



Patient label here

OBSTETRICAL PRE-ADMISSION ASSESSMENT

To be completed by Pre-Admission Nurse/ MW

Date: _____ Time: _____

Height: _____ cm Weight (pre-pregnant): _____ kg BMI (pre-pregnant): _____
Weight (current): _____ kg BMI (current): _____

ALLERGIES: NKA Yes Specify (drug, food, tape, dyes, latex, other and describe reaction):

Best Possible Medication History (BPMH) form to be completed in pre-admit or admission

Family Physician/ Midwife: _____ Obstetrician: _____

Baby's Physician/ Midwife: _____ Support Person: _____ Relationship: _____

Languages Spoken: English Other: _____ Name of Interpreter (if needed): _____

G ___ T ___ P ___ A ___ L ___ EDB (dd/mm/yyyy): _____ Ontario Antenatal Record: Yes No

Blood Type: _____ Rh Type: Pos Neg Rhlg given: Yes – Date given: _____ No

Previous Blood Transfusion: Yes No Comment (when, why, reaction): _____

Herpes: Yes No Last Outbreak: _____ Comment: _____

HIV: Yes No Not screened Comments: _____

Other STI: Yes No Type: _____ Comment: _____

Group B Strep: Pos Neg Unknown Last swab: _____ Comment: _____

Hepatitis B: Yes No Not screened Type: _____ Comment: _____

Rubella Immune: Yes No _____

Past Medical History (acute, chronic illness, surgeries): _____

Problems during previous pregnancy/birth: _____

see BPMH (Best Possible Medication History)

Street/ Recreational drug use: Yes No Specify: _____

Alcohol use: Yes No Quantity: _____

Smoking: Yes No Quantity: _____ Resides with smoker: Yes No Quantity: _____

How long: _____



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Obstetrical Pre-Admission Assessment – page 2

To be completed by Pre-Admission Nurse/ MW

1. What are your plans for labour?
 - a) VBAC: Yes No Booked C/S: Yes No Date: _____
 - b) Use of comfort measures explained and discussed: Yes No

2. Breastfeeding: Yes No IF not state reason (see below): _____

 Previous breastfeeding experience: Yes No
 Check all that apply:
 BFI teaching completed Importance of breastfeeding Benefits of breastfeeding
 Exclusivity Risks of not breastfeeding Costs of substitutes
 Informed choice to refuse breastfeeding Received bottle feeding information

3. Many women experience periods of anxiety and mood swings following the birth of a baby. Are there any of the following factors that might contribute to postpartum mood or anxiety issues for you?
 - Family history of depression (who)?: _____
 - Personal history of depression: _____
 - Recent personal or family stress: _____

4. Who resides in the same house as you? _____

5. Who will help you after the birth of your baby? _____

6. Do you ever feel frightened by what your partner says or does? Yes No
 Comments: _____

7. Have you ever been hit, slapped, kicked or otherwise physically hurt by someone?
 - Disclosure No disclosure No opportunity to ask **If disclosure, document details in Multidisciplinary Notes.**

8. Keeping newborn Yes No Private adoption: Yes No
 Surrogacy : Yes No (if yes see Surrogacy Checklist and Policy)
 F&CS involved? Yes No Case Worker: _____
 Phone: _____ Alternate phone: _____

9. Are there any cultural/ religious practices you would like to share with your health care provider to assist us in caring for you?

RN Signature: _____