



Form with fields for Patient's Last Name, Patient's First Name, Address, City/Town, Province, Postal Code, Partner's Last Name, Partner's First Name, Telephone, Language, Partner's Occupation, Partner's Educational level, Age, Date of birth, Age, Occupation, Educational level, Ethnic or Racial backgrounds, OHIP No., Patient File No., Marital status, Birth attendant, Newborn care, Family Physician.

Form with fields for Allergies or Sensitivities (describe reaction details) and Medications/Herbals.

Pregnancy Summary form with fields for LMP, Cycle q, Contraceptive type, Gravida, Term, Premature, Abortuses, Living, EDB (by dates), Final EDB, and Dating Method.

Table for Obstetrical History with columns: No., Year, Sex M/F, Gest. age (weeks), Birth weight, Length of labour, Place of birth, Type of delivery, and Comments regarding pregnancy and birth.

Medical History and Physical Exam (provide details in comments) and Initial Laboratory Investigations form. Includes sections for Current Pregnancy, Genetic History, Family History, Physical Examination, Medical History, Infectious Disease, Psychosocial, and Prenatal Genetic Investigations.

Comments section for the record.

Signature and Date lines for the patient, attendant, and physician.

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
- No prior perinatal morbidity or mortality
- Fetal growth adequate

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 \geq 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

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

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

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 \pm \downarrow 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
- IUGR, \leq 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