

ACNM Data Set - Antepartum Care

★★ Instructions:

- ▶ Complete form for all clients who receive midwifery care in labor and/or delivery
- ▶ Answer each question: fill in blank or mark AX@
- ▶ (Indicate: 1,2,3) means that if more than one answer applies, mark A1" to indicate primary method, A2"= secondary, etc.

Demographic Information:

- _____ site code
_____ mother's name
 - _____ medical record number
 - ____/____/____ mother's date of birth
month day year
 - _____ zip code of mother's residence
 - _____ years of education completed
 - Maternal race/ethnicity:
☐ Caucasian/non-Hispanic White
☐ Hispanic
☐ Black
☐ Asian/Pacific Islander
☐ American Indian
 - Marital status at delivery:
☐ married
☐ living with partner/consensual union
☐ single/separated/widowed/divorced
 - Primary payment method for delivery:
☐ commercial insurance/HMO/PPO
☐ Medicaid
☐ military/IHS/PHS
☐ self-pay/other
- ☐ Diabetes
☐ Hypertension
☐ Infectious disease
☐ Kidney disease
☐ Liver disease
☐ Musculoskeletal disorders
☐ Psychiatric disease
☐ Respiratory disease
☐ Thyroid disease
☐ Urinary tract infections
☐ Sexually transmitted infections
☐ Other:

- Obstetrical risk factors:
☐ None
☐ Family history of genetic disorders
☐ Fetal/neonatal death or anomaly
☐ Gestational diabetes
☐ Hemorrhage
☐ Incompetent cervix
☐ Intrauterine growth retardation
☐ Isoimmunization
☐ Polyhydramnios
☐ Postpartum depression
☐ Pre-eclampsia/Eclampsia/Pregnancy-induced hypertension
☐ Preterm labor/birth
☐ PROM/chorioamnionitis
☐ Rh neg ☐ Rhogam given
☐ Previous Cesarean delivery
☐ Other:
 - Psycho/social risk factors:
☐ Domestic violence
☐ Substance abuse
☐ Unstable living situation
☐ Lack of financial resources
☐ Lack of emotional support system

Intake Information:

- gravida ____ para ____
Term Preterm Ab Live Children
 - ____ft.____in. mother's height (999 if unknown)
 - ____ lb. mother's pre-pregnant weight (999 if unknown)
 - ____ lb. total weight gain in pregnancy (999 if unknown)
 - Medical risk factors:
☐ None
☐ Abnormal Pap
☐ Anemia/hemoglobinopathy
☐ Blood clotting disorders
☐ Cardiac disease
 - Gestational age at entry into care (based on most reliable estimate):_____.
- The following items are to be completed at the point of entry into intrapartum care or the point of departure from CNM care:**
- Total number of prenatal visits: _____
 - Total number of missed prenatal visits: _____
 - Total weight gain: _____ lbs.

20. Screening procedures during the antipartum course:

- ☐ Amniocentesis
- ☐ Anemia work-up
- ☐ Biophysical profile/amniotic fluid index
- ☐ Blood glucose screening - 1 hour
- ☐ Blood glucose screening - 3 hour
- ☐ Chorionic Villi Sampling
- ☐ Comprehensive prenatal blood work
- ☐ Colposcopy
- ☐ Contraction stress testing
- ☐ External cephalic version
- ☐ Group B strep screening
- ☐ Nonstress testing
- ☐ Screening ultrasound (single)
- ☐ Serial ultrasounds (multiple)
- ☐ Triple screen/MSAFP testing
- ☐ TORCH studies

21. Pregnancy complications

- ☐ Anemia refractory to treatment
- ☐ Antibiotic therapy for: _____
- ☐ Gestational diabetes (diet regulated)
- ☐ Gestational diabetes (insulin-regulated)
- ☐ Hospital admission for: _____
- ☐ Intrauterine growth retardation
- ☐ Premature labor requiring outpatient monitoring therapy
- ☐ Pre-eclampsia/Eclampsia/Pregnancy induced hypertension

22. Departure from practice:

- ☐ Changed providers
- ☐ Change in financial situation
- ☐ Obstetrical complication requiring transfer: _____
- ☐ Lost to follow up

23. Antepartum education:

- ☐ Early pregnancy classes
- ☐ Preparation for labor and birth classes
- ☐ Sibling preparation
- ☐ Parenting preparation
- ☐ Breastfeeding classes