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Niday Perinatal Database – Obstetrical Expanded Form Maternal History all that apply

1. Province (If no postal code): Province Name: _____ Out of Country No fixed address Unknown

2. Language Spoken at Home : One Unknown English French Other (specify): _____

3. Aboriginal: One Unknown Not applicable 1st Nations Métis Inuit

4. Antenatal Care: Family Physician Midwife Nurse Practitioner Obstetrician None Other _____

5. 1st Trimester Visit: No Yes Unknown

6. Prenatal Classes: All that apply Unknown ≤ 20 weeks > 20 weeks ≤ 20 weeks & > 20 weeks None

7. Maternal Smoking: One Unknown ≤ 20 weeks > 20 weeks ≤ 20 weeks & > 20 weeks None

8. Intention to Breastfeed: One No Yes Unknown

9. Previous Cesarean Section: One Unknown No Yes # ___

10. Maternal Health Problems: All that apply None Chronic hypertension Diabetes (non-insulin dependent) Diabetes (Insulin dependent)
 Heart disease Thyroid disease Lupus Alcohol dependence syndrome/alcoholism Asthma HIV Hepatitis B Other
Psychiatric disorder → Previous history of depression → Depression during this pregnancy → Previous history of anxiety → Anxiety during this pregnancy
→ Previous history of post partum depression → Other Mental Illness **Drug and medication use:** → Opioids → Narcotics → Cocaine
→ Hallucinogens → Marijuana → Gas/Glue Sniffing → Prescription drugs → Naturopathic/Herbal Remedies → Methadone treatment

11. Obs/Pregnancy Complications: All that apply None Gestational Diabetes Hypertension (gestational, transient) IUGR/SGA LGA Peridontal infection
 Placenta previa Placenta abruption Pre-eclampsia Eclampsia Preterm labour PROM PPRM UTI Other cervical/vaginal infection Other

12. Group B screen @ 35-37 wks: Unknown No Yes

13. Group B Results: Unknown Positive Negative

14. Maternal Transfer From: Unknown No Yes Planned home birth Hospital name: _____

15. Maternal Transfer Reason : One Not applicable Fetal health concern Lack of physician coverage Lack of nursing coverage Maternal medical/obstetrical problems
 No beds available Unknown Other

16. H1N1: Is there evidence (either from the maternal admission history and/or antenatal record) that the mother had laboratory-confirmed H1N1 influenza, had laboratory-confirmed seasonal influenza, and/or had an influenza-like illness (ILI)* AT ANY TIME DURING THE PREGNANCY? **Select ONE:**

- No Lab-confirmed H1N1 influenza only Lab-confirmed seasonal influenza only ILI only
 Lab-confirmed H1N1 influenza **AND** ILI
 Lab-confirmed seasonal influenza **AND** ILI
 Lab-confirmed H1N1 influenza **AND** lab-confirmed seasonal influenza
 Lab-confirmed H1N1 influenza **AND** lab-confirmed seasonal influenza **AND** ILI
 Unknown

* Influenza-Like Illness (ILI)

- Acute onset of respiratory illness **and**
- Fever **and**
- Cough **and**
- One or more of the following symptoms:
Sore throat **or** Sore joints **or** Sore muscles **or** Prostration/fatigue

NOTE: ILI includes suspected H1N1 influenza or seasonal influenza that has not been confirmed by a laboratory test.

17. H1N1: Is there evidence (either from the maternal admission history and/or antenatal record) that the mother received antiviral medication, i.e., oseltamivir (Tamiflu) or zanamivir (Relenza), for treatment or prevention of H1N1 influenza or seasonal influenza AT ANY TIME DURING THE PREGNANCY? **Select ONE:**

- No Oseltamivir (Tamiflu) only Zanamivir (Relenza) only Oseltamivir (Tamiflu) **AND** Zanamivir (Relenza) Received other or unknown type of antiviral medication Unknown

18. H1N1: Is there evidence (either from the maternal admission history and/or antenatal record) that the mother received vaccination for prevention of H1N1 influenza or seasonal influenza AT ANY TIME DURING THE PREGNANCY? **Select ONE:**

- No H1N1 vaccination only Seasonal influenza vaccination only H1N1 vaccination **AND** seasonal influenza vaccination Received influenza vaccination, but unsure what type Unknown

19. # Previous Term Babies _____ # Previous Pre-term Babies _____

20. Reproductive Assistance: One None Unknown IUI (fresh/frozen) IVF (fresh/frozen) IVF ICSC (fresh/frozen) Ovulation induction

21. Multiple Gestation (# babies in this pregnancy): Singleton Twins Triplets Quadruplets Quintuplets Sextuplets Septuplets

