

URN:

Surname:

Given names:

Address:

Medicare number:

Date of birth:

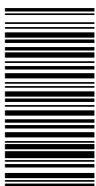
Pregnancy Health Record Supplement

For use when Shared Care Provider does not record Visit Notes in Practice Management Software. Please attach to Mater Pregnancy Health Record.

Screening tools



Binding margin - do not write. Do not reproduce by photocopying. All clinical form creation and amendments must be conducted through Health Information Services.



Alcohol and Drug Screening Tool

1. Ask

DURING THIS PREGNANCY:

How often have you had a drink containing alcohol in it? Never (0) 2 to 3 times a week (3) Monthly or less (1) 4 or more times a week (4) 2 to 4 times a month (2)

How many standard drinks have you had on a typical day when drinking? 1 or 2 (1) 7 to 9 (3) 3 or 4 (1) 10 or more (4) 5 or 6 (2)

How often have you had six (6) or more standard drinks on one occasion? Less than monthly (1) Weekly (3) Monthly (2) Daily or almost daily (4)

Scoring

Add the scores (shown in brackets) for each of the three questions for a total score out of 12

Score: /12

0 No risk drinking
1-3 Some risk drinking
4-5 Risky drinking
≥ 6 High-risk drinking

2. Assess

Readiness to stop drinking (Ask: 'how ready are you to stop drinking now you are pregnant?') 1. Not ready 3. Ready 5. Relapse 2. Unsure 4. Staying a non-drinker

Barriers to stopping drinking Withdrawal/cravings Partner drinking Stress Other

Notes:

3. Advise

0 No risk drinking Congratulate and reinforce no safe level of drinking whilst pregnant

1-3 Some risk drinking Reinforce there is no safe level of drinking whilst pregnant May indicate harm for baby

4-5 Risky drinking Reinforce there is no safe level of drinking whilst pregnant May indicate harm for baby Reinforce benefits of stopping at any time Discuss potential effects of current drinking levels, including health concerns for both mother and baby Fetal Alcohol Spectrum Disorder (FASD) If unsure or ready to cut down or stop:

- ask how confident she is about succeeding
- ask if she would like some assistance
- offer referral to local support service

≥ 6 High-risk drinking Advise same as 'risky drinking' section above Refer to local support service for assessment and support Discuss concerns with treating team

4. Assist/arrange

Education Affirm positive change Give encouragement Discuss supports—family, GP, ATODS

Written resources given (for mother) Yes Declined

Written resources given (for partner) Yes Declined

Referral to local support service Faxed Declined (midwife/GP to follow up at next visit)

Referral to Indigenous Health Clinic Faxed Declined (midwife/GP to follow up at next visit) N/A

5. Ask again

Please complete the following at every opportune visit

Visit date	Weeks gestation	1. Drinks per day	2. Stage of readiness (As above, in ASSESS)	3. Advice offered Risks of drinking	4. Support / Assistance given / Referral
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

Drug Screening Check medical record

In the past 3-6 months have you used any prescribed, non-prescribed or herbal drugs? Yes No

If Yes, - specify:

- refer to local support service for assessment and ongoing support.

Ask again:

Visit date 1	Weeks gestation	Support / Assistance given	Visit date 2	Weeks gestation	Support / Assistance given