

# Healthy Mother, Healthy Baby

## Questionnaire

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X)			

We need a few minutes of your time to fill out this questionnaire. The collection of your health information on this form (including your Personal Health Number) is legally authorized by sections 20(b), 21(a) and 27(a) of the Health Information Act (Alberta). Your information will only be used and disclosed as necessary for the purpose of providing prenatal health services and continuing care and treatment. If you have any questions about the collection of your personal information as provided on this form, please contact the **Alberta Perinatal Health Program** by emailing APHP.PPQAC@albertahealthservices.ca , or by calling **780-735-1000**.

Having a baby usually means lots of changes in both your life and your family's life. You may want to talk about some of these changes with your health care provider(s). They can help you manage these changes; however, you may be nervous or uncomfortable about talking about these changes with them. Just remember:

- your health care provider is not too busy to listen to your health concerns,
- your health care provider wants to help and has been trained to help,
- any issue you may want to talk to them about is not too small or silly.

There is no "best" answer to any of the following questions. Please answer all the questions in the best way you can. Remember that you don't have to answer any question you don't want to answer.

**A Fact Sheet is provided for you at the back of the form. Please tear off and take with you.**

### Demographics

1. **Birth date:**

2. **Education:** (highest level attained. *Check mark (✓) only 1 option*)

- Less than high school       College/University  
 High school completed       Other? \_\_\_\_\_  
 Trade/business school      \_\_\_\_\_

3. **Marital status:**

- Married                               Separated  
 Living together                       Divorced  
 Single                                       Widowed

4. **Employment:**

Job title \_\_\_\_\_

- Employed  
      Full Time       Part Time  
 Self-employed  
      Full Time       Part Time  
 Student  
 Unemployed  
 Other? \_\_\_\_\_

5. **Language(s) spoken at home:** \_\_\_\_\_

6. **Can you read and understand English?**  Yes  No

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## Demographics Continued ...

### 7. Ethnicity

Ethnicity describes family heritage as distinct from where you were born. This information will help to decide if certain blood screening tests should be offered to you for genetic conditions that are common to specific ethnic groups and to help in monitoring your health and that of your baby.

Check off (✓) any of the following that are part of the ethnic heritage of you and your baby's father.

	You	Baby's Father		You	Baby's Father
<b>Aboriginal</b>			<b>European</b>		
First Nations	<input type="radio"/>	<input type="radio"/>	Northern Europe		
Inuit	<input type="radio"/>	<input type="radio"/>	Britain (e.g., England, Scotland, Wales)	<input type="radio"/>	<input type="radio"/>
Metis	<input type="radio"/>	<input type="radio"/>	Ireland	<input type="radio"/>	<input type="radio"/>
<b>African</b>			Denmark, Norway, Sweden	<input type="radio"/>	<input type="radio"/>
North African	<input type="radio"/>	<input type="radio"/>	Western Europe		
(e.g., Morocco, Algeria)			(e.g., France, Germany, Netherlands)	<input type="radio"/>	<input type="radio"/>
Sub-Sahara	<input type="radio"/>	<input type="radio"/>	Eastern Europe		
(e.g., Somalia, Kenya, Nigeria)			(e.g., Balkans, Poland, Russia)	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	Southern Europe		
<b>Asian</b>			(e.g., Cyprus, Greece, Italy, Spain, Turkey)	<input type="radio"/>	<input type="radio"/>
India	<input type="radio"/>	<input type="radio"/>	Other: _____	<input type="radio"/>	<input type="radio"/>
Pakistan	<input type="radio"/>	<input type="radio"/>	<b>Caribbean</b>		
Bangladesh	<input type="radio"/>	<input type="radio"/>	(e.g., Barbados, Jamaica, Trinidad, Tobago)	<input type="radio"/>	<input type="radio"/>
China	<input type="radio"/>	<input type="radio"/>	<b>Central/South American</b>		
Far East Asia - Other	<input type="radio"/>	<input type="radio"/>	(e.g., Guatemala, Costa Rica, Argentina, Peru)	<input type="radio"/>	<input type="radio"/>
(e.g., Japan, Korea)			<b>Mexico</b>	<input type="radio"/>	<input type="radio"/>
Southeast Asia	<input type="radio"/>	<input type="radio"/>	<b>Other, Specify:</b> _____	<input type="radio"/>	<input type="radio"/>
(e.g., Malaysia, Thailand, Philippines)			_____		
Other: _____	<input type="radio"/>	<input type="radio"/>	_____		
<b>Middle Eastern</b>			<b>Decline to give information</b>	<input type="radio"/>	<input type="radio"/>
(e.g., Iran, Iraq, Egypt, Israel, Syria, Yemen)	<input type="radio"/>	<input type="radio"/>			

### Please complete the following history:

- If you **OR** the baby's father are from any of these ethnic groups: Italian, Greek, Middle Eastern, Spanish or Asian, have you or the baby's father been tested for Thalassemia or other hemoglobin abnormality?
 

Yes                       No                       Don't Know

If yes, who was tested and what were the results? \_\_\_\_\_
- If you, or the baby's father, are of Jewish or French Canadian/Cajun background, have either of you or the baby's father been tested to see if you are carriers of Tay-Sachs Disease, Cystic Fibrosis, or Canavan disease?
 

Yes                       No                       Don't Know

If yes, who was tested and what were the results? \_\_\_\_\_
- If you, or the baby's father, are of African or Hispanic background have either you or the baby's father been tested for sickle cell anemia?
 

Yes                       No                       Don't Know

If yes, who was tested and what were the results? \_\_\_\_\_
- Are you aware of you, the baby's father or anyone in your families have one or more of the following, if yes check all that apply:
 

Hemophilia or other bleeding disorder                       Autism, developmental delay or Fragile X

Cystic Fibrosis                       Huntington's disease

Neuromuscular disease or muscular dystrophy






Other inherited disease or chromosome abnormality, specify: \_\_\_\_\_

Other anomalies, specify: \_\_\_\_\_






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## Healthy Mother, Healthy Baby Questionnaire



Please answer the following questions by using a check mark (✓).  
Your answers are confidential and will be kept private.

A) I usually eat ...		Servings/day			
		0 - 1	2 - 4	5 - 8	9 - 12
<b>Bannock, Bread, &amp; Cereals</b> (e.g., rice, pasta, crackers, etc.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Fruits &amp; Vegetables</b> (e.g., fresh, frozen, or canned)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Milk &amp; Milk Products</b> (e.g., milk, cheese, yogurt, etc.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Meat &amp; Alternatives</b> (e.g., fish, seafood, beef, pork, chicken, wild game, eggs, beans, lentils, tofu, etc.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other Food Item(s)</b> (e.g., chocolate, candy, cake, cookies, potato chips, soft drinks, fruit drink from crystals, etc.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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B) I usually drink (1 cup = 250 ml or approximately 8 oz.) ...		Cup(s)/day			
		0-1	2-4	5-8	9-12
<b>Water</b> (e.g., well, tap, or bottled)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Milk or Soy Beverage</b>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Regular Coffee and/or Tea</b>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Decaffeinated Coffee and/or Tea</b>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Herbal Teas</b> (e.g., wild mint, sage, dandelion, chamomile, ginger, lemon balm, rose hip, orange or citrus peel, peppermint, pennyroyal)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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C) I sometimes drink/eat ...		No	Yes
<b>Un-pasteurized fruit juices &amp; dairy products</b> (e.g., milk from the cow, soft cheese such as brie, feta, camembert, Quesa blanco)		<input type="radio"/>	<input type="radio"/>
<b>Raw/undercooked food &amp; beverages</b> (e.g., eggs, eggnog, hot dogs/wieners, luncheon meats, beef, pork, chicken, turkey, fish, sushi, shrimp, scallops, uncooked sprouts [bean, radish, alfalfa])		<input type="radio"/>	<input type="radio"/>

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Please answer the following questions by using a check mark (✓) or by filling in blank spaces.  
Your answers are confidential and will be kept private.

The next questions are about using alcohol, tobacco, and/or other substances. When you answer these questions, keep in mind that:

- A **drink of alcohol** can be any standard measure of a drink for example: beer (330 ml), liquor (30ml) or wine (100 ml).
- A **cigarette** is the same as a cigar, pipe, or chewing tobacco.
- An **other substance** may be cocaine, heroin, crystal meth, marijuana, ecstasy, paint, aerosols, glue, cleaning or correction fluids, etc.

<b>D) When was the last time, if ever, you...</b>	<b>Never</b>	<b>In the last 6 months</b>	<b>In the last 3 months</b>	<b>In the last month</b>	<b>Daily</b>	<b>Quit</b>	yyyy mm
Smoked a cigarette or chewed tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Used other substances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Drank alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

If you answered "Never" or "Quit" to all three questions listed above, please proceed to question "F".

<b>E) When I ...</b>	<b>Before I knew I was pregnant</b>	<b>During this pregnancy</b>
Drink alcohol, I usually have ...	# of drinks/day _____	# of drinks/day _____
	# drinks/week _____	# drinks/week _____
	# drinks/month _____	# drinks/month _____
Smoke, I usually have ...	# cigarettes/day _____	# cigarettes/day _____
		
Use other substances, I usually use them ...	# times/month _____	# times/month _____
<i>Please list what you use:</i> _____		

<b>F) Since my last menstrual period, I have used ...</b>	<b>No</b>	<b>Yes</b>	<b>If "Yes", please list.</b>
<b>Prescription medication(s)</b> (e.g., birth control pills, tranquilizers, antibiotics, sleeping pills, antidepressants, asthma medicine, etc.)	<input type="radio"/>	<input type="radio"/>	_____
<b>Non-prescription medication(s)</b> (e.g., antacids, laxatives, cold or pain medicine, anti-nausea drugs, etc.)	<input type="radio"/>	<input type="radio"/>	_____
<b>Vitamins &amp; minerals</b> (e.g., prenatal vitamins, folic acid, calcium, iron, vitamins A, D, E and/or K, etc.)	<input type="radio"/>	<input type="radio"/>	_____
<b>Other therapies</b> (e.g., herbs, nutritional supplements, acupuncture, massage, spinal manipulation/chiropractic, naturopathy, etc.)	<input type="radio"/>	<input type="radio"/>	_____
<b>Other substances?</b> "If Yes", please list below:	<input type="radio"/>	<input type="radio"/>	_____

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Please answer the following questions by using a check mark (✓) or by filling in blank spaces.  
Your answers are confidential and will be kept private.

The next questions are about the physical activity that you do in your spare time at home and/or work.

G) My leisure activity includes (e.g., biking):	Every day	4-6 times/ week	2-3 times/ week	Once/ week	Less than once/week
1) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H) At home or work, I ...	No	Yes
Lift heavy objects (25-50+ lbs/11-23 kg),	<input type="radio"/>	<input type="radio"/>
Climb stairs (more than 3 times per 8 hour shift),	<input type="radio"/>	<input type="radio"/>
Stand for long periods of time (more than 4 hours at a time),	<input type="radio"/>	<input type="radio"/>
Mainly sit,	<input type="radio"/>	<input type="radio"/>
Constantly bend (more than 10 times per hour),	<input type="radio"/>	<input type="radio"/>
Work shift work (rotating day and night).	<input type="radio"/>	<input type="radio"/>

I) During this pregnancy, I have been in contact with ...	No	Yes
Saunas, hot tubs, or sweats,	<input type="radio"/>	<input type="radio"/>
Second hand smoke (e.g., cigarettes, traditional pipe festivals, etc.),	<input type="radio"/>	<input type="radio"/>
Kitty litter and/or garden soil,	<input type="radio"/>	<input type="radio"/>
Raw meat and/or poultry,	<input type="radio"/>	<input type="radio"/>
Chemicals and/or solvents (e.g. insecticides, pesticides, paint, household cleaning products, etc.),	<input type="radio"/>	<input type="radio"/>
X-rays or other radiation.	<input type="radio"/>	<input type="radio"/>

J) Over the last year or so ....	No	Yes
I moved to Alberta,	<input type="radio"/>	<input type="radio"/>
A close family member was very sick,	<input type="radio"/>	<input type="radio"/>
Someone very close to me died,	<input type="radio"/>	<input type="radio"/>
I was separated or divorced,	<input type="radio"/>	<input type="radio"/>
I had problems with my ex-spouse/partner,	<input type="radio"/>	<input type="radio"/>
My spouse/partner lost his/her job,	<input type="radio"/>	<input type="radio"/>
I lost my job even though I wanted to go on working,	<input type="radio"/>	<input type="radio"/>
My spouse/partner went to jail,	<input type="radio"/>	<input type="radio"/>
My spouse/partner had an alcohol problem,	<input type="radio"/>	<input type="radio"/>
I had an alcohol problem,	<input type="radio"/>	<input type="radio"/>
My spouse/partner had a drug problem,	<input type="radio"/>	<input type="radio"/>
I had a drug problem,	<input type="radio"/>	<input type="radio"/>
My family was involved with Children's Services,	<input type="radio"/>	<input type="radio"/>
I had to quit school,	<input type="radio"/>	<input type="radio"/>
I had to move out of my home,	<input type="radio"/>	<input type="radio"/>
I lived in stressful place (e.g., the street, a women's shelter, or a refugee camp),	<input type="radio"/>	<input type="radio"/>
I was abused (e.g., hit, kicked, shouted at, sexually assaulted).	<input type="radio"/>	<input type="radio"/>
Other? _____	<input type="radio"/>	<input type="radio"/>

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Please answer the following questions by using a check mark (✓) .  
Your answers are confidential and will be kept private.

<b>K) Over the last year or so, I was unable to pay for (check mark (✓) all that apply) ...</b>	<b>No</b>	<b>Yes</b>
A safe place to live,	<input type="radio"/>	<input type="radio"/>
Enough food,	<input type="radio"/>	<input type="radio"/>
Heat,	<input type="radio"/>	<input type="radio"/>
Electricity,	<input type="radio"/>	<input type="radio"/>
Telephone,	<input type="radio"/>	<input type="radio"/>
Transportation,	<input type="radio"/>	<input type="radio"/>
Child care,	<input type="radio"/>	<input type="radio"/>
Dental care,	<input type="radio"/>	<input type="radio"/>
Clothing for myself or my children.	<input type="radio"/>	<input type="radio"/>
Other? _____	<input type="radio"/>	<input type="radio"/>

<b>L) I may find it difficult to keep a prenatal appointment because ...</b>	<b>No</b>	<b>Yes</b>
I don't have a regular care provider (e.g., family doctor, obstetrician, nurse or midwife),	<input type="radio"/>	<input type="radio"/>
I have no one to take care of my child/children,	<input type="radio"/>	<input type="radio"/>
I have no way of getting there,	<input type="radio"/>	<input type="radio"/>
I can't take time off work,	<input type="radio"/>	<input type="radio"/>
Family issues,	<input type="radio"/>	<input type="radio"/>
Spouse/partner issues,	<input type="radio"/>	<input type="radio"/>
School,	<input type="radio"/>	<input type="radio"/>
I feel uncomfortable and/or judged.	<input type="radio"/>	<input type="radio"/>
Other? _____	<input type="radio"/>	<input type="radio"/>

<b>M) I might not attend a prenatal class because ...</b>	<b>No</b>	<b>Yes</b>
It is too expensive,	<input type="radio"/>	<input type="radio"/>
I went to prenatal classes for my last baby,	<input type="radio"/>	<input type="radio"/>
I am getting good advice from family/friends,	<input type="radio"/>	<input type="radio"/>
I am getting information from other sources (e.g., web pages, books, etc.),	<input type="radio"/>	<input type="radio"/>
I am not having any problems,	<input type="radio"/>	<input type="radio"/>
I don't think it is important,	<input type="radio"/>	<input type="radio"/>
I am thinking about having an abortion,	<input type="radio"/>	<input type="radio"/>
I find it hard to get there (e.g., no car),	<input type="radio"/>	<input type="radio"/>
I don't want anyone to know that I am pregnant,	<input type="radio"/>	<input type="radio"/>
I don't want to think about being pregnant.	<input type="radio"/>	<input type="radio"/>
Other? _____	<input type="radio"/>	<input type="radio"/>

<b>N) I have ...</b>	<b>Always</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>Rarely</b>	<b>Never</b>
Good friends that support me,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A family that is always there for me,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A spouse/partner that helps me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please answer the following questions by using a check mark (✓) .  
Your answers are confidential and will be kept private.

O) In general, how would you describe your relationship with your partner/spouse?<sup>(1)</sup>

- I am not currently involved       No tension       Some tension       A lot of tension

P) My spouse/partner and I work out arguments with<sup>(1)</sup> ...

- No difficulty       Some difficulty       Great difficulty

Q) When I first found out about this pregnancy, I felt ...

- Happy       Unhappy       I am OK, but I still have some concerns

Please list concerns: \_\_\_\_\_

\_\_\_\_\_

R) I have thought about breastfeeding this baby.

- Yes       No

S) What issues in your life are most concerning to you during this pregnancy?

\_\_\_\_\_

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*(1) Questions O and P: Adapted with permission from Brown et al. J Fam Pract. 2000; 49: 896-903 Dowden Health Media.*

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## **Healthy Mother, Healthy Baby Fact Sheet**

### **Fact Sheet – Tear off for reference**

#### **Ethnicity**

Knowing your ethnicity and that of your baby's father are important in pregnancy as some ethnic backgrounds are at increased risk for genetic or heredity disorders. Tell your health care provider about your family history of any diseases or conditions that you know about.

#### **Nutrition**

Eat a variety of different foods to get the right balance of vitamins and minerals for yourself and your growing baby. Use the Canada's Food Guide to Healthy Eating to guide your food choices. Ask your health care provider about a prenatal vitamin and folic acid supplement during this pregnancy and when planning for your next baby. Drink at least 8 cups of water per day and limit your intake of coffee, other caffeinated drinks, and pop. Let your health care provider know if you choose not to or are unable to eat certain foods (e.g., if you have food allergies, are a vegetarian, or have been restricting your food intake for any reason).

Pregnant women and nursing mothers should eat up to two servings of fish per week as fish is important for the health of the mother and the baby's brain development. In selecting fish products avoid swordfish, shark, tile fish, and white (albacore) tuna as these fish have higher levels of mercury.

#### **Food Safety**

Avoid eating raw or undercooked meat, poultry, fish, shell fish, eggs, and sprouts, as well as dairy products, juices, and other foods that have not been pasteurized as these foods are easily contaminated by germs that may be harmful to you and your baby.

Always prepare raw poultry, fish, and other meat separately from other food to avoid transfer of germs. Wash vegetables and fruits well before use. Always wash hands before and after food preparation. Talk to a dietitian for more nutrition information and food safety tips.

#### **Alcohol, Nicotine, and Substance Use**

These substances are harmful to both you and your baby. They can cause problems during pregnancy, birth, and for your baby after birth. These problems can last a lifetime. Ask your health care provider or call Health Link Alberta at 811 for information or help to quit.

#### **Occupational/Environmental Risks**

To reduce work-related injury to you and/or your baby and to prevent preterm labour talk about your work conditions with your health care provider. Job risks such as an awkward work position, heavy lifting, no rest, repetitive work, and exposure to chemicals and X-rays should be discussed with your health care provider. The chemicals we use in and around the home can also be harmful. Read labels carefully and avoid products that say they're toxic. Follow the directions for use and wear rubber gloves when using these products to limit your exposure. Natural cleaning alternatives (e.g., baking soda or a vinegar and water solution) can be used to clean pots and pans, sinks, tubs, ovens, and countertops.

Exposure to cat feces can put you at risk for illness to a parasite which can be harmful to the developing baby. Avoid emptying kitty litter, use gloves when gardening, and always wash your hands.

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## Healthy Mother, Healthy Baby Fact Sheet

### Fact Sheet – Tear off for reference

#### **Dental care**

Disease of the gums (periodontal disease) may increase your risk of preterm labour. See your dentist and dental hygienist for assessment and care. If this is not possible due to financial reasons, talk to your health care provider about a referral to social services for help.

#### **Mental and Emotional Health**

Pregnancy can be a time of increased stress and physical discomfort. If you have trouble sleeping, feel tired, always feel sad, have mood swings, or have difficulty concentrating, talk with your health care provider. Let them know if you have a history of depression or have stresses in life that are of concern.

#### **Social Support**

The support of your partner, family, and friends during pregnancy and parenting are important for you and your family. If you don't have this support, look for ways to connect with family and make new friends. This could include making friends with couples in prenatal classes, joining the community league or new-moms groups. Contact your public health office for other ideas and resources in your community.

#### **Personal Safety**

When in a vehicle, pregnant women should follow the same advice as other adults: buckle up and stay back from the air bag. The lap belt should be positioned low and over the pelvic bone, with the shoulder belt worn normally. Pull any slack out of the belt. By helping to restrain the upper chest, the seat belt will keep a pregnant woman as far as possible from the steering wheel. The air bag will spread out the crash forces that would otherwise be concentrated by the seat belt.

Talk to your health care provider if you have any other personal safety concerns for yourself or your family (e.g., abuse). Contact the Alberta Council of Women's Shelters for help: 1-866-331-3933 or [www.acws.ca](http://www.acws.ca).

#### **Prenatal, Breastfeeding, and Parenting Classes**

Contact your public health office to learn about classes in your area.

#### **Feeding your baby**

Breast milk provides the best nutrition for babies and helps protect them from illness (e.g., digestion problems; ear, chest, and urinary tract infections; and allergies). Breastfeeding will also save your family money. Talk to your health care provider for more information.

#### **Influenza Immunization in Pregnancy**

All pregnant women should be immunized against influenza as you are at higher risk for serious complications from influenza. Immunization can occur at any time while you are pregnant. If you become infected with influenza disease while pregnant, you have a higher risk of hospitalization and adverse outcomes to your baby (e.g. premature birth). Babies born to women immunized against influenza are less likely to be premature, small for gestational age or low birth weight.

#### **Resource sites**

1. Health Canada: <http://www.hc-sc.gc.ca/fn-an/nutrition/prenatal/index-eng.php>
2. Government of Alberta: [www.myhealth.alberta.ca](http://www.myhealth.alberta.ca); [www.child.gov.ab.ca](http://www.child.gov.ab.ca); and [www.healthyalberta.com](http://www.healthyalberta.com)
3. Alberta Health Services, Pregnancy and Birth: [www.healthyparentshealthychildren.ca](http://www.healthyparentshealthychildren.ca)
4. Canadian Pediatric Society: [www.cps.ca](http://www.cps.ca)
5. Society of Obstetricians and Gynaecologists of Canada Pregnancy Info: [www.pregnancyinfo.ca](http://www.pregnancyinfo.ca)