



الجمعية اللبنانية للتوليد والأمراض النسائية
Lebanese Society of **Obstetrics & Gynecology**
Société Libanaise d'**Obstétrique & de Gynécologie**



ANTENATAL RECORD

Initiative on Standards of Practice in Childbirth (ISOPIC)

Registration No _____

Registration Date _____
D/M/Y

File No _____

Name _____

0.1 Date of birth _____

0.2 Blood group _____

0.4 Allergies _____

0.5 Doctor's name _____

0.6 Hospital's name _____

Husband's Name _____

0.3 Husband's Blood Group/Rh _____

Important Problems _____

Section 1

1.1 Medical History	Yes	Specify		Yes	Specify
1.101 Heart disease			1.112 GI		
1.102 Hypertension			1.113 Diabetes		
1.103 Thromboembolic			1.114 Thyroid dysfunction		
1.104 Varices/Skin			1.115 Liver disease		
1.105 Hematologic (<i>sickle/Thalassemia</i>)			1.116 Neurologic/ Seizure		
1.106 Pulmonary			1.117 Renal disease		
1.107 Anesthesia problems			1.118 Genetic disease		
1.108 Blood transfusion			1.119 Mental disorders		
1.109 RTI's/STIs			1.120 Postpartum depression		
1.110 Gynecologic			1.121 Substance abuse (<i>drug, alcohol, nicotine</i>)		
1.111 Vaccines			1.122 Other infections		
1.2 Surgical History			1.123 Others		
_____			1.124 Medication		

1.3 Family History

- | | | | | | |
|-------------------------|--------------------------|---------------------|--------------------------|--------------------------------|--------------------------|
| 1.301 Heart disease | <input type="checkbox"/> | 1.305 Depression | <input type="checkbox"/> | 1.308 Alcohol / drug use | <input type="checkbox"/> |
| 1.302 Inherited disease | <input type="checkbox"/> | 1.306 Consanguinity | <input type="checkbox"/> | 1.309 Congenital abnormalities | <input type="checkbox"/> |
| 1.304 Diabetes | <input type="checkbox"/> | 1.307 Hypertension | <input type="checkbox"/> | 1.310 Cancer | <input type="checkbox"/> |

1.4 Obstetrical History

1.401 Gravida: 1.402 Para: 1.403 Term: 1.404 Preterm: 1.405 Ectopic: 1.406 Abortion: 1.407 Living: 1.408 Multiple gestations:

Date (MO/YRS)	GA Weeks 1.409	Length of labor 1.410	Type of delivery 1.411	Anesth 1.412	Place of delivery 1.413	Birth weight 1.414	Sex (M/F) 1.415	Comments/Complications

1.5 Topics for Discussion

- | | |
|---|--|
| 1 <input type="checkbox"/> Preconception folic acid | 13 <input type="checkbox"/> Pain management |
| 2 <input type="checkbox"/> Nutrition counselling | 14 <input type="checkbox"/> VBAC |
| 3 <input type="checkbox"/> Genetic counselling | 15 <input type="checkbox"/> Hospital admission/ procedures |
| 4 <input type="checkbox"/> Lifestyle | 16 <input type="checkbox"/> Labor warning |
| 5 <input type="checkbox"/> Infection prevention | 17 <input type="checkbox"/> Childbirth options |
| 6 <input type="checkbox"/> Teratogens | 18 <input type="checkbox"/> Tubal ligation |
| 7 <input type="checkbox"/> Substance abuse | 19 <input type="checkbox"/> Postpartum care |
| 8 <input type="checkbox"/> Breast feeding | |
| 9 <input type="checkbox"/> Child birth education | |
| 10 <input type="checkbox"/> Fetal Movement | |
| 11 <input type="checkbox"/> GBS management | |
| 12 <input type="checkbox"/> Preterm labor | |

Comments

Section 2

2.1 **Menstrual History:** LMP _____ cycle length _____ 2.101 EDD: by Dates _____ 2.102 by Ultrasound _____
Corrected EDD

2.2 Examination

2.201 Height _____ 2.204 BP _____ 2.208 Breasts _____ 2.212 Varicose & skin _____
2.202 Pre-preg weight _____ 2.205 Head and neck _____ 2.209 Musculoskeletal _____ 2.213 Pap smear: _____
2.203 P _____ 2.206 Abdomen _____ 2.210 Cervical _____
2.207 Pelvic exam _____ 2.211 Heart and Lungs _____

2.3 Initial Prenatal Screening

Date:

2.301 Toxoplasmosis	2.30101 Immune	<input type="checkbox"/>	2.30102 Not Immune	<input type="checkbox"/>	2.30103 Not Tested	<input type="checkbox"/>
2.302 Rubella	2.30201 Immune	<input type="checkbox"/>	2.30202 Not Immune	<input type="checkbox"/>	2.30203 Not Tested	<input type="checkbox"/>
2.303 Hep B	2.30301 Positive	<input type="checkbox"/>	2.30302 Negative	<input type="checkbox"/>	2.30303 Not tested	<input type="checkbox"/>
2.304 HIV	2.30401 Positive	<input type="checkbox"/>	2.30402 Negative	<input type="checkbox"/>	2.30403 Not tested	<input type="checkbox"/>

2.305 CBC/Plts _____ Date _____

2.306 Urinalysis / Culture _____ Date _____

2.307 Diabetes screen _____ Date _____
(FBS & 1h PC)

2.308 Indirect Coombs _____ weeks _____

2.309 Immunoglobulin anti D 2.30901 Given 2.30902 Not Given 2.30903 Not Needed

Date:

2.310 Other Lab Results

Date: _____

2.4 Labs: Double Screen / Triple Screen (optional) explanation*:

- * 1) For high risk
- 2) >40 years = Amniocentesis
- 3) Between 35-40 = Triple screen
- 4) Any age (when medically indicated):
 - malformation
 - diabetes
 - neural tube defects

2.5 Ultrasound screen

2.501 11-13 weeks

2.502 18-22 weeks

2.503 30-32 weeks (optional)

2.504 Problems /Investigations

2.505 Plan/Comments

2.506 Referrals to Specialists and other services

Date	Service	Observations	Recommendation	Doctor in charge

2.6 Risk Status

2.601 No risk factors noted

2.602 At risk _____

2.603 GBS (35-37) weeks _____

2.7 Antenatal visits

Date	GA	Fundal Ht (cm)	FHR	Presentation	Urine	B.P.	Wt	Fetal Movement	Next Appointment	Comments
	2.701	2.702	2.703	2.704	2.705	2.706	2.707	2.708	2.709	

Section 3

3.1 Optional Examination(*Pelvic, others*)

3.2 Delivery notes

3.201 NVD 3.202 C/S 3.203 Episiotomy 3.304 Epidural 3.305 Vaccum 3.306 Forceps

3.3 Postpartum care

3.301 Breastfeeding 3.302 Bottle feeding 3.303 Pills 3.304 IUD 3.305 Condoms 3.306 Tubal ligation
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Other Consultations

Section 4

4.1 Personal Information

4.101 Address

4.1011 Mouhafaza

4.1012 Caza

4.1013 City

4.1014 Street

4.105 ID number

Phone #

Cell Phone #

4.2 Educational Background

4.201 Elementary

4.202 Intermediate

4.203 Secondary

4.204 University Degree

4.205 Other _____

4.3 Occupation

4.301 Housewife

4.302 other, specify _____

4.4 Husband's Occupation

4.401 Unemployed

4.402 Self employed

4.403 Public sector employee

4.404 Private sector employee

4.405 Army/Police force

4.406 Other, specify _____

4.5 Emergency Contact details

4.6 Insurance type

This record has been achieved due to the efforts of LSOG & ISOPIC (The Initiative on Standard Of Practices In Childbirth is a collaborative effort aiming to formulate and contribute to evidence based practices in childbirth and maternal health care in Lebanon) in collaboration with LOP, MOPH & Choices and Challenges in Changing Childbirth (CCCC),aiming to standardize antenatal practice in Lebanon.