

# NOVA SCOTIA PRENATAL RECORD 1

An updated copy of this record should remain with the woman throughout her pregnancy.

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| DEMOGRAPHICS  |  |
|---|--|
| <b>Patient's Name:</b>  | Maiden Name:   |
| DOB:  | Age: HC#:  |
| Race/Ethnicity: <input type="checkbox"/> Acadian <input type="checkbox"/> African Canadian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> First Nations <input type="checkbox"/> Hispanic |  |
| <input type="checkbox"/> Jewish <input type="checkbox"/> Mediterranean <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Québécois <input type="checkbox"/> Other:   |  |
| Language: <input type="checkbox"/> Eng <input type="checkbox"/> French <input type="checkbox"/> Arabic <input type="checkbox"/> Other:  |  |
| Marital Status:   | Highest Level of Education Completed:  |
| Employed: <input type="checkbox"/> Y <input type="checkbox"/> N Type of work:   | <b>Partner's Name:</b> Age:  |
| Address:  | Race/Ethnicity: <input type="checkbox"/> Acadian <input type="checkbox"/> African Canadian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian |
|   | <input type="checkbox"/> First Nations <input type="checkbox"/> Hispanic <input type="checkbox"/> Jewish <input type="checkbox"/> Mediterranean              |
| Contact Telephone Numbers: (H) (W)  | <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Québécois <input type="checkbox"/> Other:   |
| Primary Care Provider(s): Physician/Midwife/Nurse:  | Language: <input type="checkbox"/> Eng <input type="checkbox"/> French <input type="checkbox"/> Arabic <input type="checkbox"/> Other:                       |
| Baby's Physician:   | Employed: <input type="checkbox"/> Y <input type="checkbox"/> N Type of work:  |

| PREGNANCY DATING   |   | EDD (Best Estimate): |  |
|--|---|----------------------|--|
| Positive Pregnancy Test: <input type="checkbox"/> Y <input type="checkbox"/> N Date:   | Conception Date if known (ie. IVF):                                     |                      |  |
| LMP Date: Sure?: <input type="checkbox"/> Y <input type="checkbox"/> N Length of cycle: Regular: <input type="checkbox"/> Y <input type="checkbox"/> N | ART <input type="checkbox"/> Y <input type="checkbox"/> N Type:         | Date:                |  |
| EDD based on LMP:  | (1st tri. U/S should be completed if uncertain LMP or irregular cycles) |                      |  |
| Dating U/S: Gest at time of U/S: EDD based on U/S:   |   |                      |  |

| OBSTETRICAL HISTORY |       | Gravida |             | Para                   | Abort | SB | NND      |     |                |  |
|---------------------|-------|---------|-------------|------------------------|-------|----|----------|-----|----------------|--|
| Date                | Place | Gest    | Mode of Del | Complications/Comments |       |    | Birth Wt | Sex | Present Health |  |
|                     |       |         |             |                        |       |    |          |     |                |  |
|                     |       |         |             |                        |       |    |          |     |                |  |
|                     |       |         |             |                        |       |    |          |     |                |  |
|                     |       |         |             |                        |       |    |          |     |                |  |
|                     |       |         |             |                        |       |    |          |     |                |  |

| PRESENT PREGNANCY           | Y | N | PROBLEMS/COMMENTS/DETAILS/REFERRALS | PAST ILLNESS                         | Y | N |
|-----------------------------|---|---|-------------------------------------|--------------------------------------|---|---|
| Current Medications         |   |   |                                     | Operations                           |   |   |
| Pre-pregnancy Medications   |   |   |                                     | Anaes Problems                       |   |   |
| Pre-conceptional Folic Acid |   |   |                                     | Blood/products                       |   |   |
| Depression/anxiety          |   |   |                                     | Respiratory                          |   |   |
| Bleeding                    |   |   |                                     | Renal disease                        |   |   |
| Received Immune Globulin    |   |   |                                     | Diabetes                             |   |   |
| Pyrexia                     |   |   |                                     | Cardiac                              |   |   |
| Infections (e.g. UTI, STI)  |   |   |                                     | Gynecologic                          |   |   |
| Nausea/vomiting             |   |   |                                     | Thromboembolism                      |   |   |
| Smoking pre-preg (#/day)    |   |   |                                     | Hypertension                         |   |   |
| Smoking now (#/day)         |   |   |                                     | CNS disorder/migraine                |   |   |
| Wishing to quit             |   |   |                                     | Psychiatric disorder/eating disorder |   |   |
| Alcohol use                 |   |   |                                     | Substance use                        |   |   |
| Substance use               |   |   |                                     | STI                                  |   |   |
| TPTL                        |   |   |                                     | Other                                |   |   |
| fFN Sent                    |   |   |                                     |                                      |   |   |

| ALLERGIES | Y | N |
|-----------|---|---|
|           |   |   |

| Body Mass Index Table – Use Pre-Pregnancy Weight |       |                                  |                |               |               |               |               |               |                |               |               |               |               |
|--|-------|----------------------------------|----------------|---------------|---------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|---------------|
| UNDERWEIGHT                                      |       | NORMAL                           |                |               | OVERWEIGHT    |               |               | OBESE         |                | VERY OBESE    |               |               |               |
| WEIGHT   |       | HEIGHT IN FEET/INCHES AND METERS |                |               |               |               |               |               |                |               |               |               |               |
| LB   | KG    | 4'8"<br>1.42m                    | 4'10"<br>1.47m | 5'0"<br>1.52m | 5'2"<br>1.57m | 5'4"<br>1.63m | 5'6"<br>1.68m | 5'8"<br>1.73m | 5'10"<br>1.78m | 6'0"<br>1.83m | 6'2"<br>1.88m | 6'4"<br>1.93m | 6'6"<br>1.98m |
| 100  | 45.4  | 22.4                             | 20.9           | 19.5          | 18.3          | 17.2          | 16.1          | 15.2          | 14.3           | 13.6          | 12.8          | 12.2          | 11.6          |
| 105  | 47.6  | 23.5                             | 21.9           | 20.5          | 19.2          | 18.0          | 16.9          | 16.0          | 15.1           | 14.2          | 13.5          | 12.8          | 12.1          |
| 110  | 49.9  | 24.7                             | 23.0           | 21.5          | 20.1          | 18.9          | 17.8          | 16.7          | 15.8           | 14.9          | 14.1          | 13.4          | 12.7          |
| 115  | 52.2  | 25.8                             | 24.0           | 22.5          | 21.0          | 19.7          | 18.6          | 17.5          | 16.5           | 15.6          | 14.8          | 14.0          | 13.3          |
| 120  | 54.4  | 26.9                             | 25.1           | 23.4          | 21.9          | 20.6          | 19.4          | 18.2          | 17.2           | 16.3          | 15.4          | 14.6          | 13.9          |
| 125  | 56.7  | 28.0                             | 26.1           | 24.4          | 22.9          | 21.5          | 20.2          | 19.0          | 17.9           | 17.0          | 16.0          | 15.2          | 14.4          |
| 130  | 59.0  | 29.1                             | 27.2           | 25.4          | 23.8          | 22.3          | 21.0          | 19.8          | 18.7           | 17.6          | 16.7          | 15.8          | 15.0          |
| 135  | 61.2  | 30.3                             | 28.2           | 26.4          | 24.7          | 23.2          | 21.8          | 20.5          | 19.4           | 18.3          | 17.3          | 16.4          | 15.6          |
| 140  | 63.5  | 31.4                             | 29.3           | 27.3          | 25.6          | 24.0          | 22.6          | 21.3          | 20.1           | 19.0          | 18.0          | 17.0          | 16.2          |
| 145  | 65.8  | 32.5                             | 30.3           | 28.3          | 26.5          | 24.9          | 23.4          | 22.0          | 20.8           | 19.7          | 18.6          | 17.6          | 16.8          |
| 150  | 68.0  | 33.6                             | 31.3           | 29.3          | 27.4          | 25.7          | 24.2          | 22.8          | 21.5           | 20.3          | 19.3          | 18.3          | 17.3          |
| 155  | 70.3  | 34.7                             | 32.4           | 30.3          | 28.3          | 26.6          | 25.0          | 23.6          | 22.2           | 21.0          | 19.9          | 18.9          | 17.9          |
| 160  | 72.6  | 35.9                             | 33.4           | 31.2          | 29.3          | 27.5          | 25.8          | 24.3          | 23.0           | 21.7          | 20.5          | 19.5          | 18.5          |
| 165  | 74.8  | 37.0                             | 34.5           | 32.2          | 30.2          | 28.3          | 26.6          | 25.1          | 23.7           | 22.4          | 21.2          | 20.1          | 19.1          |
| 170  | 77.1  | 38.1                             | 35.5           | 33.2          | 31.1          | 29.2          | 27.4          | 25.8          | 24.4           | 23.1          | 21.8          | 20.7          | 19.6          |
| 175  | 79.4  | 39.2                             | 36.6           | 34.2          | 32.0          | 30.0          | 28.2          | 26.6          | 25.1           | 23.7          | 22.5          | 21.3          | 20.2          |
| 180  | 81.6  | 40.4                             | 37.6           | 35.2          | 32.9          | 30.9          | 29.1          | 27.4          | 25.8           | 24.4          | 23.1          | 21.9          | 20.8          |
| 185  | 83.9  | 41.5                             | 38.7           | 36.1          | 33.8          | 31.8          | 29.9          | 28.1          | 26.5           | 25.1          | 23.8          | 22.5          | 21.4          |
| 190  | 86.2  | 42.6                             | 39.7           | 37.1          | 34.8          | 32.6          | 30.7          | 28.9          | 27.3           | 25.8          | 24.4          | 23.1          | 22.0          |
| 195  | 88.5  | 43.7                             | 40.8           | 38.1          | 35.7          | 33.5          | 31.5          | 29.6          | 28.0           | 26.4          | 25.0          | 23.7          | 22.5          |
| 200  | 90.7  | 44.8                             | 41.8           | 39.1          | 36.6          | 34.3          | 32.3          | 30.4          | 28.7           | 27.1          | 25.7          | 24.3          | 23.1          |
| 205  | 93.0  | 46.0                             | 42.8           | 40.0          | 37.5          | 35.2          | 33.1          | 31.2          | 29.4           | 27.8          | 26.3          | 25.0          | 23.7          |
| 210  | 95.3  | 47.1                             | 43.9           | 41.0          | 38.4          | 36.0          | 33.9          | 31.9          | 30.1           | 28.5          | 27.0          | 25.6          | 24.3          |
| 215  | 97.5  | 48.2                             | 44.9           | 42.0          | 39.3          | 36.9          | 34.7          | 32.7          | 30.8           | 29.2          | 27.6          | 26.2          | 24.8          |
| 220  | 99.8  | 49.3                             | 46.0           | 43.0          | 40.2          | 37.8          | 35.5          | 33.5          | 31.6           | 29.8          | 28.2          | 26.8          | 25.4          |
| 225  | 102.1 | 50.4                             | 47.0           | 43.9          | 41.2          | 38.6          | 36.3          | 34.2          | 32.3           | 30.5          | 28.9          | 27.4          | 26.0          |
| 230  | 104.3 | 51.6                             | 48.1           | 44.9          | 42.1          | 39.5          | 37.1          | 35.0          | 33.0           | 31.2          | 29.5          | 28.0          | 26.6          |
| 235  | 106.6 | 52.7                             | 49.1           | 45.9          | 43.0          | 40.3          | 37.9          | 35.7          | 33.7           | 31.9          | 30.2          | 28.6          | 27.2          |
| 240  | 108.9 | 53.8                             | 50.2           | 46.9          | 43.9          | 41.2          | 38.7          | 36.5          | 34.4           | 32.5          | 30.8          | 29.2          | 27.7          |
| 245  | 111.1 | 54.9                             | 51.2           | 47.8          | 44.8          | 42.1          | 39.5          | 37.3          | 35.2           | 33.2          | 31.5          | 29.8          | 28.3          |

**<20: Wt gain of 28-40 lbs (1 lb/wk in 2<sup>nd</sup> and 3<sup>rd</sup> trimesters)**

**20-27: Wt gain of 25-35 lbs (0.75 lb/wk in 2<sup>nd</sup> and 3<sup>rd</sup> trimesters)**

**27-29: Wt gain of 15-25 lbs (0.5 lb/wk in 2<sup>nd</sup> and 3<sup>rd</sup> trimesters)**

**>29: Wt gain of no more than 15 lbs**

For those patients with a pre-pregnancy weight greater than 245 lbs or 111.1 kg, there is an alternate imperial-only BMI chart in the companion document (Appendix H) that includes pre-pregnancy weight up to 328 lbs. The BMI may also be calculated using pounds and inches, multiply your weight by 703, divide by your height in inches, and then divide by your height again (lbs X 703/inches/inches)

OR

Using kilograms and metres, divide your weight in kilograms by the square of your height in metres (Kg/m<sup>2</sup>)

# NOVA SCOTIA PRENATAL RECORD 2

|   |             |             |
|---|-------------|-------------|
| <b>PATIENT'S NAME:</b>                              |             | <b>EDD:</b> |
| <b>PHYSICAL ASSESSMENT</b>                          |             |             |
| Pre-preg Wt   | Height      | BP          |
| BMI (early diabetic screen for those with BMI > 30) |             |             |
| Head and Neck                                       | Heart       |             |
| Breast  | Lungs       |             |
| Abdomen   | Extremities |             |
| Pelvis  | Corpus      |             |
| Cervix  | Adnexa      |             |

| PSYCHOSOCIAL/ENVIRONMENTAL      | Y | N | COMMENTS/DETAILS | GENETIC SCREENING                         | Y | N |
|---------------------------------|---|---|------------------|---|---|---|
| Activity limitations            |   |   |                  | Age ≥ 35 at delivery                      |   |   |
| Nutrition concern/Food security |   |   |                  | Fam Hx congenital anomalies/birth defects |   |   |
| Adequate support                |   |   |                  | Fam Hx inherited disease/disorder         |   |   |
| Housing security                |   |   |                  | Fam Hx Diabetes                           |   |   |
| Abuse                           |   |   |                  | Ethnic risk                               |   |   |
| Social assistance required      |   |   |                  | Genetic screening discussed               |   |   |
| Referral(s)                     |   |   | To:              | Genetic screening declined                |   |   |
|                                 |   |   | To:              | Consanguinity discussed                   |   |   |

| <b>EDUCATION/DISCUSSION (IF DISCUSSED ✓)</b>   |                                   |   |
|--|-----------------------------------|---|
| Prenatal Education: <input type="checkbox"/> Y <input type="checkbox"/> N Type:              | Pregnancy expectations/concerns   | Newborn Screening                               |
| Flu Vaccine (offer during flu season): <input type="checkbox"/> Y <input type="checkbox"/> N | Healthy Eating/Physical Activity  | Parenting                                       |
| Plan to Breast Feed: <input type="checkbox"/> Y <input type="checkbox"/> N                   | Intercourse                       | Daily Multivitamin Containing Folic Acid & Iron |
| Previous Breast Feeding Experience: <input type="checkbox"/> Y <input type="checkbox"/> N    | Preterm Labour Signs and Symptoms | Cord Blood Banking                              |
| Discussed Benefits of Breast Feeding: <input type="checkbox"/> Y <input type="checkbox"/> N  | Labor/Birth Expectations          |   |

## ANTENATAL SCREENING: SEE REVERSE FOR GUIDELINES

| FIRST PRENATAL VISIT   | OFFERED TO ALL WOMEN               | OFFERED TO SOME WOMEN |
|--|------------------------------------|-----------------------|
| Hgb  | Rubella (if immune status unknown) | Varicella             |
| HepB Antigen   | Chlamydia                          | Diabetic Screen       |
| Syphilis/VDRL  | Gonorrhea                          | Father's Rh           |
| ABO/Rh   | Urine C&S                          |                       |
| HIV <input type="checkbox"/> discussed <input type="checkbox"/> accepted <input type="checkbox"/> declined |                                    |                       |
| PAP Date: Results  |                                    |                       |

|                                |  |         |
|--------------------------------|--|---------|
| <b>9-13<sup>6</sup> WEEKS</b>  | *MST <input type="checkbox"/> discussed <input type="checkbox"/> declined <input type="checkbox"/> completed | RESULTS |
|                                | *EPR <input type="checkbox"/> discussed <input type="checkbox"/> declined <input type="checkbox"/> completed |         |
| <b>15-20<sup>6</sup> WEEKS</b> | *MST <input type="checkbox"/> discussed <input type="checkbox"/> declined <input type="checkbox"/> completed |         |
|                                | * See reverse for definitions  |         |
| <b>18-21 WEEKS</b>             | USD <input type="checkbox"/> discussed <input type="checkbox"/> declined <input type="checkbox"/> completed  |         |

|                    |   |   |
|--------------------|---|---|
| <b>24-28 WEEKS</b> | <b>OFFERED TO ALL WOMEN</b>   | <b>OFFERED TO SOME WOMEN</b>  |
|                    | Hgb   | HIV <input type="checkbox"/> done prev. <input type="checkbox"/> declined |
|                    | Diabetic Screen (1 hour PC 50g glucose screen)  |   |
|                    | Antibody Screen (For Rh negative women antibody screen should be drawn prior to administration of Rh immune globulin) |   |

|                 |   |       |
|-----------------|---|-------|
| <b>28 WEEKS</b> | Rho(D) Immune Globulin Given <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: |
|-----------------|---|-------|

|                    |           |         |                                   |
|--------------------|-----------|---------|-----------------------------------|
| <b>35-37 WEEKS</b> | GBS Date: | Result: | <input type="checkbox"/> declined |
|--------------------|-----------|---------|-----------------------------------|

| <b>SPECIAL PROCEDURES/TESTS</b>                                     |                |
|---|----------------|
| GTT: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: | Results: _____ |
| Amniocentesis/CVS Date:   | Results: _____ |

## Guidelines for Antenatal Screening and Testing

### First Prenatal Visit

- HgB, HepB antigen, Syphilis
- Group/type and antibody screen
- Rubella: Do if immune status is unknown. Vaccination is recommended post partum if non-immune.
- Varicella: Do if there is no history of infection, vaccination, or positive serology. Vaccination is recommended post partum if non-immune.
- Human Immunodeficiency Virus: HIV counseling is required, testing is voluntary.
- Urine C&S (or a urinalysis followed by a C&S if the analysis is positive)
- Cervical Cytology: if not done in the last 12 months
- Cervical screening for gonorrhea and chlamydia (see companion document for information about screening)
- Diabetes glucose screen (also known as PC50 or Trutol): Appropriate for women at risk for GDM. Risk factors include glycosuria, obesity, multiple gestation, previous GDM, previous LGA baby, history of unexplained stillbirth, family history of diabetes in a first degree relative, ethnic predisposition, polyhydramnios
- If twins or multiples suspected, ultrasound for chorionicity (plus or minus nuchal translucency as MST not applicable for multiple gestations)
- If uncertain LMP or irregular cycles, a 1st trimester dating U/S should be completed.

**9-13<sup>+6</sup> Weeks:** **MST:** 1<sup>st</sup> trimester maternal serum testing should be offered to all women regardless of age. Note: 2<sup>nd</sup> trimester testing must be performed in conjunction with 1<sup>st</sup> trimester testing for an integrated screen.

**11-13<sup>+6</sup> Weeks** **Early Pregnancy Review (EPR):** Women with specific risk factors and all women over age 35 years at their EDD should be offered an early pregnancy review (EPR) in the Fetal Assessment and Treatment Centre (FATC) at the IWK Health Centre. An EPR is an ultrasound that reviews viability, dates, early development and assesses for fetal abnormalities through specific markers, particularly a nuchal translucency. This review is best if used in conjunction with the maternal serum test for assessment of risk for Trisomy 21.

**15-20<sup>+6</sup> Weeks:** **MST:** 2<sup>nd</sup> trimester testing should be offered to all women regardless of age.

**Integrated Maternal Serum Test:** This test incorporates maternal age, first trimester maternal serum test (MST) and second trimester maternal serum test (MST) into a combined or integrated assessment of risk for fetal chromosomal abnormalities, open fetal defects such as spina bifida and placental abnormalities.

**Integrated Prenatal Test:** This test is the same as above but also includes the EPR in the integration

**18-21 Weeks:** **Ultrasound:** should include fetal biometry, amniotic fluid volume, placentation, anatomical review for anomalies, and markers for fetal aneuploidy. (offered to all women)

### 24-28 Weeks:

- Repeat HgB
- Diabetes (glucose) screen: For all women, including those at risk for GDM whose initial screen was negative
- Antibody screen: For women who are Rh + (see below for Rh – women)
- HIV: Women at risk for HIV or those who declined first trimester screening should be offered this opportunity for screening.

**Please note at 28 Weeks:** For Rh – women: Repeat antibody screen, regardless of partner's Rh type. If partner is Rh + or has an unknown Rh status, the antibody screen should be done prior to the administration of Rho(D) Immune Globulin.

**35-37 Weeks:** Group B Strep: Vaginal/rectal swab by patient or physician

### After 41 weeks

- Biophysical profile or NST and amniotic fluid volume  
OR
- Induction of labour

# NOVA SCOTIA PRENATAL RECORD 3

|                               |                                  |
|-------------------------------|----------------------------------|
| <b>PATIENT'S NAME:</b>        | <b>EDD:</b>                      |
| <b>PROBLEM LIST/CARE PLAN</b> |                                  |
| <b>Issue</b>                  | <b>Plan (Follow-up/Consults)</b> |
|                               |                                  |
|                               |                                  |
|                               |                                  |
|                               |                                  |
|                               |                                  |
|                               |                                  |
|                               |                                  |

| <b>PRENATAL VISITS</b> |        |              |    |               |                  |       |     |                   |              |               |          |
|------------------------|--------|--------------|----|---------------|------------------|-------|-----|-------------------|--------------|---------------|----------|
| Date                   | Weight | Urine<br>P/S | BP | Gest<br>(wks) | Fundal<br>height | Pres. | FHR | Fetal<br>movement | Cigs<br>/day | Next<br>visit | Comments |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |
|                        |        |              |    |               |                  |       |     |                   |              |               |          |