NWT PRENATAL RECORD - Part 1

Government of Northwest Territories

Name:
DOB:
HCP#:
Community:

1. Intended Birthplace | Referring community/health provider

Mother's education level | Ethnic origin

Mother's occupation | Age at delivery

Partner's name | Age | Partner's occupation | Ethnic origin of newborn's father

2. Allergies

No Allergies Noted

3. Current Medications/OTC/Herbals

4. Obstetrical History — **G**ravida ___ **T**erm ___ **P**reterm ___ **A**bortion (Induced ___ Spontaneous ___) **L**iving ___

Date	Place of birth / abortion	Hrs. in labour	Gest. age	Type of birth	Perinatal complications	Children: Sex	Birth weight	Breastfed?	Present health

5. LMP | Certain? ☐ Yes ☐ No | Menses frequency | Regular? ☐ Yes ☐ No | EDD by dates | EDD by 1st U/S | Confirmed EDD

6. Present Pregnancy

No	Yes		Yes (specify)
☐	☐	IVF/ART	IVF Transfer Date
☐	☐	Bleeding	
☐	☐	Nausea/vomiting	
☐	☐	Infections or fever	
☐	☐	Other	

7. Family History

No	Yes		Yes (specify)
☐	☐	Diabetes	
☐	☐	Anesthesia problem	
☐	☐	Thromboembolic / coag.	
☐	☐	Inherited disease / defect	
☐	☐	Congenital anomalies	
☐	☐	Other	

8. Beliefs and Practices

Are blood products acceptable? ☐ No ☐ Yes

Planned Adoption? ☐ No ☐ Yes ☐ Undecided

9. Medical History

No	Yes	Yes (specify)
☐	☐	Surgery
☐	☐	Uterine/Cx
☐	☐	Anesthesia problem
☐	☐	STIs
☐	☐	Susceptible to chicken pox
☐	☐	Cardiovascular
☐	☐	Respiratory
☐	☐	Thromboembolic
☐	☐	GI
☐	☐	GU
☐	☐	Endocrine
☐	☐	Neurologic
☐	☐	Hx of mental illness
☐	☐	Other

10. Lifestyle & Social History

Discussed		Concerns		Referred
☐	Alcohol use in pregnancy	☐ No	☐ Yes	☐
	Drinks/ wk: ☐ None ☐ 1-6 ☐ 7 or more			
	Binge drinking (>4 drinks on one occasion):			
	Once:	☐ No	☐ Yes	
	More than once:	☐ No	☐ Yes	
	TWEAK score: ___			
☐	Marijuana use	☐ No	☐ Yes	☐
	Other substance use	☐ No	☐ Yes	
	Specify:			
☐	Smoking ☐ never ☐ quit ___			
	Cig / day: before pregnancy ___ current ___			☐
☐	Exposure 2nd hand smoke	☐ No	☐ Yes	
☐	Financial & housing			☐
☐	Support system			☐
☐	Partner/Family violence			☐

11. Initial Physical Exam

Date	BP	Height (cm)	Pre-pregnant weight (kg)	Pre-pregnant BMI
07/Jan/2021	/	0	0	

Head & neck ☐ NAD
Breasts & nipples ☐ NAD
Heart & lungs ☐ NAD
Abdomen ☐ NAD
Musculoskeletal ☐ NAD
Varicosities & skin ☐ NAD
Pelvic exam ☐ NAD

12. First Trimester Topics Discussed

☐ Prenatal vitamins
☐ Initial PN bldwk and U/S
☐ Prenatal genetic screening
☐ Physical activity/rest
☐ Oral health
☐ Prenatal education
☐ Food safety
☐ Flu vaccine
☐ Sexual relations
☐ Seat belt use

Plans to breastfeed: ☐ Yes ☐ No ☐ Undecided

13. Risk Factors (e.g. previous Preterm Birth, Genital Herpes, BMI > 35, Social)

SIGNATURE: _____

NWT PRENATAL RECORD - Part 2

Name:
DOB:
HCP#:
Community:

Update Risk Factors on Part 1 as they arise

14. Investigations / Results

ABO Group/Rh Factor Date ____ Antibodies? ☐ Neg. ☐ Pos. ____ ☐ Neg. ☐ Pos.

Rhig given (if indicated)
Date: ____ ____
Date: ____ ____

Hemoglobin
1st Trimester: ____ 3rd Trimester: ____

Urine C & S
Date: ____ Result: ____

Gonorrhea ☐ Neg. ☐ Pos.
Chlamydia ☐ Neg. ☐ Pos.
Test of Cure? ☐ Done? Date: ____

PAP Date: ____ ☐ Normal ☐ Abnormal

Other Tests (i.e. BV, TRICH, TORCH, etc)
☐ BV ____
☐ TRICH ____
☐ TORCH ____
☐ Other ____

Edinburgh Depression Scale (28-32 wks)
Score: 0 Date: ____
Referred: ☐ No ☐ Yes

Healthy Family Program (HFP) Screening

	☐ Neg.	☐ Pos.	☐ N/A
Information Provided	☐ No	☐ Yes	☐ N/A
Referral offered	☐ No	☐ Yes	
Accepted	☐ No	☐ Yes	

Hep B Surface Ag ☐ Neg. ☐ Pos.
Syphilis EIA ☐ Neg. ☐ Pos.
HIV ☐ Neg. ☐ Pos.
Hep C Ab (if indicated) ☐ Neg. ☐ Pos.
TSH Result: ____

Rubella IgG ☐ Documented immunity
Otherwise: Titre: ____

Varicella IgG (if no history) ☐ Neg. ☐ Pos.

Vaccinations Given
Influenza? ☐ No ☐ Yes Date ____
Tdap? ☐ No ☐ Yes Date ____

Maternal PP Vaccination indicated?
☐ MMR ☐ Varicella

Newborn Hep B. IgG indicated?
☐ No ☐ Yes

Prenatal Genetic Screening
Maternal Serum Screening
Offered? ☐ No ☐ Yes Date Offered: ____
Accepted? ☐ No ☐ Yes
Comments: ____
Result: ☐ Neg. ☐ Pos. ☐ Referral

Amnio results: ____

GBS Screening (35-37 wks)
Date: ____ Result: ____

Diabetic Screening
First tri. 2 Hr 75G OGTT (if high GDM risk) Date: ____
Results: Fasting ____ 1 Hr PC ____ 2 Hr PC ____
50G GCT (24-28 wks)
Date: ____ Result: 1 Hr PC ____
2 Hr 75G OGTT (if indicated) Date: ____
Results: Fasting ____ 1 Hr PC ____ 2 Hr PC ____

HbA1c (if indicated)
Date: ____ Result: ____

U/S Studies

Date:	Biometric Gest. Age:	Comments:

15. Confirmed EDD

16. Date	Gest (wks)	Fundus (cm)	B/P	Urine Prot.	Wt. (kg)	FHR	FM	Pres.	Comments (Relevant Information Only)	Next visit	ID
07/Jan/2021		0	/		0						2697034

17. Referral Plan
☐ Obstetrician ☐ Anesthesia
☐ Family Physician ☐ Dietitian / CPNP
☐ PHN / CHN / CHR ☐ Mental Health Counsellor
☐ Midwife ☐ Social Worker
☐ Dentist ☐ Other ____

18. Second & Third Trimester Topics Discussed
☐ Preterm labour ☐ Cesarean ☐ Newborn screening: metabolic / hearing
☐ Call Schedule ☐ VBAC ☐ Breastfeeding
☐ Birth Plan ☐ Tdap vaccine ☐ Infant car seats
☐ Pain management ☐ Newborn BCG/HepB ☐ Infant safe sleep
☐ Contraception ☐ Newborn Vit K/Erythro ☐ Other ____

NWT PRENATAL RECORD - Part 3

Name:
DOB:
HCP#:
Community:

Risk Assessment Guide

Ideally, each pregnant woman should be assessed for the following risks before pregnancy, at the first prenatal visit, and throughout pregnancy. These lists do not replace the need for a comprehensive understanding of prenatal management. Identification of one or more of these risk factors should prompt discussion with, and consideration of referral to, a more knowledgeable maternal health care provider.

TWEAK QUESTIONNAIRE **Date:** _____ **SCORE**

1. How many drinks does it take to make you feel high? 0 - less than three drinks 2 - three or more drinks	
2. Have close friends or relatives worried or complained about your drinking in the past year? 0 - No 2 - Yes	
3. Do you sometimes have a drink in the morning when you first get up? 0 - No 1 - Yes	
4. Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember? 0 - No 1 - Yes	
5. Do you sometimes feel the need to cut down on your drinking? 0 - No 1 - Yes	
A Score of 2 or more points indicates a risk of a drinking problem **TOTAL**	**0**

SAFE TOOL **Date:** _____

1. Stress/Safety - Do you feel safe in your relationship?	☐ No ☐ Yes
2. Afraid/Abused - Have you ever been in a relationship where you were threatened, hurt or afraid?	☐ No ☐ Yes
3. Friend/Family - Are your friends aware you have been hurt?	☐ No ☐ Yes
4. Emergency Plan - Do you have a safe place to go and the resources you need in an emergency?	☐ No ☐ Yes

NWT Oral Health Screening Tool **Date:** _____

1. Do you have bleeding gums, swelling, sensitive teeth, loose teeth, holes in your teeth, toochache, or any other problems in your mouth?	☐ No ☐ Yes
2. Has it been longer than 12 months since you have seen a dentist?	☐ No ☐ Yes

If the answer is YES to either question it is recommended that the patient have a dental appointment scheduled

NWT PRENATAL RECORD - Part 4

Name:
DOB:
HCP#:
Community:

Risk Assessment Guide

Ideally, each pregnant woman should be assessed for the following risks before pregnancy, at the first prenatal visit, and throughout pregnancy. These lists do not replace the need for a comprehensive understanding of prenatal management. Identification of one or more of these risk factors should prompt discussion with, and consideration of referral to, a more knowledgeable maternal health care provider.

PAST OBSTETRIC HISTORY

- ☐ Second trimester spontaneous abortion
- ☐ Cesarean birth/uterine surgery
- ☐ Placental abruption
- ☐ Postpartum hemorrhage
- ☐ Preterm birth (< 37 weeks)
- ☐ Preeclampsia/gestational hypertension
- ☐ Rh isoimmunization
- ☐ Neonatal death
- ☐ Stillbirth
- ☐ IUGR baby
- ☐ Macrosomic baby
- ☐ Major congenital anomalies

PROBLEMS IN CURRENT PREGNANCY

- ☐ Bleeding after 10 weeks
- ☐ Hypertension
- ☐ Proteinuria >= 1+
- ☐ Gestational diabetes
- ☐ Multiple pregnancy
- ☐ Anemia (< 100 g/L)
- ☐ Abnormal prenatal blood group and screen
- ☐ Abnormal growth by SFH measurements
- ☐ Substance / drug / alcohol use

MEDICAL HISTORY

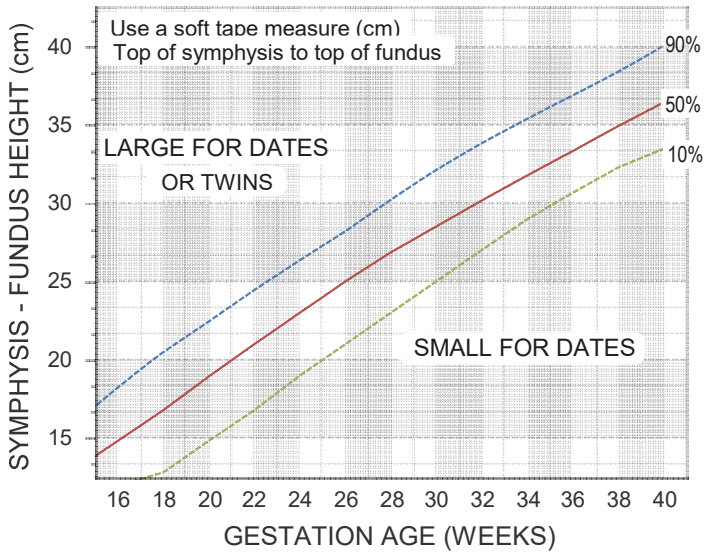
- ☐ Age < 16 at EDD
- ☐ Age > 40 at EDD
- ☐ BMI < 18
- ☐ Pregnant BMI > 35
- ☐ Diabetes Mellitus (IDDM, diet controlled)
- ☐ Heart disease
- ☐ Essential hypertension
- ☐ Chronic renal disease
- ☐ Other medical disorders i.e. epilepsy, severe asthma, Lupus, etc.

PRENATAL NUTRITION DISCUSSION QUESTIONS

	Comments
1. Are there times when you don't have enough food to eat?	
2. Do you drink sugary beverages (e.g. pop, iced tea, slushies, koolaid, tang or juice) every day?	
3. Do you drink milk or eat dairy products (yogurt, cheese, etc.) every day?	
4. Do you eat wild meat, beef, liver, poultry or pork every day?	
5. How do you feel about your weight now? How much weight would you like to gain while you are pregnant?	

See User's Guide - Appendix 2 for supporting prenatal nutrition and weight gain information

Please plot SFH at each clinic visit:



NWT PRENATAL RECORD - Part 6

Name:
DOB:
HCP#:
Community:

Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

We use this questionnaire to see how women are coping with the life changes of pregnancy and childbirth.

Please check the answer which comes closest to how you have felt **IN THE PAST 7 days,** not just how you feel today.

In the past 7 days...

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all

2. I have looked forward with enjoyment to things
   - ☐ As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ☐ No, never

4. I have been anxious or worried for no good reason
   - ☐ No, not at all
   - ☐ Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often

*5. I have felt scared or panicky for no very good reason
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ☐ No, not at all

*6. Things have been getting on top of me
   - ☐ Yes, most of the time I haven't been able to cope
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ☐ No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever

*7. I have been so unhappy that I have had difficulty sleeping
   - ☐ Yes, most of the time
   - ☐ Yes, Sometimes
   - ☐ Not very often
   - ☐ No, not at all

*8. I have felt sad or miserable
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ☐ No, not at all

*9. I have been so unhappy that I have been crying
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Only occassionally
   - ☐ No, never

*10. The thought of harming myself has occurred to me
   - ☐ Yes, quite often
   - ☐ Sometimes
   - ☐ Hardly ever
   - ☐ Never

The total score is calculated by adding together the scores of each of the 10 items. Question 1, 2, and 4 (without an asterick are scored 0, 1, 2, or 3, with the top box scored as 0 and the bottom box scored as 3. Questions 3 and 5 to 10 (marked with an asterick) are reverse scored, with the top box scored as 3 and the bottom box scored as 0. Maximum score is 30.

Recommended follow-up to Edinburgh results is as follows.

- A score of 1-3 on item 10 indicates a risk of self-harm and requires immediate mental health assessment and intervention as appropriate.
- A score in the range of 11-13 indicates need for monitoring, support, and education.
- A score of >= to 14 indicates need for follow-up with biopsychosocial diagnostic assessment for depression.

NWT PRENATAL RECORD

Name:
DOB:
HCP#:
Community:

Delivery Information

Delivery Date:

Site of Birth:

Gestational Age: weeks: 0 days: 0

Hours in Labour:

Delivery Type:

Complications:

Sex:

Birth Weight:

Breastfed:

Present Health: