

Antenatal General Encounter + Midwifery tab



Patient Label Here

ADMISSION TAB

DEMOGRAPHICS: Per patient label *or*

Family Name: _____

Given Name: _____

Date of Birth: dd / mm / yyyy

Chart Number: _____

Postal Code: _____

No Fixed Address

Expected Date of Birth (EDB): dd / mm / yyyy

Language Spoken at Home: *(Select One)*

English French Unknown

Other (specify): _____

HISTORY TAB

Pre-existing Health Conditions (Outside of Pregnancy):

(List All) _____

Mental Health Concerns: *(Select All That Apply)*

None Anxiety Depression

History of Postpartum Depression Addiction Bipolar

Schizophrenia Other Unknown

Domestic/Intimate Partner Violence: *(Select One)*

No Disclosure Disclosure Unable to ask

Obstetrical History: Gravida (G): _____

of Previous Term Pregnancies (T): _____

of Previous Preterm Pregnancies (P): _____

of Previous Abortions (A): _____

of Living Children (L): _____

of Previous Stillbirths (S): _____

of Previous Vaginal Births: _____

of Previous C/S Births: _____

of Previous VBACs: _____

Parity: Auto calculates

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PREGNANCY TAB

Maternal Height: _____ (in, ft & in, cm) Unknown

Pre-pregnancy weight: _____ (lb/kg) Unknown

Pre-pregnancy BMI: *Calculates*

Number of Fetuses: _____

Is the pregnant person a gestational carrier? *(Select One)*

Yes No Unknown

Estimated Date of Birth (EDB): dd / mm / yyyy

Conception type: *(Select One)*

- Spontaneous
 Intrauterine Insemination alone
 Intrauterine Insemination (IUI) with ovulation induction but no IVF
 Ovulation induction without IVF (i.e. Clomid, FSH)
 IVF Vaginal insemination Unknown

First Trimester Visit: *(Select One)* Yes No Unknown

Antenatal Health Care Provider: None

- Obstetrician Family Physician Midwife Nurse
 Nurse Practitioner (APN/CNS) Other Unknown

Prenatal Education: *(Select One)*

- Yes - In-person prenatal education only
 Yes - Online prenatal education only
 Yes - Combination of in-person and online prenatal education
 Yes - Unknown method of education delivery
 No - Patient/client did not receive prenatal education
 Unknown if patient/client received prenatal education

Was prenatal genetic screening offered, as indicated on the OPR?: *(Select One)*

- Yes, screening was offered
 No, screening was not offered
 Counselling and declined screening
 Unknown if screening was offered - no access to the OPR
 Unknown if screening was offered - other reason

Folic Acid Use: *(Select One)* None Pre-conception only

- During pregnancy only
 Pre-conception and during pregnancy Unknown

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Intention to Breastfeed: *(Select One)*

- Yes, intends to exclusively breastfeed
- Yes, intends to combination feed (use breast milk and breast milk substitute)
- No, does not intend to breastfeed
- Mother unsure Unknown, intent not collected

Smoking at First Trimester Visit: *(Select One)*

- None < 10 cigarettes/day 10-20/day
- >20/day Amount unknown Unknown

Resides with smoker at first trimester visit: *(Select One)*

- Yes No Unknown

Alcohol Exposure in Pregnancy: *(Select One)*

- None
- < 1 drink/month 1 drink/month
- 2-3 drinks/month 1 drink/week
- More than 1 drink/week
- Episodic excessive drinking (binging)
- Exposure prior to pregnancy confirmed, amount unknown
- Unknown

Cannabis Exposure in Pregnancy: *(Select One)*

- Never Less than 1 day per month
- 1 day per month 2-3 days per month
- 1-2 days per week 3-4 days per week
- 5-6 days per week Daily
- Some use, but frequency unknown Usage unknown

Drug and Substance Exposure in Pregnancy:

- (Select All That Apply)*
- None Amphetamines
 - Cocaine Gas/Glue Hallucinogens Opioids
 - Other Unknown

ANTENATAL EXPOSURE TO MEDICATION:

- (Select All That Apply)* None

OTC/Vitamins/Homeopathic:

- Prenatal Vitamins (including folic acid)
- Probiotics Iron Supplements
- Anti-emetics (OTC) Antihistamines (OTC)
- Herbal or homeopathic remedies
- Other over the counter medications

Prescribed Medications:

- Amphetamines Antibiotics (NOT for GBS prophylaxis)
- Anticonvulsants (NOT for preeclampsia)

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- Anti-emetics Antihistamines Antihypertensives
- Anti-inflammatory Antiretrovirals
- Anti-rheumatic Antiviral Cardiovascular
- Chemotherapeutic Agents
- Gastrointestinal Agents / Proton Pump Inhibitors / H2 blockers
- General anaesthetic Insulin Metformin Opioids

Opioid Agonist Therapy:

- Methadone Buprenorphine monoprodukt (Subutex)
- Buprenorphine – naloxone (Suboxone)
- Slow-release morphine for opioid use disorder

Other Medications:

- Psychotropics Selective Serotonin Reuptake Inhibitors
- Thyroid medications Other prescription
- Unknown prescription or OTC exposure

INFECTION & PREGNANCY: *(Select All That Apply)*

- None C-Difficile Chlamydia Covid-19 Gonorrhoea
- Group B Streptococcus (bacteriuria) Hepatitis A
- Hepatitis B Hepatitis C Herpes Simplex Virus HIV
- HPV Seasonal Influenza Syphilis Trichomonas
- Methicillin-resistant staphylococcus aureus (MRSA)
- Suspected Chorioamnionitis Urinary Tract Infection (UTI)
- Viruses-other Other infections Unknown

If Yes To Covid Infection:

Date of positive COVID-19 Diagnosis: dd/mm/yyyy

Was the patient hospitalized due to COVID-19 specifically?

- Yes No Unknown

Progesterone taken daily for spontaneous preterm birth prevention, any time after 16 weeks gestation:

- Yes No Unknown

(Do NOT include if progesterone is used only in first trimester)

ASA (aspirin) taken daily for preeclampsia prevention, any time after 12 weeks' gestation: Yes No Unknown

(Do NOT include if aspirin is used only in first trimester)

BLOOD TYPING AND IMMUNOGLOBULIN

Blood group and type of pregnant individual, ABO/Rh(D):

(Select One) Not collected/unknown

- O+ O- A+ A- B+ B- AB+ AB-

What was the antibody screen result?:

- Negative Positive Unknown

For Rh(D) negative patients, was Rh(D) immunoglobulin (RhIG/Rhogam/WinRho) given in pregnancy?:

- No Yes, 1 dose Yes, 2 doses
- Yes, 3 or more doses
- Yes, number of doses unknown Unknown

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Date of Rh(D) Immunoglobulin Dose
(latest prior to birth): dd/mm/yyyy

DIABETES AND PREGNANCY: *(Select One)*

- None Gestational - Insulin Gestational - No Insulin
- Gestational - Insulin status unknown Type 1
- Type 2 Insulin Type 2 No Insulin
- Type 2 Insulin Usage Unknown Type Unknown
- Declined Testing Unknown

HYPERTENSIVE DISORDERS OF PREGNANCY: *(Select One)*

- None Gestational Hypertension Preeclampsia
- Pre-existing Hypertension with superimposed preeclampsia
- Eclampsia HELLP syndrome Unknown

COMPLICATIONS OF PREGNANCY, NOT INCLUDING HYPERTENSION OR DIABETES: *(Select All That Apply)*

Complications of Pregnancy, not including Hypertension or Diabetes: None Unknown

Complications of Pregnancy – Fetal:

- Anomaly(ies) Isoimmunization/Alloimmunization
- Intrauterine Growth Restriction (IUGR)
- Oligohydramnios Polyhydramnios Other

Complications of Pregnancy – Maternal:

- Anemia unresponsive to therapy
- Antepartum bleeding (persistent and unexplained)
- Cancer – diagnosed in this pregnancy
- Haematology – Gestational Thrombocytopenia
- Hyperemesis Gravidarum (Requiring Hospital Admission)
- Liver/Gallbladder – Intrahepatic Cholestasis of Pregnancy
- Liver/Gallbladder – Acute Fatty Liver of Pregnancy
- Neurology – Epilepsy/Seizures – Seizure occurred during current pregnancy
- Prelabour rupture of membranes (PROM)
- Preterm labour
- Preterm pre-labour rupture of membranes (PPROM)
- Pulmonary – asthma occurred during current pregnancy
- Other

Complications of Pregnancy – Placental:

- Placenta accreta Placenta Increta Placenta percreta
- Placenta Previa Placental abruption Other

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MIDWIFERY TAB

CLINICAL & VISIT SUMMARY

Did the pregnant person plan for a home birth at any point during pregnancy (from conception to intrapartum)?

(Select One) Yes No Unknown

First Trimester Visit Provider type: (Select One)

Midwife Midwife and other Other

PRENATAL VISITS

Prenatal visits coordinating MW: _____

Prenatal visits all other MW: _____

of visits in which a student was involved: _____

Total # of Registered Midwives providing antenatal care:

PRENATAL VISITS - LOCATION

Prenatal visits clinic: _____

Prenatal visits hospital: _____

Prenatal visits home: _____

Prenatal visits virtual: _____

Prenatal visits other location (eg. shelter, prison):

ADMINISTRATIVE DETAILS

Midwifery Booking Date: dd/mm/yyyy

Pregnancy Outcome: (Select one)

- Pregnancy continued
- Pregnancy loss spontaneous miscarriage
- Pregnancy Loss termination

Repeat Ontario midwifery client? Yes No

IF THERE WAS A PREGNANCY LOSS:

Was post-pregnancy loss care provided? Yes No

If YES, How many post-pregnancy loss visits were provided?

- 1 2 3 4 or more

Was the client discharged from midwifery care during pregnancy/after pregnancy loss? Yes No

Were there any antenatal consultations, transfers of care, or use of hospital/outpatient/emergency services during pregnancy including early labour, prior to active labour?

- Yes No

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**ANTENATAL CONSULTATION & TRANSFER OF CARE
(DURING PREGNANCY INCLUDING EARLY LABOUR,
PRIOR TO ACTIVE LABOUR):**

Antenatal consultation(s) with physician? Yes No

**If YES, Was rationale for consult only because of hospital/
physician protocol, and not because of midwifery judgement
or scope of practice?** Yes No

Antenatal Transfer of Care: Yes No

**If YES, Was rationale for transfer of care only because of
hospital/physician protocol, and not because of midwifery
judgement or scope of practice?** Yes No

**And, Was the transfer of care returned anytime during
pregnancy including early labour, prior to active labour?**
 Yes No

REASON(S) FOR CONSULTATION/TRANSFER OF CARE?

Antenatal outpatient (+ Emergency services)? Yes No

Antenatal admission to hospital in pregnancy? Yes No