

Reproductive Care Program (RCP) of NS

Prenatal Record Implementation 2022 Frequently Asked Questions (FAQs)

1. Why was the RCP NS Prenatal Record (PNR) revised?

The Reproductive Care Program of Nova Scotia (RCP) is responsible for the development of documentation tools to support and guide the provision of obstetrical and newborn care in NS, including prenatal care. A minor revision was done to the RCP PNR in 2015. The current 2015 version required updating and has undergone a comprehensive revision process over the past several years to reflect up-to-date clinical evidence and best practice standards (revision began in December 2016).

The RCP PNR provides a provincial standardized approach for care and a tool for the documentation of assessments, investigations and treatments during pregnancy. The updated PNR will be used by prenatal care providers across all of Nova Scotia. It is a permanent health record document and is utilized in both paper and electronic formats. The PNR can be viewed [here](#) on the RCP website.

2. What's changed on the RCP NS Prenatal Record (PNR)?

- It's longer!
But wait, not all of the additional pages are for documentation; several pages at the back of the PNR are worksheets and resources intended to guide the provision of prenatal care. We've also enhanced the information from the original PNR to allow for additional space for thorough assessment and narrative documentation of medical, genetic, and psychosocial topics.
- Updated 'Demographics' to:
 - i. Reflect the need to determine and confirm the baby's care provider(s) both in hospital and in the community;
 - ii. Include additional detail related to gender identity;
 - iii. Include a field to capture cultures, beliefs and practices that may affect care;
 - iv. Include a field to identify a support person (instead of or in addition to partner);
 - v. Move the list of ethnicities to genetic assessment;
 - vi. Enable patients to specify/communicate their identity / racial background (including indigenous identity. This is consistent with the Canadian Institute for Health Information (CIHI) definitions/identifiers. Identity and racial background can have implications for genetics, social and care practices related to pregnancy, birth and perinatal outcomes; and
 - vii. Identify need for interpretation services.
- Updated 'Pregnancy Dating' to include more details regarding assisted reproductive technology and make the 'Final EDD' clearer.
 - i. Changed 1st U/S to Dating U/S and
 - ii. Removed details about contraception, positive pregnancy test and quickening date.

- Updated 'Obstetrical History' to:
 - i. Include the use of standardized terminology to align with terms used nationally [e.g.; Gravida (G), Term (T), Preterm (P), Abortus (A), Living Children (L), & Stillbirth (S)] and
 - ii. Added 'Nursing Duration'.
- Updated 'Health History' to:
 - i. Improve flow and understanding of content;
 - ii. Include mental health, infectious diseases, and detailed family history;
 - iii. Enhance 'Cardiovascular' by including:
 - hypertension and previous gestational hypertension;
 - II. Include 'endocrine' field and expanded to identify:
 - thyroid,
 - previous gestational diabetes mellitus, or
 - type 1 or 2 diabetes mellitus.
- Updated 'Current Pregnancy' to include travel (self/partner).
- Updated 'Clinical Exam' to include:
 - i. recommended gestational weight gain and
 - ii. female genital cutting
- Updated 'Lifestyle/Risk Factors' to include:
 - i. questions specific to Social Determinants of Health;
 - ii. history of abuse;
 - iii. dietary restrictions; and
 - iv. oral hygiene concerns.
- Updated 'Substance Use' to include more detail related to cannabis, tobacco, vaping, alcohol and other substance use during pregnancy.
- Reorganized and consolidated information for improved understanding for the 'genetic risk assessment', ethnicity, and racial background to guide appropriate genetic screening and investigations. Moved the list of ethnicities from demographics to genetic screening and updated the list to align with CIHI definitions/identifiers.
- Enhanced the 'Laboratory Investigations' section for improved flow and documentation of test results and to align with current practice (includes the addition of the date of the last pap and results).
- Expanded the 'Rh Care' to include 'known Rh (D) Alloimmunization' and updated the range for the administration of Rho(D) IG to 28 – 29^{6/7} weeks gestation.
- Ultrasound information and biophysical profile are included on the same page as 'Laboratory Investigations'.
- Added a comprehensive section on immunizations, including space to document the vaccine Lot number.
- Added a section for documentation of the results of the supplementary screening tools (e.g.; EPDS, WAST, & T-ACE).
- Included an area to document treatments that may be indicated during pregnancy and identify any social concerns.
- Included a specific area to document referrals to other care providers.

- Updates to ‘Prenatal Visits’:
 - i. Removed the column for recording routine protein and glucose urine dips at every prenatal visit to align with best practice and choosing wisely evidence. These should only be performed when clinically indicated.
 - ii. Added prompts to ‘comments column’ to include lifestyle/risk factors to remind care providers to revisit/address these items at each prenatal visit.
 - iii. Added a column for care provider initials at each prenatal visit. A care provider signature box has also been added to the PNR. This is required as a standard for forms development by NSH and IWK. It is expected that each care provider involved in prenatal care will complete it.
- Included several worksheets at the end of the PNR. These include:
 - i. Information and tools to support care providers’ discussions with patients related to gestational weight gain (GWG) as well as a GWG chart to assist with documentation and tracking.
 - ii. Additional information related to genetic risk assessment and guidance for when to refer to Medical Genetics.
 - iii. Validated screening tools for mental health (EPDS), alcohol consumption (T-ACE), and intimate partner violence (WAST) to support prenatal care.

3. The old PNR had a duplicate copy (NCR). Why is the new PNR no longer in NCR format?

A survey conducted by RCP with NS perinatal care providers revealed that the duplicate of the PNR was rarely used/was usually not legible, and did not scan clearly into the health records archiving system. Therefore, a decision was made to discontinue this in the revised PNR. This approach also aligns with the development of many other PNRs across Canada.

4. When do I begin using the new PNR with my patients?

The timing of your use of the new PNR may depend on the format you currently use it in (e.g.; paper or electronic). The provincial roll-out of the PNR will take a staged approach; the paper format will be implemented first, followed by the electronic format once it has been developed and is available within each of the provincial EMRs (Accuro and Med Access).

*Note: The PNR will eventually be developed within the electronic forms repository (EFR), Access E-Forms for access by care providers practicing within hospital-based OB Ambulatory Clinics. In the future, when that is complete the PNR can be printed directly from that system. Until that time, the paper PNR can be used in these OB Clinics.

As you transition from the old to the new PNR it is suggested that you use the new PNR for new patients being seen for the first time and/or when a PNR has not already been started/completed by another care provider for patients referred to your care.

Example: A patient is referred to your practice for prenatal care at 22 weeks gestation. A completed PNR is included with the referral and is comprehensive, reflecting the care provided to date. In this instance it

is appropriate to continue with that PNR. If the PNR accompanying the referral is sparsely completed or absent, then it is appropriate to begin using the new PNR.

5. Since the new PNR is longer than the previous one, am I expected to complete the entire PNR on the first prenatal visit?

No, only some portions of the new PNR need to be completed on the first prenatal visit. Usually page #1 and 2 of the PNR will be completed on the first visit as well as a few other portions of the PNR as appropriate. After the first visit, the remaining pages/sections of the PNR can be completed on the visits that follow as per specific gestational age prenatal care requirements.

6. The new revised PNR includes tools to screen patients for intimate partner violence (IPV), depression, anxiety, and alcohol use. How will I have time to perform this screening? If a need for resources in these areas is identified, what are the available resources for support and intervention?

The addition of the screening tools for intimate partner violence (IPV), depression, anxiety, and alcohol use are supported by available evidence and align with prenatal practices in place across Canada and beyond. The presence of these factors is known to be associated with adverse perinatal outcomes. We acknowledge that making time to perform these assessments may pose challenges for care providers and impact work flow. If you choose, it is appropriate for patients in your practice to independently complete the screening questionnaires while waiting to see their prenatal care provider. Then a review of the screening results can occur when they see the care provider. Other innovative and creative strategies for completion of the screening tools are also welcomed.

Resources are available in the event assessment the screening tools identify needs for support and/or referral. A new local resource is being finalized: *Primary Care Mental Health Toolkit* and will be available soon on the IWK Reproductive Mental Health website as a resource to guide care. Additional resources exist locally and are also available at the following links:

- [Canadian Mental Health Association: NS Mental Health](#)
- [BC Centre for Excellence in Women's Health Women and Alcohol](#)
- [BC Centre for Excellence in Women's Health Alcohol and Pregnancy](#)
- [Public Health Agency of Canada](#)
- [NS Alcohol and Pregnancy](#)

7. Why do I need to provide my signature/initials on the revised PNR for each prenatal visit?

NS Provincial Health Record Form Offices (NSH & IWK) require the inclusion of a signature box on the revised PNR. This aligns with form development requirements and is in keeping with organizational Minimum Documentation Standards. Adding a signature box makes it clear which care provider(s) have been involved with provision of the prenatal care.

8. If I require additional information regarding the specific content of the new PNR, where can I access that?

The PNR Companion Document contains additional information and serves as a detailed guide and reference to support the content and use of the new PNR in the provision of prenatal care. It can be accessed on the RCP website [here](#).

9. I work in an Ambulatory OBS Clinic where the permanent health record is scanned by Health Records/Booking & Registration staff. Once the paper PNR has been started by care providers at the first prenatal visit, do I need to have all pages of the PNR scanned after every consecutive prenatal visit?

At the first visit, the entire PNR will be scanned as is the current practice with the old PNR. It is reasonable to expect that at consecutive visits, only the pages of the PNR that have been documented on will require scanning/re-scanning into the permanent health record. Specific processes related to this practice will need to be clarified for each of the ambulatory OBS clinic areas across the province. There may be slight differences in process for each clinical area.

10. What do I do with the old paper versions of the RCP PNR?

All unused previous versions of the NS PNR should be discarded; use only the new version in your practice. This will ensure the provision of evidence informed prenatal care and that the current documentation form is scanned into the health record.

11. How do I secure a paper supply of the new PNR?

A supply of paper PNRs will be sent out by the Reproductive Care Program of NS to all care providers who currently use the PNR in paper format. If you do not receive a supply, please order them directly from RCP [here](#). Contact RCP via (902) 470-6798 or rcp@iwk.nshealth.ca with forms related inquiries.

12. If I have questions about the PNR who do I direct them to?

Please direct your questions to:

Leanne MacKeen RN, Perinatal Nurse Consultant, Reproductive Care Program of NS.

Email: Leanne.mackeen@iwk.nshealth.ca