



MATERNAL DATA BASE PART I

Approved initiative of the Winnipeg Regional Health Authority

DATE _____ HSC NO. _____
 PATIENT Kematch, Samantha
 DOB _____
 PROV HCP _____
 DOCTOR _____
 CLINIC/UNIT _____ LOC'N _____

PERSONAL INFORMATION

Date 12 Sept 05 Time 09:20 Gestation 26w Admission Reason Initial PN in WARD Signature [Signature]
 First Language: English Interpreter: _____
 Support person/relationship: Mrs. Madley
 Single Married Widow Separated Divorced Common-law

CURRENT PREGNANCY

Gravida: 5 Para: 2 IV LNMP: 3 Mar 05 Regular Irregular
 EDC by date: 12 Dec 05 D/M/Y EDC by US: _____ D/M/Y
 FAU/US Results: N/A Normal Abnormal Findings: _____
 Prenatal Care: Yes No 1st visit in Fisher River - New Stn 1-866-254-2808 ext 229
 Breastfeeding: Yes No Undecided Previous experience: BF [redacted] ~ 2 1/2 wks
 Obs/Medical Problems: _____

PREVIOUS PREGNANCIES

Year	Place of birth	Gestation	Duration of labour	Sex	Birth weight	Complications / Comments
2004	WH	41+	3 1/2h	F	3837g	SVD, induction for postdates A+W [redacted]
1998	St B	40	36h	M	7-2	SVD - lives & PF A+W [redacted]
2000	HSC	40	24h	F	8-1	SVD A+W [redacted]
2001	HSC	40	31h	F	7-6	SVD -> died @ 2 1/2 mos 2 SIDS vs double pneumonia A+W [redacted]

HISTORY

Allergies: No Yes (type & reaction) _____
 Medications in this pregnancy (including non prescriptions):

Medication	Dose	Frequency	Last Dose
<u>prenatal vitamins</u>	<u>1 po</u>	<u>OD</u>	

 Use of:

	No	Yes	Amount	Frequency
Caffeinated Beverages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2 cups coffee/wk.</u>	<u>+ 2L 7-up/day</u>
Cigarettes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>12 migs/day</u>	
Alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Recreational (street) Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

 Type / Time Last Use _____
 Previous surgery/anesthesia: wisdom teeth extractions under GA
 Previous Blood Transfusion: No Yes Date: _____

FORM MGT 1A 1/00/02