# Appendix A: Preconception Checklist

Issues to Consider in Preconception Include:

## Nutrition
- Calcium and Vitamin D
- Folic Acid
- Iron
- Zinc
- Vitamin A
- Poverty
- Body weight
- Caffeine
- Vegetarian Considerations
- Herbal Products

## Substance Use
- Paternal and/or Maternal Tobacco Use
- Alcohol Use
- Drug Dependency

## Medications
- Accutane
- ACE Inhibitors
- Aminopterin, methotrexate
- Carbamazepine
- Coumadin, Warfarin
- Daunorubicin
- Lithium
- Metformin
- Phenytoin
- Propylthiouracil, methimazole
- Quinolones
- Retinoic Acid
- Tetracycline
- Trimethadione
- Valporic Acid

## Infections
- CMV
- Human parvovirus B 19
- Rubella
- Toxoplasmosis
- Varicella (HSV-1)

## Sexually Transmitted Diseases
- Chlamydia
- Genital Human Papillomavirus
- Gonorrhea
- Hepatitis B
- Herpes (HSV-2)
- HIV/AIDS
- Syphilis

## Chronic Illness
- Cancer
- Cardiovascular Disease
- Diabetes
- Epilepsy
- Lupus
- Maternal PKU
- Psychiatric Illness
- Thyroid Problems

## Other Issues
- Abuse
- Genetics
- Home and Leisure Activities
- Hot Tubs and Saunas
- Infertility
- Previous Outcomes
- Social Support
- 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


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)

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.

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

**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

<table>
<thead>
<tr>
<th>SUBSTANCE USE</th>
<th>CONCERN</th>
<th>COMMENTS / PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol/drug abuse (WA, CA)</strong> (1 drink: 1/2 oz liqueur, 1.2 oz beer, 5 oz wine)</td>
<td>☐ Low</td>
<td>☐ Some</td>
</tr>
<tr>
<td>How many drinks of alcohol do you have per week?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there times when you drink more than that?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you or your partner use recreational drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you or your partner have a problem with alcohol or drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider CAGE (Cut down, Annoyed, Guilty, Eye opener)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAMILY VIOLENCE</th>
<th>CONCERN</th>
<th>COMMENTS / PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Woman or partner experienced or witnessed abuse (physical, emotional, sexual) (CA, WA)</strong></td>
<td>☐ Low</td>
<td>☐ Some</td>
</tr>
<tr>
<td>What was your parents’ relationship like?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did your father ever scare or hurt your mother?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did your parents ever scare or hurt you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you ever sexually abused as a child?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Current or past woman abuse (WA, CA, PD)</strong></th>
<th>CONCERN</th>
<th>COMMENTS / PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you and your partner solve arguments?</td>
<td>☐ Low</td>
<td>☐ Some</td>
</tr>
<tr>
<td>Do you ever feel frightened by what your partner says or does?</td>
<td></td>
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</tr>
<tr>
<td>Have you ever been hit/pushed/slapped by a partner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your partner ever humiliated you or psychologically abused you in other ways?</td>
<td></td>
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</tr>
<tr>
<td>Have you ever been forced to have sex against your will?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Previous child abuse by woman or partner (CA)</strong></th>
<th>CONCERN</th>
<th>COMMENTS / PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you/your partner have children not living with you?</td>
<td>☐ Low</td>
<td>☐ Some</td>
</tr>
<tr>
<td>If so, why?</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever had involvement with a child protection agency (ie. Children’s Aid Society)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Child discipline (CA)</strong></th>
<th>CONCERN</th>
<th>COMMENTS / PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>How were you disciplined as a child?</td>
<td>☐ Low</td>
<td>☐ Some</td>
</tr>
<tr>
<td>How do you think you will discipline your child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you deal with your kids at home when they misbehave?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FOLLOW UP PLAN

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

## COMMENTS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date Completed: ____________ Signature: ____________

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http://dfcm19.med.utoronto.ca/research/alpha

Improving the Odds: Healthy Child Development
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 □ No □ 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. □ 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 □ No □ Yes
19. I have seen a psychiatrist/therapist □ No □ 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 = 1/2 oz liquor, 12 oz beer, 5 oz wine)
   - [ ] No  [ ] Yes  If yes, describe:

22. There are times when I drink more during the week
   - [ ] No  [ ] Yes  If yes, describe:

23. Sometimes I’ve felt:  
   - [ ] No  [ ] Yes  Guilty about my drinking
   - [ ] No  [ ] Yes  Annoyed by people criticizing my drinking
   - [ ] No  [ ] Yes  A need for a drink first thing in the morning

24. I use recreational drugs, e.g., marijuana
   - never  1  2  3  4  5  very often

25. I have some drug problems
   - never  1  2  3  4  5  very often

26. My partner uses recreational drugs, e.g., marijuana
   - never  1  2  3  4  5  very often

27. My partner has some drug problems
   - never  1  2  3  4  5  very often

### 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

### 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 our 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/slammed by a partner
   - never  1  2  3  4  5  very often  N/A

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

### 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

### Overall, how concerned are you about your emotional and family life?
not at all concerned  1  2  3  4  5  6  7  extremely concerned

### What issues in your life are most concerning to you?

### What help, if any, would you like?
Appendix C: Ontario Antenatal Record

### Antenatal Record 1

<table>
<thead>
<tr>
<th>Patient’s Last Name</th>
<th>Patient’s First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address – number, street name</th>
<th>Apt/Suite/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Province</th>
<th>Postal Code</th>
<th>Partner’s Last Name</th>
<th>Partner’s First Name</th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Telephone - Home</th>
<th>Telephone - Work</th>
<th>Language</th>
<th>Partner’s Occupation</th>
<th>Partner’s Educational level</th>
<th>Age</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Age</th>
<th>Occupation</th>
<th>Educational level</th>
<th>Ethnic or Racial backgrounds</th>
<th>Mother / Father</th>
</tr>
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<tbody>
<tr>
<td>YYYY-MM-DD</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Orif No.</th>
<th>Patient File No.</th>
<th>Marital status</th>
<th>Birth attendant</th>
<th>Newborn care</th>
<th>Family Physician</th>
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<tbody>
<tr>
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### Allergies or Sensitivities (describe reaction details) | Medications/Herbs
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### Pregnancy Summary

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<table>
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<th>Contraceptive type</th>
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### Gravida

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<th>Premature</th>
<th>Abortuses</th>
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### Obstetrical History

<table>
<thead>
<tr>
<th>No.</th>
<th>Year</th>
<th>Sex</th>
<th>Gest. age (weeks)</th>
<th>Birth weight</th>
<th>Length of labour</th>
<th>Place of birth</th>
<th>Type of delivery</th>
<th>Comments regarding pregnancy and birth</th>
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<tbody>
<tr>
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### Medical History and Physical Exam (provide details in comments)

### Initial Laboratory Investigations

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<th>Test</th>
<th>Result</th>
<th>Test</th>
<th>Result</th>
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<td>ALT</td>
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### Medical History

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<tr>
<th>Current Pregnancy</th>
<th>Genetic History</th>
<th>Family History</th>
<th>Date Method</th>
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<table>
<thead>
<tr>
<th>Medical History</th>
<th>Physical Examination</th>
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<td>Ht: _____ Wt: _____</td>
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### Antenatal Record 2

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<table>
<thead>
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<table>
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</tbody>
</table>

### Gravida

<table>
<thead>
<tr>
<th>Term</th>
<th>Premature</th>
<th>Abortuses</th>
<th>Living</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Obstetrical History

<table>
<thead>
<tr>
<th>No.</th>
<th>Year</th>
<th>Sex</th>
<th>Gest. age (weeks)</th>
<th>Birth weight</th>
<th>Length of labour</th>
<th>Place of birth</th>
<th>Type of delivery</th>
<th>Comments regarding pregnancy and birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Medical History and Physical Exam (provide details in comments)

### Initial Laboratory Investigations

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb</td>
<td></td>
<td>MCV</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ABO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ALT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical History

<table>
<thead>
<tr>
<th>Current Pregnancy</th>
<th>Genetic History</th>
<th>Family History</th>
<th>Date Method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical History</th>
<th>Physical Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ht: _____ Wt: _____</td>
</tr>
</tbody>
</table>

4293.64 (55/53)
Carney – Mother’s chart – forward to hospital
Pink – Attendant’s copy
White – Infant’s chart
7530-9624

Improving the Odds: Healthy Child Development
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

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 ≥ 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

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 32-35 weeks
- Rh or atypical blood group sensitization
- Hydramnios or oligohydramnios
- Fetal malposition (breech, transverse) at 36 weeks
- Postdates ≥ 41 weeks
- Anemia not responding to Fe (Hb <100 g/l)

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

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 ± 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
- IUdR, ≤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.
### Antenatal Record 2

**Patient's Last Name**

**Patient's First Name**

**Birth attendant**

**Newborn care**

**Family Physician**

**Final EDB**

**Allergies or Sensitivities**

**Medications / Herbs**

<table>
<thead>
<tr>
<th>G</th>
<th>T</th>
<th>P</th>
<th>A</th>
<th>L</th>
</tr>
</thead>
</table>

**Identified Risk Factors**

**Plan of Management**

- [ ]

**Recommended Immunophylaxis**

- Rh neg. [ ] Rh Ig Given: [YYMMDD]

- Rubella booster postpartum [ ]

- Newborn needs: Hep B IG [ ] Hep B vaccine [ ]

**Subsequent Visits**

<table>
<thead>
<tr>
<th>Date</th>
<th>GA (weeks)</th>
<th>Weight</th>
<th>B.P.</th>
<th>Urine</th>
<th>Protein</th>
<th>SFH</th>
<th>Pres. Pain</th>
<th>FHR/FP</th>
<th>Comments</th>
</tr>
</thead>
</table>

- IPS, FTS, NT bio done between 11w0d and 13w6d
- MSS bio done between 16w0d and 17w6d
- Ultrasound for fetal anatomy best done between 19 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 Immunophylaxis 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:
  - perinatal management in labour
  - admission and discharge timing
  - postpartum contraception

### Ultrasound

**Additional Lab Investigations**

<table>
<thead>
<tr>
<th>Date</th>
<th>GA (weeks)</th>
<th>Result</th>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
</table>

- Dating scan (if done)
- 18-20 weeks for morphology

- Hb

- ABO/Rh

- Repeat ABO

- 1 hr. GCT

- 2 hr. GFT

**Discussion Topics**

- Exercise
- Premature labour
- Breastfeeding

- Work plan
- PROM
- Counselling

- Intercourse
- APH
- Discharge planning

- Travel
- Fetal movement
- Car seat safety

- Prenatal classes
- Admission timing
- Depression

- Birth plans
- Pain management
- Contraception

- On-call providers
- Labour support
- Postpartum care

**Signature**

**Date**

**Signature**

**Date**

---

4204.64 (05/05)

Canary – Mother's chart

Pink – Attendant's copy

White – Infant's chart

7630-5625

---

**Improving the Odds: Healthy Child Development**
# Postnatal Visit

<table>
<thead>
<tr>
<th>No of weeks postpartum</th>
<th>Date (YYYY/MM/DD)</th>
</tr>
</thead>
</table>

## History

### Review of birth
- [ ] Vaginal
- [ ] Operative
- [ ] Cesarean

## Baby's Health / Concerns

<table>
<thead>
<tr>
<th>Breastfeeding</th>
<th>[ ] Yes</th>
<th>[ ] No</th>
<th>Breastfeeding concerns</th>
<th>Baby's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder function</td>
<td></td>
<td></td>
<td>Lochia / Menses</td>
<td></td>
</tr>
<tr>
<td>Bowel function</td>
<td></td>
<td></td>
<td>Perineal discomfort</td>
<td></td>
</tr>
<tr>
<td>Rubella immune</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Vaccinated</td>
<td>Smoking history</td>
</tr>
<tr>
<td>Pap smear status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Physical Examination

<table>
<thead>
<tr>
<th>Weight (lb / kg)</th>
<th>B.P. (mm Hg)</th>
<th>Affect</th>
<th>Thyroid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perineum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pelvic exam</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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

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

**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)