initial assessment reveals no alcohol is consumed.

One drink is equivalent to:12 ounces of beer or cooler; 5 ounces of wine; 1.5 ounces of hard liquor

Tolerance	How many drinks does it take to make you feel high?	≤ 2 drinks = 0 > 2 drinks = 2	_____ score
Annoyed	Have people annoyed you by criticizing your drinking?	Yes = 1 No = 0	_____ score
Cut Down	Have you felt you ought to cut down on your drinking?	Yes = 1 No = 0	_____ score
Eye Opener	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover	Yes = 1 No = 0	_____ score

Total Score: _____

Women Abuse Screening Tool (WAST)[2]

The WAST specifically screens for verbal, emotional, physical, and sexual abuse and is used to help determine if the pregnant person is experiencing domestic violence. If the answers to questions 1 and 2 are “a lot of tension” and “great difficulty” the screen is considered positive and the remaining 6 questions should be answered.

1. In general how would you describe your relationship?	❑ A lot of tension	❑ Some tension	❑ No tension
2. Do you and your partner work out your arguments with:	❑ Great difficulty	❑ Some difficulty	❑ No tension
3. Do arguments ever result in you feeling down or bad about yourself?	❑ Often	❑ Sometimes	❑ Never
4. Do arguments ever result in hitting, kicking, or pushing?	❑ Often	❑ Sometimes	❑ Never
5. Do you ever feel frightened by what your partner says or does?	❑ Often	❑ Sometimes	❑ Never
6. Has your partner ever abused you physically?	❑ Often	❑ Sometimes	❑ Never
7. Has your partner ever abused you emotionally?	❑ Often	❑ Sometimes	❑ Never
8. Has your partner ever abused you sexually?	❑ Often	❑ Sometimes	❑ Never

1 Sokol, J., Martier, S., Ager, J. (1989). The T-ACE questions: practical prenatal detection of risk-drinking. American Journal of Obstetrics and Gynecology, 160(4):863-870.

2 Brown, J., Lent, B., Brett, P, Sas, G. and Pedersen, L. (1996). Development of the Woman Abuse Screening Tool for use in family practice. Family Medicine, 28, 422 -28.

Reproductive Care Program of Nova Scotia RCP | nova scotia health | IWK Health

Place Patient Label here.

NOVA SCOTIA PRENATAL RECORD

Worksheet 4

Edinburgh Perinatal/Postnatal Depression Scale (EPDS)[1]

Depression is the most common complication of childbearing. The 10-question EPDS is a valuable and efficient way of identifying patients at risk for perinatal depression. Pregnant persons who score above 13 are likely to be suffering from a depressive illness of varying severity. A careful clinical assessment should be carried out to confirm the diagnosis. Consider other causes for symptoms such as anemia, poor sleep, and lack of energy. Thyroid dysfunction, anemia, or bereavement should be excluded before diagnosing a depression.

Perform screening using the EPDS ideally once in each trimester of pregnancy.

0 to 10	Monitor
11-13	Monitor, support, and provide education. Repeat EPDS in 2 weeks time. If still elevated, refer for further assessment.
≥ 14	Requires further assessment, diagnosis, and appropriate management as the likelihood of depression is high. Referral to a psychiatrist/ psychologist may be necessary.
Item #10	Any individual who scores 1, 2, or 3 on item 10 requires further evaluation before leaving the care provider's office to ensure their own safety and that of their baby.

In the presence of a negative EPDS screen, using a score of 5 or greater on the anxiety specific EPDS questions (4, 5, 6) may be helpful in identifying those who could benefit from further anxiety screening and treatment.

In the past 7 days

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

Total Score _____

1 Cox, J.L., Holden, J.M., and Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786