

Prenatal Audit Tool Instruction Sheet

PRENATAL RECORD

Page 1

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| <p>1) Identification</p> <ul style="list-style-type: none"> - Client's surname entered - Client's given name entered - DOB entered correctly (i.e. D/M/Y) - Healthcare number entered - Client's address entered - Planned birthplace entered - Referring clinic/hosp/hc entered - Primary care giver name entered - Physician/Midwife's name entered - Client's Age entered at EDD - Client's ethnic origin entered - Contact number(s) entered - Father's name entered - Father's age entered - Ethnic origin of newborn's father entered - Support of father during pregnancy entered <p>2) Informed Consent</p> <ul style="list-style-type: none"> - Client's signature entered - Witness's signature entered - Date entered <p>3) Allergies/Medications</p> <ul style="list-style-type: none"> - Allergies entered - Medications entered <p>4) Previous Pregnancies, including Abortions</p> <ul style="list-style-type: none"> - All preg./abor/ectopics entered
COMPARE AGAINST MEDICAL RECORD - Year entered and correct - Community of birth, entered and correct - Weeks of gestation at birth - Length of labour entered and correct - Type of delivery entered and correct - Sex entered and correct - Birth wt. entered and correct - Infant's current health and correct - Complications entered and COMPREHENSIVE | <p>5) Health History</p> <ul style="list-style-type: none"> - CHECK the CHART. If any "yes" scores, comments are included. <p>6) Social History</p> <ul style="list-style-type: none"> - If any yes scores, comments and referenced to page 4 <p>7) Family/Genetic History</p> <ul style="list-style-type: none"> - If any "yes" scores, comments are included <p>8) Present Pregnancy</p> <ul style="list-style-type: none"> - If any "yes" scores, comments are included <p>9) Clinical Dating</p> <ul style="list-style-type: none"> - Date of positive pregnancy test entered - LNMP entered - Certainty of LNMP checked off - Menses cycle entered - Contraception type entered - Date of discontinuance of contraception entered - EDD by LNMP entered - EDD by U/S entered <p>10) Revised/confirmed EDD entered</p> <p>11) Initial Physical Examination</p> <ul style="list-style-type: none"> - Date of initial examination (D/M/Y) entered - Height entered - Pre-pregnancy weight entered - BMI entered - Present weight entered - BP entered - Normal parameters entered - Details of abnormal findings entered - Name of initial assessor entered |
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Page 2

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| <p>12) Identification</p> <ul style="list-style-type: none"> - Client's surname entered - Client's given name entered - DOB entered correctly (i.e. D/M/Y) - Healthcare number entered | <ul style="list-style-type: none"> - F/u scans are not routine) |
| <p>13) Laboratory (Results and Dates)</p> <ul style="list-style-type: none"> - ABO & RH Type entered (should be performed at the first prenatal visit) - Antibody screen results entered - If, RH negative, this info is entered, with dates Rhogam given - If indicated, maternal serum screen results entered - If indicated Amnio/ CVS results entered - GDM –GCT results entered (to be done between 24-28 weeks) - If indicated, GTT result(s) entered <p>Infection Screening</p> <ul style="list-style-type: none"> - Serology results entered for VDRL, HepB, HepC , Rubella, Varicella, and HIV (should be performed at the first prenatal visit). History of Chicken Pox is entered if serological evidence not required. - Postpartum immunization(s) need entered - Pap Smear (date and result) entered (should be performed at the first prenatal visit) - Cervical results entered for Gonorrhea and Chlamydia (should be performed at the first prenatal visit) - Vaginal results entered for Trichomonas, Bacterial Vaginosis and past Herpes/HSV - MSU results entered - Group B Strep results entered from 36 week visit - Abnormal results, treatments and dates entered - | <p>15) Confirmed Gestational Dating</p> <ul style="list-style-type: none"> - Confirmed gestational dating is entered (revised EDD should reflect LNMP, clinical exam and ultrasound results) <p>16) Clinical Visits</p> <ul style="list-style-type: none"> - Date entered for each visit using d/m/y - Gest. age (wks) entered for each visit - SFH entered (pg 2) and graphed (pg 3) for each visit (from 16wks onward) - BP entered for each visit - Wt entered - Urine gluc/prot entered for each visit - Hb dates and results entered (should be done minimum once each trimester) - Fetal position entered for each visit (from 16wks onward) - Movement (fetal activity) entered for each visit (from 16wks onward) - FHR entered for each visit (from 16wks onward) - Examiner's initials entered - Comments entered as appropriate - Return dates using d/m/y, as appropriate, entered for each visit |
| <p>14) Ultrasound Studies</p> <ul style="list-style-type: none"> - Ultrasound dates and results entered (one ultrasound is recommended between 16-20wks. | <p>17) Risk Factors/Concerns to be Anticipated in Pregnancy (based on history, physical and scores of pg 3)</p> <ul style="list-style-type: none"> - Pregnancy scores entered. Is this assessment correct given the present pregnancy and family history. - Delivery scores entered. Is this assessment correct given the history - Newborn scores entered. Is this assessment correct given the history - Total score entered at initial visit, at 36 wks and at L&D (pg 3) <p>18) Referral Plan</p> <ul style="list-style-type: none"> - Appropriate referral entered |

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Page 3 & 4

- 19) Identification
 - Client's surname entered
 - Client's given name entered
 - DOB entered correctly (i.e. D/M/Y)
 - Healthcare number entered
- 20) Part A, B, and C (Risk Assessment)
 - Risk assessment for Parts A, B, and C are entered, including subtotal and total score
- 21) SFH Graph
 - SHF measurements (pg2) are entered for each visit as appropriate
- 22) 24 Hour Food Recall
 - completed during initial visit. Used to identify women who are at risk for nutritional deficiencies.
- 23) T-ACE Questionnaire
 - completed during initial visit. Used to identify women who are at risk for alcohol abuse in pregnancy.
- 24) Health Promotion Topics
 - Completed APPROPRIATELY for the stage of pregnancy.
- 25) Information on extra pages of page 5 and page 6 are entered correctly.

Client's Chart

- Notation of pregnancy is on treatment record i.e. pt. profile and indication on clinic notes as prenatal record.
- Lab results filed by category and chronologically on client's chart.
- All prenatal correspondence i.e. specialist reports filed on client's chart.



PRENATAL AUDIT TOOL

Key:

D - Done
N - Needs to be reviewed
N/A - Not Applicable

Health Centre:	Date of Audit (d/m/y):	Date of Last Audit (d/m/y):
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Page 1 as per NWT Prenatal Record

Identification	Consent	Previous Pregnancies	Health History	Family/ Genetic History	Social History	Present Pregnancy	Clinical Dating	Revised/ Confirmed EDD	Initial Physical Exam	Medications*	Allergies	Signature & Date	Notation in Chart

* Dose, Route, Length of Rx, Amount Dispensed

Audited By (Please Print):	<div style="display: flex; justify-content: space-between;"> x </div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Auditor's Signature Date - d/m/y </div>	<p>Discussed with NIC:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="text-align: right; font-size: 0.8em;">Date - d/m/y</div>
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Page 2 as per NWT Prenatal Record

Pages 3 and 4 as per NWT Prenatal Record

ID	Lab Results & Dates	Infection Screening	PP Imm	U/S Studies	Confirm EDD	Clinical Visits	Risk Factors to Anticipate	Referr Plan	Init/RTC Date	ID	Risk Eval. Pre-Preg. (Part A)	Risk Eval. OBS Hx (Part B)	Risk Eval. Curr. Preg. (Part C)	Total Risk Scores (Part A+B+C)	Graph Complete	24 Hr Food Recall	T-ACE	Health Promo Topics	Remarks*

* Dose, Route, Length of Rx, Amount Dispensed

Audited By (Please Print): 	<hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: center; margin: 0;">Auditor's Signature</p>	Discussed with NIC:
	<hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: center; margin: 0;">Date - d/m/y</p>	<hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: center; margin: 0;">Date - d/m/y</p>