

RISK FACTOR	PROGRESS NOTES <i>(Continued from page 2)</i>
PATIENT PROFILE	
AGE > 34 OR PREGNANCY WITHIN 2 YEARS OF MENARCHE	
OCCUPATION AND AVOCATION	
DRUG ABUSE OR ADDICTION	
ALCOHOL	
SMOKING	
COCAINE	
MARIJUANA	
NARCOTICS	
SEDATIVES/HYPNOTICS	
SALICYLATES AND OTHER PGSI'S	
METHAMPHETAMINE	
OTHER	
LOW SOCIO-ECONOMIC STATUS / WELFARE	
EDUCATION < 9TH GRADE	
CROWDED LIVING CONDITIONS	
DOMESTIC VIOLENCE	
NON-US ORIGIN / RECENT FOREIGN TRAVEL	
BODY HABITUS	
SMALL STATURE (< 5 FEET TALL)	
OBESE (> 50# OVER IDEAL WEIGHT FOR HEIGHT)	
UNDERWEIGHT (> 20# UNDER IDEAL WEIGHT FOR HEIGHT)	
MATERNAL BIRTHWEIGHT (LOW BIRTHWEIGHT OR LARGE FOR DATES)	
PARTNER	
MEDICAL OR SURGICAL DISORDERS	
DRUG, SMOKING OR ALCOHOL ABUSE	
OCCUPATION, AVOCATION, HOBBIES	
STD'S (HERPES, URETHRITIS)	
HIV RISK FACTORS	
GYNECOLOGICAL HISTORY	
UTERINE AND CERVICAL ABNORMALITIES	
PAST UTERINE SURGERY (NON-CESAREAN)	
UTERINE ANOMALIES (CONGENITAL ANOMALIES, DES STIGMATA, MYOMATA)	
CERVICAL LACERATIONS OR CONIZATIONS	
MENSTRUAL HISTORY AND GESTATIONAL DATING	
IRREGULAR MENSES OR OLIGOAMENORRHEA	
ORAL CONTRACEPTIVE USE PRIOR TO CONCEPTION	
MEDICAL HISTORY	
ANEMIA (HGB < 9.5 OR HCT < 30)	
HEART DISEASE (SYMPTOMATIC OR ASYMPTOMATIC)	
THROMBOEMBOLISM (DURING PREVIOUS PREGNANCY OR PRIOR TO CURRENT PREGNANCY)	
ANTICOAGULANT USE	
CHRONIC HYPERTENSION (BP > 140/90 AT FIRST PRENATAL VISIT)	
ASTHMA OR OTHER CHRONIC LUNG DISEASE	
SEIZURE DISORDER (WITH OR WITHOUT ANTICONVULSANT USE)	
DIABETES MELLITUS (GESTATIONAL OR PREGESTATIONAL)	
HEPATITIS	
HIV RISK FACTORS	
CHRONIC RENAL DISEASE (BUN > 20, CREATININE > 1.2 AT FIRST PRENATAL VISIT)	
PYELONEPHRITIS	
OBSTETRICAL FACTORS	
PARITY	
PRIMIGRAVIDA	
GRAND MULTIPARA (> 6)	
PAST PREGNANCIES	
RECURRENT PREGNANCY LOSS (> 3)	
PREMATURE BIRTH (< 37 WEEKS)	
PREMATURE RUPTURE OF MEMBRANES	
LOW BIRTH WEIGHT INFANT (BIRTHWEIGHT < 10TH PERCENTILE FOR DATES)	
LARGE FOR DATES INFANT (BIRTHWEIGHT > 90TH PERCENTILE FOR DATES)	
FETAL OR NEONATAL DEATH	
CONGENITAL ANOMALIES	
SURVIVING NEUROLOGICALLY IMPAIRED INFANT	
CERVICAL INCOMPETENCY	
MIDFORCEP OR DIFFICULT DELIVERY (E.G. SHOULDER DYSTOCIA)	
ABNORMAL LABOR (ARREST OR PROTRACTION DISORDER OF FIRST OR SECOND STAGE)	
ANTEPARTUM HEMORRHAGE (PLACENTAL ABRUPTION, PLACENTA PREVIA)	
BLEEDING PRIOR TO 20 WEEKS	
RH ISOIMMUNIZATION	
PREGNANCY INDUCED HYPERTENSION	
CESAREAN DELIVERY (LOW TRANSVERSE, LOW VERTICAL, CLASSICAL, UNKNOWN)	
INTERVAL FROM LAST DELIVERY < 12 MONTHS	
ANESTHESIA INTOLERANCE OR REACTIONS	
PP DEPRESSION	
PRESENT PREGNANCY	
EMOTIONAL STRESS	
POOR COMPLIANCE	
LATE REGISTRATION FOR CARE	
UNCERTAIN DATES	
FAILURE TO GAIN WEIGHT (< 1/2 # PER WEEK AFTER 12 WEEKS)	
EXCESSIVE WEIGHT GAIN (> 2 # PER WEEK AFTER 12 WEEKS)	
BLEEDING PRIOR TO 20 WEEKS	
LACK OF PREGNANCY NAUSEA AND VOMITING (MORNING SICKNESS)	
PLACENTAL ABRUPTION	
PLACENTA PREVIA	
OTHER VAGINAL BLEEDING	
PREMATURE RUPTURE OF MEMBRANES	
POLYHYDRAMNIOS OR OLIGOHYDRAMNIOS	
THREATENED PREMATURE LABOR	
GBS POSITIVE CULTURE/GBS BACTERIURIA	
PATIENT NAME	

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PRENATAL RECORD

DATE	AGE	RACE/ETHNICITY	RELIGION	OCCUPATION	YRS. ED.	MARITAL STATUS	FATHER OF BABY	FATHER'S WORK PHONE			
PHONE-HOME		PHONE-WORK		ADDRESS		REFERRAL-SOURCE		MOTHER'S PRIMARY CARE PROVIDER			
GYNECOLOGICAL HISTORY					MEDICAL HISTORY						
MENARCHE		INTERVAL	<input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR	DURATION	☑ IF NEGATIVE-DESCRIBE POSITIVE HISTORY						
YRS				DAYS	HEENT						
☑ IF NEGATIVE-DESCRIBE POSITIVE HISTORY					CARDIOVASCULAR						
PAP HISTORY					RESPIRATORY/TB/ASTHMA						
INFERTILITY/ART					GI/HEPATITIS						
GYN DISORDER					GU						
GYN SURGERY					METABOLIC/THYROID						
DES EXPOSURE					NEURO						
PRIOR CONTRACEPTION					COAGULATION DISORDERS						
BCP W/IN 90 DAYS CONCEP					PSYCH/DEPRESSION						
BREASTS					MUSCULOSKELETAL						
OTHER GYN HX					SKIN DISORDERS						
GONORRHEA					OTHER DISEASE/DX						
SYPHILIS					OPERATIONS						
CHLAMYDIA					TRANSFUSIONS						
HERPES-SELF/PARTNER					ALLERGIES/LATEX/IODINE						
OTHER STD/HIV					SEXUAL ABUSE/VIOLENCE						
FAMILY HISTORY - NOTE IF FATHER OF BABY											
DIABETES					CONGENITAL ANOM						
HYPERTENSION					OTHER FAMILY HX						
TWINS											
PREVIOUS PREGNANCIES											
NO.	DATE	LENGTH (WKS)	LABOR (HRS)	TYPE DELIVERY	ANES.	SEX	WEIGHT	WHERE DELIVERED	COMPLICATIONS-AP, IP, PP, NEONATAL	OUTCOME/ NAME	
PRESENT PREGNANCY HISTORY					PHYSICAL EXAMINATION				DATE		
LMP <input type="checkbox"/> NORM <input type="checkbox"/> ABNORM		LNMP			☑ IF NEGATIVE-DESCRIBE POSITIVE FINDINGS						
EDD		BEST ESTIMATE EDD		PARAMETER				HEIGHT	BMI		
								WEIGHT			
PLANNED PREGNANCY/OK?		FATHER SUPPORTIVE?							B.P.		
☑ IF NEGATIVE-DESCRIBE POSITIVE HISTORY					HEENT						
NAUSEA/VOMITING					NECK						
BLEEDING					LUNGS						
URINARY SX					BREASTS						
VAGINAL DISCHARGE					HEART						
INFECTION					ABDOMEN						
FEVER/RASH					NEURO						
TOBACCO USE/2ND HAND SMOKE					EXTREMITIES/SKIN						
ETOH					TEETH/ORAL HEALTH						
DRUGS									PELVIC EXAMINATION		DATE
FOLIC ACID PRIOR TO PG					EXT. GENITALIA						
PHYSICAL/SEXUAL ABUSE/DV					VAGINA/CERVIX						
PAIN ASSESSMENT					UTERUS-SIZE						
PATIENT NO.					ADNEXA						
PATIENT NAME					CLINICAL PELVIMETRY						
D.O.B.					HEMORRHOIDS						
					PROVIDER SIGNATURE						

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LMP	PREGNANCY DATING				PROBLEMS AND RISK FACTORS
	DATE	WKS	EDD/EFW	OTHER	
LNMP					
OVU/CONCEP					
FIRST EXAM					
FHT DOPPLER					
FM					
ULTRASOUND					
BEST ESTIMATE EDD					

ANTICIPATORY GUIDANCE		
FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER
CLINIC PROCEDURES/OUTLINE PRENATAL CARE HIV COUNSELING/TESTING CF SCREENING NUTRITION FISH VITAMINS/MINERALS DENTAL/VISION CARE WEIGHT GAIN / BMI SEAT BELTS EXERCISE PRENATAL DIAGNOSIS/GENETICS REFERRAL HAZARDS: HOT TUBS/SAUNA, CATS LISTERIA (RAW MEAT, SLICED DELI MEAT, UNPASTURIZED DAIRY, FRESH CHEESE) DISCOMFORTS/RELIEF MEASURES WARNING SIGNS: BLEEDING, CRAMPS, ABDOMINAL PAINS, DYSURIA, ETC. BROCHURES DOMESTIC VIOLENCE ALCOHOL/DRUGS/TOBACCO	FETAL DEVELOPMENT/QUICKENING FAMILY/FATHER/SIBLINGS HOSPITAL PRE-ADMISSION/TOUR? BENEFITS OF BREASTFEEDING EXERCISES/BODY MECHANICS WARNING SIGNS: SROM, BLEEDING, PRE-TERM LABOR BABY'S CARE PROVIDER _____ CIRCUMCISION BROCHURES PRENATAL CLASSES SUPPORT PERSON _____ BIRTH PLANS/OPTIONS SEXUALITY DOMESTIC VOLENCE ALCOHOL/DRUGS/TOBACCO PEDIATRICIAN _____ CIRCUMCISION CAR SEAT <input type="checkbox"/> BREAST OR <input type="checkbox"/> BOTTLE ANESTHESIA TYPE _____	DISCOMFORTS/RELIEF MEASURES WARNING SIGNS FETAL ACTIVITY MONITORING LABOR SIGNS: WHEN AND HOW TO CALL TRAVEL RESTRICTIONS LABOR & DELIVERY ROUTINE ELECTRONIC FETAL MONITORING ANESTHESIA/ANALGESIA EPISIOTOMY/PERINEAL INTEGRITY LABOR & DELIVERY COMPLICATIONS/OPERATIVE DELIVERY/VBAC BREAST CARE/LACTATION SUPPORT/REFERRAL CAR SEAT INFANT SLEEP POSITION DISCUSS POST-TERM MANAGEMENT EARLY DISCHARGE/HELP AT HOME DOMESTIC VIOLENCE ALCOHOL/DRUGS/TOBACCO

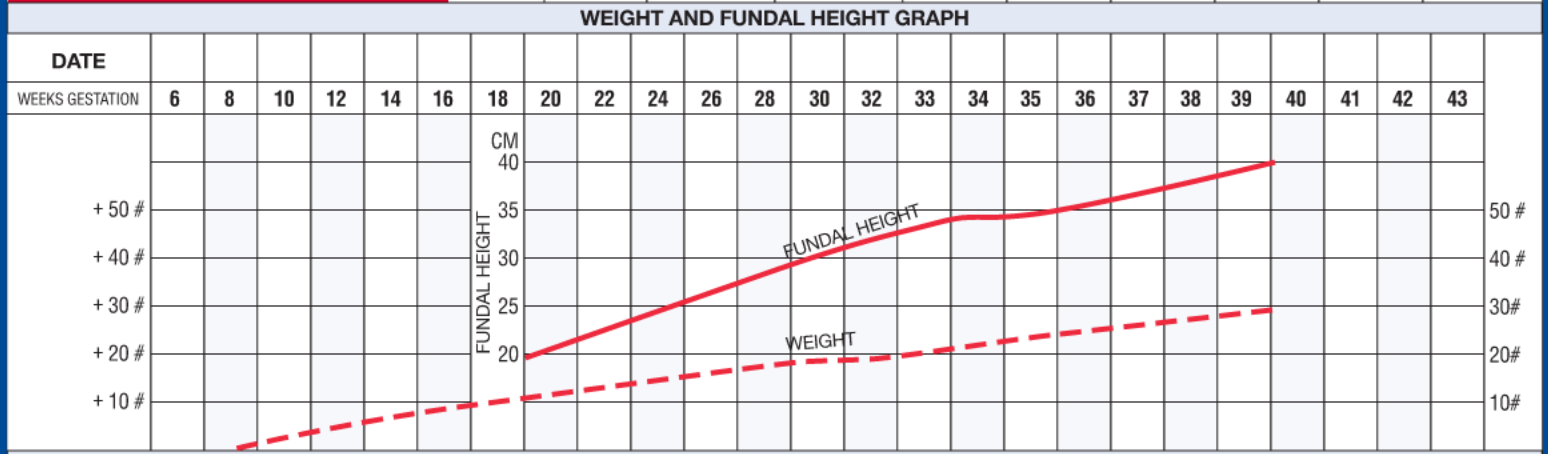
POST PARTUM ISSUES

<input type="checkbox"/> CONTRACEPTION: _____	<input type="checkbox"/> EMERGENCY CONTRACEPTION PILLS DISPENSED	<input type="checkbox"/> ALCOHOL/DRUGS/TOBACCO
<input type="checkbox"/> STERILIZATION - DATE TUBAL FORM SIGNED: _____	<input type="checkbox"/> DEPRESSION/PP MOOD DISORDER ASSESSMENT	<input type="checkbox"/> SECOND HAND SMOKE
<input type="checkbox"/> BABY'S CARE PROVIDER _____		

DATE	MEDICATIONS	PROGRESS NOTES
	PRENATAL VITAMINS?	
	RHOGAM	
DRUG ALLERGIES/REACTIONS	<input type="checkbox"/> NKA	
PATIENT NAME		

(Continued on page 4)

LABORATORY DATA												
TYPE RH	RUBELLA	SEROLOGY	HBsAg	HIV <input type="checkbox"/> POS <input type="checkbox"/> NEG <input type="checkbox"/> DECL	URINE	DIABETIC SCREEN	_____ @ _____ WKS	SICKLE PREP	CF SCREEN	PPD/TINE		
ANTIBODY SCREEN	HCT	HSV SEROLOGY	I _____ II _____		CULTURES	DATE	GTT @ _____ WKS	<input type="checkbox"/> 1 ST TRIMESTER SCREEN <input type="checkbox"/> INTEGRATED SCREEN <input type="checkbox"/> DS RISK <input type="checkbox"/> NTD RISK <input type="checkbox"/> T-18 RISK		<input type="checkbox"/> 2 ND TRIMESTER SCREEN <input type="checkbox"/> DECLINED ALL <input type="checkbox"/> KARYOTYPE		
RH OF BABY'S FATHER	PAP	DATE	OTHER	GC	HSV	GBS	1 HR _____	2 HR _____	3 HR _____			
EDD	FINAL EDD	AGE	GRAVIDA	PARA	ABORTIONS	DEATHS	LIVING CHILDREN					
				TERM	PRETERM	SPONT	ELEC	ECTOPIC	FETAL	NEONATAL		



PRENATAL VISITS																									
WEIGHT NON PG																									
BLOOD PRESSURE																									
BLOOD PRESSURE RE-CHECK																									
URINE PROTEIN/ GLUCOSE																									
FHR D-DOPPLER F-FETOSCOPE																									
PRESENTATION																									
FUNDAL HEIGHT																									
FETAL ACTIVITY																									
WEEKS GESTATION	6	8	10	12	14	16	18	20	22	24	26	28	30	32	33	34	35	36	37	38	39	40	41	42	43
FUTURE PARAMETERS TO CHECK																									
SEE NOTE (✓)																									
RETURN WEEKS																									
INITIALS																									

PATIENT NO. _____ HOSPITAL _____

PATIENT NAME _____

COPY SENT _____
 COPY SENT _____