

PRENATAL RISK ASSESSMENT

Patient Name: _____ Date: _____

I. Initial Evaluation

Weeks Gestation: _____

Moderate Risk	High Risk Factors	Very High Risk Factors
<input type="checkbox"/> Age <18 or >34	<input type="checkbox"/> A. Substance Use	<input type="checkbox"/> Drug Addiction
<input type="checkbox"/> Race (non-white)	<input type="checkbox"/> Diabetes (Insulin Dep)	<input type="checkbox"/> ≥ 2 Prior Low Birthweight infants
<input type="checkbox"/> Marital Status (currently unwed)	<input type="checkbox"/> Prior Neurologically Damaged Infant	<input type="checkbox"/> ≥ 2 section B High Risk Factors
<input type="checkbox"/> Height (<5' 1")	<input type="checkbox"/> Prior Infant with major anomaly	<input type="checkbox"/> Multiple Pregnancy
<input type="checkbox"/> Weight (<100 or >255 lbs)	<input type="checkbox"/> B. Cardiac (class III or IV or Arrhythmia)	
<input type="checkbox"/> Anemia (<11 Hgb or <33 Hct)	<input type="checkbox"/> Rh Sensitization (Titer > 1/8)	
<input type="checkbox"/> Smoking (>9 cig/day)	<input type="checkbox"/> Uterine Abnorm or Incomp. Cervix	
<input type="checkbox"/> Poor Socioeconomic Condition	<input type="checkbox"/> 1 Prior Birthwt. infant (<5½ lbs, 2500 gms)	
<input type="checkbox"/> Suspected Poor Nutrition	<input type="checkbox"/> Hypertension (>160/95 or requiring meds)	
<input type="checkbox"/> Substance Use	<input type="checkbox"/> Renal Disease	
<input type="checkbox"/> Prior Cesarean Section	<input type="checkbox"/> Hx of ≥ 2 early fetal deaths (<20 weeks or ≥ 2 ETOP)	
<input type="checkbox"/> Cardiac (Class I or II or MVP)	<input type="checkbox"/> Prior late fetal death (≥20 weeks)	
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Prior neonatal death (0 to 28 days)	
<input type="checkbox"/> Endocrine, Infertility or other Chronic Medical Illness	<input type="checkbox"/> Prior NICU infant (Level III, >24 hrs)	
<input type="checkbox"/> DES Exposure	<input type="checkbox"/> C. > 5 MODERATE RISK FACTORS	
<input type="checkbox"/> Sought Prenatal Care >20 weeks		
<input type="checkbox"/> Other (specify):		

Outcome of Risk Assessment: Low _____ Moderate _____ High _____ Very High _____

Signature: _____ Date: _____

COMMENTS: _____

II. Re-Initial Evaluation (28 Weeks)

Weeks Gestation: _____

Date: _____

Moderate Risk	High Risk Factors	Very High Risk Factors
<input type="checkbox"/> Weight Gain (avg. <1/2 or > 2 lbs/week)	<input type="checkbox"/> A. Rh Sensitization (Titer > 1/8)	<input type="checkbox"/> Multiple Pregnancy
<input type="checkbox"/> Anemia (<10 Hgb or < 30 Hct)	<input type="checkbox"/> Hydramnios	<input type="checkbox"/> 2nd and/or 3rd trimester bleeding
<input type="checkbox"/> Smoking (> 9 cigs/day)	<input type="checkbox"/> Viral Infections	<input type="checkbox"/> Toxemia
<input type="checkbox"/> UTI	<input type="checkbox"/> Uterine Irritability	<input type="checkbox"/> Ruptured Membranes
<input type="checkbox"/> Other Infection (s) (Specify)	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Cervix Effacing > 40 %
<input type="checkbox"/> + Glucose Tol. Test	<input type="checkbox"/> B. Other (Specify)	<input type="checkbox"/> Cervix Dilated > 2 cm
<input type="checkbox"/> Poor or non-compliance following advice, appts., meds	<input type="checkbox"/> > 2 Moderate Risk Factors	<input type="checkbox"/> Tocolytics Required
<input type="checkbox"/> Working Mother		<input type="checkbox"/> IUGR
<input type="checkbox"/> Maternal Stress		<input type="checkbox"/> > 2 Section High Risk Factors

Outcome of Risk Assessment: Low _____ Moderate _____ High _____ Very High _____

Signature: _____ Date: _____

COMMENTS: _____

PRENATAL RISK ASSESSMENT DEFINITIONS

I. Initial Evaluation (completed during initial visit)

Low Risk: No risk factors apply

Moderate Risk Factors:

Marital status—single, separated, divorced, or widow

Weight—at registration

Poor socioeconomic condition—MA eligible, unemployed, disabled, illegal alien, self pay, inadequate insurance

Suspected poor nutrition—by Hx, Lab or physical

Substance Use—use of recreational drugs including alcohol from one month prior to LMP to confirmation of pregnancy.

Chronic medical illness—1 year pregnancy effort time, asthma requiring medication, STD since LMP, recurrent UTI, Class A diabetes

High Risk Factors:

Substance use—continued use of recreational drugs and alcohol

Neurologically damaged infant—mental retardation, CP, seizures

Infant with anomaly—requiring surgery or medical intervention

Rh sensitization—any antibody causing fetal hemolytic intervention

Uterine abnormality—myoma, conization

Hypertension—MAP in second trimester is $> 105 \times 2$

Renal disease—pyelonephritis, glomerulonephritis, lupus, persistent proteinuria . 1+

Hx of early fetal deaths—must be sequential or most recent pregnancies

Very High Risk:

Drug Addiction—habitual use of addictive drugs or any use of crack

II. Re-evaluation (completed between 24–26 weeks)

Low Risk: No risk factors apply

Moderate Risk Factors:

Weight gain—over 6-8 week period

Other infections—vaginitis, STD, Beta Strep

Poor compliance—registration > 20 weeks, two missed appointments, not following instructions

Working Mother—Labor intensive—heaving lifting, walking/standing > 50 percent day

Maternal Stress—as indicated by patient

High Risk Factors:

Viral Infections—herpes, +HIV, CMV, or others effecting pregnancy

Uterine irritability—contractions \leq q 10 minutes for 1 hr. $\times 2$, > 24 hours apart, without UTI, any threatened pre-term labor > 1 hr. $\times 2$

Other—major trauma or surgery or fetal anomaly

Very High Risk:

Bleeding—documented previa or abruptio

Toxemia—documented PIH, preeclampsia or eclampsia

Ruptured membranes—documented

IUGR—confirmed by ultrasound, > 3 week lag in serial BPD's