SASKATCHEWAN PRENATAL RECORD

** (DATE FORMAT EXAMPLE: 04 JAN 2018)

Last Name, First Name	Facility/Clinic Code

Date of Birth: dd/mmm/yyyy **	Age yrs	MRN	HSN

Address:

City, Province, Postal Code	Primary Phone Number

Family Physician

Referring Physician

Attending Physician

☐ Leave Message	Alternate Phone/Email
Preferred Language	☐ Interpreter Required

Occupation

Education Level

LMP dd/mmm/yyyy **	Cycle q	Certain ☐ Y ☐ N	Regular ☐ Y ☐ N	EDB by LMP dd/mmm/yyyy**
Dating by	☐ Ultrasound (preferred) (7-22 weeks)	☐ LMP	☐ ART	**Definitive EDB** dd/mmm/yyyy**

Wanted Pregnancy ☐ Y ☐ N	Contraceptive Type	Last Used dd/mmm/yyyy**

Partner’s Last Name, First Name

Partner’s Age	Partner’s Occupation	Partner’s Education Level

Current Medications and Alternate/Complementary Therapies

☐ Folic Acid at Conception ________ mg	☐ Prenatal Vitamins

Non-Prescription/Herbal/Alternate Medicine/Prescriptions

Drug Allergies

Relationship Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Common Law ☐ Other

Allowance(s) for Care/Special Needs

Past Obstetrical History

Date **	Place of Birth	Gest. Age	Labour Length	Type of Birth	Comments Regarding Fetus, Pregnancy, Birth, and Newborn	Infant Sex	Birth Weight	Breastfed/ Duration	Baby Living With
dd/mmm/yyyy		Weeks							
dd/mmm/yyyy		Weeks							
dd/mmm/yyyy		Weeks							
dd/mmm/yyyy		Weeks							
dd/mmm/yyyy		Weeks							

Health Status

(Check box[es] only if positive. If so, describe. Provide details and any referrals in the comments section).

Current Pregnancy

- ☐ Bleeding
- ☐ Nausea/Vomiting
- ☐ Rash/Fever/Illness

Health History

- ☐ Hypertension
- ☐ Cardiac/Pulmonary
- ☐ Endocrine
- ☐ GI/Liver
- ☐ Gynecology
- ☐ Renal/Urinary Tract
- ☐ MSK/Rheumatology
- ☐ Respiratory Diseases
- ☐ Tuberculosis
- ☐ Thromboembolic/Coag
- ☐ Blood Transfusion
- ☐ Neurological
- ☐ Surgery:

  ____
- ☐ Anesthetic Complications

Health History (Continued)

- ☐ Dental Cleaning in the Last Year
- ☐ Unmet Dental Needs
- ☐ Dental Pain/Infection
- ☐ Anxiety/Depression

EPDS Score*______________

- ☐ Bipolar Disorder
- ☐ Other Problems __________________

Infectious Disease

- ☐ Hep B
- ☐ Hep C
- ☐ HIV
- ☐ HSV
- ☐ STIs _______________________
- ☐ At risk for Parvo, Toxo, TB
- ☐ History of Varicella
- ☐ Other ______________________________

Family History

- ☐ Medical Conditions

  ____
- ☐ Carrier for Genetic Condition: at risk?
- ☐ Birth Defects/Disabilities
- ☐ Other ________________________

  ____

Nutrition

- ☐ Adequate
- ☐ Special Diet
- ☐ Food Security Issues

Lifestyle/Social/Substance Use

- ☐ Financial Issues
- ☐ Housing Issues
- ☐ Beliefs/Practices Affecting Care
- ☐ Social Support (family, friends)

Lifestyle/Social/Substance Use (Continued)

Relationship Concerns ☐ Y ☐ N

Lives With? __________________________

Are you safe where you are living?

☐ Y ☐ N

WAST II Results * ________

Parenting Concerns ☐ Y ☐ N

Alcohol: Have you consumed alcohol during pregnancy? ☐ Y ☐ N

Currently Drinking______________per day

T-ACE Score*____________

Cigarettes: Have you ever smoked?

☐ Y ☐ N

Currently Smoking per day

Cannabis: Have you ever used? ☐ Y ☐ N

Currently Using _____________ per day

Used How?

Use of Other Drugs? ☐ Y ☐ N

What Drug? ______________________

Currently Using ______________ per day

Used How?

Additional Comments

Practitioner Signature	**Date** dd/mmm/yyyy **

See Care Guide for details **Date: See example top of page 1

H19-42 (03/19) PRF Form available at:
https://www.ehealthsask.ca/services/resources/Resources/Prenatal-Record-Form-2019.pdf

SASKATCHEWAN PRENATAL RECORD

** (DATE FORMAT EXAMPLE: 04 JAN 2018)

Last Name, First Name	**Date of Birth** dd/mmm/yyyy ** **Age**	**PHN**	**EDB** dd/mmm/yyyy

Physical Examination (checked means completed and normal)

Height _______cm Current Weight _______kg Recommended Weight Gain ____kg	Pre-pregnancy Weight _____kg Pre-pregnancy BMI _________	☐ Head & Neck ☐ Teeth/Mouth ☐ Breast/Nipples	☐ Heart ☐ Lungs ☐ MSK	☐ Pap Smear ☐ Pelvic	☐ Other

Blood Group and Antibody Screening

Test	Date **	Result
ABO/Rh(D)	dd/mmm/yyyy	
	dd/mmm/yyyy	
Antibody Screen	dd/mmm/yyyy	
	dd/mmm/yyyy	

Rh Status	Date **	Results
Positive Repeat Screen (36 weeks)	dd/mmm/yyyy	
Negative Repeat Screen (28 weeks)	dd/mmm/yyyy	
Repeat Screen (36 weeks)	dd/mmm/yyyy	
Rh Globulin Given	dd/mmm/yyyy	

Group B Streptococcus Screening (GBS)

Vaginal-rectal Swab ☐ Positive ☐ Negative ☐ Not Done
dd/mmm/yyyy**

Other Indications for Prophylaxis ☐ Y ☐ N

Initial Lab Investigations

Test	Date **	Results	Test	Date **	Results
Hemoglobin	dd/mmm/yyyy		Syphilis	dd/mmm/yyyy	
Urine C & S	dd/mmm/yyyy		Chlamydia	dd/mmm/yyyy	
HIV	dd/mmm/yyyy		Gonorrhea	dd/mmm/yyyy	
Hep B - antigen	dd/mmm/yyyy		Other, as needed (e.g. Ferritin)	dd/mmm/yyyy dd/mmm/yyyy dd/mmm/yyyy dd/mmm/yyyy	
Hep C - antibody	dd/mmm/yyyy				
Rubella	dd/mmm/yyyy				

Prenatal Genetic Investigations

Investigation	Results	Investigation	Results
Counselled and Declined dd/mmm/yyyy**		MSAFP (15-20+6 weeks) dd/mmm/yyyy**	
Integrated First Trimester NT+biochemistry dd/mmm/yyyy**		Cell-Free DNA dd/mmm/yyyy**	
Integrated Biochemical Screening Part 1 dd/mmm/yyyy** Part 2 dd/mmm/yyyy**		CVS/Amnio dd/mmm/yyyy**	
		Other Genetic Testing dd/mmm/yyyy**	
		NT Risk Assessment - Multiples Only dd/mmm/yyyy**	

2nd and 3rd Trimester Lab Investigations

Test	Date **	Results
Hemoglobin	dd/mmm/yyyy	
1Hr 50g GCT	dd/mmm/yyyy	
2Hrs 75g GTT	dd/mmm/yyyy	
	dd/mmm/yyyy	
	dd/mmm/yyyy	
	dd/mmm/yyyy	
	dd/mmm/yyyy	
	dd/mmm/yyyy	

Ultrasound

Date **	Place Done	Results
dd/mmm/yyyy		
dd/mmm/yyyy		
dd/mmm/yyyy		
dd/mmm/yyyy		
dd/mmm/yyyy		
dd/mmm/yyyy		
dd/mmm/yyyy		
dd/mmm/yyyy		

Vaccinations During Pregnancy

Influenza ☐ Received ☐ Declined dd/mmm/yyyy**	**Pertussis** (in every pregnancy at 27-32 weeks) ☐ Received ☐ Declined dd/mmm/yyyy**

Vaccinations Postpartum

☐ Rubella - if non-immune
☐ Varicella - if non-immune
☐ Other

Newborn

☐ Hep B Prophylaxis ☐ HIV Prophylaxis	Other

Practitioner Signature	**Date** dd/mmm/yyyy**

*See Care Guide for details **Date: See example top of page 1

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SASKATCHEWAN PRENATAL RECORD

** (DATE FORMAT EXAMPLE: 04 JAN 2018)

Last Name, First Name

Date of Birth dd/mmm/yyyy ** **Age**

PHN

EDB dd/mmm/yyyy**

Date of First Visit dd/mmm/yyyy **

Planned Place of Birth

Practitioner for Delivery

Practitioner in Community for Newborn

Practitioner in Hospital for Newborn

Gravida	Term	Preterm	Live Children	Stillbirth	Neonatal/Child Death	Spontaneous Abortion	Induced Abortion

Issues	Plans

Visits

Date **	Gest Age (wks/days)	SFH	Weight	BP	Pres.	FHR	FM	Comments	Next Visit
dd/mmm/yyyy			kg						
dd/mmm/yyyy			kg						
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dd/mmm/yyyy			kg						
dd/mmm/yyyy			kg						

Screening Results (28 – 32 Weeks)

EPDS Score ____________

WAST II Score ___________

T-Ace Score _____________

Referrals Made

Discussion Topics (Check when done or N/A). Items discussed in any trimester may be ongoing.

1st Trimester

- ☐ Nausea/Vomiting
- ☐ Safety: Food, Medication, Environment, Infections, Pets
- ☐ Healthy Weight Gain
- ☐ Physical Activity/Exercise
- ☐ Seatbelt Use/Safe Travel
- ☐ Sexual Activity
- ☐ Resources (SOGC.org, skprevention.ca, etc.)
- ☐ TOLAC Counselling
- ☐ Oral Health/Dental Care
- ☐ Prenatal Classes/Education
- ☐ Harm Reduction/Substance Use & Smoking Cessation - Ask, Advise, Act
- ☐ Mental Health

2nd Trimester

- ☐ Prenatal Classes/Education
- ☐ Work Plan/Parental Leave
- ☐ Fetal Movements
- ☐ Infant Feeding and Support
- ☐ Mental Health
- ☐ Common Symptoms

Warning Symptoms

- ☐ Vaginal Bleeding
- ☐ Preterm Labour
- ☐ PROM
- ☐ Headache
- ☐ Visual Disturbance

3rd Trimester

- ☐ Birth Plan: Pain Management, Labour Support
- ☐ Type of Birth, Potential Interventions, TOLAC plan
- ☐ Admission Timing
- ☐ Infant Feeding and Support
- ☐ Breastfeeding
- ☐ Newborn Care/Screening Tests/ Circumcision/Follow-up Appt.
- ☐ Discharge Planning/Car Seat Safety
- ☐ Contraception
- ☐ Postpartum Care
- ☐ Tubal Ligation: PP/Interval
- ☐ Mental Health

Approx. 22 Weeks

- ☐ Copy of Record to Hospital
- ☐ Copy of Record to Patient/Client

Approx. 36 Weeks

- ☐ Copy of Record (updated) to Hospital
- ☐ Copy of Record (updated) to Patient/Client

*See Care Guide for details **Date: See example top of page 1

Maternal Mental Health

University of Saskatchewan
SPHA Saskatchewan Public Health Association
saskatchewan preventioninstitute our goal is healthy children
CIHR IRSC
Saskatchewan Psychiatric Association
Saskatchewan Health Authority
Saskatchewan

Endorsed for use by:

Name ______ DOB (dd/mmm/yyyy) ______ Baby's DOB (dd/mmm/yyyy) ______ Address ______

Edinburgh Postnatal Depression Scale (EPDS) Cox, Holden & Sagovsky (1987)

Please indicate how you have felt in the last 7 days:

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 to things with enjoyment:

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

ANXIETY SUB-SCALE

3. I have blamed myself unnecessarily when things went wrong:

Yes, most of the time	3
Yes, some of the time	2
Not very often	1
No, never	0

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 good reason:

Yes, quite a lot	3
Yes, sometimes	2
No, not much	1
No, not at all	0

6. Things have been getting on top of me:

Yes, most of the time, I'm not able to cope at all	3
Yes, sometimes, I'm not coping as well as usual	2
No, most of the time, I'm coping quite well	1
No, I am coping as well as ever	0

7. I have been so unhappy that I've had difficulty sleeping:

Yes, most of the time	3
Yes, sometimes	2
Not very often	1
No, not at all	0

8. I have felt sad or miserable:

Yes, most of the time	3
Yes, quite often	2
Not very often	1
No, not at all	0

9. I have been so unhappy that I have been crying:

Yes, most of the time	3
Yes, quite often	2
Only occasionally	1
No, never	0

10. The thought of harming myself has occurred to me:

Yes, quite often	3
Sometimes	2
Hardly ever	1
Never	0

Date: dd/mmm/yyyy **Result:** **Date:** dd/mmm/yyyy **Result:** **Date:** dd/mmm/yyyy **Result:**

For score interpretation and care (OVER)

WAST II - Women Abuse Screening Tool II Brown, Lent, Schmidt, Sas (2000)

1. In general, how would you describe your relationship?
   - ☐ A lot of tension
   - ☐ Some tension
   - ☐ No tension

2. Do you and your partner work out arguments with:
   - ☐ Great difficulty
   - ☐ Some difficulty
   - ☐ No difficulty

NOTE: If person answered Question 1 with "a lot of tension" and Question 2 with "great difficulty," please discuss.

Date: dd/mmm/yyyy **Result:** **Date:** dd/mmm/yyyy **Result:** **Date:** dd/mmm/yyyy **Result:**

T-ACE Screening Tool (Alcohol) Chang, Fisher, Hornstein & Orav (2010)

1. How many drinks does it take to make you feel high?	☐ 2 drinks = 0	☐ > 2 drinks = 1
2. Have people annoyed you by criticizing your drinking?	☐ No = 0	☐ Yes = 1
3. Have you felt you should cut down on your drinking?	☐ No = 0	☐ Yes = 1
4. Have you ever had a drink first thing in the morning to steady your nerves, or get rid of a hangover?	☐ No = 0	☐ Yes = 1

One drink is equivalent to: 12 oz (355mL) beer, 12 oz (355mL) cooler, 5 oz (148mL) wine, or 1.5 oz (44mL) hard liquor

Note: a total score of 2 or greater indicates potential perinatal risk and need for follow-up.

Date: dd/mmm/yyyy **Result:** **Date:** dd/mmm/yyyy **Result:** **Date:** dd/mmm/yyyy **Result:**

Screeners administered/reviewed by: ______ **Date(s):** dd/mmm/yyyy

Edinburgh Postnatal Depression Scale **CARE GUIDE**

EPDS SCORE <10 = UNLIKELY TO BE DEPRESSED

Confirm absence of depression/ anxiety, or harm thoughts

Promote Positive Mental Health:

- Nurture emotional, mental, physical, and spiritual health
- Promote confidence

Encourage her to:

- Find joy and relaxation in life
- Exercise 20-30 min. each day
- Sleep 6 hrs in 24
- Eat healthy and regularly, drink plenty of fluids
- Avoid alcohol, tobacco, drugs
- Reach out for support and join mothers' groups

QUESTIONS 3, 4, 5 SCORE >4 = PROBABLE ANXIETY

Confirm score and ask about harm thoughts

Promote Positive Mental Health:

- Encourage relaxation
- Discuss any concerns
- Offer referral and share concerns with health care team:
  - » Mental Health
  - » Community supports
  - » Family Dr/Nurse Practitioner
- Increase contact with visits or phone calls
- Repeat EPDS in 2 weeks
- Encourage family involvement

EPDS SCORE 10-11= POSSIBLE DEPRESSION

Confirm score and ask about harm thoughts

Promote Positive Mental Health:

- Discuss any concerns
- Offer referral and share concerns with health care team
  - » Mental Health
  - » Community supports
  - » Family Dr/ Nurse Practitioner
- Increase contact with visits or phone calls
- Repeat EPDS in 2 weeks
- Encourage family involvement

EPDS SCORE ≥ 12 = PROBABLE DEPRESSION

Confirm score and ask about harm thoughts

Take Action:
Offer Referral to a Family Doctor or Nurse Practitioner to initiate **Medical Management** (see below) also:

- Share concerns with health care team
- Encourage family involvement
- Promote Positive Mental Health
- Increase contact – visits

OFFER EPDS TO PARTNER SCREEN FOR DEPRESSION

POSITIVE QUESTION 10 = POTENTIAL HARM

Assess harm intentions and for psychosis

Assess Harm Intention:

- Has she had previous harm attempts or harmful behaviours?
- Does she have a plan to harm self or others (baby, children)?

Assess for Psychosis

1. *Is she seeing or hearing things that aren't there?*
2. *Is she having strange experiences/sensations?*
3. *Are her speech or thoughts disorganized?*
4. *Are things that she describes realistic or not?*

If concerned about harm or psychosis:

- Do not leave alone
- Notify next of kin and if woman agrees, family/ friends

Contact or take to:

- Family Doctor, Crisis Services, and/or Emergency room

Arrange for emergency medical assessment:

- Share situation with health care team and child services if necessary

LOCAL COMMUNITY SUPPORTS

Mental Health phone:

Public Health phone:

Maternal-Home Visiting Programs: *(KidsFirst, Canada Prenatal Nutrition Program (CPNP), Parent Mentoring, Maternal Child Health)*

Name:

Phone:

Name:

Phone:

For information about medications during pregnancy or breastfeeding call medSask 1-800-665-DRUG (3784) (Saskatchewan only) or 306-966-6378 (Saskatoon)

Supports and groups also listed on: www.skmaternalmentalhealth.ca

WOMAN ABUSE SCREENING TOOL: WAST II short form

If woman answers "a lot of tension/great difficulty" to either question in the WAST II: **ASSESS** for injury, personal safety. Connect with safe house services: 1-306-522-3515 or HealthLine 811.

ALCOHOL SCREEN T-ACE

T-tolerance (2 points); A-annoyed (1 point); C-cut down (1 point); E-eye-opener (1 point)

POSSIBLE AT-RISK: SCORE 2-5

- **NEED** further assessment
- **ASSESS** readiness and ability to stop drinking
- **ASSESS** level of alcohol dependence

MEDICAL MANAGEMENT

- **Assess *mental* health:** *e.g. depression, anxiety, anger, psychosis, racing/ intrusive/harmful thoughts, substance use, stressors, and support.*
- **Assess perinatal health:** *e.g. hypertension, fetal wellbeing, breastfeeding.*
- **Assess physical health:** *e.g. sleep, appetite, nausea & vomiting, activity levels. Ensure thyroid and hemoglobin levels are within normal range.*
- **Maintain existing effective psychotropic medications:** *plan any medication changes 3 months before pregnancy to ensure mood stability.*
- **Consider medication:** *especially if EPDS score remains high and there is a history of psychiatric problems.* For questions about medications contact **medSask health care professional line** at **1-800-665-DIAL (3425) (Sask. only) or 306-966-6340 (Saskatoon) or medsask@usask.ca.**
- **Use adequate dose of medication to manage symptoms:** *may need to increase dose as pregnancy progresses.*
- **Assess for bipolar disorder** *before ordering an antidepressant.*
- **If mood-stabilizing medication is used:** *increase Folic Acid to 5 mg.*
- **Do not taper off dose before delivery:** *increases risk for PPD.*
- **If a prenatal antidepressant is used, monitor for Neonatal Adaptation Syndrome:** *this is transient in first few days; notify pediatrician if available.*
- **Refer to local community supports.**

IF NO IMPROVEMENT, CONSIDER PSYCHIATRIC REFERRAL

This form is available at: https://www.ehealthsask.ca/services/resources/Resources/EPDS-screening-2019.pdf