

PENGAD 600-631-6969  
STATE'S  
EXHIBIT  
M 143  
001500520 9-18-07

# British Columbia Antenatal Record Part 1

|  |  |  |
|--|--|--|
| 1. HOSPITAL                                | PRIMARY CARE GIVER<br><i>J Blackmore</i> | FAMILY PHYSICIAN<br><i>Shirley Barloco</i> |
| MOTHER'S NAME<br><i>Elissa Wall</i>        | DATE OF BIRTH<br><i>07.07.86</i>         | AGE AT EDD<br><i>16</i>                    |
| MOTHER'S MAIDEN NAME                       | ETHNIC ORIGIN                            | LANGUAGE PREFERRED                         |
| PARTNER'S NAME<br><i>Allen Glade Steed</i> | AGE<br><i>23</i>                         | ETHNIC ORIGIN OF NEWBORNS FATHER           |

SURNAME: *Wall* GIVEN NAME: *Elissa*  
 ADDRESS: *785 Garden Rd. Kister, BC.*  
 PHONE NUMBER: \_\_\_\_\_  
 PERSONAL HEALTH NUMBER: *250 428 9945*  
 PHYSICIAN'S NAME: *J Blackmore*

**INFORMED CONSENT** (in compliance with the *Freedom of Information and Protection of Privacy Act, Oct. 1993*). I understand that providing this information is necessary to assist the physician/midwife in planning my care throughout pregnancy, childbirth and post partum; and my personal information will be kept private. I also understand this information may be reviewed when necessary by other health professionals directly involved in my care. This information, with all my personal identifiers removed, might be used to assist in health care research. I understand that I can ask my care provider if I have any questions regarding the collection and use of this information.

Mother's Signature: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**3. OBSTETRICAL HISTORY INCLUDING ABORTIONS** Gravida *2* Term *0* Preterm *0* Abortion *1* Living *0*

| DATE           | HOSPITAL OF BIRTH OR ABORTION | WEEKS AT DELIVERY | HRS. IN ACTIVE LABOUR | DELIVERY TYPE | PERINATAL COMPLICATIONS                      | SEX | BIRTH WEIGHT | PRESENT HEALTH |
|----------------|-------------------------------|-------------------|-----------------------|---------------|--|-----|--------------|----------------|
| <i>June 02</i> | <i>Home</i>                   | <i>8</i>          |                       | <i>SA</i>     | <i>Not seen by Health care Professional.</i> |     |              |                |

|                                 |                        |                 |  |   |
|---------------------------------|------------------------|-----------------|--|---|
| 4. LMP <i>25.08.02</i><br>D M Y | MENSES CYCLE <i>30</i> | EDD BY DATES    | 5. ALLERGIES <input checked="" type="checkbox"/> NONE KNOWN<br><input type="checkbox"/> YES (specify): | 6. BELIEFS & PRACTICES<br><i>FLDS</i><br>COMPLEMENTARY Rx's |
| CONTRACEPTION METHOD:           | WHEN STOPPED: D M Y    | EDD BY US D M Y | CURRENT MEDICATIONS  |   |

|  |  |   |
|--|--|---|
| 7. PRESENT PREGNANCY<br><input checked="" type="checkbox"/> BLEEDING<br><input type="checkbox"/> NAUSEA + Vomiting<br><input checked="" type="checkbox"/> INFECTIONS OR FEVER<br><input type="checkbox"/> DEPRESSION<br><input type="checkbox"/> OTHER | 9. PAST ILLNESS<br><input type="checkbox"/> OPERATIONS<br><input checked="" type="checkbox"/> CV OR RESPIRATORY<br><input checked="" type="checkbox"/> ANAESTHETIC PROBLEMS<br><input checked="" type="checkbox"/> BLOOD PRODUCTS<br><input checked="" type="checkbox"/> INFECTIONS, STDS etc.<br><input checked="" type="checkbox"/> CHICKEN POX<br><input checked="" type="checkbox"/> THROMBOSIS OR EMBOLUS<br><input checked="" type="checkbox"/> HYPERTENSION<br><input checked="" type="checkbox"/> GI<br><input type="checkbox"/> URINARY<br><input checked="" type="checkbox"/> DIABETES OR ENDOCRINE<br><input checked="" type="checkbox"/> SEIZURE OR NEUROLOGIC<br><input checked="" type="checkbox"/> DEPRESSION OR PSYCHIATRIC<br><input checked="" type="checkbox"/> OTHER | 10. LIFE STYLE & SOCIAL HISTORY<br><input checked="" type="checkbox"/> NUTRITION<br><input type="checkbox"/> SPECIAL DIET<br><input type="checkbox"/> FOLIC ACID<br><input checked="" type="checkbox"/> ALCOHOL<br><input checked="" type="checkbox"/> DRUGS (OTC's, vitamins)<br><input checked="" type="checkbox"/> SUBSTANCE USE<br><input checked="" type="checkbox"/> SMOKING (before pregnancy)<br><input checked="" type="checkbox"/> SMOKING (currently)<br><input checked="" type="checkbox"/> SECOND HAND SMOKE |
|--|--|---|

|   |   |   |
|---|---|---|
| 8. FAMILY HISTORY<br><input type="checkbox"/> HEART DISEASE<br><input type="checkbox"/> HYPERTENSION<br><input type="checkbox"/> DIABETES<br><input type="checkbox"/> DEPRESSION OR PSYCHIATRIC<br><input checked="" type="checkbox"/> ALCOHOL/ DRUG USE<br><input checked="" type="checkbox"/> COAGULATION ABN<br><input checked="" type="checkbox"/> INHERITED DISEASE/DEFECT<br><input checked="" type="checkbox"/> ETHNIC (e.g. Taysachs, Sickle)<br><input type="checkbox"/> OTHER | 11. EXAMINATION<br>D M Y: <i>25.08.02</i><br>BP: <i>126/80</i><br>HEAD & NECK: <i>needs dental.</i><br>BREAST / NIPPLES: <i>OK</i><br>HEART & LUNGS: <i>OK</i><br>ABDOMEN: <i>OK</i><br>MUSCULOSKELETAL & SPINE: <i>OK</i><br>VARICES & SKIN: <i>OK</i><br>PELVIC EXAM: <i>Not done.</i><br>SWABS / CERVIX CYTOLOGY | 12. TOPICS FOR DISCUSSION<br><input checked="" type="checkbox"/> Baby's Best Chance<br><input type="checkbox"/> Prenatal Education<br><input type="checkbox"/> Breastfeeding<br><input type="checkbox"/> Breast / Nipple Care<br><input type="checkbox"/> Exercises<br><input type="checkbox"/> Genetic Counselling<br><input type="checkbox"/> HIV Testing<br><input type="checkbox"/> Rest / Preterm Labour<br><input type="checkbox"/> Physical/Sexual Abuse<br><input type="checkbox"/> Sexual Relations<br><input type="checkbox"/> GBS Management<br><input type="checkbox"/> VBAC<br><input type="checkbox"/> Hospital Admission/ Procedures<br><input type="checkbox"/> Birth Plan<br><input type="checkbox"/> Pain Management<br><input type="checkbox"/> Transfusion/ Blood products<br><input type="checkbox"/> Call Schedule<br><input type="checkbox"/> Labour Stages<br><input type="checkbox"/> C-Section<br><input type="checkbox"/> Baby Care<br><input type="checkbox"/> SIDS Prevention<br><input type="checkbox"/> Circumcision |
|---|---|---|

**13. SUMMARY** *16 yr old = 2 ++ emotional distress due to social situation.*

SIGNATURE: *J Blackmore* (MD/FM)

14. HOSPITAL \_\_\_\_\_ INTENDED PLACE OF BIRTH home

15. LABORATORY

|                            |             |  |   |
|----------------------------|-------------|--|---|
| BLOOD GROUP                | Rh FACTOR   | Rh ANTIBODY TITRE  | A.F.P./ TRIPLE SCREEN   |
| <u>AB</u>                  | <u>neg.</u> | <u>30.12.07 neg.</u>                                     | <u>declined.</u>  |
| RUBELLA TITRE              | HBsAg.      |  | S.T.S.  |
| <u>46.</u>                 | <u>No.</u>  |  | <u>Not done.</u>  |
| HEMOGLOBIN (1st & 3rd TM)  | Rh Ig GIVEN |  | HIV TEST DONE   |
| 1st <u>124.</u> 3rd: _____ | D M Y       |  | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES |
| GEST. DIABETES SCREEN WKS. | RESULT      | GBS SCREEN (35-37 wks.)                                  | RESULT  |
| <u>25.01.03</u>            | <u>5.2.</u> | <input type="checkbox"/> NO <input type="checkbox"/> YES |   |

SURNAME Wall, Elissa. GIVEN NAME \_\_\_\_\_

ADDRESS 785 Garden Rd. PHONE NUMBER \_\_\_\_\_

hister, BC.

PERSONAL HEALTH NUMBER Ø PHYSICIAN / MIDWIFE NAME J. Blackmore

16. AGE 16 PREPREGNANT WEIGHT 130 HEIGHT \_\_\_\_\_

LMP 25.08.02 EDD \_\_\_\_\_

| DATE | WT. | B.P. | G.I.P. URINE | GEST. AGE IN WEEKS | FUNDAL HEIGHT CMS. | FHR & ACTIVITY | PRESENTATION & POSITION |
|------|-----|------|--------------|--------------------|--------------------|----------------|-------------------------|
|------|-----|------|--------------|--------------------|--------------------|----------------|-------------------------|

17. RISK FACTORS (specify):

PREGNANCY:

LABOUR:

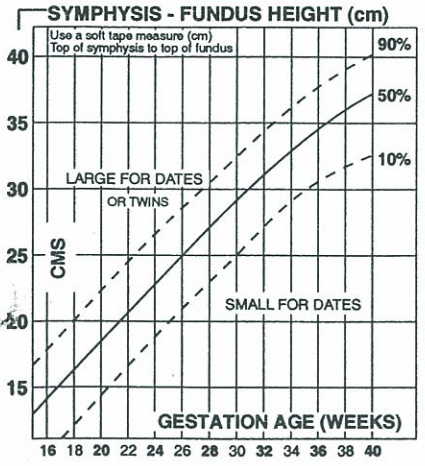
POSTPARTUM: PPD

NEWBORN:

| DATE            | WT.        | B.P.          | G.I.P. URINE | GEST. AGE IN WEEKS    | FUNDAL HEIGHT CMS. | FHR & ACTIVITY | PRESENTATION & POSITION | COMMENTS  | Return    |
|-----------------|------------|---------------|--------------|-----------------------|--------------------|----------------|-------------------------|---|-----------|
| <u>29.12.02</u> | <u>140</u> | <u>126/80</u> | <u>N/W</u>   | <u>18<sup>2</sup></u> | <u>20</u>          | <u>160</u>     | <u>-</u>                | <u>labs, prenatal info. Sisters</u>   | <u>4.</u> |
| <u>25.01.03</u> | <u>146</u> | <u>124/76</u> | <u>N/W</u>   | <u>22<sup>2</sup></u> | <u>24</u>          |                |                         | <u>Random Glucose. 5.2. Sleep improved Anxiety still worried going home.</u>  | <u>4</u>  |
| <u>20.02.03</u> |            |               |              |                       |                    |                |                         | <u>Call re menstrual like cramps &amp; bleeding FM not felt.</u>  | <u>JB</u> |
| <u>21.02.03</u> |            |               |              |                       |                    |                |                         | <u>Bright red bleeding ↑ cramps. FH not heard - Not wanting to go to hosp due to medical insurance. Not wanting husband to know of pregnan Discussed options + concerns + situations where hospitalization necessary V/E cx open + tissue felt. IV started NS- BP <u>130/80</u> - P 80 T 36<sup>8</sup></u> |           |
|                 |            |               |              |                       |                    |                |                         | <u>1400 Cramping increase - tissue visible @ introitus - Cytotec 400mg pr given for bleeding - 1600 clots + products removed from cx - bleeding moderate. IV NS ± Oxytocin 20 units IV to control flow - BP <u>110/70</u> to 4288.</u>  |           |
|                 |            |               |              |                       |                    |                |                         | <u>Doc @ CVH called and aware of pt. Will transfer if bleeding increased. JB</u>  |           |
|                 |            |               |              |                       |                    |                |                         | <u>1800 Bleeding pv small. Fundus firm - IV NS ± 20 units Oxytocin continues</u>  |           |
|                 |            |               |              |                       |                    |                |                         | <u>2000 Fundus firm flow small. BP <u>104/68</u>. HE 90. Tolerating food + fluids. PD JB</u>  |           |
|                 |            |               |              |                       |                    |                |                         | <u>2200 Fundus firm flow small - Plan - Monitor overnight. JB</u>   |           |
|                 |            |               |              |                       |                    |                |                         | <u>0800 BP <u>114/70</u> to 4284 - AV less small - Home ± sister. Stillborn ~ 20-22 wks macerated - wrapped + given to family for burial. FIU Feb 23/03 JB</u>  |           |

NOTE: SEND A PHOTOCOPY OF ANTENATAL PARTS 1&2 TO HOSPITAL AT 20 WEEKS

NOTE: SEND HOSPITAL COPY AT 36 WEEKS



18. PROBLEMS, INVESTIGATIONS

| GEST. AGE BY US | 1ST ULTRASOUND DATE | COMMENTS |
|-----------------|---------------------|----------|
|                 |                     |          |
|                 |                     |          |
|                 |                     |          |
|                 |                     |          |
|                 |                     |          |

CONSULTATION FOR MOTHER OR NEWBORN Name: \_\_\_\_\_ SIGNATURE J. Blackmore MD/RI