

# Nunavut Prenatal Record Guidelines version 2.0

A Guide for Completion of Nunavut Prenatal Records Part 1, 2 and 3 version 2.0

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Maternal and Child Health Program

Department of Health and Social Services

Government of Nunavut

### FREQUENTLY ASKED QUESTIONS:

When transferring a patient for delivery, how do we send information from Prenatal Record 1, 2, and 3 to the delivering hospital?	е

### PRENATAL RECORD PART 1 A

The following tables provide descriptions and instructions to aid health care providers in documentation of the variables in the Prenatal Record.

### Section 1: Addressograph, Demographics and Background Information

Variable	Description
Surname*	The surname (last name) of the mother of the fetus.
Given name*	The given (first) name of the mother of the fetus.
Address*	Location where woman normally resides including postal code.
Home Community*	Community of residence.
Phone number	Woman's phone number. Indicate if it is a work or home number.
Date of Birth*	Woman's date of birth (day, month, and year).
Hospital Chart#*	Woman's chart number from hospital of health centre.
HCP #*	Indicate the woman's Health Care Plan Number.
Mother's maiden name*	The maiden name of the mother of the fetus.

Age at EDD

# **Section 4: Method of Contraception**

### **Section 7: Family History**

Check the 'No' box if the condition/situation is not present. If 'Yes', please document/explain.

Variable	Description
Maternal Family History*	Includes diabetes, heart disease, hypertension, tuberculosis, and twins. Also include birth defects, inherited diseases/defects, ethnic diseases (e.g. Tay-Sachs, sickle cell anemia) or other conditions which may affect pregnancy management or outcome.

### **Section 8: Physical Examination**

Information provides a baseline for subsequent assessments.

Variable	Description
Examination date	Indicate date when the physical examination took place (day/month/year).
ВР	Document the blood pressure taken during the exam.
Height*	Document the height of the woman in centimetres (cm).
Current Weight*	Document the current weight of the woman in kilograms (kg).
Pre-Pregnant Weight*	Record the reported weight of the woman prior to pregnancy in kilograms (kg).
BMI (pre-pregnant)*	Please refer to the chart on reverse of Part 1 (Part 1B) to calculate pre-pregnant BMI.
Results and Comments	Document results and comments for the physical examination findings in the space provided for the Headings: General Condition, Musculoskeletal/Spine, Head & Neck, Breasts, Nipples, & Lymph Nodes, Respiratory, CVS, Abdomen, Varices & Skin, Pelvic Exam/Clinical 21(ph)4()] TJ ET Q q 174.5 390.65 367.99

Variable	Description
	http://www.sogc.org/guidelines/documents/187E-CPG-February2007.pdf
Prenatal karyotype results*	Indicate chromosome results from prenatal sample (ex. From chorionic villus sampling, amniocentesis, fetal cord blood).
HTLV-1 test*	Indicate a positive or negative result (including date) or if the test was not performed. Refer to Nunavut HTLV-1 Protocol.
HIV test*	Refers to screening for the human immunodeficiency virus antibody. Offer prenatal HIV screening to all pregnant women. Indicate whether HIV test was performed (including date) or if the test was declined. Refer to Regional Communicable Disease Coordinator for protocol.
Toxoplasmosis*	Indicate a positive or negative result (including date) or if the test was not performed.
Other tests*	Document laboratory tests such as Hepatitis C, TSH, or other relevant tests for women who may be at risk.

## **Section 12: GDM Screening**

Variable	Description	
GCT (Glucose Challenge Test)*	Record date and result of 50-gram Glucose Challenge screening test (GCT) between 24-28 weeks of gestation. Refer to the Canadian Diabetes Association Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada.	
	http://www.diabetes.ca/for-professionals/resources/2008-cpg/	
	For the Baffin region, refer to Qikiqtani General Hospital Clinical Guideline for Screening for Gestational Diabetes Mellitus.	
OGTT (Oral Glucose Tolerance Test)*	If the 1-hour plasma glucose from 50-gram GCT has a result between 7.8-10.2 mmol/L, a 75-gram oral glucose tolerance test (OGTT) should be done. Record date and results of 75-gram OGTT. Refer to the Canadian Diabetes Association Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada.	
	http://www.diabetes.ca/for-professionals/resources/2008-cpg/	
	For the Baffin region, refer to Qikiqtani General Hospital Clinical Guideline for Screening for Gestational Diabetes Mellitus.	
GDM Result*	Indicate diagnosis resulting from GCT (and OGTT4-#JaptTic@blet)GREs (#sch@x) 5.5 J normal, Impaired Glucose Tolerance (IGT) of pregnancy, or Gestational Diabetes Mellitus (GDM). For criteria for each diagnosis, the Canady, or Ge0.48 1	ET Q qtG

Variable	Description
Living*	The total number of children the women has given birth to and are presently living. This does <b>not</b> include current pregnancy.
Date*	Date of each prenatal visit.
Gestation Weeks	Gestational age of the fetus, calculated from a certain LMP or from fetal ultrasound.
SFH (cm)	Symphysis fundus height at each antenatal visit. Plotting the measurement on the Symphysis-Fundus Height (SFH) graph is recommended (Part 2B).
Weight	Maternal weight in kilograms (kg).
B.P.*	Blood pressure.
Hgb*	Hemoglobin routinely completed on initial prenatal assessment, 26-28 weeks and 36 weeks, more frequently if necessary.
Urine results*	Urine testing for glucose, ketones and protein.
Fetal Heart	Fetal heart rate. Intermittent auscultation for 1 minute.
Fetal Activity	Fetal movement.
Presentation and Position	Presentation and position of fetus, if known.
Comments	Indicate medications taken at each prenatal visit. Note any prompts for various screening and suggested activities.
Next Visit	Indicate the prenatal next visit.
Initials	Initials of health care provider who performed prenatal assessment.

# **Section 16: Special Investigations or Notes**

Variable	Description
Other Investigations and Comments	

# PRENATAL RECORD PART 3A