

# 2021 NWT PRENATAL RECORD – USER GUIDE DESK TOP REFERENCE

This Desk Reference is a quick resource to help facilitate the use of the 2021 NWT Prenatal Record Form. A more comprehensive resource is the 2021 Prenatal Record User Guide. The User Guide should be the primary tool used if there are questions regarding any area of the Prenatal Record Form.

Preconception care should be offered as per the 2020 Community Health Core Service Standards and Protocols.

## Overview

Initial prenatal visit is between 6-12 weeks gestation.

Regular visits every 4 weeks until 28 weeks, every 2 weeks until 36 weeks and every week until birth or client leaves community for planned birthing services.

## Programs Supporting NWT Prenatal Caregivers

Northern Women's Health Program (NWHP) – Stanton Territorial Hospital

(867) 669-4359

Obstetrics and Gynecology – Stanton Territorial Hospital

(867) 669-4151

Physician on Obstetrical Call – Inuvik Regional Hospital

(867) 777-8000

## Helpful Links

Please refer to the User Guide for relevant links to information and resources.

## NWT Prenatal Record – Part 1

### Section 1. Demographics and Background Information

Include information on client's partner.

### Section 2. Allergies

Document all allergies and sensitivities.

### Section 3. Current Medications/OTC/Herbals

Include the frequency and dosage of each.

### Section 4. Obstetrical History

Gravida: Total number of pregnancies (includes current pregnancy).

Term: Total number of previous pregnancies with birth occurring at greater than or equal to 37+0 weeks gestation.

Preterm: Total number of previous pregnancies with birth occurring between 20 and 36+6 weeks gestation.

Abortion-Induced: Total number of previous terminations of pregnancy  
Living- Total number of children client has given birth to and who are presently living.

Abortion-Spontaneous: Total number of previous spontaneous terminations of pregnancies ending prior to 20 weeks gestation and weighing less than 500g.

### Section 5. Menstrual History and Estimated Delivery Date (EDD) Confirmation

Rules for assigning Confirmed EDD in order of accuracy (use only one):

1. If Ultrasound (U/S) available before 16 weeks gestation, use biometry from it.
2. If no U/S before 16 weeks and sure last menstrual period (LMP), use sure LMP as long as 2nd trimester U/S is not discrepant from LMP:
  - A. If 16-23 week U/S differs from LMP by more than 10 days, use U/S.
  3. If unsure LMP, use earliest available U/S.
  4. If unsure LMP and no U/S, review with OBS.

The EDD should be finalized by 20 weeks and with few exceptions should not be altered. Questions regarding dating - refer to the NWT Obstetrical Dating Guidelines available through the NWHP.

### Section 6. Present Pregnancy

If IVF/ART A first trimester ultrasound is indicated.

Specify if bleeding occurred <20 weeks or ≥20 weeks.

If required, refer to specialist for management of symptoms i.e. Nausea and Vomiting.

### Section 7. Family History

Required content focuses on conditions that could impact the present pregnancy.

### Section 8. Beliefs and Practices

Assesses acceptance of blood products and whether or not adoption is being considered.

Any relevant cultural practices related to this pregnancy is indicated in the birth plan checkbox of Part 2: "Second and Third Trimester Topics Discussed".

### Section 9. Medical History:

Includes medical history of the pregnant client that may influence management or outcome of the current pregnancy or postpartum period.

Consult or refer if unsure what impacts a positive medical history may have.

### Section 10. Lifestyle & Social:

Alcohol/cannabis/smoking/substance use:

Early screening allows for potential to improve early diagnoses, earlier intervention and resources that may mitigate the development of secondary impacts to newborns. If client wishes to receive supports, they are identified as

"high-risk" and made a priority for referral and treatment services.

### Partner/Family Violence:

It is recommended to assess and monitor partner/family violence at least EVERY TRIMESTER or more frequently if there are concerns. Refer to Part 3 of Record for our Partner/Family Violence screening tool SAFE. Refer to support services.

### Section 11. Initial Physical Exam

Completing a full initial physical exam provides baseline information for subsequent assessments.

### Section 12. First Trimester Topics Discussed

Consider effect and relevance of each topic on current pregnancy. For Food Safety, see questions on "Prenatal Nutrition Discussion Questions" in Part 4.

For Oral Health, see NWT Oral Health Screening Tool in Part 3.

### Section 13. Comments/Risk Factors

Determination of risk factors is a crucial component of prenatal care. Update Section 13 with areas of concern that are identified with each with every prenatal visit and from the Risk Assessment Guide in Part 4.

## NWT Prenatal Record – Part 2

### Section 14. Investigations/Results

**Test of cure:** Refers to Gonorrhea and Chlamydia in detecting therapeutic failure.

**Other tests:** Refers to any diseases that cross the placental barrier that could be passed along to the fetus, or can cause complications to the pregnancy. Examples include: Toxoplasmosis, Rubella, Cytomegalovirus, Herpes Simplex Virus, and HIV (TORCH test), Bacterial Vaginosis, and Trichomoniasis.

**Edinburgh Depression Scale:** Evaluates depressive disorders in pregnancy and how the client is coping with the pregnancy. See Part 6. This is recommended prenatally at 28-32 weeks and at 6 week postpartum follow up.

**Healthy Family Referral Program:** This Program is delivered in most NWT communities. Currently a standard form is being developed by the Department of Health and Social Services. Continue with the current process of referring all pregnant clients to the program using the region's current process and according to the User Guide.

## 2021 NWT PRENATAL RECORD – USER GUIDE DESK TOP REFERENCE

### NWT Prenatal Record – Part 2 (Continued)

#### Section 14. Investigations/Results (Continued)

**Prenatal Genetic Screening:** Refers to tests that detect risk of chromosome disorders. As of 2020, NIPT ("Harmony") is the screening test of choice to offer to any clients requiring this test, for both low-risk and high-risk clients. Refer to User Guide for additional information on NIPT documentation and ordering requirements. **Maternal Serum Screen (MSS) is an inferior test and should no longer be ordered**

**Tdap and Influenza Vaccinations:** Are safe and important vaccinations to be given to the mother during pregnancy to protect the infant who is too young to be vaccinated directly. Refer to the User Guide for current guidelines on Immunization in Pregnancy with Tdap Vaccine.

**Maternal PP Vaccinations Indicated:** Both MMR and Varicella are live vaccines and **should not be given during pregnancy**.

**Diabetic Screening:** Refer to User Guide for Diabetic Resources in the NWT.

#### Section 15. Confirmed EDD

This entry should match **Part 1 - Section 5**. With few exceptions, the EDD should be finalized by 20 weeks and, once determined, it should not be altered.

#### Section 16. Prenatal Visit Documentation

This section continues into **Part 3** for continued/extended clinic visits. Remember to update any risk factors as they arise and to plot fundal height on the graph in **Part 4**.

Urine Protein via Urine Dip.

#### Section 17. Referral Plan

Check all referrals that apply. Ensure client is aware.

#### Section 18. Second & Third Trimester Topics Discussed

Indicate with a check if the discussion topics were addressed. Ensure client is given resources if applicable.

### NWT Prenatal Record – Part 3 RISK ASSESSMENT GUIDE

#### TWEAK Questionnaire

Screens for alcohol use in pregnancy. This questionnaire is linked to **Part 1-Section 10** and is to be completed once every trimester or more often as needed.

TWEAK is an acronym for the five questions of the screening tool

- (1) Tolerance
- (2) Worried
- (3) Eye opener
- (4) Amnesia
- (5) Cut down.

#### SAFE Tool

Screens for Intimate Partner Violence or Family Violence. This tool is linked to **Part 1: Section 10**. This is to be completed once every trimester or more often as needed.

1. Stress/Safety – Do you feel safe in your relationship?
2. Afraid/Abused – Have you ever been in relationship where you were threatened, hurt or afraid?
3. Friend/Family – Are your friends aware you have been hurt?
4. Emergency Plan – Do you have a safe place to go and the resources you need in an emergency?

#### NWT Oral Health Screening Tool

The NWT Oral Health Screening Tool identifies patients at even greater risk of oral health problems and potential need of urgent or immediate dental interventions through referral to a dentist or oral health professional.

However, as **all pregnant clients are at elevated risk of oral health problems** due to the hormonal changes of pregnancy, it is crucial that the following are provided:

1. REFERRAL to a dentist or oral health professional during the pregnancy;
2. ORAL EXAM during which the teeth, gums, tongue and mucosa are visually inspected as part of the Head and Neck portion of the Physical Exam;
3. ORAL HEALTH EDUCATION

### NWT Prenatal Record – Part 4 RISK ASSESSMENT GUIDE

Reviews past "Obstetric History", "Problems in Current Pregnancy" and "Medical History". Update any risk factors in **Part 1- Section 3** and refer accordingly.

#### Prenatal Nutrition Discussion Questions

The screening gives the opportunity to provide education because nutrient needs increase in pregnancy. Consider referring back to **Part 1-Section 12** to the topic "Food safety."

Additional information in NWT Prenatal User Guide Appendix 1.

#### Sympasis-Fundus Height Graph

Complete on **Part 2- Section 16** and **Part 3** at all prenatal visits. Document the results on the graph in **Part 4**.

## NWT Prenatal Record – Part 5

#### Routine Blood Work and Investigations:

This page has been left intentionally blank. Please create your own blood requisition if required.

## NWT Prenatal Record – Part 6

#### Edinburgh Perinatal/Postnatal Depression Scale:

Is used to screen depressive disorders in pregnancy and how the expectant mother is coping with the pregnancy and postpartum period. This screen is to be completed at 28-32 weeks, in the postpartum period, and as needed. See **Part 2 - Section 14** under "Edinburgh Depression Scale".

Questions about the NWT Prenatal Record form, user guide and desk reference should be directed to: [nursing@gov.nt.ca](mailto:nursing@gov.nt.ca)