

**Kitchener Waterloo Midwives Checklist**

Patient File number: \_\_\_\_\_

Client Name: \_\_\_\_\_

Legend: Y:Yes, N:No, A:Accept, D:Decline, Req: Rquisition, PRN: As required,

Date	MW Initials	Date	MW Initials
<b>Initial Visit:</b>		<b>by 37 weeks</b>	
_____	Consent form signed Y N	_____	GBS swab: Done Not done
_____	Pager number, call schedule	_____	Pain management
_____	Midwifery Model of care	_____	Back up visit: _____
_____	Midwifery scope (CMO consults/TOC)	_____	Postpartum package given
_____	Request info from Physician	_____	Client given antenatal records
_____	Bloodwork Done Req given	_____	Home visit PRN
_____	Dating Ultrasound A D Req given	_____	Home birth package given PRN
_____	Genetic screening A D Req given	_____	S&S of labour, review when to page
_____	Student role A D Primary Second Either	<b>by 40 weeks</b>	
<b>Early pregnancy:</b>		_____	labour preparation/stimulating labour
_____	Physical A D	_____	Review TOC and emergency management
_____	PAP test A D	_____	Postdates plans
_____	Gonorrhea/chlamydia A D	_____	BPP NST A D Booked for: _____
_____	MSU A D Req given	<b>by 41 weeks:</b>	
_____	Prenatal classes Y N	_____	BPP NST A D Booked for: _____
_____	Questionnaire/diet reviewed	_____	Repeat PRN BPP NST for: _____
_____	HBHC prenatal need Y N A D	<b>Postpartum 1 week:</b>	
_____	US - complete assessment A D Req given	_____	OHIP application for Home birth
_____	Exercise	_____	RHIG PRN A D N/A Given: _____
<b>By 24 weeks:</b>		_____	Cancel BPP
_____	Preterm birth S&S	_____	NBS done Y N
_____	EDD confirmed	<b>Postpartum 2-6 week:</b>	
_____	OGCT/OGTT A D Req given	_____	Hearing screen complete Y N
_____	Fetal movement	_____	Discuss PPD and EPDS PRN
_____	Gestational Hypertension S&S	_____	Review intercourse and contraception
_____	RHIG & antibodies A D N/A Req given	_____	Library books/DVDs all returned
_____	Preregistration forms Given Recieved	_____	NBS results on file Y N
_____	For prior CS choses: VBAC ERCS	_____	PAP and swabs PRN (cc GP)
_____	· VBAC choice of birthplace GRH Home BS	_____	Vitamin D supplementation
_____	· GRH Handout given Y N	_____	Offer copy of records to client
_____	· AOM Handout given	_____	Folic acid prenatal
_____	· Surgical report on file Y N LSCS	_____	HBHC postpartum completed A D
_____	· OB consult A D	_____	VBAC: birth timing
<b>by 28 weeks</b>		_____	Summary letter to doctor
_____	Rhogam recieved Y N Date: _____	<b>Chart Reviews:</b>	
_____	Infant feeding: Breast Formula	_____	_____
_____	Complete Antenatal 1 and 2	_____	_____
_____	Plans for other children/pets while in labour Y N	_____	_____
<b>By 32 weeks:</b>		_____	_____
_____	Placenta clear? Y N _____	_____	_____
_____	Repeat Hemoglobin A D Req given	_____	_____
<b>By 34 weeks</b>		<b>Consultation: Level 1</b>	
_____	Choice of Birthplace: Home GRH BS CIL	_____	_____
_____	GBS A D Req given	_____	_____
_____	Breech US PRN	_____	_____
_____	Ambulance pre-registration for rural home birth	_____	_____
_____	Newborn medications/screening	_____	_____
_____	· Vitamin K A D	_____	_____
_____	· Erythromycin ung A D	_____	_____
_____	· NBS A D	_____	_____
_____	· Bilirubin PRN A D	_____	_____
_____	· Hearing screen A D	_____	_____