

# MATERNAL HEALTH HISTORY — Part A

## Definitions

### Demographic Information

- **Age:** Place patient's current age
- **Education:** Last year completed — e.g., elementary, middle, high school, college
- **Religion:** Religious practices that have medical or dietary implications
- **Marital Status:** (S) single, (M) married, (W) widowed, (D) divorced, (Sep.) separated
- **Occupation:** Describe job and place of employment
- **Address:** Patient's current address
- **Phone Numbers:** Patient's home, cell and work numbers
- **Emergency Contact:** Name and relationship of person to contact in case of emergency and telephone numbers

### Allergies/Drug Reactions/Latex Allergies

- Check first box if "no known allergies" or second box for Penicillin
- Include medicines, insects, food, pollens, etc.
- History of allergy injections
- Describe reaction — rash, hives, itching, nausea, vomiting, unconscious
- Latex Allergy

### Menstrual History

- **Menarche:** Age at first menstrual period
- **Frequency:** Interval between periods
- **Length:** Number of days menstrual periods last
- **Amount:** Small, moderate, or heavy bleeding
- **LNMP:** Date/describe last normal menstrual period
- **LMP:** Date/describe last menstrual period

### Contraceptive History

- Check off "Never used" if appropriate or check off all the boxes of methods patient has used in the past.
- **Methods:** Pill; Condoms; Vaginal ring; Patch; Depo-Provera® injection; Implant; IUD.
- **Future BCM:** Write in what method patient plans to use after this pregnancy or "unknown" if undecided.
- **Desires BTL:** Check off appropriate box if patient plans or does not plan a tubal ligation or "N/A" if under 21 y.o. or it's patient's first child
  - If plans a BTL then fill in the referral date, consent signed date and funding source (if known, if not write unknown).

### Obstetrical History

Include all pregnancies (miscarriages, induced abortions, ectopics, preterm and term deliveries).

- **Gravida:** Number of times pregnant, including current pregnancy
- **Term:** Number of deliveries between 38 and 42 weeks
- **Preterm:** Number of deliveries prior to 37 completed weeks
- **Abortion:** Includes both spontaneous and induced; does not include ectopics; see complications below for more information
- **Ectopic:** Number of tubal pregnancies
- **Living:** Number of living children from pregnancies listed below
- **No. (list pregnancies):** Include all pregnancies (miscarriages, induced abortions, ectopics, preterm and term deliveries) in chronological order
- **Month/Year:** Indicate month/year each pregnancy ended
- **Sex:** Indicate gender of fetus/infant
- **Birth Weight:** Indicate weight of fetus/infant

- **Weeks Gest:** Number of weeks gestation at delivery.
- **Hrs. Labor:** Indicate hours of labor
- **Anesthesia:** Indicate what type used, if any, i.e., epidural, general, etc.
- **Delivery Type:** Method of delivery — Vaginal, Assisted (Vacuum, Forceps), Cesarean Section
- **Complications:** Include any antepartum, intrapartum, and/or postpartum

### Useful OB History Terms and Info:

- **Spontaneous Abortions (Miscarriages):** Ascertain if first trimester (0–13 wks) or second trimester (14–27 wks.); if second trimester loss, ask patient to describe circumstances — if delivery was rapid and painless, history could be indicative of an incompetent cervix; note date, location, prenatal care, hospitalization, D&C, postpartum complications (e.g., infections, hemorrhage)
- **Induced Abortions (therapeutic/TABs):** Ascertain if first or second trimester; note date, location, hospitalization, postpartum complications
- **Preterm:** Describe the history of labor effectively treated resulting in a delivered at term; or a delivery
- **Ectopic:** Date, location, hospitalization, salpingectomy, post operative complications
- **Intrauterine Fetal Death (IUFD, Stillborn):** Document cause of death, if known; birth defects, etc., autopsy completed?
- **C-section:** Indication; complications
- **Postpartum Complications:** Inquire about hemorrhage, infections, depression, etc
- Patient's knowledge of Rh negative diagnosis; inquire about the administration of RhoGam or MICRhoGam with prior pregnancies/deliveries

### Sexual History

- **Age:** When patient became sexually active
- **Number of Partners:** In patient's lifetime and currently
- **History of Rape:** If applicable check "yes" if not check "no"
- **Current FOB Different than Other Pregnancies:** Check "yes" if this is a new FOB, check "no" if is the same FOB or "N/A" if its a first pregnancy. This info is important for genetic testing and pre-eclampsia.

### Medical and Family History

Include as indicated, personal medical history of patient (questions 1–25), family (questions 13–25) and father of baby (questions 21–25). Place your appropriate agency code in the corresponding space. Detail positive findings in space provided. Explain pertinent information that may impact patient care, whether or not a significant problem.

1. **Anemia:** Hgb  $\leq 10$  gm; Hct  $\leq 30\%$ , folate deficiency, vitamin B<sub>12</sub> deficiency (pernicious anemia)
2. **Operations/Hospitalizations:** All surgeries; all hospitalizations
3. **Gastrointestinal Disorders:** Chronic constipation, diarrhea, colitis, Crohn's disease, ulcers, gallbladder disease, pancreatitis
4. **Eating Disorders/Special Diets:** Anorexia nervosa, bulimia, pica, diet for PKU or other special diet related to a medical condition
5. **Phlebitis/Varicosities:** Thrombophlebitis, vulva varicosities, hemorrhoids
6. **Dental Problems:** Caries, gingivitis, periodontal disease, dentures
7. **Blood Transfusions:** Number of units, date, location, reason
8. **Tetanus Diphtheria or Tdap Vaccine within 10 Yrs:** Date of last one

9. **Varicella:** Chicken Pox
10. **Prescription/Over the Counter (OTC) Drugs:** List any pharmacy medications she has or continues to take
11. **Home Remedies/Herbs:** Alternative medicines or use of herb products. Include medicines from other counties
12. **Urinary Tract Disorders:** One kidney, chronic pyelonephritis, nephrosis, on dialysis, kidney stones, special diets, urinary tract infections
13. **History Since Becoming Pregnant:** Provider's office appointments, emergency room (occurrence(s), illnesses, bleeding, accidents, x-rays, ultrasounds, medications taken, etc
14. **Hypertension:** High blood pressure
15. **Diabetes/Gestational:** Insulin/oral meds, diet controlled, childhood/ adult onset; diabetes only during pregnancy
16. **Cardiac Disorders/Rheumatic Fever:** Murmur, heart attack, bypass surgery, rheumatic fever, myocardial infarction
17. **Endocrine Disorders/Thyroid:** Hyper/hypo-thyroidism
18. **Neurological Disorders:** Epilepsy (convulsions), multiple sclerosis, migraines/headaches
19. **Gynecological Disorders/DES Exposure:** Bicornate uterus, ovarian cyst, fibroids, abnormal pap smears, colposcopy, did maternal grandmother take DES when pregnant with patient
20. **Multiple Births:** Only significant in patient's family history; for examples, twins, triplets, quadruplets, etc.
21. **Cancer:** Type, if known; site(s)
22. **Accidents/Physical Trauma:** Fractures, dislocations, auto accidents, battering, pelvic trauma
23. **Pulmonary Disorders/Tuberculosis:** Asthma, emphysema, history of positive T.B. skin test
24. **Liver Disorder/Hepatitis (A,B,C):** Cirrhosis
25. **Psychiatric Disorders/Depression:** Mental health disorders (bi-polar, depression, anxiety, suicide attempts, substance use, postpartum depression)

### Patient's Preexisting Risk Guide

Check all boxes which apply to the patient's history

### Present Pregnancy Risk Guide

During the current pregnancy problem(s) should include date identified

- Use Agency Policy and refer to High-Risk Clinic as needed, as well as consultation with the provider per agency policy