



# MATERNAL ASSESSMENT

Date \_\_\_\_\_ Time \_\_\_\_\_

Reason for assessment \_\_\_\_\_

Gravida (G) \_\_\_\_\_ Term (T) \_\_\_\_\_ Preterm(P) \_\_\_\_\_

Abortus (A) \_\_\_\_\_ Living Children (L) \_\_\_\_\_ Stillbirth (S) \_\_\_\_\_

Blood Group/Rh \_\_\_\_\_ 28 wk Pho(D) inj. received  No  Yes

Support Person(s) \_\_\_\_\_

Primary Care Provider \_\_\_\_\_

**LMP** \_\_\_\_\_  Known  Unsure

**EDD** \_\_\_\_\_ by  LMP or  U/S @ \_\_\_\_\_ weeks

Gestation \_\_\_\_\_ weeks

### Current Health and History

**Immunizations Received in Pregnancy**  
(e.g.; Influenza, Tdap, Hepatitis B and COVID-19)

### Previous Pregnancy/Delivery

### Medical History

**Substance Use**

Smoking  No  Yes Amt/day \_\_\_\_\_

Alcohol  No  Yes Amt/week \_\_\_\_\_

Cannabis  No  Yes Frequency \_\_\_\_\_

Other  No  Yes Describe \_\_\_\_\_

**Intimate Partner Violence**  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  Antenatal Colostrum collection  Other \_\_\_\_\_

Previous BF experiences  No  Yes

Describe \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Current Medications** \_\_\_\_\_

Rubella  Immune  Non-immune  Unknown

Varicella  Immune  Non-immune  Unknown

HIV  Negative  Positive  Unknown

Hepatitis B  Negative  Positive  Unknown

**GC/Chlamydia Screening**

Date (most recent screen) \_\_\_\_\_

Gonorrhea  Negative  Positive  Unknown

Chlamydia  Negative  Positive  Unknown

**GBS Status**  Negative  Positive  Unknown

**Maternal Vitals** TPR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BP \_\_\_\_\_

Pre-Preg. Wt \_\_\_\_\_ HT \_\_\_\_\_ BMI \_\_\_\_\_

Current Wt \_\_\_\_\_ Weight Gain \_\_\_\_\_

**Lab Tests** \_\_\_\_\_

**Labour**  No  Yes  N/A

Contractions started \_\_\_\_\_

Frequency: # \_\_\_\_\_ in 10 minutes.

Palpated  Mild  Moderate  Strong

**fFN**  No  Yes  N/A  Neg.  Pos.

**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  Decreased

FHR \_\_\_\_\_ bpm  IA  EFM Indication \_\_\_\_\_

Classification  Normal  Atypical  Abnormal

Interpretation \_\_\_\_\_

NST (if indicated)  Normal  Atypical  Abnormal

Plan of Care \_\_\_\_\_

BPP Score \_\_\_\_\_ U/S \_\_\_\_\_

### Notes

**Plan of Care**

Attending Care Provider \_\_\_\_\_ notified @ \_\_\_\_\_ hr.

Admitted to room # \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Transferred to \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Discharged home \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature/Status/Print Name \_\_\_\_\_

**For Induction**

Indication \_\_\_\_\_

**Booked C/S**

Indication \_\_\_\_\_

Date \_\_\_\_\_

