

<b>Antenatal Risk Assessment</b>	
<p><b>Part A - Pre-Pregnancy</b> (circle if applicable)</p> <p><b>Score</b></p> <p>1 Age ≤ 17 at delivery                  2 Age ≥ 35 at delivery                  1 Weight ≥ 91 kg                  1 Weight ≤ 45 kg                  1 Height &lt; 152 cm</p> <p><b>Diabetes</b></p> <p>1 Controlled by diet only                  3 Insulin used                  3 Retinopathy documented</p> <p><b>Heart Disease</b></p> <p>1 Asymptomatic (no affect on daily living)                  3 Symptomatic (affects daily living)</p> <p><b>Hypertension</b></p> <p>2 140/90 or greater                  3 Antihypertensive Drugs</p> <p><b>Chronic Renal Disease Documented</b></p> <p>1 <b>OTHER medical disorders</b> e.g. epilepsy, severe asthma, lupus, Crohn's disease</p>	
<p><b>Part B - Past Obstetrical History</b> (circle if applicable)</p> <p><b>Score</b></p> <p>3 Neonatal death(s)                  3 Stillbirth(s)                  1 Abortion between 12 to &lt; 20 weeks and birth weight &lt;500 grams                  1 Delivery at 20 - 37 weeks                  2 Cesarean section                  1 Small for dates - 5th percentile                  1 Large for dates - 95th percentile                  1 RH Isoimmunization - unaffected infant                  3 RH Isoimmunization - affected infant                  1 Major cong. anomaly e.g. Chromosomal, Heart, CNS defects</p>	
<p><b>Part C - Problems in Current Pregnancy</b> (circle if applicable)</p> <p><b>Score</b></p> <p>2 Diagnosis of large for dates                  3 Diagnosis of small for dates                  2 Polyhydramnios or oligohydramnios                  3 Multiple pregnancy                  3 Malpresentation (breech or transverse lie)                  2 Membranes ruptured before 37 weeks                  1 Bleeding &lt; 20 weeks                  3 Bleeding ≥ 20 weeks                  2 Gestational hypertension                  1 Proteinuria ≥ 1+                  1 Gestational diabetes documented                  3 Blood antibodies (Rh, Anti C, Anti K, etc.)                  1 Anaemia (Hgb&lt; 100 gm. per L)                  1 Pregnancy &gt; 41 weeks                  1 Poor weight gain (26 - 36 weeks&lt;0.5kg/week or weight loss)                  1 Smoker - anytime during pregnancy</p>	
<p><b>Part D - Other Risk Factors</b> (circle if applicable)</p> <p><b>Score</b></p> <p>3 Major fetal anomaly                  3 Acute Medical Disorder (acute Asthma, Thyrotoxicosis, UTI, etc.)                  3 Cervical surgery</p> <p><b>Substance use:</b></p> <p>3 Alcohol - ≥ 3 drinks on any one occasion during pregnancy                  3 Alcohol - ≥ 1 drink per day throughout pregnancy                  3 Drug dependent</p>	
<b>Intrapartum Risk Assessment</b>	
<p><b>Score</b> (circle if applicable)</p> <p>2 ≤ 34 weeks                  1 35 - 36 weeks                  1 Meconium in labour                  1 Gestational hypertension                  1 Anemia                  1 Fever                  1 Fetal heart rate abnormalities                  1 Bleeding                  1 Ruptured membranes &gt; 24 hrs.                  1 Seizures                  1 Coagulopathy</p>	
<b>Total Intrapartum Risk Score</b>	
<b>Indications for Induction</b>	
<p>1. Significant antepartum hemorrhage (circle primary indication)                  2. Evidence of fetal compromise                  3. Current intrauterine death                  4. Term, prelabour rupture of membranes                  5. Evidence of Intrauterine growth restriction                  6. Gestational hypertension                  7. Past history perinatal death                  8. Diabetes                  9. Gestational diabetes                  10. Gestation &gt; 41 weeks                  11. Evidence of large for gestational age                  12. Chronic essential hypertension                  13. Social                  14. Other, Specify _____</p>	
<b>Operative Delivery (c/s/, forceps, vacuum extraction)</b>	
<p>1. Elective repeat c/s (circle primary indication)                  2. Malpresentation (breech or transverse lie)                  3. Arrest of progress in labor - first stage                  4. Arrest of progress in labor - second stage                  5. Failed trial of forceps                  6. Fetal heart rate abnormalities                  7. Intrapartum hemorrhage                  8. Pyrexia in labor                  9. Maternal hypertension                  10. Maternal cardiac disease                  11. Maternal endocrine disease (diabetes)                  12. RH isoimmunization                  13. Fetal malformation                  14. Fetal illness (low platelets, etc.)                  15. Multiple pregnancy                  16. Prior hysterotomy                  17. Placenta previa                  18. Advanced maternal age                  19. Maternal exhaustion                  20. Maternal request                  21. Other, specify _____</p>	
<b>Total Antepartum Risk Score</b>	Date _____ Signature _____

## Guidelines Delivery Record

The delivery record revisions have been made to improve the record as both a clinical and data collection tool. Documentation on the record is a collaborative responsibility of the physician, midwife and nurse caring for the patient during labor and at delivery. The physician/midwife caring for the patient at the time of delivery is responsible to ensure accuracy of the documentation prior to signing the record. Comments on the revisions and/or recommendations for improvement can be directed to the Alberta Perinatal Health Program, Suite 101 Kingsway Professional Centre, 10611 Kingsway Avenue, Edmonton AB T5G 3C8.

### Part One

#### Antenatal Risk Assessment

Total the scores of part A, B, C, and D.  
Low Risk 0 - 2, Moderate Risk 3 - 6, High Risk  $\geq 7$

The risk scores are cumulative and not exclusive of each other. For example, Part A - Pre-Pregnancy, if the patient is diabetic with retinopathy, the patient would score a total of 7, ie: patient would score 1 point if she has diabetes, 3 points if she is on insulin, and an additional 3 points for the presence of retinopathy.

### DEFINITIONS

**Live Birth:** The complete expulsion or extraction from the mother, irrespective of the duration of pregnancy, of a fetus in which, after expulsion or extraction there is breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle, whether or not the umbilical cord has been cut or the placenta attached. *Note: in Alberta all live births must be registered with the Vital Statistics Department, regardless of birth weight or gestation.*

**Stillbirth:** The complete expulsion or the extraction from the mother after at least 20 weeks' pregnancy, or after attaining a weight of 500 grams or more, a fetus in which, after expulsion or extraction there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle.

**Gravida:** Total number of pregnancies for this mother, including this pregnancy.

**Term:** Total number of babies born to this mother at  $\geq 37$  weeks gestation, excluding this birth. *Note: if mother was a gravida 1 and had twins at 38 weeks, she would be G1T2.*

**Preterm:** Total number of babies born between 20 and 37 completed weeks of gestation.

**Abortions:** Total number of pregnancy losses prior to 20 weeks gestation and less than 500 grams birth weight, including ectopic pregnancies.

**Living:** Total number of children currently living born to this mother, *excluding this birth.*

**Neonatal Death:** Death of an infant born alive to this mother that occurred within 28 days of age.

**Small for Gestational Age:** Infant's birth weight below the 5th percentile for gestational age.

**Large for Gestational Age:** Infant's birth weight above the 95th percentile for gestational age.

**Major Congenital Anomaly:** Includes any lethal anomaly, any anomaly that requires corrective surgery or any other anomaly that has a major effect on growth and development or quality of life.

**Acute Medical Disorder:** Refers to the presence of a significant medical condition that may affect the pregnancy or which may adversely be affected by the pregnancy. This may include a new medical disorder which appears during the pregnancy or it may be an acute attack or exacerbation of a pre-existing medical disorder.

**Drug Dependent:** Implies inappropriate or excessive use of any substance which may adversely affect the outcome of the pregnancy or the newborn.

#### Intrapartum Risk Assessment

The intrapartum risk assessment components are to be scored when the mother is admitted in labor and/or for induction of labor. These factors are known to be associated with potential risk to the fetus or the mother. *As these factors have not been validated an arbitrary risk score has been assigned.*