



Pre-Conception Checklist of the Health Science Institute of RCAF and University of Health Sciences
 Thinking about having a baby? Here are a few things to discuss with the women’s healthcare provider before getting pregnant.

Women Background		
- Name	_____	
- Age	_____	
- Occupation	_____	
- Husband’s name	_____	
- Age	_____	
- His occupation	_____	
Obstetric History (If Yes, Please specify)		
- Gravida	.....	.....
- Living children	.....	.....
- Term	Yes /No	.....
- Abortion	Yes /No	.....
- Miscarriages	Yes /No	.....
- Stillbirths	Yes /No	.....
- Transmitted disease	Yes /No	.....
- Other.....	.....
	
	
Ob Medical and genetic history (If Yes, Please specify)		
- High blood pressure	.....	.....
- Diabetes	.....	.....
- Heart disease	Yes /No	.....
- Thalassemia	Yes /No	.....
- Down syndrome	Yes /No	.....
- Hemophilia	Yes /No	.....
- Benign Neoplasms	Yes /No	.....
- Reproductive system surgery	Yes /No	.....
- Contraceptive method	Yes /No	.....
- Medication	Yes /No	.....
- Taking folic acid supplementation	Yes /No	.....

- Other.....

Menstruation Cycle

- Age of menarche _____
- Days of menstruation cycle _____
- Volume _____
- Duration _____

- Regulation of menstruation	Yes /No	.....
- Other.....		

Body Mass Index

- Weigh..... High.....
- BMI less than **18.5** (underweight)
 - BMI **18.5 to 24.9** (normal or Healthy Weight)
 - BMI **25.0 to 29.9** (overweight)

Physical Examination (If Yes or Bad, Please Specify)

- Vital signs
- Body temperature _____
 - Pulse rate _____
 - Respiration rate (rate of breathing) _____
 - Blood Pressure _____

- Vital signs	Good /Bad	.....
- Vaginal	Good /Bad	.....
- Anemia	Yes /No	.....
- Other		

Vaccination

- Tetanus	Yes /No	.....
- Diphtheria	Yes /No	.....
- Hepatitis B	Yes /No	.....
- MMR	Yes /No	.....
- Chickenpox	Yes /No	.....
- HPV	Yes /No	.....
- Covid-19 Vaccination	Yes /No	.....
- Other		

Healthy Lifestyle		
- Smoking	Yes /No	.....
- Alcohol Using (Beer, wine.....)	Yes /No	.....
- Drug abuse	Yes /No	.....
- Exercise regularly	Yes /No	.....
- Drinking plenty of water	Yes /No	.....
- Eating a variety of food	Yes /No	.....
- Enough Sleep (At least 6hours)	Yes /No	.....
- Other.....		
GENETIC OR INHERITED CONDITIONS		
- Do you have benign neoplasms?	Yes /No	.....
- Eating a variety of food	Yes /No	.....
- Enough Sleep (At least 6hours)	Yes /No	.....
- Other.....		

Midwifery Note:

Recommendation

Date _____

Name's Midwife: _____