



Pre-Conception Care

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PRE-CONCEPTION CARE

Unit Record No. _____
 Surname _____
 Given Names _____
 DOB _____ Sex _____

AFFIX PATIENT IDENTIFICATION LABEL HERE

Patient's Name:				DOB:	
Country of Birth:					
Occupation:					
Language Spoken:		Interpreter Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Weight:		Height:		BMI:	
BP:				WTU	
Medications					
Allergies:					
Partner's Name:				Age or DOB:	
Country of Birth:					
Occupation:					

1.0 REPRODUCTIVE HISTORY

1.1 Have you ever had any children? Yes How many? _____ No (If "No" go to **No. 1.9**)

1.2 Have you had a child in the last year?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>It is advisable to have some gap between children. Close spacing may increase some pregnancy risks. But there are some situations, however (such as maternal age over 35), where delaying trying for a baby may not be a good thing.</i>		..... ..... .....

1.3 Have you had four (4) or more babies?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>It is wonderful that you are thinking of having another baby. We know that having several babies does increase some pregnancy risks. Can you please tell me more about those pregnancies and births?</i>	<input type="checkbox"/> Tick if social work referral is indicated Ask medical officer/GP for advice if: <input type="checkbox"/> Previous complicated pregnancies <input type="checkbox"/> Previous caesarean sections <input type="checkbox"/> Maternal age >35 <input type="checkbox"/> Tick if obstetrician referral is indicated	....................

1.4 What were the weights of your previous babies?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Having a big baby or a small baby may be very normal for you. However, sometimes small babies may be small because of infection, an abnormality or problems with the placenta. And sometimes large babies may be large because of undiagnosed diabetes during pregnancy</i>	Record the weight and gestation and any concerns by health care providers regarding baby's growth <input type="checkbox"/> Document baby's growth on customised growth chart an record percentile <input type="checkbox"/> If >90%ile or <10%ile ask Obstetrician for advice	....................

1.5 Did any of your children need care in the special or intensive care nursery, or need to stay in hospital after you went home?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		Record details of obstetric course, reason for admission and complications <input type="checkbox"/> Ask Medical Officer/GP for advice <input type="checkbox"/> Tick if obstetrician referral is indicated	...............

1.6 In any past pregnancies, did you have any problems like high blood pressure, diabetes, vaginal bleeding, preterm birth or difficult deliveries?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
Record details of complication, investigation, intervention, outcomes. Refer to notes. Seek notes where indicated			
<input type="checkbox"/> Elevated BP		Ask Medical Officer/GP for advice if: <input type="checkbox"/> required medications during pregnancy <input type="checkbox"/> was induced because of BP <input type="checkbox"/> <i>Tick if obstetrician referral is indicated</i>	..... ..... .....
<input type="checkbox"/> Diabetes		Ask Medical Officer/GP for advice if: <input type="checkbox"/> required insulin or metformin <input type="checkbox"/> was induced because of diabetes <input type="checkbox"/> there were concerns regarding baby's growth <input type="checkbox"/> there was shoulder dystocia <input type="checkbox"/> <i>Tick if obstetrician referral is indicated</i>	..... ..... ..... .....
<input type="checkbox"/> Vaginal bleeding		Ask Medical Officer/GP for advice if: <input type="checkbox"/> there was any significant bleeding >K20 <input type="checkbox"/> <i>Tick if obstetrician referral is indicated</i>	..... .....
<input type="checkbox"/> Premature labour		Ask Medical Officer/GP for advice if <input type="checkbox"/> baby delivered before K37 <input type="checkbox"/> <i>Tick if obstetrician referral is indicated</i>	..... .....
<input type="checkbox"/> Difficult deliveries		Ask Medical Officer/GP for advice if <input type="checkbox"/> there was shoulder dystocia <input type="checkbox"/> there was a PPH >1000ml <input type="checkbox"/> she sustained 3 rd /4 th degree tear <input type="checkbox"/> <i>Tick if obstetrician referral is indicated</i>	..... ..... .....

1.7 Have you ever had surgery on your uterus including a caesarean section?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		<p>Record details of procedure, indication, findings, and complications, follow-up. If she has been delivered by caesarean, record details of birth, progress, size position, indication, nature of caesarean section. Review debriefing documentation and/or postnatal clinic documentation</p> <p><input type="checkbox"/> Where appropriate, provide woman with RANZCOG brochure on VBAC</p> <p><input type="checkbox"/> Obstetrician review if significant unanswered questions following previous birth</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

1.8 Have any of your children been stillborn or died soon after birth?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		<p>Document the events surrounding previous IUFD/NND. Review Perinatal mortality documentation following previous loss. Request information from other hospitals as indicated</p> <p>Screen and manage depression and other mental health issues as appropriate.</p> <p><input type="checkbox"/> Tick if referral to CLP/Psychologist is indicated</p> <p><input type="checkbox"/> Tick if referral to Obstetrician is indicated</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

1.9 Have you had any miscarriages or molar pregnancies?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		<p>Document the number of miscarriage(s), gestation(s), and details of previous miscarriage(s).</p> <p>Screen and manage depression and other mental health issues as appropriate.</p> <p><input type="checkbox"/> Tick if referral to CLP/Psychologist is indicated</p> <p>Arrange appointment with obstetrician if:</p> <p><input type="checkbox"/> If 1 or more 2nd trimester at any age</p> <p><input type="checkbox"/> If 2 or more 1st trimester miscarriages in woman >35y</p> <p><input type="checkbox"/> If 3 or more 1st trimester miscarriages in woman <35y</p> <p>If previous Molar Pregnancy ensure follow-up is completed and advise Placental Histology after next birth</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

1.10 Do you know of any problems with your reproductive organs?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
<p>.....</p> <p>.....</p> <p>.....</p>		<p>Document, review and determine potential impact on fertility and pregnancy.</p> <p><input type="checkbox"/> Ask Medical Officer/GP for advice</p> <p><input type="checkbox"/> Offer resources including www.fertilityfriend.com, appointment with GP, discussion with MHS Natural Fertility Services</p> <p><input type="checkbox"/> Tick if obstetrician referral is indicated</p>	<p>.....</p> <p>.....</p> <p>.....</p>

1.11 Do you have a menstrual period every month?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		Record details of periods, regularity, days of bleeding, Medical Officer/GP to consider: <input type="checkbox"/> referral to Gynaecological clinic <input type="checkbox"/> appropriate dose of folic acid <input type="checkbox"/> referral to dietitian <input type="checkbox"/> role for OGTT	....................

1.12 Have you ever had surgery on your ovaries, cervix, fallopian tubes or vagina, or other abdominal surgery?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>These sorts of procedures are important to ask about because they may affect fertility. There is also an increased risk that pregnancies following this sort of surgery may be more likely to implant in the tube - ectopic pregnancies.</i>	Record details of procedure, indication, findings, complications, follow-up <input type="checkbox"/> Inform woman of increased risk of ectopic pregnancy and recommend USS at 6 weeks amenorrhoea to confirm intrauterine pregnancy <input type="checkbox"/> Tick if obstetrician referral is indicated	....................

1.13 Did you ever have Pelvic Inflammatory Disease (PID) or an infection in your tubes or pelvis?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><i>This sort of infection may affect fertility. You may be more likely to experience fertility problems. There is also an increased risk that pregnancies following infection may be more likely to implant in the tube - ectopic pregnancies.</i></p>	<p><input type="checkbox"/> Inform woman of increased risk of ectopic pregnancy and need for USS at 6 weeks amenorrhoea to confirm intrauterine pregnancy</p> <p><input type="checkbox"/> Offer and perform STI screen (First pass urine for PCR Chlamydia and gonorrhoea, high vaginal swab for MCS, Hepatitis B, Hepatitis C and HIV serology).</p> <p><input type="checkbox"/> Tick if obstetrician referral is indicated</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

1.14 A recent pap smear

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
<p>.....</p> <p>.....</p>		<p>Record details of last pap and when. If prior pap normal and performed >2y ago then advise pap today (or as soon as possible)</p> <p><input type="checkbox"/> Medical Officer/GP to review abnormal paps; tick if referral to colposcopy clinic indicated</p>	<p>.....</p> <p>.....</p>

1.15 Have you ever had a sexual infection such as Genital herpes, Chlamydia, genital warts, gonorrhoea, syphilis HIV/AIDS?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
<input type="checkbox"/> Herpes	<p><i>This main concern here is if you meet herpes for the first time in late pregnancy. When you have already met the virus, it is rarely a problem during pregnancy. In situations where your partner has met herpes but you have never been exposed, it is important to try and prevent transmission.</i></p>	<p>Preconception counselling should include the importance of avoiding contact between any herpetic lesion and the woman's genitals, including oral sex.</p> <input type="checkbox"/> Provide Genital Herpes brochure	..... ..... ..... .....
<input type="checkbox"/> Chlamydia and/or gonorrhoea	<p><i>Untreated Chlamydia and Gonorrhoea increase the risk of damaging infection to the fallopian tubes, which may affect fertility. Because of this, it would be a good idea to see us again if you have not been able to fall pregnancy after 12 months of trying.</i></p> <p><i>In pregnancy, there is an increased risk of preterm birth in women with these infections. If baby gets this infection there is a risk of blindness if not correctly treated.</i></p>	<p>Both partners should be counselled on the importance of avoiding infection.</p> <input type="checkbox"/> Offer Chlamydia & Gonorrhoea screening (1 st pass urine for Chlamydia & Gonococcal PCR) <input type="checkbox"/> If positive treat woman and partner, avoid unprotected sex whilst awaiting a test for cure. <input type="checkbox"/> Inform woman of increased risk of ectopic pregnancy and recommend USS at 6 weeks amenorrhoea to confirm intrauterine pregnancy. <input type="checkbox"/> Provide with Chlamydia Brochure	..... ..... ..... ..... ..... ..... .....
<input type="checkbox"/> Syphilis	<p><i>This infection spreads readily across the placenta. Infection at any time in the pregnancy can result in severe disease in the infant.</i></p>	<input type="checkbox"/> Offer Syphilis screening <input type="checkbox"/> If positive Medical Officer/GP to consider referral to an infectious disease specialist	..... .....
<input type="checkbox"/> HIV/AIDS	<p><i>HIV may be transmitted to the baby during pregnancy or delivery or through breast milk. This may happen in as many as 1:4 women. However the modern approach to care of pregnant women with HIV has seen this risk of transmission to baby to fall to around 1:1000.</i></p>	<input type="checkbox"/> Ensure pap smears current <input type="checkbox"/> Recommend comprehensive STI screen <input type="checkbox"/> Arrange appointment with obstetrician <input type="checkbox"/> <i>Obstetrician to tick if referral to infectious disease specialist indicated</i> <input type="checkbox"/> If male partner HIV POS and female partner HIV NEG: <i>obstetrician to tick to indicate that referral to fertility specialist is indicated</i>	..... ..... ..... ..... ..... ..... .....

2.0 MEDICAL HISTORY

2.1 How old are you? How old is your partner?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
<18	<i>Having a baby at a young age means you may not have finished growing yourself. Whilst things usually go very well, your pregnancy might have some complications like premature birth or having an underweight baby.</i>	<input type="checkbox"/> Recommend 1 st pass urine for Chlamydia and Gonococcal PCR <input type="checkbox"/> Tick if social worker referral indicated	..........
>35	<i>Having a baby at an older age usually goes very well. Fertility does naturally decline as you get older and you may be at risk of some health problems yourself as you enter middle age</i>	<input type="checkbox"/> Offer resources including www.fertilityfriend.com , appointment with GP, discussion with MHS Natural Fertility Services <input type="checkbox"/> Assess BP <input type="checkbox"/> Recommend TFTs	..........
Paternal age >45	<i>As men get older, sperm count may decrease. There are increased risks of having babies with abnormalities as dads get older too.</i>	<input type="checkbox"/> Discuss healthy diet, avoid alcohol/tobacco	..........

2.2 Disorder or abnormality identified at your birth?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>It is possible that some abnormalities are inherited</i>	Record details of condition, investigations, treatments, operation and functional impairment <input type="checkbox"/> Medical Officer/GP to tick if referral to geneticist indicated	..........

Do you have (or have you ever had)

2.3 Sickle Cell?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		<p>Record details of disease and its associated complications</p> <p><input type="checkbox"/> Recommend vaccinate (HiB, Strep pneumoniae, Fluvax)</p> <p><input type="checkbox"/> Recommend Folate (5mg/d)</p> <p><input type="checkbox"/> Partner to undergo HbEPP</p> <p><input type="checkbox"/> Arrange appointment with Obstetrician</p> <p><input type="checkbox"/> Defer conception until disease optimised</p> <p><input type="checkbox"/> If partner also trait/disease: <i>Medical Officer/GP to tick if referral to geneticist indicated</i></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

2.4 Anaemia/low iron/low blood count or a regular blood donor?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><i>Anaemia has many causes but most commonly iron deficiency. This is even more common in pregnancy because pregnancy stresses maternal iron stores.</i></p>	<p>Record details of anaemia, cause, previous investigations, current and previous therapies, dietary intake, previous gastrointestinal surgery, family history of anaemia.</p> <p><input type="checkbox"/> Recommend FBE, Fe studies, B12, Folate</p> <p><input type="checkbox"/> Perform haemoglobin electrophoretic pattern (HbEPP) if MCV<80 and African, Greek or Italian ethnicity</p> <p><input type="checkbox"/> Medical Officer/GP to consider testing partner and geneticist referral if HbEPP abnormal</p> <p><input type="checkbox"/> Consider Fe + folate + vitamin C supplementation if indicated</p> <p><input type="checkbox"/> Tick if referral to dietician is indicated</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

2.5 High blood pressure?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		<p>Record details of aetiology, blood pressure control, medicine and dosage</p> <p><input type="checkbox"/> Medical Officer/GP to tick if referral to physician indicated</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

2.6 Heart disease?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>I'm going to ask you some more about this. Now is a good time to ensure you are as healthy as possible. The changes during pregnancy and labour and delivery can result in some strain on your heart. Whilst many heart conditions are minor and have no bearing on a pregnancy for you, certain heart conditions are very serious and indeed it may be unwise to fall pregnant. You may not be aware but some heart conditions are inherited.</i>	Record details of diagnosis, aetiology, medications, operations, recent investigations (CXR, ECG, echo) functional impairment. <i>Medical Officer/GP to tick if any of the following indicated</i> <input type="checkbox"/> referral to cardiologist <input type="checkbox"/> echo/ECG/CXR <input type="checkbox"/> referral to geneticist	....................

2.7 Thyroid disease?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>There is possibly some association between an under-active thyroid and pregnancy complications (including miscarriage). Some believe that without appropriate replacement, babies born to mothers with an under-active gland may have lower IQ scores. Having normal thyroid function at the time of conception avoids this.</i>	Record details of diagnosis, medications, doses, control <input type="checkbox"/> Measure TFT (and aim for TSH <2.5) <input type="checkbox"/> <i>Medical Officer/GP to tick if referral to physician is indicated</i>	....................

2.8 Coeliac disease?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Coeliac disease may effect your body's ability to absorb nutrients including iron. This can lead to anaemia. I would like to test for this. Some women with coeliac disease are also at risk of thyroid disease and would recommend we test for this too,</i>	Record details of diagnosis, medications, doses, control <input type="checkbox"/> Recommend TFT (and aim for TSH <2.5) <input type="checkbox"/> Recommend FBE and Fe studies	....................

2.9 Epilepsy or seizures?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Now is a good time to ensure you are as healthy as can be. The frequency of seizures during pregnancy can vary. We know that children born to mothers with epilepsy taking anti-epilepsy medications have a very slight increase in the chance of abnormalities. All seizure medications carry this risk. We have very limited data about the new ones. Some women choose to discontinue their epilepsy drugs however; there is greater risk for harm to the baby with maternal seizures than continuing the medications.</i>	Record details of seizure type, aetiology, frequency of seizures, medications, levels, compliance. <input type="checkbox"/> Discuss with Medical Officer/GP <input type="checkbox"/> MO/GP to tick if referral to obstetric physician/neurologist indicated <input type="checkbox"/> Advise against Valproate <input type="checkbox"/> Recommend 5mg folic acid commencing 3 months pre-conception <input type="checkbox"/> Tick if obstetrician referral is indicated	........................................

2.10 Insulin resistance, pre-diabetes, borderline diabetes, or high blood sugar? Diabetes requiring insulin or other drugs?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Maintaining good control over sugar levels around the time of conception is vital. It is best not to fall pregnant until good glucose control is achieved. Women whose blood sugars are poorly controlled have seven times the risk of severe abnormalities and a 50% increased chance of a miscarriage compared to women whose blood sugar is under good control.</i>	Record details of diagnosis, BSL control, diet, exercise <input type="checkbox"/> Consider OGTT if pre-diabetic <input type="checkbox"/> Consider HbA1C if diabetic <input type="checkbox"/> Recommend 5mg folic acid commencing 3 months pre-conception <input type="checkbox"/> Tick if referral to dietician indicated <input type="checkbox"/> Arrange appointment with Obstetrician <input type="checkbox"/> Obstetrician to tick if referral to endocrinologist is indicated	........................................

2.11 Blood clots in your legs or lungs?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Women who have previously had a blood clot in the legs or lungs are at an increased risk for recurrent clots during pregnancy.</i>	Record details of the nature of previous blood clots, events surrounding any episode of thromboembolic disease, family history of clots, any investigations (including a thrombophilia screen). <input type="checkbox"/> Medical Officer/GP to consider thrombophilia screen (protein C, protein S, antithrombin 3, lupus anticoagulant, anticardiolipin Ab, APC resistance, prothrombin gene mutation, fasting homocysteine) <input type="checkbox"/> <i>Medical Officer/GP to tick if referral to physician/haematologist is indicated</i>	........................................

2.12 Bladder or kidney infections or problems?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Bladder and kidney problems are important in pregnancy. When severe they can lead to shock, preterm labour and premature birth. Women who have chronic renal disease sometimes have very poor pregnancy outcomes and there can be permanent complications for the mother. It is important to know more about this.</i>	Record details of the nature of the problem, aetiology, treatment. <input type="checkbox"/> Medical Officer/GP to consider MSU, U&E, 24h urine protein & creatinine clearance <input type="checkbox"/> <i>Medical Officer/GP to tick if referral to physician/nephrologist indicated</i>	.........................

2.13 Cancer?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>It is important to know the details of your cancer and cancer treatment. Sometimes cancer treatment may affect fertility.</i>	Record details of diagnosis, surgery, chemo, XRT <input type="checkbox"/> Consider referral to natural fertility service <input type="checkbox"/> <i>Medical Officer/GP to tick if referral to Specialist colleague indicated</i>	.........................

2.14 Asthma?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Good control of asthma before and during pregnancy will give you the best chance to have a healthy baby. Asthma may worsen, improve, or remain the same during pregnancy. But in general, asthma remains stable. If not well controlled, there are risks including poor growth of baby, preterm birth and elevated blood pressure.</i>	Record details of asthma medications, frequency of exacerbations, admissions (including ICU admissions) <input type="checkbox"/> <i>Medical Officer/GP to tick if referral to physician is indicated</i>	.........................

2.15 Have you been exposed to tuberculosis?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		<input type="checkbox"/> Medical Officer/GP to consider appropriate investigations <input type="checkbox"/> <i>Medical Officer/GP to tick if referral to infectious disease specialist indicated</i>	.....

2.16 Any other medical problems?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		Record details of the medical problem, its recent course, medications/operations, and recent investigations/consultations. <input type="checkbox"/> Medical Officer/GP to review <input type="checkbox"/> <i>Medical Officer/GP to tick if referral to Specialist colleague is indicated.</i>	..... ..... .....

2.17 Has it been more than 6 months since you had a dental check up? Do you have any mouth or dental problems?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Recent studies show a link between poor dental hygiene and preterm birth. Now is a good time to see a dentist.</i>	<input type="checkbox"/> Advise to see dentist	.....

2.18 Do you use over-the-counter (non-prescription) drugs?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		Record details of medications being taken, including indication and, dosage. <input type="checkbox"/> Medical Officer/GP to review medications www.motherisk.org www.otispregnancy.org	...............

2.19 Do you take a multi-vitamin with at least 400 micrograms of folic acid every day?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Folic acid use for at least three months before pregnancy and continuing through the first 12 weeks of pregnancy may reduce the chance of having a baby with a severe brain or spinal abnormality by 30-70%. All women considering a pregnancy should take a supplement that contains 400 mcg (0.4 milligrams) of folic acid per day.</i>	<input type="checkbox"/> Advise 400mcg/d <input type="checkbox"/> For the following women 4-5mg/d (eg Megafof) is recommended: <ul style="list-style-type: none"> ▪ BMI >35 ▪ Women taking epilepsy drugs ▪ Women with a previous baby with a neural tube defect ▪ Women with a family history of neural tube defects ▪ Women with diabetes <input type="checkbox"/> Provide Folic Acid Brochure	.........................

2.20 Do you take any vitamins, minerals, or herbal or food supplements?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>The effects of herbal/food supplements on pregnancy are largely unknown. Herbal compounds are often potent medications. They can also interact with other medications. Some are safe while others are harmful during pregnancy. Vitamins and other nutritional substances are usually not considered substitutes for a balanced diet.</i>	Record details of supplements being taken. Further info available at www.naturaldatabase.com <input type="checkbox"/> Enquire about diet and consider referral to dietitian <input type="checkbox"/> Medical Officer/GP to advise	....................

2.21 Are you taking any prescription drugs?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		Record details of medications being taken, including indication and, dosage. <input type="checkbox"/> Medical Officer/GP to review medications www.motherisk.org www.otispregnancy.org <input type="checkbox"/> Medical Officer/GP to tick if referral to Specialist colleague indicated	....................

2.22 Have you had or been immunized against German measles (rubella), Chicken pox (varicella zoster), Hepatitis B, Influenza, Pertussis?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Now, prior to pregnancy, is a good time to consider vaccination against infections which may be harmful if you were to acquire whilst pregnant. Vaccinations may help prevent at least some birth defects. Vaccination during pregnancy is not usually recommended.</i>	<input type="checkbox"/> Offer testing for immunity to rubella, VZV, HBV <input type="checkbox"/> Offer vaccination for Rubella, VZV, HBV, pertussis where indicated and advise waiting 1 month prior to conception <input type="checkbox"/> Offer Flu-vax to all women (has been shown to protect mother and baby from flu and other respiratory infections for up to 6 months post-partum) <input type="checkbox"/> Provide Immunisation Brochure	....................

3.0 NUTRITION

3.1 Are you on a special diet (eg. Weight loss or gain, vegetarian, etc.)?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>If you are on a special diet it is important that you are able to meet the increased nutritional needs of pregnancy, especially protein.</i>	<input type="checkbox"/> Consider dietitian referral <input type="checkbox"/> Medical Officer/GP to consider measuring FBE, iron studies, B12, folate	..........

3.2 Do you eat a variety of foods (eg. Breads and cereals, fruits and vegetables, dairy products and meals)?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>A well-balanced diet is necessary for good health. Your daily diet should include adequate servings of carbohydrates, vegetables and fruits, dairy products, and protein sources.</i>	<input type="checkbox"/> Tick if dietitian referral indicated <input type="checkbox"/> Provide Better Eating and Healthy Eating in Pregnancy Brochure	..........

3.3 Are you happy with your weight?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		Answer reflects respondent's body image. <input type="checkbox"/> Tick if dietitian referral indicated	.....

3.4 Review weight (P3) and calculate BMI

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>For overweight women: Being overweight means you are at increased risk of some health problems now and in the future like blood pressure and diabetes. Now would be a great time to help reduce this risk. Dieting, exercise programs, even surgery is best done now prior to pregnancy. Falling pregnant can be more difficult if you are overweight as fertility is affected. The risk of miscarriage is increased too. During pregnancy there are risks like blood pressure, diabetes, enlarged babies, caesarean delivery, post-caesarean infections, and abnormalities. These babies are also more likely to grow into overweight children and adults.</i>	<input type="checkbox"/> Tick if dietitian referral indicated <input type="checkbox"/> Consider OGTT if BMI >35 <input type="checkbox"/> Consider 5mg folate pre-conceptually if BMI>35 <input type="checkbox"/> Medical Officer/GP to tick if referral to physician indicated	........................................

3.5 Do you have or have you ever had an eating disorder (for example, anorexia or bulimia)?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		<input type="checkbox"/> Consider dietitian referral <input type="checkbox"/> Medical Officer/GP to tick if referral to CLP/Psychologist indicated	.....

3.6 Do you skip meals? Are there days when you do not eat any vegetables? Do you eat take-away more than once per week?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Being healthy for carrying a baby requires regular nourishment. Could I offer you some information on healthy eating?</i>	<input type="checkbox"/> Tick if dietitian referral indicated <input type="checkbox"/> Offer resources such as QH Healthy Start to Life publication, www.betterhealth.vic.gov.au	.....

3.7 Do you ever eat raw or very rare meats of fish?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Eating raw meats and fish places you at some risk of food poisoning. There are also some parasites (worms) that live in uncooked food. Some of these infections are dangerous and harmful to an unborn baby.</i>	<input type="checkbox"/> Avoid these foods <input type="checkbox"/> Offer resources such as QH Healthy Start to Life publication, www.betterhealth.vic.gov.au	..........

3.8 Do you eat fish more than once a week?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Certain fish, including swordfish, shark, king mackerel and tilefish should be avoided in large quantities during pregnancy due to high levels of mercury. It is recommended that you can eat up to 350 grams of most fish per week during pregnancy. Pregnant women and women planning pregnancy (1 serve = 150 g) can have: 1 serve per fortnight of shark (flake) or billfish (swordfish/broadbill and marlin) and NO other fish that fortnight OR 1 serve per week of Orange Roughy (Deep Sea Perch) or catfish and NO other fish that week OR 2-3 serves per week of any other fish and seafood not listed above</i>	<input type="checkbox"/> Offer resources such as QH Healthy Start to Life publication, www.betterhealth.vic.gov.au	..........

3.9 Do you eat un-pasteurised dairy products? Do you eat soft cheeses such as feta, blue, brie (does not include cream cheese and processed cheese spreads)?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><i>These types of foods, as well as deli meats, can be contaminated with Listeria. Listeria causes a flu-like illness with symptoms of fever, chills, muscle aches, and back pain. Listeriosis can cause serious problems for the unborn baby including miscarriage or stillbirth. It is best to avoid deli meats, prepared salads, un-pasteurised cheeses, and soft cheeses (unless heated until steaming) during pregnancy. Freshly prepared and cooked foods have low levels of bacteria. Bacteria grow over time, so avoid eating food if it has been made more than 24 hours since being prepared. Always reheat to steaming hot; Raw fruit and vegetables should be washed thoroughly before eating; Listeria is destroyed in normal cooking, so freshly cooked hot food is safe if eaten straight away; Even those foods that are higher risk can be eaten safely if heated above 74 degrees Celsius for over 2 minutes.</i></p>	<p><input type="checkbox"/> Provide Listeria Brochure</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

3.10 Are there any foods that don't agree with you or that you are allergic to?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
<p>.....</p> <p>.....</p>		<p>Document the food groups and details of allergic reactions.</p> <p><input type="checkbox"/> Tick if dietician referral because dietary intake significantly impeded</p>	<p>.....</p> <p>.....</p>

4.0 FAMILY HISTORY

Has anyone in your family

4.1 Had birth defects (eg heart abnormality, spina bifida, cleft palate or lip, or other problems)?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>There are numerous causes of birth defects – some are inherited, some just happen. I need to know some more details.</i>	Record details of defects, the functional effect, and relationship to woman. <input type="checkbox"/> Medical Officer/GP to tick if geneticist referral indicated <input type="checkbox"/> Consider 5mg folic acid commencing 3 months pre-conception	..........

4.2 Had inherited diseases (such as cystic fibrosis, haemophilia, sickle cell disease or trait, Tay-Sachs disease, Canavan disease, muscular dystrophy, Huntington chorea, phenylketonuria)?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		Record details of disease, the functional effect, and relationship to woman. Need to ask about ethnic background. <input type="checkbox"/> Medical Officer/GP to tick if geneticist referral indicated	..........

4.3 Had a blood clot in the leg (DVT), or a blood clot in the lungs?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>There are a number of reasons for someone having a significant blood clot. One of the reasons is because of an inherited abnormality that makes the blood more likely to clot</i>	Record details of clot, relationship to woman, and any known thrombophilia <input type="checkbox"/> Medical Officer/GP to consider thrombophilia screen if history of spontaneous thrombosis in close family member(s). (Screening without clear indication discouraged)	..... .....

4.4 Had diabetes?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		Record type of DM, and relationship to woman. <input type="checkbox"/> Medical Officer/GP to consider the merit of OGTT	.....

4.5 Had depression or bipolar illness? Had anxiety disorder, panic disorder, obsessive-compulsive disorder, or posttraumatic stress disorder? Been hospitalized for mental health reasons?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>If there is a very strong family history, then <u>you</u> may also be at some risk of developing a mental health condition.</i>	Record details of disease, functional impairment and relationship to mother. <input type="checkbox"/> Recommend EPDS and K10 now	.....

4.6 Had hearing loss/ear abnormalities? Had blindness/severe vision problems? Had mental retardation, learning disabilities, or Fragile X?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		Record details of abnormality, the functional effect, and relationship to woman <input type="checkbox"/> <i>Medical Officer/GP to tick if geneticist referral indicated</i>	.....

5.0 HOME, WORK OR SOCIAL HAZARDS

5.1 Do you have daily exposure to sunlight?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Women who have little or no exposure to the sun (especially covered and dark skinned women) are at an increased risk of vitamin D deficiency. This can lead to osteoporosis (brittle bones) in the mother and places the baby at increased risk of developing rickets (a bone disorder)</i>	<input type="checkbox"/> Recommend 10 minutes of sun exposure to forearms/face daily <input type="checkbox"/> Medical Officer/GP to consider measuring Vitamin D <input type="checkbox"/> Mildly low Vit D levels (30-50) consider Blackmores pregnancy multivitamin <input type="checkbox"/> Low Vit D levels (<30) consider Ostelin	....................

5.2 Do you work with metals or chemicals at work or at home (paint strippers, oven cleaners, pesticides, ceramics or solder, pesticides, etc.)?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Exposure to certain metals, pesticides and chemicals can lead to preterm birth, low birth weight babies, miscarriage, impaired male and female fertility and may be harmful to the developing baby or young children. It is important to minimize exposure, wear personal protective equipment at all times of exposure and ensure good ventilation systems are in place. Avoid working with leaded glass.</i>		..... ..... ..... .....

5.3 Are you exposed to lead at home or work (paint removal, remodelling, battery making, soldering, welding, radiator repair or working at firing range)?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>High lead levels during pregnancy are associated with decreased IQ, slowed infant development, miscarriage and low birth weight. Lead poisoning resulting in miscarriage or stillbirth is rare. In infants and young children, continuous exposure to high levels of lead may result in delays in physical or mental development, deficits in attention span, and learning disabilities. In adults, exposure to lead may lead to infertility in both males and females. Exposure may also result in kidney problems or high blood pressure. Paint chips and dust from lead paint in old buildings are the primary routes of children's exposure to lead.</i>	<input type="checkbox"/> Measure lead levels <input type="checkbox"/> Advise contact environmental protection agency for assessment of potential lead exposure in home/workplace	.........................

5.4 Are you exposed to high levels of heat at work or home or frequently use hot tubs, whirlpool baths, or saunas?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>High levels of heat exposure during pregnancy have been associated with an increased risk of miscarriage, low birth weight, and abnormalities like spina bifida. It is best for pregnant women to avoid using hot tubs, spas or saunas. Heat may temporarily impair male fertility.</i>	<input type="checkbox"/> Advise avoid high levels of heat exposure	..........

5.5 Do you have a job that is physically hard work (heavy lifting, prolonged standing)?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Physically demanding work may increase the chance of injury later in pregnancy as body mechanics change (e.g., back strain with heavy lifting, difficulty bending).</i>		..... .....

5.6 Do you work with radiation or will you be exposed to X-rays?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>High levels of radiation may cause miscarriage, birth defects, low birth weight, slowed infant development and childhood cancers. High levels of radiation can also cause both male and female infertility. When necessary, radiation due to imaging during pregnancy (e.g., dental X-rays) is generally safe.</i>	<input type="checkbox"/> Advise avoiding exposure to radiation while trying to fall pregnancy and once pregnant	....................

5.7 Are you involved in the professional care of young children?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Being a professional carer of young children means you may be exposed to certain infections. Some of these infections may have risk during pregnancy. It would be helpful now to know if you have already been exposed to these sorts of infections.</i>	<input type="checkbox"/> Offer baseline screening for exposure to toxoplasmosis, CMV, Parvovirus <input type="checkbox"/> Advise hand hygiene/gloves changing nappies, avoiding uncooked meats/cat litter	..........

5.8 Do you have contact with a cat litter box?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Toxoplasmosis can be transmitted via cat faeces and can lead to miscarriage, birth defects, and slowed development in the infant.</i>	<input type="checkbox"/> Offer testing for exposure to toxoplasmosis as a baseline <input type="checkbox"/> Advise avoiding contact with uncooked meats/cat litter	..........

5.9 Do you smoke cigarettes?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Pregnant women who smoke are at increased risk of ectopic pregnancy, miscarriage, and stillbirth. Infants born to mothers who smoke are at increased risk of prematurity, low birth weight, asthma and other respiratory illnesses, and infant death including Sudden Infant Death Syndrome (SIDS). Smoking increases health risks for both men and women, including risks for various cancers and heart disease.</i>	<input type="checkbox"/> Provide Smoking - 'Quit because you can', 'Smoking and your Health' and 'Passive smoking' brochures <input type="checkbox"/> Provide QUITLINE details www.quitnow.info.au	....................

5.10 Do you breathe second-hand smoke?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Breathing second-hand smoke is a health hazard for all who are exposed, including the unborn baby, infants, and children. Second-hand smoke is a risk factor for Sudden Infant Death Syndrome (SIDS) and respiratory disease in infants.</i>	<input type="checkbox"/> Provide Passive smoking Brochure	..........

5.11 Do you drink beer, wine, or sprits?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Alcohol use by women who are pregnant can cause damage to the developing baby. There is no safe time, no safe type and no safe amount of alcohol to consume during pregnancy. Alcohol use should probably be avoided while trying to get pregnant (i.e., 2nd half of cycle) as early exposure may cause problems.</i>	Record details of current alcohol use. If appropriate proceed to TACE Resource: www.alcohol.gov.au	....................
.....	<i>How many drinks does it take to make you feel high? (tolerance) Have people annoyed you by criticizing your drinking? Have you felt you ought to cut down on your drinking? Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (eye opener)</i>	The questions are scored by giving <ul style="list-style-type: none"> • 2 points for T if it takes >2 drinks to get high • 1 point each for A, C, E if the response is "yes." A total score of 2 or more is considered positive for identifying risk drinkers. <input type="checkbox"/> Tick if referral to CHAMP service or local Drug and alcohol counsellor indicated	....................

5.12 Do you use any recreational or street drugs (eg. Marijuana, cocaine, crack, etc.)?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Drug use can be hazardous for both the mother and the unborn baby. The baby is at risk for addiction and neonatal withdrawal syndrome. Outcomes may include fetal and infant death, low birth weight, preterm birth, and behaviour changes in newborns such as more crying than normal and trouble eating and sleeping. Drug use may affect the ability to effectively parent a child. It may also affect fertility.</i>	Record details of current/past drug use <input type="checkbox"/> Tick if referral to CHAMP service indicated	....................

5.13 Is pregnancy likely to cause problems in the following: Family finances? Living space? Your career plans? Child care? Your social life? Your independence and privacy?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		Record responses <input type="checkbox"/> Tick if referral to social work or psychologist of DAART indicated	...............

5.14 Are family, friends, or work problems complicating things?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....	<i>Increased stress during pregnancy may be associated with an increased risk for miscarriage, preterm birth, and low birth weight.</i>	<input type="checkbox"/> Recommend EPDS now <input type="checkbox"/> Recommend domestic violence screening questions <input type="checkbox"/> Tick if social work referral indicated <input type="checkbox"/> Medical Officer/GP to tick if referral to CLP/Psychologist indicated	...............

5.15 Have you experienced physical, sexual, or emotional abuse; incest; or rape?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		Record details regarding previous abuse. Address safety of all family members. <input type="checkbox"/> Offer screen for sexual infections <input type="checkbox"/> Undertake domestic violence screen <input type="checkbox"/> Consider referral to social worker <input type="checkbox"/> Medical Officer/GP to tick if referral to CLP/Psychologist indicated	...............

5.16 Is there anything that makes you wonder if you are capable of being a parent?

DETAILS OF RESPONSE	DIALOGUE	INSTRUCTION	FURTHER ACTION
.....		Record responses <input type="checkbox"/> <i>Tick if referral to social work indicated</i>	.....

ATTENTION GP PARTNER:

Once completed, please tear off the Summary Page at the end of this booklet and return by Fax with accompanying Invoice to:

Dr Tania Widmer, Obstetrician, Mater Health Services

FAX: 07 3163 1949.

The \$100.00 Invoice should be addressed to:

**Mater Health Services
for
Pre-Conception Care Consultation**

