Patient Label Here		
	BORN Antenatal General Encounter	
	Demographics: □ Per patient label OR	
	Mother Family Name Given Name	
	Maternal Date of Birth: dd / mmm / yyyy Chart Number : Postal Code:	
	□No Fixed address □Expected date of Birth: dd / mmm / yyyy	
Language Spoken at Home : √One □English □French □Other (specify):		
	□Unknown	
Pre-existing Health Conditions (Outside of Pr	regnancy): (LIST)	
Mental Health Conditions: □None □Anxiety □Depression □History of PP Depression □Addiction □Bipolar □Schizophrenia		
□Other: Please Specify	□Unknown	
Domestic/Intimate Partner Violence : √One □No Disclosure □Disclosure □Unable to ask		
First Trimester Visit: √One  □Yes □No □Unknown  Antenatal Health Care Provider: □None	Obstetrical History: Gravida: # of Previous Term Pregnancies: # of Preterm Pregnancies	
	# of Previous Abortions: # of Living Children: # of Previous Stillbirths:	
	# of Previous Vaginal Births: # of Previous C/S: # of Previous VBACs:	
□Obstetrician □Family Physician □Midwife □Nurse Practitioner (APN/CNS) □Other	Height:Unknown Pre-pregnancy weight:Unknown	
□Unknown	Number of fetuses:	
	<b>EDB</b> : dd / mmm / yyyyy <b>EDB determined by:</b> √One □Last Menstrual Period □ First trimester dating ultrasound	
	□Second trimester ultrasound □Assisted reproductive technology	
	□Obstetrical clinical estimate (includes SF height) □Unknown	
Type of conception: □Spontaneous	Prenatal Education: √One □Yes - In-person prenatal education only □Yes - Online prenatal education only	
☐ Intrauterine Insemination (IUI) alone ☐ Yes - Combination of in-person and online prenatal education ☐ Yes - Unknown method of education delivery of the combination of the combinati		
□IUI with ovulation induction but no IVF	□No - Patient/client did not receive prenatal education □Unknown if patient/client received prenatal education	
□Ovulation induction without IVF (i.e. Clomid,	Intention to Breastfeed: √One □Yes, intends to exclusively breastfeed	
FSH) □IVF □ IVF ICSI □Surrogate	□Yes, intends to combination feed (use breast milk and breast milk substitute) □No, does not intend to breastfeed	
□Vaginal Insemination □Unknown	□ Mother unsure □Unknown, intent not collected  Folio Acid Hose □One □None □ □Pro concention only □During programmy only □Pro concention and during	
	Folic Acid Use: √One □None □Pre-conception only □During pregnancy only □Pre-conception and during	

pregnancy □Unknown

Was prenatal genetic screening offered, as indicated on the OPR? √One ☐ Yes, screening was offered ☐ No, screening was not offered ☐ Counselled and			
declined screening   Unknown if screening was offered – no access to the OPR   Unknown if screening was offered – other reason			
Smoking at First Trimester Visit: √One □None □< 10 cigarettes/day □10-20/day □>20	0/day □Amount unknown □Unknown		
Resides with smoker at first trimester visit: √One □Yes □No □Unknown			
Alcohol Exposure in Pregnancy: √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: √One □Yes □No □Unknown			
Drug and Substance Exposure in Pregnancy: □None □Amphetamines □Cocaine □Gas/Glue □Hallucinogens □ Opioids □Other □Unknown			
OTC/Vitamins/Homeopathic: □Prenatal Vitamins (including folic acid) □ Probiotics □Antiemetics (OTC) □Antihistamines (OTC) □Herbal or homeopathic remedies □ Other over the counter medications □ Antibiotics (NOT for GBS prophylaxis) □ Anticonvulsants (NOT for preeclampsia) □Anti-emetics □Antihistamines □ Antibiotics (NOT for preeclampsia) □Anti-emetics □Anti-emetic	Gonorrhea Group B Streptococcus 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		
Progesterone taken daily for spontaneous preterm birth prevention, any time after 16 weeks gestation (Do NOT include if progesterone is used only in first trimester)  ASA (aspirin) taken daily for preeclampsia prevention, any time after 12 weeks' gestation  (Do NOT include if aspirin is used only in first trimester)			
Diabetes and Pregnancy: √One □None □Gestational Insulin □Gestational No Insulin □Type 1 □Type 2 - Insulin □Type 2 - No Insulin □Type Unknown □ Declined Testing □Unknown			
Hypertensive Disorders of Pregnancy: □None □Gestational Hypertension □ Preeclampsia □Pre-existing Hypertension with superimposed preeclampsia □Eclampsia □HELLP syndrome □Unknown			

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 🗆 Haemotology – 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 prior to this admission □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			
□ Prelabour rupture of membranes(PROM) □ Preterm labour prior to this admission □ Preterm pre-labour rupture of membranes (PPROM) □ Pulmonary – asthma occurred during current pregnancy □ Other			

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