NAME: CYNTHIA WILLIAMS DOB: 05/06/xx

DATE: ___Today_____

NAME Cynthia Williams DOB: _05/06/xx_____

ID#__123456_____ INT HOSP OF DELIVERY covenant___ INT DELIVERY PROVIDER Dr. Baby Delivery__

NEWBORN'S PHYSICIAN___Dr. Baby Dear___ REFERRED BY_____

PRIMARY CARE PROVIDER_____ ADDRESS **COVENANT MEDICAL GROUP, 3420 22ND PLACE**

| | | | |
|---|---|---|---|
| BIRTH DATE: 05/06/XX | AGE: 31 | RACE: Hispanic | MARITAL STATUS: Married |
| ADDRESS 129824 South Lane, Littletown, Tx | | | |
| OCCUPATION: Retail Sales | | PHONE 123-345-6789 | |
| EDUCATION: High School | | PHONE (O) | |
| LANGUAGE: English | | PHONE (M) | |
| ETHNICITY: Latin American | | | |
| HUSBAND/DOMESTIC PARTNER: Brian Williams | | PHONE: 123-456-7890 | |
| FATHER OF BABY: Same | | PHONE | |
| EMERGENCY CONTACT: Brian Williams | | PHONE | |
| INSURANCE CARRIER/MEDICAID # BCBS Texas | | POLICY #97531246 | |

**KEY CLINICAL INFORMATION**

**G3 P 2 FINAL EDD: 8/10/XX**

| TOTAL PREG | FULL TERM | PREMATURE | AB INDUCED | AB SPONT. | ECTOPICS | MULT. BIRTHS | LIVING |
|---|---|---|---|---|---|---|---|
| 3 | 2 | 0 | 0 | 0 | 0 | 0 | 1 |

| | | |
|---|---|---|
| IS BLOOD TRANSFUSION ACCEPTABLE: YES | ANTEPARTUM ANESTHESIA CONSULT PLANNED: YES | LATEX ALLERGY:NO |

**ALLERGIES**

| |
|---|
| **Morphine** |

**PROBLEMS**

| |
|---|
| Abnormal Glucose Tolerance Test |
| Previous Pregnancy Induced Hypertension |
| Stillbirth previous pregnancy |
| Maternal Obesity |
| Postpartum Depression |

NAME: CYNTHIA WILLIAMS DOB: 05/06/xx

| |
|---|
| PNV-Nature Made Prenatal Multi + DHA |
| Acetaminophen |
| Sudafed |
| Novolog by sliding scale |

**MEDICATION LIST**

**EDD CONFIRMATION** **EDD:**

| | |
|---|---|
| US 5/19/XX 28wGA, CRL 37.6cm EFW 1319gms | |
| US 3/24/XX 20wGA, CRL 25.7cm, no abnormalities | |
| US 12/30/XX 8-0wGA 15mm CRL Cardiac activity | 8/10/XX * FINAL |
| LMP 11/3/XX | 8/10/XX |

**IMMUNIZATIONS**

| Immunization | Prenatal Snapshot | Last Admin | Admin Postpartum |
|---|---|---|---|
| Influenza | | 12/30/XX | |
| TDAP | | 2/6/XX | |
| MMR | | | |
| Varicella | | | |
| HPV | | | |
| Hepatitis A | | | |
| Hepatitis B | | | |
| Pneumoccocal | | | |
| Meningococcal | | | |
| TD | | | |

**MENSTRUAL HISTORY**

| | | | | | |
|---|---|---|---|---|---|
| LMP | N DEFINITE: 11/3/XX | MENSES MONTHLY | N YES N NO | FREQUENCY Q 28 | DAYS |
| | N UNKNOWN | ON BC AT CONCEPT | N N NO | MENARCHE 12 | (AGE ONSET) |
| | N FINAL | PRIOR MENSES | N DATE | hCG+ 12/2/XX | |
| | N APPROXIMATE (MONTH KNOWN) | | | | |
| | N NORMAL AMOUNT/DURATION | | | | |

**PAST PREGNANCIES**

| | | | |
|---|---|---|---|
| 6/25/XX | 39w Difficult delivery IUFD | Covenant | “Emily” Stillborn |
| 3/19/XX | 38w Forcep Delivery 10# | Covenant | “Michael” |

**SUBSTANCE USE**

| | **AMT PRE-PREG.** | **AMT PREG** | **# YRS USED** |
|---|---|---|---|
| **TOBACCO** | Denies | | |
| **ALCOHOL** | Denies | | |
| **ILLICIT/RECREATIONAL DRUGS** | Denies | | |

**MEDICAL HISTORY**

NAME: CYNTHIA WILLIAMS DOB: 05/06/xx

| | 0 Neg<br>+ Pos | DETAIL POSITIVE REMARKS INCLUDE<br>DATA & TREATMENT |
|---|---|---|
| 1. DIABETES | + | ABNORMAL DIABETES SCREEN AND GTT |
| 2. HYPERTENSION | + | PREVIOUS PREGNANCY; MATERNAL GM |
| 3. HEART DISEASE | | |
| 4. AUTOIMMUNE DISORDER | | |
| 5. KIDNEY DISEASE/UTI | | |
| 6. NEUROLOGIC/EPILEPSY | | |
| 7. PSYCHIATRIC | | |
| 8. DEPRESSION/PPD | + | PREVIOUS STILLBIRTH |
| 9. HEPATITIS/LIVER FAILURE | | |
| 10. VARICOSITIES/PHLEBITIS | | |
| 11. THYROID DYSFUNCTION | | |
| 12. TRAUMA/VIOLENCE | | |
| 13. HISTORY OF BLOOD TRANS. | | |
| 14. HEMATOLOGIC DISORDERS | | |
| 15. GASTROINTESTINAL DISORDERS | | |
| 16. DERMATOLOGIC DISORDERS | | |
| 17. D (Rh) SENSITIZED | | |
| 18. PULMONARY (TB ASTHMA) | | |
| 19. SEASONAL ALLERGIES | | |
| 20. DRUG/LATEX ALLERGIC REACTIONS | | |
| 21. BREAST | | |
| 22. GYN SURGERY | | |
| 23. OPERATIONS/HOSPITALIZATIONS (YEAR & REASON) | + | 2 SVD IN XX & XX (STILLBIRTH) |
| 24. ANESTHETIC COMPLICATIONS | | |
| 25. HISTORY OF ABNORMAL PAP | | |
| 26. UTERINE ANOMALY (DES) | | |
| 27. INFERTILITY | | |
| 28. ART THERAPY | | |
| 29.PREGNANCY COMPLICATIONS | + | GESTATIONAL DIABETES, PREVIOUS PIH |
| 30. CANCER | | |
| 31. RELEVANT FAMILY HISTORY | | |

| | | |
|---|---|---|
| 32. OTHER | | |

NAME: CYNTHIA WILLIAMS DOB: 05/06/xx

**GENETIC SCREENING/TERATOLOGY COUNSELING**

INCLUDES PATIENT, BABY'S FATHER OR ANYONE IN EITHER FAMILY WITH:

| | YES | NO |
|---|---|---|
| 1. PATIENT'S AGE 35 YEARS OR OLDER AS OF ESTIMATED DATE OF DELIVERY | | |
| 2. THALASSEMIA (ITALIAN, GREEK, MEDITERRANEAN, OR ASIAN BACKGROUND); MCV LESS THAN 80 | | X |
| 3. NEURAL TUBE DEFECT (MENINGOMYLOCELE, SPINA BIFIDA, OR ANENCEPHALY) | | X |
| 4. CONGENITAL HEART DEFECT | | X |
| 5. DOWN SYNDROME | | X |
| 6. TAY-SACHS (ASHKENAZI JEWISH, CAJUN, FRENCH CANADIAN) | | X |
| 7. CANAVAN DISEASE (ASHKENAZI JEWISH) | | X |
| 8. FAMILIAL DYSAUTONOMIA (ASHKENAZI JEWISH) | | X |
| 9. SICKLE CELL DISEASE OR TRAIT (AFRICAN) | | X |
| 10. HEMOPHILIA OR OTHER BLOOD DISORDERS | | X |
| 11. MUSCULAR DYSTROPHY | | X |
| 12. CYSTIC FIBROSIS | | X |
| 13. HUNTINGTON'S CHOREA | | X |
| 14. INTELLECTUAL DISABILITY OR AUTISM SPECTRUM DISORDER | | X |
| IF YES, WAS PERSON TESTED FOR FRAGILE X | | X |
| 15. OTHER INHERITED GENETIC OR CHORMOSOMAL DISORDER | | X |
| 16. MATERNAL METABOLIC DISORDER (EG. TYPE 1 DIABETES, PKU) | | X |
| 17. PATIENT OR BABY'S FATHER HAD A CHILD WITH BIRTH DEFECTS NOT LISTED ABOVE | | X |
| 18. RECURRENT PREGNANCY LOSS OR A STILLBIRTH | | X |
| 19. MEDICATIONS (INCLUDING SUPPLEMENTS, VITAMINS, HERBS OR OTC DRUGS)/ILLICIT/RECREATIONAL DRUGS/ALCOHOL SINCE LAST MENSTRUAL PERIOD | | X |
| IF YES, AGENT(S) AND STRENGTH DOSAGE TYLENOL, SUDAFED | | X |
| 20. ANY OTHER (SEE COMMENTS) | X | |

| **INFECTION HISTORY** | **YES** | **NO** | | **YES** | **NO** |
|---|---|---|---|---|---|
| 1. LIVE WITH SOMEONE WITH TB OR EXPOSED TO TB | | X | 7. CHLAMYDIA | | X |
| 2. PATIENT OR PARTNER HAS HISTORY OF GENITAL HERPES | | X | 8. HPV | | X |
| 3. RASH OR VIRAL ILLNESS SINCE LMP | | X | 9. HIV | | X |
| 4. PRIOR GBS INFECTED CHILD | | X | 10. SYPHILIS | | X |
| 5. HEPATITIS B, C | | X | 11. OTHER STI | | X |
| 6, GONORRHEA | | X | 12. OTHER (SEE COMMENTS) | | X |

| **PSYCHOSOCIAL SCREENING** | **RESULT** | **DETAIL** |
|---|---|---|
| 1. HAVE YOU USED DRUGS OR ALCOHOL DURING THIS PREGNANCY? | NO | |
| 2. HAVE YOU HAD A PROBLEM WITH DRUGS OR ALCOHOL IN THE PAST? | NO | |
| 3. DOES YOUR PARTNER HAVE A PROBLEM WITH DRUGS OR ALCOHOL? | NO | |

NAME: CYNTHIA WILLIAMS DOB: 05/06/xx

| | | |
|---|---|---|
| 4. DO YOU CONSIDER ONE OF YOUR PARENTS TO BE AN ADDICT OR ALCOHOLIC? | NO | |
| 5. ARE YOU EXPOSED TO SECONDHAND SMOKE IN ENCLOSED SPACES OR VEHICLES? | NO | |
| 6. ARE YOU AFRAID OF YOUR PARTNER? | NO | |
| 7. IN THE LAST YEAR, HAS YOUR PARTNER HIT, KICKED, PUNCHED OR OTHERWISE HURT YOU? | NO | |
| 8. IN THE LAST YEAR, HAS YOUR PARTNER PUT YOU DOWN, HUMILIATED YOU OR TRIED TO CONTROL WHAT YOU DO? | NO | |
| 9. IN THE LAST YEAR, HAS YOUR PARTNER THREATENED TO HURT YOU? | NO | |

**INITIAL PHYSICAL EXAMINATION**

**DATE: 12/30/XX WEIGHT: 180LBS HEIGHT: 62in PRE-PREGNANCY BMI: 35 BP: 120/78**

| | | | |
|---|---|---|---|
| 1. HEENT | N NORMAL | N ABNORMAL | |
| 2. FUNDI | N NORMAL | N ABNORMAL | |
| 3. TEETH | N NORMAL | N ABNORMAL | |
| 4. THYROID | N NORMAL | N ABNORMAL | |
| 5. BREASTS | N NORMAL | N ABNORMAL | |
| 6. LUNGS | N NORMAL | N ABNORMAL | |
| 7. HEART | N NORMAL | N ABNORMAL | |
| 8. ABDOMEN | N NORMAL | N ABNORMAL | |
| 9. EXTREMITIES | N NORMAL | N ABNORMAL | |
| 10. SKIN | N NORMAL | N ABNORMAL | |
| 11. LYMPH NODES | N NORMAL | N ABNORMAL | |
| 12. VULVA | N NORMAL | N CONDYLOMA | N LESIONS |
| 13. VAGINA | N NORMAL | N INFLAMMATION | N DISCHARGE |
| 14. CERVIX | N NORMAL | N INFLAMMATION | N LESIONS |
| 15. UTERUS SIZE | WEEKS 8 | | N FIBROIDS |
| 16. ADNEXA | N NORMAL | N MASS | |
| 17. RECTUM | N NORMAL | N ABNORMAL | N DEFERRED |
| 18 DIAGONAL CONJUGATE | N REACHED | N NO | CM 10.1CM |
| 19. SPINES | N AVERAGE | N PROMINENT | N BLUNT |
| 20. SACRUM | N CONCAVE | N STRAIGHT | N ANTERIOR |
| 21. SUBPUBIC ARCH | N NORMAL | N WIDE | N NARROW |
| 22. GYNECOID PELVIC TYPE | N YES | N NO | |

**EXAMINED BY: BD**

NAME: CYNTHIA WILLIAMS DOB: 05/06/xx

**VISITS**

| EXAM | WKS | FUND | PRES | FETAL | FTL | CERVIX | BP | WT | URINE | EDEMA | NEXT | PROVIDER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | GEST | HGT | | HRT RT | MVT | Dil/eff/st | | Lbs | Prt/glu | | Appt | comments |
| 7/24 | 38 | 39 | vtx | 148 | + | 3/80/0 | 146/94 | 216 | 2+/N | Hands, feet, face 2+ | 1 wk | For induction next week. POC discussed. FKC, Warning signs discussed |
| 7/17 | 37 | 38.5 | vtx | 132 | + | 2-3/80/0 | 138/89 | 214.5 | 2+/N | Hands, feet | 1 wk | Continue bedrest. POC discussed. FKC, warning signs discussed |
| 7/10 | 36 | 38 | vtx | 136 | + | 2/25/0 | 136/88 | 214 | 2+/N | Hands, feet | 1 wk | Continue bedrest. POC discussed. FKC, warning signs discussed |
| 7/3 | 35 | 37 | vtx | 130 | + | 2/75/-1 | 144/94 | 213 | 2+/N | Hands, feet | 1 wk | Continue bedrest. POC discussed. FKC, warning signs discussed. NSTs 2x per week |
| 6/26 | 34 | 36 | vtx | 130 | + | 1cm | 140/88 | 211 | 1+/N | Hands, feet | 1 wk | B/P up. Protein in urine. Bedrest. POC discussed. FKC, warning signs discussed. |
| 6/19 | 33 | 35 | vtx | 138 | + | 1cm/thick/b | 136/90 | 209 | 1+/N | Hands, feet | 1 wk | No c/o. POC discussed. FKC, warning signs discussed. NST today |
| 6/12 | 32 | 34 | vtx | 132 | + | 1cm | 138/88 | 207 | Tr/N | Ankles | 1 wk | Reports BH. POC discussed. FKC, warning signs discussed. PIH warning signs discussed. |
| 6/5 | 31 | 32.5 | vtx | 138 | + | C | 134/90 | 204 | Tr/N | _____ | 1 wk | POC discussed. FKC, warning signs discussed |
| 5/29 | 30 | 31 | vtx | 126 | + | C | 136/88 | 202 | Tr/N | _____ | 1 wk | Begin Novolog insulin sliding scale. Extensive education given. MFM consult |
| 5/22 | 29 | 30 | vtx | 132 | + | ____ | 132/86 | 201 | Tr/1+ | _____ | 1 wk | GTT abnormal. Gestational diabetes. Nutritionist referral. BS checks ac meals, am & hs. |
| 5/15 | 28 | 29 | vtx | 128 | + | C | 130/84 | 198 | Tr/1+ | _____ | 1 wk | US today. POC discussed. For glucose screen today. Rhogam given left gluteal dorsal. |
| 5/2 | 26 | 26.5 | vtx | 154 | + | ------ | 128/76 | 197 | N/1+ | ------- | 2 wk | No c/o. Glucose screen next visit |
| 4/17 | 24 | 25 | vtx | 142 | + | ------- | 132/78 | 195 | N/1+ | ankles | 2 wk | Cautioned on weight gain. POC discussed. Warning signs given. FKC instructions given. |
| 4/4 | 22 | 22 | ----- | 136 | + | ------- | 132/80 | 191 | N/N | ------ | 2 wk | POC discussed. Warning signs given |
| 3/21 | 20 | 20 | ----- | 148 | + | -------- | 130/80 | 189 | N/N | ------ | 2 wk | US today |
| 3/7 | 18 | 18 | ----- | 138 | + | ------ | 128/74 | 187 | N/N | ----- | 2 wk | MSAFP today. |
| 2/21 | 16 | 15 | ----- | 136 | ------ | ------- | 122/66 | 185 | N/N | ------ | 2 wk | No fetal movement felt by pt. yet. |
| 2/9 | 14 | 13.5 | ----- | 148 | ------ | ------ | 122/70 | 183 | N/N | ------ | 2 wk | Doing well. No c/o. POC discussed. |
| 1/26 | 12 | 12 | ----- | 160 | ------ | ------ | 118/68 | 182 | N/N | ------ | 2 wk | Doing well. No c/o |
| 1/12 | 10 | ---- | ----- | 158 | ------ | ------ | 116/74 | 181 | N/N | ------ | 2 wk | Doing well. No c/o. |
| 12/30 | 8 | ----- | ------ | 156 | ------ | ------ | 120/78 | 180 | N/N | ------- | 2 wk | New OB visit. Labs drawn. Discussed genetic screening. High risk pregnancy. Previous stillbirth. Extensive teaching. POC discussed |

NAME: CYNTHIA WILLIAMS DOB: 05/06/xx

**ROUTINE PRENATAL DIAGNOSTIC RESULTS**

| INITIAL LABS | DATE | RESULT | OB ALERT | REVIEWED |
|---|---|---|---|---|
| **BLOOD TYPE** | **12/30** | **O** | | |
| **D (Rh TYPE)** | | **neg** | | |
| **ANTIBODY SCREEN** | | **NEGATIV** | | |
| **HCT/HGB** | | **31 % 10.2 g/dl** | | |
| **MVC** | | **86 fl** | | |
| **PLATELETS** | | **184** 10*3 u/L | | |
| **PAP TEST** | | **NEG** | | |
| **VARICELLA** | | | | |
| **RUBELLA** | | **IMMUNE** | | |
| **VDRL/RPR** | | **NON-REACTIVE** | | |
| **TREPONEMAL** | | **NON-REACTIVE** | | |
| **URINE CULTURE/SCREEN** | | **WDL** | | |
| **HBsAg** | | **NEGATIVE** | | |
| **HIV COUNSELING/TESTING** *CHECK STATE REQUIREMENTS BEFORE RECORDING RESULTS* | | **NEGATIVE** | | |
| **ULTRASOUND** | | | | |

| OPTIONAL LABS | DATE | RESULT | OB ALERT | REVIEWED |
|---|---|---|---|---|
| **HEMOGLOBIN ELECTROPHORESIS** | | AA AS SS AC SC AF A2<br>POS NEG. DECLINED | | |
| **PPD** | | | | |
| **CHLAMYDIA** | | **NEGATIVE** | | |
| **GONORRHEA** | | **NEGATIVE** | | |
| **HCV ANTIBODY** | | | | |
| **HCV RNA** | | | | |
| **CYSTIC FIBROSIS** | | | | |
| **TAY-SACHS** | | | | |
| **FAMILIAL DYSAUTONOMIA** | | | | |
| **HEMOGLOBIN** | | | | |
| **GENETIC SCREENING TESTS** See form B | | | | |
| **TSH** | | mU/L | | |
| **DIABETES SCREEN** | | | | |
| **DEPRESSION SCREENING** | | **POSITIVE** | | |
| **ZIKA VIRUS IgM** | | | | |
| **ZIKA VIRUS PCR** | | | | |

NAME: CYNTHIA WILLIAMS DOB: 05/06/xx

| **8-20 WEEK LABS (**when indicated/elected) **DATE** | | **RESULT** | **OB ALERT** | **REVIEWED** |
|---|---|---|---|---|
| **ULTRASOUND** | | | | |
| **CELL FREE DNA SCREENING** | | | | |
| **1ST TRIMESTER ANIUPLOIDY RISK ASSESSMENT** | | | | |
| **INTEGRATED 1ST AND 2ND TRIMESTER SCREENING** | | | | |
| **MSAFP** | **3/7** | **NEGATIVE** | | |
| **2ND TRIMESTER SERUM SCREENING** | | | | |
| **AMNIO/CVS** | | | | |
| **KARYOTYPE** | | | | |
| **AMNIOTIC FLUID (AFP)** | | | | |
| **ANTI-D IMMUNE GLOBULIN** | | | | |

| **24-28 WEEK LABS (**when indicated) | **DATE** | **RESULT** | **OB ALERT** | **REVIEWED** |
|---|---|---|---|---|
| **HCT/HGB** | **5/15** | **29% 9.4 g/dl** | | |
| **MCV** | | **fl** | | |
| **PLATELETS** | **5/15** | **148** 10*3 u/L | | |
| **DIABETES SCREEN** | **5/15** | **186** | | |
| **GTT (IF SCREEN ABNORMAL)** | **5/15** | **94 192**<br>**176 158** | **!** | |
| **ANTIBODY SCREEN** | **5/15** | **NEGATIVE** | | |
| **ANTI-D IMMUNE GLOBULIN (RhIG) given (28 weeks or >)** | **5/15** | **1500 IU GIVEN IN L GLUTEAL DORSAL** | | |
| **HIV (**WHEN INDICATED 28 WKS >**)** | | **NEGATIVE** | | |
| **VDRL/RPR (**WHEN INDICATED 28 WKS >) | | **NEGATIVE** | | |
| **TREPONEMAL (**WHEN INDICATED 28 WKS >) | | **NEGATIVE** | | |
| **GONORRHEA (**WHEN INDICATED 28 WKS >**)** | | | | |
| **CHLAMYDIA (**WHEN INDICATED 28 WKS >**)** | | | | |

**32-36 WEEK LABS (**when indicated)

| | | | | |
|---|---|---|---|---|
| **HCT/HGB** | | **32 % 11 g/dl** | | |
| **PLATELETS** | | | | |
| **ULTRASOUND (**when indicated) | | | | |
| **Group B STREP** | | **NEGATIVE** | | |