

Date: _____ Time: _____
 Reason for assessment: _____
 G _____ P _____ A _____ NND _____ SB _____
 Blood Group/Rh: _____ 28 wk Rho(D) inj. received: No Yes
 Support Person(s): _____
 Relationship: _____
 Primary Care Provider: _____

LMP: _____ Known Unsure
EDD: _____ by LMP; or U/S @ _____ weeks
 Gestation: _____ weeks

Current Health and History:

Previous Pregnancy / Delivery:

Medical History:

Substance Use:
 Smoking: No Yes Amt/day: _____
 Alcohol: No Yes Amt/day: _____
 Other: No Yes Amt/day: _____
Woman Abuse: No Yes
Psychosocial Concerns: No Yes
 Describe: _____

Labour and Birth Plan: Written Verbal
 Key Points: _____
 Pain relief choices:
 Non – Pharmacological: _____
 Pharmacological: _____
Prenatal Education:
 Classes Other : _____
Infant Feeding Choices:
 Breast Other: _____
 Previous BF experiences: No Yes
 Describe: _____

PLAN OF CARE
 Admitted to room # _____
 Transferred to: _____
 Discharged home
 Signature/Status /Print Name: _____

Attending Care Provider: _____ notified @ _____ hr.
 Reason: _____
 Date: _____ Time: _____
 Date: _____ Time: _____
 Date: _____ Time: _____

For Induction
Indication: _____
 Booked C/S
Indication: _____
Date: _____

ALLERGIES: _____
Current Medications: _____
 GBS Status: Positive Negative Unknown
 Rubella: Immune Non-immune Unknown
 Varicella: Immune Non-immune Unknown
 HIV Positive Negative Unknown
 Hepatitis B Positive Negative Unknown

Maternal Vitals TPR: _____/_____/_____ BP: _____
 Pre-preg. Wt: _____ Ht: _____ BMI: _____
 Current Wt: _____ Weight Gain: _____

Lab Tests: _____
Urine (P/S/K): _____
Labour: No Yes N/A
 Contractions started: _____
 Contractions on assessment: Q _____ x _____
 Palpated: Mild Moderate Strong

fFN: No N/A Yes: Negative Positive

Cervix: _____ cm _____ station _____ %eff. _____ position
 Examined by: _____

Membranes:
 SRM: No Suspected Yes: date/time: _____
 Colour and volume of fluid: _____
 Ferning: No Yes Not done

FETAL: Presentation: _____ Position: _____ FH: _____ cm
 FM: Active (≥ 6 in 2 hours) Decreased
 FHR: _____ bpm IA EFM: Indication: _____
 Interpretation: _____

NST (if no labour): Normal Abnormal
 If abnormal, plan for care: _____
 BPP score: _____ U/S: _____

NOTES



NSRCMA