

Appendix A: Preconception Checklist

Issues to Consider in Preconception Include:

Nutrition

- | | |
|--|--|
| <input type="checkbox"/> Calcium and Vitamin D | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Folic Acid | <input type="checkbox"/> Body weight |
| <input type="checkbox"/> Iron | <input type="checkbox"/> Caffeine |
| <input type="checkbox"/> Zinc | <input type="checkbox"/> Vegetarian Considerations |
| <input type="checkbox"/> Vitamin A | <input type="checkbox"/> Herbal Products |

Substance Use

- | | |
|---|--|
| <input type="checkbox"/> Paternal and/or Maternal Tobacco Use | <input type="checkbox"/> Drug Dependency |
| <input type="checkbox"/> Alcohol Use | |

Medications

- | | |
|--|--|
| <input type="checkbox"/> Accutane | <input type="checkbox"/> Phenytoin |
| <input type="checkbox"/> ACE Inhibitors | <input type="checkbox"/> Propylthiouracil, methimazole |
| <input type="checkbox"/> Aminopterin, methotrexate | <input type="checkbox"/> Quinolones |
| <input type="checkbox"/> Carbamazepine | <input type="checkbox"/> Retinoic Acid |
| <input type="checkbox"/> Coumadin, Warfarin | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Daunorubicin | <input type="checkbox"/> Trimethadione |
| <input type="checkbox"/> Lithium | <input type="checkbox"/> Valporic Acid |
| <input type="checkbox"/> Metformin | |

Infections

- | | |
|--|--|
| <input type="checkbox"/> CMV | <input type="checkbox"/> Toxoplasmosis |
| <input type="checkbox"/> Human parvovirus B 19 | <input type="checkbox"/> Varicella (HSV-1) |
| <input type="checkbox"/> Rubella | |

Sexually Transmitted Diseases

- | | |
|---|---|
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Herpes (HSV-2) |
| <input type="checkbox"/> Genital Human Papillomavirus | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Gonorrhoea | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Hepatitis B | |

Chronic Illness

- | | |
|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Maternal PKU |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Psychiatric Illness |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Thyroid Problems |

Other Issues

- | | |
|--|---|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Infertility |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Previous Outcomes |
| <input type="checkbox"/> Home and Leisure Activities | <input type="checkbox"/> Social Support |
| <input type="checkbox"/> Hot Tubs and Saunas | <input type="checkbox"/> Workplace Concerns |

For more information on preconception issues see the three preconception reports from the Best Start Resource Centre at www.beststart.org/resources/preconception/index.html

Appendix B:

Antenatal Psychosocial Health Assessment

Antenatal Psychosocial Health Assessment (ALPHA)

Antenatal psychosocial health assessment is a vital component of prenatal care. A long process has led to the development of unique assessment forms: the provider-completed and self-report ALPHA forms. These structured antenatal assessment forms are being used on P.E.I. and are recommended by Health Canada in its Family-Centred Maternity Care Guidelines. Ontario has included the ALPHA headings in its 2000 Ontario Antenatal Record, thereby giving official recognition to these important topics. The ALPHA Form has been endorsed by the following groups: the Canadian Pediatric Association, the Canadian Psychiatric Association, the College of Family Physicians of Canada, the Ontario Association of Midwives, the Ontario Medical Association, the Royal College of Physicians and Surgeons of Canada, the Society of Obstetricians and Gynecologists of Canada.

The original provider-completed ALPHA was developed so that obstetrical providers could ask and document the responses of pregnant women to 32 questions relating to maternal, family, substance use and family violence issues. The form guides providers in their assessment of antenatal factors associated with the following poor postpartum outcomes: child abuse, woman abuse, postpartum depression and couple dysfunction and physical illness

The ALPHA self-report, developed through a consensus process of the research team, reflected feedback from women in the original ALPHA pilot who indicated they wanted a written form to complete. Some providers also preferred a self-report for time efficiency. The self-report mirrors the provider form and consists of a 33 questions, either open-ended or with a five-point rating scale. If the woman reports psychosocial issues, the woman and her provider can discuss them during a prenatal visit.

Content validity of the forms was established through an extensive evidenced-based literature review and pilot testing. Further validity and reliability testing in Ontario indicates that the ALPHA does pick up more psychosocial issues. The self-report and the provider ALPHA were trialed on P.E.I. by public health nurses and family physicians and found to yield comparable amount of psychosocial data. The ALPHA Provider's Guide provides information on interventions should antenatal factors be disclosed. An ALPHA provider training video is also available. See <http://dfcm19.med.utoronto.ca/research/alpha/>

Tips on using the ALPHA Forms

- Introduce the form as part of standard prenatal care given to all women
- Complete or have the woman complete after 20 weeks gestation
- Complete the provider ALPHA in one longer visit (20 minutes) or over several prenatal visits
- Bill for counselling/psychotherapy when appropriate
- Be sensitive to different cultural norms if issues are disclosed
- Remember that associations do not imply causality
- Ask the woman to complete the self-report alone, without her partner present
- Maintain confidentiality and discuss with the woman before sharing information

Self-report published in: Midmer D, Carroll J, Bryanton J, Stewart D. From research to application: The development of an antenatal psychosocial health assessment tool. *CJPH* 2002; 93(4):291-6.

Provider version published in: Reid A, Biringer A, Carroll J, Midmer D, Wilson L, Chalmers B, Stewart D. Using the ALPHA Form in practice to assess antenatal psychosocial health. *CMAJ*, 1998; 159(6): 677-684.

Carroll J, et al, Effectiveness of the Antenatal Psychosocial Health Assessment (ALPHA)Form in detecting psychosocial health concerns: a randomized controlled trial. *CMAJ* 2005;173(3):253 -9

Antenatal Psychosocial Health Assessment (ALPHA)

Addressograph

Antenatal psychosocial problems may be associated with unfavorable postpartum outcomes. The questions on this form are suggested ways of inquiring about psychosocial health. Issues of high concern to the woman, her family or the caregiver usually indicate a need for additional supports or services. When some concerns are identified, follow-up and/or referral should be considered. Additional information can be obtained from the ALPHA Guide. **Please consider the sensitivity of this information before sharing it with other caregivers.*

ANTENATAL FACTORS	CONCERN	COMMENTS / PLAN
FAMILY FACTORS		
Social support (CA, WA, PD) How does your partner/family feel about your pregnancy? Who will be helping you when you go home with your baby?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Recent stressful life events (CA, WA, PD, PI) What life changes have you experienced this year? What changes are you planning during this pregnancy?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Couple's relationship (CD, PD, WA, CA) How would you describe your relationship with your partner? What do you think your relationship will be like after the birth?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
MATERNAL FACTORS		
Prenatal care (late onset) (WA) First prenatal visit in third trimester? (check records)	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Prenatal education (refusal or quit) (CA) What are your plans for prenatal classes?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Feelings toward pregnancy after 20 weeks (CA, WA) How did you feel when you just found out you were pregnant? How do you feel about it now?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Relationship with parents in childhood (CA) How did you get along with your parents? Did you feel loved by your parents?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Self esteem (CA, WA) What concerns do you have about becoming/being a mother?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
History of psychiatric/emotional problems (CA, WA, PD) Have you ever had emotional problems? Have you ever seen a psychiatrist or therapist?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Depression in this pregnancy (PD) How has your mood been during this pregnancy?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	

ASSOCIATED POSTPARTUM OUTCOMES

The antenatal factors in the left column have been shown to be associated with the postpartum outcomes listed below. ***Bold, Italics*** indicates *good* evidence of association. Regular text indicates fair evidence of association.

CA – Child Abuse CD – Couple Dysfunction PI – Physical Illness

PD – Postpartum Depression WA – Woman Abuse

ANTENATAL FACTORS	CONCERN	COMMENTS / PLAN
SUBSTANCE USE		
Alcohol/drug abuse (WA, CA) (1 drink=1½ oz liquor, 12 oz beer, 5 oz wine) How many drinks of alcohol do you have per week? Are there times when you drink more than that? Do you or your partner use recreational drugs? Do you or your partner have a problem with alcohol or drugs? Consider CAGE (Cut down, Annoyed, Guilty, Eye opener)	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
FAMILY VIOLENCE		
Woman or partner experienced or witnessed abuse (physical, emotional, sexual) (CA, WA) What was your parents' relationship like? Did your father ever scare or hurt your mother? Did your parents ever scare or hurt you? Were you ever sexually abused as a child?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Current or past woman abuse (WA, CA, PD) How do you and your partner solve arguments? Do you ever feel frightened by what your partner says or does? Have you ever been hit/pushed/slapped by a partner? Has your partner ever humiliated you or psychologically abused you in other ways? Have you ever been forced to have sex against your will?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Previous child abuse by woman or partner (CA) Do you/your partner have children not living with you? If so, why? Have you ever had involvement with a child protection agency (ie. Children's Aid Society)?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Child discipline (CA) How were you disciplined as a child? How do you think you will discipline your child? How do you deal with your kids at home when they misbehave?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	

FOLLOW UP PLAN

- | | | |
|---|--|---|
| <input type="checkbox"/> Supportive counselling by provider | <input type="checkbox"/> Homecare | <input type="checkbox"/> Legal advice |
| <input type="checkbox"/> Additional prenatal appointments | <input type="checkbox"/> Parenting classes / parents' support group | <input type="checkbox"/> Children's Aid Society |
| <input type="checkbox"/> Additional postpartum appointments | <input type="checkbox"/> Addiction treatment programs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Additional well baby visits | <input type="checkbox"/> Smoking cessation resources | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Public Health referral | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Prenatal education services | <input type="checkbox"/> Psychologist / Psychiatrist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Psychotherapist / marital / family therapist | |
| <input type="checkbox"/> Community resources / mothers' group | <input type="checkbox"/> Assaulted women's helpline / shelter / counseling | |

COMMENTS:

Date Completed _____

Signature _____

THE ALPHA SELF-REPORT QUESTIONNAIRE FOR WOMEN

Name _____ Date _____ Months Pregnant _____

Having a baby usually means changes in your family life. You may wish to discuss some of these topics with your healthcare provider. She/he may help you with these changes. Please answer the questions the best way you can. Your answers are confidential and will be kept private.

Please answer the questions by circling a number on the scale, writing an answer in the space, or marking "yes" or "no". If some of the questions do not apply to you, please circle N/A (not applicable).

YOUR FAMILY LIFE Please answer the following questions about your family life.

Family Factors

- | | | | | | | | |
|--|--------------|---|---|---|---|---|--------------|
| 1. About this pregnancy, my partner feels | very happy | 1 | 2 | 3 | 4 | 5 | very unhappy |
| 2. About this pregnancy, my family feels | very happy | 1 | 2 | 3 | 4 | 5 | very unhappy |
| 3. I feel supported in this pregnancy | very much | 1 | 2 | 3 | 4 | 5 | not at all |
| 4. My partner will be involved with the baby | a great deal | 1 | 2 | 3 | 4 | 5 | not at all |
| 5. When I am home with the baby I will have help from (state relationship) | | | | | | | |

Comments: _____

Recent Life Stresses (moving, job change or loss, family illness or death, money troubles, and so on)

- | | | | | | | | |
|---|--|------------------------|---|---|---|---|----------------|
| 6. Over the past year, my life has been | very relaxed | 1 | 2 | 3 | 4 | 5 | very stressful |
| 7. I am making life changes during this pregnancy | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, describe _____ | | | | | |

Comments: _____

Relationship With Partner (if this applies)

- | | | | | | | | |
|---|------------|---|---|---|---|---|--------------|
| 8. My relationship with my partner is usually | very happy | 1 | 2 | 3 | 4 | 5 | very unhappy |
| 9. After the baby, I expect my partner and I will get along | very well | 1 | 2 | 3 | 4 | 5 | not at all |

Comments: _____

YOUR OWN LIFE Please answer the following questions about your own life and feelings.

10. In this pregnancy, I first came for care when I was _____ months pregnant. This is my _____ 1st _____ 2nd _____ 3rd _____ (indicate number) child.
 11. I am planning to take prenatal classes Yes No Reasons, if no, _____

Comments: _____

Feelings About Being Pregnant

- | | | | | | | | |
|---|------------|---|---|---|---|---|--------------|
| 12. My feelings about this pregnancy at first | very happy | 1 | 2 | 3 | 4 | 5 | very unhappy |
| 13. My feelings about this pregnancy now | very happy | 1 | 2 | 3 | 4 | 5 | very unhappy |

Comments: _____

Relationship With Parents

- | | | | | | | | |
|---|-----------|---|---|---|---|---|----------------|
| 14. When I was a child, I got along with my parent(s) | very much | 1 | 2 | 3 | 4 | 5 | not at all |
| 15. As a young child I felt loved by my mother | very much | 1 | 2 | 3 | 4 | 5 | not at all N/A |
| 16. As a young child I felt loved by my father | very much | 1 | 2 | 3 | 4 | 5 | not at all N/A |

Comments: _____

Feelings About Becoming/Being a Mother

- | | | | | | | | |
|---|-------------|---|---|---|---|---|-----------|
| 17. I have concerns about becoming/being a mother | none at all | 1 | 2 | 3 | 4 | 5 | very many |
|---|-------------|---|---|---|---|---|-----------|

Comments: _____

Emotional Health

- | | | | | | | | |
|---|--|---|---|---|---|---|----------|
| 18. I have had some emotional problems | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | |
| 19. I have seen a psychiatrist/therapist | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | |
| 20. In this pregnancy, my mood has been usually | happy/up | 1 | 2 | 3 | 4 | 5 | sad/down |

Comments: _____

CONCERNS IN YOUR LIFE Please answer the following questions about stress in your life.

Alcohol and Drug Use During Pregnancy

21. Each week I drink _____ drinks. (1 drink = 1 1/2 oz liquor, 12 oz beer, 5 oz wine)
22. There are times when I drink more during the week No Yes If yes, describe _____
23. Sometimes I've felt: *A need to cut-down my drinking* No Yes *Annoyed by people criticizing my drinking* No Yes
Guilty about my drinking No Yes *A need for a drink first thing in the morning* No Yes
24. I use recreational drugs, e.g., marihuana never 1 2 3 4 5 very often
25. I have some drug problems No Yes If yes, describe _____
26. My partner uses recreational drugs, e.g., marihuana never 1 2 3 4 5 very often
27. My partner has some drug problems No Yes If yes, describe _____
- Comments: _____

Parent's Relationship (when you were a young child)

28. My parents usually got along very well 1 2 3 4 5 not at all N/A
29. My father sometimes scared or hurt my mother never 1 2 3 4 5 very often N/A
30. My parents sometimes scared or hurt me never 1 2 3 4 5 very often N/A
31. As a child I was sexually abused No Yes
- Comments: _____

Relationship With Partner (if this applies)

32. My relationship with my partner usually has no tension 1 2 3 4 5 a lot of tension N/A
33. We work out arguments with no difficulty 1 2 3 4 5 great difficulty N/A
34. I've sometimes felt scared by what my partner says or does never 1 2 3 4 5 very often N/A
35. I've been hit/pushed/slapped by a partner never 1 2 3 4 5 very often
36. I've sometimes been put down or humiliated by my partner never 1 2 3 4 5 very often N/A
37. I've been forced to have sex against my will No Yes
- Comments: _____

Raising Children

38. I have children not living with me No Yes
39. My partner has children not living with him No Yes
40. As a child, I was involved with Children's Protective Services (Children's Aid) No Yes
41. Children in my care have been involved with Children's Protective Services No Yes
- Comments: _____

42. As a child, I was harshly disciplined by parents/family never 1 2 3 4 5 very often
43. I think spanking is necessary never 1 2 3 4 5 very often
- Comments: _____

44. Overall, how concerned are you about your emotional and family life?

not at all concerned 1 2 3 4 5 6 7 extremely concerned

45. What issues in your life are most concerning to you?

46. What help, if any, would you like?

Appendix C: Ontario Antenatal Record



Ontario Medical Association

In conjunction with the



Ontario Ministry of Health and Long-Term Care

Antenatal Record 1

Patient's Last Name		Patient's First Name			
Address – number, street name			Apt/Suite/Unit		
City/Town		Province	Postal Code		
Telephone - Home		Telephone - Work	Language	Partner's Last Name	Partner's First Name
Date of birth <i>YYYYMM/DD</i>	Age	Occupation	Educational level	Partner's Occupation	Partner's Educational level
OHIP No.		Patient File No.	Marital status	Birth attendant	Newborn care
Allergies or Sensitivities (describe reaction details)			Medications/Herbals		

Pregnancy Summary						
LMP <i>YYYYMM/DD</i>	Certain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	EDB (by dates)	Final EDB	Dating Method <input type="checkbox"/> Dates <input type="checkbox"/> T ₁ US <input type="checkbox"/> T ₂ US <input type="checkbox"/> ART (e.g. IVF)
Cycle q _____	Regular	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Contraceptive type	Last used	<i>YYYYMM/DD</i>				
Gravida	Term	Premature	Abortuses	Living		

Obstetrical History								
No.	Year	Sex M/F	Gest. age (weeks)	Birth weight	Length of labour	Place of birth	Type of delivery	Comments regarding pregnancy and birth

Medical History and Physical Exam (provide details in comments)				Initial Laboratory Investigations			
Current Pregnancy		Genetic History		Family History		Test	Result
1. Bleeding	Y / N	22. At risk population	Y / N	38. At risk population	Y / N	Hb	HIV
2. Nausea, vomiting	Y / N	(e.g., Ashkenazi, consanguinity, CF, sickle cell, Tay Sachs, thalassaemia)	Y / N	(e.g.: DM, DVT/PE, PIH/HT, postpartum depression, thyroid)	Y / N	MCV	<input type="checkbox"/> Counseled and test declined
3. Smoking _____cig/day	Y / N	Family history of:	Y / N	Physical Examination		ABO	Last Pap
4. Alcohol, street drugs	Y / N	23. Developmental delay	Y / N	Ht: _____ Wt: _____		Rh	<i>YYYYMM/DD</i>
5. Occup/Environ. risks	Y / N	24. Congenital anomalies	Y / N	BMI _____ BP _____		Antibody Screen	GC/Chlamydia
6. Dietary restrictions	Y / N	25. Chromosomal disorders	Y / N			Rubella immune	Urine C&S
7. Calcium adequate	Y / N	26. Genetic disorders	Y / N			HBsAg	
8. Preconceptional folate	Y / N					VDRL	
Medical History		Infectious Disease				Sickle Cell	
9. Hypertension	Y / N	27. Varicella susceptible	Y / N	39. Thyroid	N / Abn	Prenatal Genetic Investigations	
10. Endocrine	Y / N	28. STDs / HSV / BV	Y / N	40. Chest	N / Abn	a) All ages-MSS, IPS, FTS	Result
11. Urinary tract	Y / N	29. Tuberculosis risk	Y / N	41. Breasts	N / Abn	b) Age ≥ 35 at EDB-CVS/amnio	
12. Cardiac/Pulmonary	Y / N	30. Other	Y / N	42. Cardiovascular	N / Abn	c) If a or b declined, or twins, then MSAFP	
13. Liver, hepatitis, GI	Y / N			43. Abdomen	N / Abn	d) Counseled and test declined, or too late	<input type="checkbox"/>
14. Gynaecology/ Breast	Y / N	Psychosocial		44. Varicosities / Extrm.	N / Abn		
15. Hem./Immunology	Y / N	31. Poor social support	Y / N	45. External genitalia	N / Abn		
16. Surgery	Y / N	32. Relationship problems	Y / N	46. Cervix, vagina	N / Abn		
17. Blood transfusion	Y / N	33. Emotional/Depression	Y / N	47. Uterus	N / Abn		
18. Anaesthetic compl.	Y / N	34. Substance abuse	Y / N	48. Size: _____ weeks	N / Abn		
19. Psychiatric	Y / N	35. Family violence	Y / N	49. Adnexae	N / Abn		
20. Epilepsy/ Neurological	Y / N	36. Parenting concerns	Y / N	50. Other	N / Abn		
21. Other	Y / N	37. Relig. / Cultural issues	Y / N				

Comments

Signature	Date	Signature	Date
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A Guide to Pregnancy Assessment

In the event of maternal transfer, please photocopy the front sheet and send to referral hospital.

This assessment system is intended as a basis for planning the on-going management of the pregnancy and should reflect local resources. The risk factors or problems listed below are intended as examples only.

Healthy Pregnancy, no predictable risk:

- No pregnancy complications now or in the past
- No significant maternal medical disease
- No prior perinatal morbidity or mortality
- Fetal growth adequate

Pregnancy at risk:

The fetus/mother may be at risk. Closer observation of the pregnancy may be necessary. In addition, consultation with an appropriate specialist (obstetrician, internist, pediatrician, etc.) may also be necessary. These patients may be managed by continuing collaborative care and birth in an obstetrical unit with intermediate level nursing facilities OR they may be returned to the care of the referring provider with a suggested plan of management for the remainder of the pregnancy.

Maternal factors:

- Diabetes, White Classes B, C, or D
- Chronic hypertension
- Other significant medical illness
- Obesity (BMI \geq 35)
- Significant tobacco, alcohol, drug use
- Severe psychosocial issues
- Family history genetic disease or congenital anomalies
- Other significant family history, esp. DVT/PE and recurrent pregnancy losses

Prior pregnancy history of:

- Preterm labour < 36 weeks
- Stillbirth or neonatal death
- Intrauterine growth restriction
- Previous uterine surgery including lower segment Cesarean section
- Cervical incompetence

Current pregnancy complicated by:

- Gestational hypertension
- Placenta previa (with or without bleeding)
- Other significant antepartum hemorrhage
- Twin pregnancy
- Gestational diabetes (White Class A)
- Abnormal fetal growth (suspected intrauterine growth restriction or large for dates)
- PROM 32-36 weeks
- Preterm labour 32-36 weeks
- Rh or atypical blood group sensitization
- Hydramnios or oligohydramnios
- Fetal malposition (breech, transverse) at 36 weeks
- Postdates \geq 41 weeks
- Anemia not responding to Fe (Hb <100 g/l)
- _____

Pregnancy at high risk:

Pregnancies which are so complicated that the fetus and/or mother are obviously in danger. If at all possible, these patients should be transferred to a regional perinatal centre (level III) for intensive care and birth. Clearly, there are patients who deserve to be placed in this risk category (with problems such as excessive antepartum bleeding, cord prolapse, or advanced uncontrolled premature labour) who cannot be transferred safely or in time to benefit the fetus or mother.

- High order multiple gestation (triplets or greater)
- Fetal congenital anomaly
- Diabetes beyond Class D (end-organ involvement)
- Renal disease with hypertension \pm \downarrow function
- Heart disease, especially with failure
- Other significant severe medical illness
- _____
- Pregnancy < 32 weeks with:
- Preterm labour and/or premature rupture
- Gestational hypertension with adverse conditions
- Antepartum hemorrhage ongoing
- Oligohydramnios
- IUGR, \leq 10th %, reverse flow Doppler

Two or more risk problems can combine to produce a high pregnancy risk. Such a patient may need to be placed in a higher risk category



**Ontario
Medical
Association**

*In conjunction
with the*



**Ontario
Ministry of Health
and Long-Term Care**

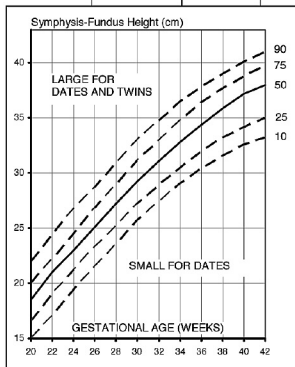
Antenatal Record 2

Patient's Last Name		Patient's First Name	
Birth attendant		Newborn care	
Family Physician		Final EDB	Allergies or Sensitivities
G	T		
	L		Medications / Herbals

Identified Risk Factors	Plan of Management

Recommended Immunoprophylaxis			
Rh neg.	<input type="checkbox"/>	Rh IG Given: YYYY/MM/DD	Rubella booster postpartum <input type="checkbox"/> Newborn needs: Hep B IG <input type="checkbox"/> Hep B vaccine <input type="checkbox"/>

Subsequent Visits								
Date	GA (weeks)	Weight.	B.P.	Urine Prot.	SFH	Pres. Posn.	FHR/ FM	Comments
								IPS, FTS, NT best done between 11w0d and 13w6d
								MSS best done between 15w0d and 17w6d
								Ultrasound for fetal anatomy best done between 18 and 20 weeks
								Antenatal 1 to L&D when final EDB known and Initial Laboratory Investigations complete
								Arrange for Prenatal Education Classes
								24-28 week blood work with 1 hr. GCT
								Rh Immunoprophylaxis at 28 weeks
								Group B Strep. screening best done between 35 and 37 weeks
								Antenatal 2 to be sent to Labour and Delivery
								Review Labour and Delivery plans:
								-pain management in labour
								-admission and discharge timing
								-postpartum contraception



Ultrasound			Additional Lab Investigations	
Date	GA	Result	Test	Result
		Dating scan (if done)	Hb	
		18-20 weeks for morphology	ABO/Rh	
			Repeat ABS	
			1 hr. GCT	
			2 hr. GTT	
			GBS	

Discussion Topics		
<input type="checkbox"/> Exercise	<input type="checkbox"/> Preterm labour	<input type="checkbox"/> Breastfeeding
<input type="checkbox"/> Work plan	<input type="checkbox"/> PROM	<input type="checkbox"/> Circumcision
<input type="checkbox"/> Intercourse	<input type="checkbox"/> APH	<input type="checkbox"/> Discharge planning
<input type="checkbox"/> Travel	<input type="checkbox"/> Fetal movement	<input type="checkbox"/> Car seat safety
<input type="checkbox"/> Prenatal classes	<input type="checkbox"/> Admission timing	<input type="checkbox"/> Depression
<input type="checkbox"/> Birth plans	<input type="checkbox"/> Pain management	<input type="checkbox"/> Contraception
<input type="checkbox"/> On call providers	<input type="checkbox"/> Labour support	<input type="checkbox"/> Postpartum care

Signature	Date	Signature	Date
-----------	------	-----------	------

Postnatal Visit

No of weeks postpartum	Date (YYYY/MM/DD)
------------------------	-------------------

History

Review of birth Vaginal Operative Cesarean

Baby's Health / Concerns	Baby's Name
--------------------------	-------------

Breastfeeding <input type="checkbox"/> Yes <input type="checkbox"/> No	Breastfeeding concerns
--	------------------------

Bladder function	Lochia / Menses
------------------	-----------------

Bowel function	Perineal discomfort
----------------	---------------------

Rubella immune <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vaccinated	Smoking history
---	-----------------

Pap smear status

Physical Examination

Weight _____ lb / kg	B.P. _____ mm Hg
----------------------	------------------

Affect	Thyroid
--------	---------

Breast exam

Abdomen

Perineum

Pelvic exam

Discussion Topics

Emotional problems / depression

Preconceptual folate to begin prior to next pregnancy

Contraception

Sexual / Relationship concerns

Social support

Family violence

Follow-up and advice re: future pregnancies and risks

Signature of physician or midwife

Appendix D: Larson Prenatal Screening Tool

Larson Prenatal Screening Tool - 3 Questions Used by Healthy Babies Healthy Children

Question	Response	Score
1. Mother's education	0 - 7 years	19
	8 - less than h.s. degree	13
	high school degree	9
	college - no degree	6
	college - degree or more	0
2. Has mother ever attended a prenatal course (3 or more attendances)?	No	6
	Yes	0
3. Mother's present smoking habit (cigarettes/day)	20	7
	16 - 20 years	6
	11 - 15 years	4
	6 - 10 years	3
	1 - 5 years	1
	0	0

NOTE: if a mother scores 13 or more she would receive a more detailed assessment. (Larson, et.al, 1987)

Appendix E: Parkyn Postpartum Screening Tool

Postpartum Tool, Healthy Babies Healthy Children (Parkyn Screen)

Mother's Name:..... Fathers Name:.....

A. Children with Congenital or acquired Health Challenge:

- | | |
|--|---|
| 1. Major (probability of permanent disability) e.g.: down's syndrome, cerebral palsy | 9 |
| 2. Moderate (correction may be possible) e.g.: cleft palate, loss of limb | 6 |

B. Development Factors:

- | | | |
|--|-----------------|---|
| 3. Low birthweight: | a) 0-1499 gm | 9 |
| | b) 1500-1999 gm | 8 |
| | c) 2000-2499 gm | 6 |
| 4. Complications of pregnancy: | | |
| a) Infections that can be transmitted in utero and may damage the fetus
(e.g.: AIDS, rubella) | | 9 |
| b) Drugs (e.g.: alcohol or drug abuse diagnosed in mother) | | 9 |
| 5. Complications of labour and delivery: | | |
| a) Labour requiring mid forceps including breech delivery or emergency caesarean | | 4 |
| b) Infant trauma or illness (e.g.: convulsions, respiratory distress syndrome) | | 6 |
| c) If Apgar less than 7 at 5 min., deduct score from 10 | | — |
| 6. Family history of a genetic health challenge (e.g.: deafness, mentally challenged) | | 4 |

C. Family Interaction Factors

- | | | |
|---|-----------------|---|
| 7. Age of mother | a) 15 and under | 9 |
| | b) 16 or 17 | 8 |
| | c) 18 or 19 | 5 |
| 8. Social situation: | | |
| a) One parent family with adequate support | | 2 |
| b) One parent family - no support | | 7 |
| c) Two parent family - no social support and/or severe isolation related to culture,
language or geography | | 4 |
| 9. Financial difficulties | | 3 |
| 10. No prenatal care before sixth month | | 4 |
| 11. Mental illness/mental challenge in mother and/or father: | | |
| Double score if both parents positive in a) or c) | | |
| a) Schizophrenia or bipolar affective disorder | | 7 |
| b) Postpartum depression or psychosis | | 9 |
| c) Mentally challenged parent | | 6 |
| 12. Prolonged postpartum maternal separation (5 days or more): | | |
| a) With frequent infant contacts (visits or phone as feasible) | | 2 |
| b) Little or no contact | | 6 |
| 13. Assessed lack of bonding (e.g.: minimal eye contact or touching) | | 6 |
| 14. > 3 hospitalizations in 1 year in absence of known chronic illness or condition | | 6 |
| 15. Other e.g.: marital distress, low education status, failure to thrive, parenting difficulties,
family violence, prenatal class attendance, maternal smoking during pregnancy (Score 0 to 9)..... | | |

Specify reason:.....

Priority score: 9 and over = high, 6 to 8 = moderate, 3 to 5 = low, 0 to 2 = minimal **TOTAL SCORE**.....

.....
Signature Date

ADAPTED FROM PARKYN'S PRIORITY ASSESSMENT (Parkyn, 1985)