British Columbia Antenatal Record Part 1

1. Primary maternity care provider name		Family physician / nurse practitioner name	
Patient surname	Patient given name(s)	Date of birth (dd / mm / yyyy)	Age at EDD
Surname at birth	Preferred name / pronoun	Language preferred	Relationship status*
Highest level of education completed*		Occupation	
Indigenous identity:* ☐ No response ☐ None ☐ First Nations ☐ Métis ☐ Inuk (Inuit) ☐ Outside Canada	☐ Status ☐ Non-status ☐ Pending	☐ Live on reserve ☐ Live off reserve ☐ Live on & off reserve	Ethnicity*

Surname | Given name

Address

Phone number

Personal Health Number

Partner: Surname, given name(s)	Occupation	Biological father / donor: Surname, given name(s) OR ☐ Same as partner	Age	Ethnicity*

2. Allergies (incl. reaction) ☐ None	Medications / OTC drugs / herbals / vitamins ☐ Preconception folic acid ☐ T1 folic acid	Beliefs / practices (e.g. Jehovah's Witness)

3. Contraceptives: Type	Last used (dd / mm / yyyy)	Pregnancy planned: ☐ No ☐ Yes	LMP (dd / mm / yyyy)	EDD by LMP (dd / mm / yyyy)	Dating US (dd / mm / yyyy)	GA by US (wks / days)	EDD by US (dd / mm / yyyy)

4. Obstetrical History **G**ravida ______ **T**erm ______ **P**reterm ______ **A**bortus (Induced ______ Spontaneous ______) **L**iving ______

Date (mm / yyyy)	Place of birth	GA (wks / days)	Duration of labour (hrs)	Mode of birth	Perinatal complications / comments	Sex	Birth weight (g)	Breastfed (mos)	Child's present health

5. Present Pregnancy
No Yes (specify)
- ☐ ☐ ART: (select one only)
  - ☐ Ovarian stimulation only
  - ☐ IUI only
  - ☐ Ovarian stimulation + IUI
  - ☐ IVF (# of embryos transferred) ______
  - ☐ ICSI (# of embryos transferred) ______
  - ☐ Other ______
- ☐ ☐ Bleeding ______
- ☐ ☐ Nausea ______
- ☐ ☐ Travel (self / partner) ______
- ☐ ☐ Infection / rash / fever ______
- ☐ ☐ Other ______

6. Family History
No Yes (specify)
- ☐ ☐ Anesthetic complications ______
- ☐ ☐ Hypertension ______
- ☐ ☐ Thromboembolic ______
- ☐ ☐ Diabetes ______
- ☐ ☐ Mental health ______
- ☐ ☐ Substance use disorder ______
- ☐ ☐ Inherited conditions / defects (e.g. Tay-Sachs, Sickle Cell, Congenital Heart Defect, Cystic Fibrosis)
  - (Mother) ______
  - (Biological father / donor) ______
- ☐ ☐ Other ______

7. Medical History
No Yes (specify)
- ☐ ☐ Surgery ______
- ☐ ☐ Anesthetic complications ______
- ☐ ☐ Neuro. ______
- ☐ ☐ Resp. ______
- ☐ ☐ CV: ☐ Hypertension ☐ Prev. hypertension in preg. ☐ Other ______
- ☐ ☐ Abdo. / GI ______
- ☐ ☐ Gyne. / GU ______
- ☐ ☐ Hematology (e.g. transfusion, thromboembolic / coag.) ______
- ☐ ☐ Endocrine: ☐ T1DM ☐ T2DM ☐ Prev. GDM ☐ Thyroid ☐ Other ______
- ☐ ☐ Mental health: ☐ Anxiety ☐ Depression ☐ Prev. PPD ☐ Bipolar ☐ Eating disorder ☐ Substance use disorder: ☐ Methadone treatment ☐ Suboxone treatment ☐ Other ______
- ☐ ☐ Infectious diseases: ☐ Varicella ☐ HSV ☐ Other ______
- ☐ ☐ Immunizations: ☐ Flu (dd / mm / yyyy) ______ ☐ Tdap (dd / mm / yyyy) ______ ☐ Other ______
- ☐ ☐ Other ______

8. Lifestyle / Social Concerns
No Yes (specify)
- ☐ ☐ Diet / nutrition ______
- ☐ ☐ Exercise ______
- ☐ ☐ Financial ______
- ☐ ☐ Housing / food security ______
- ☐ ☐ Transportation ______
- ☐ ☐ Safety ______
- ☐ ☐ Gender-based violence: ☐ Partner ☐ Non-partner
- ☐ ☐ Relationships / support ______
- ☐ ☐ Other ______

9. Substance Use

	3 Mos Before Preg	During Preg
Alcohol	☐ No ☐ Yes	☐ No ☐ Yes
# Drinks per week	______	______
4 or more drinks at one time	☐ No ☐ Yes	☐ No ☐ Yes
Quit alcohol: ☐ No ☐ Yes, date (dd / mm / yyyy) ______		
Tobacco	☐ No ☐ Yes	☐ No ☐ Yes
# Cigarettes per day	______	______
Exposed to 2nd-hand smoke	☐ No ☐ Yes	☐ No ☐ Yes
Quit tobacco: ☐ No ☐ Yes, date (dd / mm / yyyy) ______		
Cannabis	☐ No ☐ Yes	☐ No ☐ Yes
CBD product(s) only	☐ No ☐ Yes	☐ No ☐ Yes
# Times used per (circle to specify)	______ day week month	______ day week month
Primary route: (select one only)	☐ Smoke ☐ Vaporize ☐ Edible / oral ☐ Other	☐ Smoke ☐ Vaporize ☐ Edible / oral ☐ Other
Quit cannabis: ☐ No ☐ Yes, date (dd / mm / yyyy) ______		
Other(s) During Preg	☐ No ☐ Yes: (check all that apply)	

☐ Cocaine ☐ Opioids ☐ Methamphetamines
☐ IV drugs ☐ Prescription drugs ☐ Other(s) ______

10. Initial Physical Examination
Date (dd / mm / yyyy) ______ Completed by (name) ______

BP	HR (per min)	Ht (cm)	Pre-preg. Wt* (kg)	Pre-preg. BMI*

Norm Abnorm (specify)
- ☐ ☐ Head & neck ______
- ☐ ☐ Breasts & nipples ______
- ☐ ☐ Heart & lungs ______
- ☐ ☐ Abdomen ______
- ☐ ☐ Musculoskeletal ______

Norm Abnorm (specify)
- ☐ ☐ Skin: ☐ Varicosities ☐ Other ______
- ☐ ☐ Pelvic ______
  - STI test (dd / mm / yyyy) ______
  - Pap test (dd / mm / yyyy) ______
- ☐ ☐ Other ______

11. Comments / Follow-up (incl. details from sections 5 – 10)

Care provider (signature) ______ ☐ MD ☐ RM ☐ NP

** Please refer to **Reference Page 1** on the back of this page for guidance and a list of discussion topics.*

REFERENCE PAGE 1

Section 1: Demographics and Background

Relationship status

Record in the appropriate field on the first page **one** of the following:

- **Married**
- **Living with partner**
- **Single (never married)**
- **Separated or divorced**
- **Widowed**
- **Unknown**

Highest level of education completed

Record in the appropriate field on the first page **one** of the following:

- **Less than high school**
- **High school diploma**
- **Trade or other certificate/diploma (not Bachelors)**
- **Undergraduate university degree(s)**
- **Postgraduate university degree(s)**
- **Unknown**

Indigenous identity

Everyone should be asked this question:

"Do you identify as an Indigenous or Aboriginal person?"

Responding to this question is voluntary.

If '**No response**' or '**None**,' skip to '**Ethnicity**.'

If 'Yes,' record the Indigenous or Aboriginal identity by checking **all** that apply from the following list on the first page:

- **First Nations**
- **Métis**
- **Inuk (Inuit)**
- **Outside of Canada**

If the individual identifies as First Nations, specify whether they are '**Status**', '**Non-status**,' or **Status** '**Pending**,' and whether they predominately '**Live on reserve**,' '**Live off reserve**,' or '**Live on & off reserve**.'

Ethnicity

Determine the ethnicities of the mother and the biological father/donor from the following list, and record **all** that apply in the appropriate fields on the first page:

- **Indigenous/Aboriginal**
- **European – Western (e.g. English, Italian)**
- **European – Eastern (e.g. Russian, Polish)**
- **Asian – East (e.g. Chinese, Japanese, Korean)**
- **Asian – South (e.g. Indian, Pakistani, Sri Lankan)**
- **Asian – South East (e.g. Malaysian, Filipino)**
- **Middle Eastern (e.g. Iranian, Lebanese)**
- **African**
- **Caribbean**
- **Latin American (e.g. Argentinean, Chilean)**
- **Other(s)** (specify)

- **Do not know**
- **Prefer not to answer**

Section 10: Initial Physical Examination

Health Canada Weight Gain Recommendations for Singleton Pregnancies (adapted from Institute of Medicine, 2009)

Pre-pregnancy Weight Category	Pre-pregnancy Body Mass Index (BMI)	Mean Rate[1] of Weight Gain in 2nd and 3rd Trimesters		Recommended Total Weight Gain[2]	
		kg/wk	lb/wk	kg	lb
Underweight	<18.5	0.5	1.0	12.5 – 18.0	28 – 40
Normal weight	18.5 – 24.9	0.4	1.0	11.5 – 16.0	25 – 35
Overweight	25.0 – 29.9	0.3	0.6	7.0 – 11.5	15 – 25
Obese[3]	≥30.0	0.2	0.5	5.0 – 9.0	11 – 20

[1] Rounded values.
[2] Calculations for the recommended total weight gain range assume a gain of 0.5 to 2.0 kg (1.1 to 4.4 lbs) in the first trimester.
[3] A lower weight gain may be advised for women with a BMI of 35 or greater, based on clinical judgement and a thorough assessment of the risks and benefits to mother and child.

Discussion Topics

1st – 3rd Trimester (as indicated)

- ☐ Nutrition/folic acid
- ☐ Healthy weight gain
- ☐ Physical activity
- ☐ Occupational concerns
- ☐ Personal safety
- ☐ Support system
- ☐ Mental health
- ☐ Substance use (i.e. alcohol, drugs)
- ☐ Sexual activity, STI risk factors, screening
- ☐ Immunization
- ☐ VBAC counseling (if applicable)

1st Trimester

- ☐ Nausea/vomiting
- ☐ Safety: food, medications/vitamins/supplements, seatbelts
- ☐ Oral health
- ☐ Exposures: infections, pets, environment, occupation
- ☐ Travel
- ☐ Prenatal genetic screening
- ☐ Early pregnancy loss: signs/symptoms, what to do
- ☐ Routine prenatal care, emergency contact/on-call providers
- ☐ Breastfeeding: attitudes/beliefs
- ☐ Quality educational resources
- ☐ Public health services/programs

2nd Trimester

- ☐ Bleeding
- ☐ Preterm labour: signs/symptoms
- ☐ PROM
- ☐ Lifestyle and social risk assessment
- ☐ Gestational diabetes screening
- ☐ Prenatal classes
- ☐ Birth options and practices that promote healthy birth
- ☐ Birth plan: travel to other community for delivery (if applicable)
- ☐ Breastfeeding and importance of immediate, uninterrupted skin-to-skin care
- ☐ Postpartum contraception

3rd Trimester

- ☐ Fetal movement
- ☐ Emergency contact/on-call providers
- ☐ ECV, breech delivery, elective Cesarean delivery (if applicable)
- ☐ Indications for induction of labour
- ☐ Signs/symptoms of labour and admission timing
- ☐ Birth plan: labour support, pain management
- ☐ Potential interventions, use of blood products
- ☐ Genital herpes suppression
- ☐ GBS screening/prophylaxis
- ☐ Cord blood banking
- ☐ Erythromycin/ophthalmia neonatorum prophylaxis/treatment
- ☐ Vitamin K prophylaxis
- ☐ Newborn care, screening, circumcision, follow-up
- ☐ Breastfeeding adjustment, skills, support
- ☐ Postpartum care
- ☐ Postpartum contraception
- ☐ Discharge planning, car seat safety
- ☐ Infant safe sleep
- ☐ Work plan, maternity leave
- ☐ EPDS screening

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British Columbia Antenatal Record Part 2

12. Planned place of birth @ 20 wks ☐ Copy to hospital	Planned place of birth @ 36 wks ☐ Copy to hospital	Referral hospital

Surname Given name

Address

Phone number

Personal Health Number

Confirmed EDD (dd/mm/yyyy) ______ by: ☐ US ☐ IVF

13. Investigations ABO	Rh factor	Date (dd/mm/yyyy)	Antibody Titre	Date RhIg given (dd/mm/yyyy)	Hemoglobin (g/L)
		1.		1.	T1
		2.		2.	T3

Test	Results	Results/Follow-up/Comments	
Rubella	☐ Imm ☐ Non-imm	Value (IU/mL) ______	☐ Postpartum vaccine required
HIV	☐ Neg ☐ Pos		☐ T3 repeat if high-risk
Syphilis	☐ N/R ☐ R		
HBsAg	☐ N/R ☐ R	HBV DNA (IU/mL) ______ ☐ Partner/household contact	☐ Anti-viral therapy required ☐ Newborn vaccine required ☐ Newborn HBIg required
Gonorrhea	☐ Neg ☐ Pos		☐ T3 repeat if Pos
Chlamydia	☐ Neg ☐ Pos		☐ T3 repeat if Pos
Urine C&S	☐ Neg ☐ Pos	Culture ______	
GDM (@24–28 wks)		☐ GDM test declined	☐ Diet controlled ☐ Insulin required
GCT (50 g)	☐ Neg ☐ Pos	Value (mmol/L) @ 1 hr ______	
GTT (75 g)	☐ Neg ☐ Pos	Value (mmol/L) @ Fasting ______ @ 1 hr ______ @ 2 hr ______	
GBS (@35–37 wks)	☐ Neg ☐ Pos	Date (dd/mm/yyyy) ______	☐ Copy to hospital

Other (e.g. Ferritin, TSH, HepC)

Prenatal Genetic Investigations ☐ Declined | **Results**

☐ SIPS ☐ IPS ☐ Quad ☐ CVS

☐ NIPT (MSP) ☐ NIPT (self-pay) ☐ Other ______ ☐ Amnio

14. Edinburgh Perinatal/Postnatal Depression Scale* ☐ Declined

Date (dd/mm/yyyy) ______ GA (wks/days) ______

Total score ______ Anxiety subscore (questions 3–5) ______ Self-harm subscore (question 10) ______

Follow-up ______

15. Ultrasounds & Other Imaging Investigations

Date (dd/mm/yyyy)	GA (wks/days)	Comments

16. Perinatal Considerations & Referrals

Pregnancy type: ☐ Singleton ☐ Twin ☐ Multiple (3+)

VBAC eligible @ 36 wks: ☐ No ☐ Yes ☐ N/A

VBAC planned @ 36 wks: ☐ No ☐ Yes ☐ N/A

Plan to breastfeed: ☐ No ☐ Yes ☐ Undecided

Lifestyle/substance use ______

Pregnancy ______

Labour & birth ______

Breastfeeding ______

Postpartum ______

Contraception plan ______

Newborn ______

17. Date (dd/mm/yyyy)	GA (wks/days)	BP	Urine (if indicated)	Wt (kg)	Fundus (cm)	FHR (per min)	FM	Pres. & position	Comments*	Next visit	Initials

Please see the next page, British Columbia Antenatal Record Part 2 (cont'd), to record additional visits.

18. Sign-Offs

1. (name) ______ (signature) ______ ☐ MD ☐ RM ☐ NP

2. (name) ______ (signature) ______ ☐ MD ☐ RM ☐ NP

3. (name) ______ (signature) ______ ☐ MD ☐ RM ☐ NP

* *Please refer to* ***Reference Page 2*** *on the back of this page for guidance and a list of discussion topics.*

REFERENCE PAGE 2

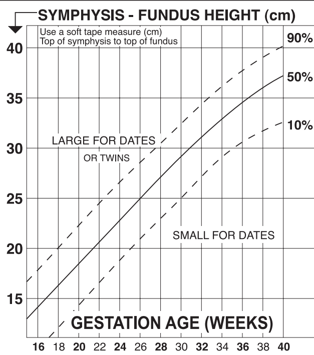
Section 14: Edinburgh Perinatal / Postnatal Depression Scale

Edinburgh Perinatal / Postnatal Depression Scale Scoring Guide (Cox, Holden, Sagovsky, 1987; PSBC 2015)

In the past 7 days . . .

	Item	Responses	Responses
1.	I have been able to laugh and see the funny side of things	• As much as I always could = 0 • Not quite so much now = 1	• Definitely not so much now = 2 • Not at all = 3
2.	I have looked forward with enjoyment to things	• As much as I ever did = 0 • Rather less than I used to = 1	• Definitely less than I used to = 2 • Hardly at all = 3
3.	I have blamed myself unnecessarily when things went wrong	• No, never = 0 • No, not very often = 1	• Yes, some of the time = 2 • Yes, most of the time = 3
4.	I have been anxious or worried for no good reason	• No, not at all = 0 • Hardly ever = 1	• Yes, sometimes = 2 • Yes, very often = 3
5.	I have felt scared or panicky for no very good reason	• No, not at all = 0 • No, not much = 1	• Yes, sometimes = 2 • Yes, quite a lot = 3
6.	Things have been getting on top of me	• No, I have been coping as well as ever = 0 • No, most of the time I have coped well = 1	• Yes, sometimes I haven't been coping as well as usual = 2 • Yes, most of the time I haven't been able to cope = 3
7.	I have been so unhappy that I have had difficulty sleeping	• No, not much = 0 • Not very often = 1	• Yes, sometimes = 2 • Yes, most of the time = 3
8.	I have felt sad or miserable	• No, not much = 0 • Not very often = 1	• Yes, quite often = 2 • Yes, most of the time = 3
9.	I have been so unhappy that I have been crying	• No, never = 0 • Only occasionally = 1	• Yes, quite often = 2 • Yes, most of the time = 3
10.	The thought of harming myself has occurred to me	• Never = 0 • Hardly ever = 1	• Sometimes = 2 • Yes, quite often = 3

Section 17: Prenatal Visits Notes



EPDS Scores – Interpretation and Actions

	Score		Action
Total score	**≥14**	➔	Follow up with diagnostic assessment and treatment, and consider referral to a mental health specialist, as appropriate.
	12–13	➔	Monitor, support, and offer education.
Anxiety subscore (questions 3–5)	**≥6**	➔	Monitor, support, and offer education.
Self-harm subscore (question 10)	**1–3**	➔	Provide immediate mental health assessment and intervention, and consider referral to a mental health specialist, as appropriate.

The EPDS should be completed between 28–32 weeks in all pregnancies, as well as 6–8 weeks postpartum.

Discussion Topics

1st–3rd Trimester (as indicated)

- ☐ Nutrition/folic acid
- ☐ Healthy weight gain
- ☐ Physical activity
- ☐ Occupational concerns
- ☐ Personal safety
- ☐ Support system
- ☐ Mental health
- ☐ Substance use (i.e. alcohol, drugs)
- ☐ Sexual activity, STI risk factors, screening
- ☐ Immunization
- ☐ VBAC counseling (if applicable)

1st Trimester

- ☐ Nausea/vomiting
- ☐ Safety: food, medications/vitamins/supplements, seatbelts
- ☐ Oral health
- ☐ Exposures: infections, pets, environment, occupation
- ☐ Travel
- ☐ Prenatal genetic screening
- ☐ Early pregnancy loss: signs/symptoms, what to do
- ☐ Routine prenatal care, emergency contact/on-call providers
- ☐ Breastfeeding: attitudes/beliefs
- ☐ Quality educational resources
- ☐ Public health services/programs

2nd Trimester

- ☐ Bleeding
- ☐ Preterm labour: signs/symptoms
- ☐ PROM
- ☐ Lifestyle and social risk assessment
- ☐ Gestational diabetes screening
- ☐ Prenatal classes
- ☐ Birth options and practices that promote healthy birth
- ☐ Birth plan: travel to other community for delivery (if applicable)
- ☐ Breastfeeding and importance of immediate, uninterrupted skin-to-skin care
- ☐ Postpartum contraception

3rd Trimester

- ☐ Fetal movement
- ☐ Emergency contact/on-call providers
- ☐ ECV, breech delivery, elective Cesarean delivery (if applicable)
- ☐ Indications for induction of labour
- ☐ Signs/symptoms of labour and admission timing
- ☐ Birth plan: labour support, pain management
- ☐ Potential interventions, use of blood products
- ☐ Genital herpes suppression
- ☐ GBS screening/prophylaxis
- ☐ Cord blood banking
- ☐ Erythromycin/ophthalmia neonatorum prophylaxis/treatment
- ☐ Vitamin K prophylaxis
- ☐ Newborn care, screening, circumcision, follow-up
- ☐ Breastfeeding adjustment, skills, support
- ☐ Postpartum care
- ☐ Postpartum contraception
- ☐ Discharge planning, car seat safety
- ☐ Infant safe sleep
- ☐ Work plan, maternity leave
- ☐ EPDS screening

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British Columbia Antenatal Record Part 2 *(cont'd)*

16. Perinatal Considerations & Referrals *(cont'd)*

Confirmed EDD (dd/mm/yyyy) ______________________

Lifestyle/substance use ______________________

Pregnancy ______________________

Labour & birth ______________________

Breastfeeding ______________________

Postpartum ______________________

Contraception plan ______________________

Newborn ______________________

Surname ______________________ Given name ______________________

Address ______________________

Phone number ______________________

Personal Health Number ______________________

Cont'd from previous page of British Columbia Antenatal Record Part 2.

17. Date (dd/mm/yyyy)	GA (wks/days)	BP	Urine (if indicated)	Wt (kg)	Fundus (cm)	FHR (per min)	FM	Pres. & position	Comments	Next visit	Initials

18. Sign-Offs

1. (name) ______________________ (signature) ______________________ ☐ MD ☐ RM ☐ NP

2. (name) ______________________ (signature) ______________________ ☐ MD ☐ RM ☐ NP

3. (name) ______________________ (signature) ______________________ ☐ MD ☐ RM ☐ NP

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