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

A GUIDE FOR COMPLETION OF THE NUNAVUT PRENATAL RECORD PART 1, 2 AND 3

INTRODUCTION

The Nunavut Prenatal Record Part 1, 2, and 3 has been approved for territorial use by the Department of Health & Social Services, Government of Nunavut. It was partly adapted from the British Columbia Perinatal Health Program Antenatal Record (2007). This tool was developed to facilitate the assessment and documentation of pertinent information about the woman's health and pregnancy care in a structured, logical and standardized manner. It is first and foremost a tool to facilitate communication and continuity of care between providers and facilities and provides a guide for the evidence-based components of prenatal care. Secondly, specific fields in the prenatal record are collected as part of a comprehensive territorial database, the Nunavut Nutaqqavut 'Our Children' Health Information System (NHIS). The NHIS has been developed as part of the Public Health Strategy with the mandate of healthy birth outcomes.

Good quality information is vital to achieving our goal of the healthiest pregnancies possible.

Variables collected in the Nutaqqavut Health Information System (NHIS) are identified with an asterisk(*).

HOW TO DISTRIBUTE COMPLETED FORMS:

After the Nunavut Prenatal Record Part 1, 2, and 3 are completed, please distribute the copies as follows:

1. Form Distribution: Carbonless Copies

- **White/Top Copy** - Keep in the Mother's chart.
- **Yellow Copy** - Send to Nutaqqavut Health Information System (NHIS) in Iqaluit
- **Pink Copy** - Keep in the Infant's chart, if applicable.

<u>Once completed, please send duplicate yellow copies to NHIS in Iqaluit</u>:

Manager, Population Health Information
Nutaqqavut Health Information System
Government of Nunavut
P.O. Box 1000 Stn. 1033
Bldg 1079, 2nd floor
Iqaluit NU X0A 0H0

2. Form Distribution: Transferring Patients

- At 36 weeks of gestation, a photocopy of the Prenatal Record Part 1, 2, and 3 should be sent to the intended Hospital/Health Centre of birth.
- An additional photocopy of Prenatal Records Part 1, 2 and 3 should be provided to the mother at time of transferring to birthing centre or hospital for delivery.

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?

At 36 weeks of gestation, a photocopy of the Prenatal Record Part 1, 2, and 3 should be sent to the intended Hospital/Health Centre of birth. Another photocopy should be provided to the mother at time of travel for delivery.

How do we order more forms?

Please contact Stores for your region.

Who do we contact if we have questions about the Nunavut Prenatal Record?

Please contact the NHIS Project Coordinator at NHIS@gov.nu.ca or call 867-975-5700.

Who should my patient contact with questions about the Nunavut Prenatal Record or NHIS?

Please contact the NHIS Project Coordinator at NHIS@gov.nu.ca or call 867-975-5700.

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	Woman's age at estimated date of delivery.
Language preferred*	Language most readily understood by the woman. Important when English is the second language.
Ethnic origin*	Ethnic or cultural identity as provided by the woman.
Highest Education Level*	Highest completed year of formal education or equivalencies. Often relates to ability to understand and carry out health recommendations and used in assessing the ability to comprehend oral and written information. Can also aid in assessing socioeconomic status.
Working*	If the woman is working and hours worked per week.

Section 2: Father's History

Variable	Description
Baby's Father Ethnic origin*	Ethnic or cultural identity as provided by the woman.
Father's Highest Education Level*	Highest completed year of formal education or equivalencies.
Father's Working*	If the biological father is currently working and hours worked per week.
Living with Baby's Father*	Indicate if biological father of the baby is living with the baby's mother. Relates to amount of support available for the woman.
Father's Height*	Biological father's height in centimetres (cm).
Father's Weight*	Biological father's weight in kilograms (kg).

Section 3: Obstetrical History

Variable	Description
Previous Births, Details and Outcomes	Document details of previous pregnancies and birth outcomes including date, place of birth/abortion, gestational age*, hours in labour, type of birth* (spontaneous vaginal, forceps, vacuum, C/S), perinatal complications*, sex of the baby, birth weight*, and present health status.

Section 4: Method of Contraception

Variable	Description
Contraceptives / When stopped	Indicate type of contraceptive and date stopped.
LMP*	Document the woman's first day of her last menstrual period. Indicate if woman is certain or uncertain of her LMP date.
Menses cycle*	Indicate the frequency of the menses, the duration in days that the menstrual period lasts and indicate if the cycle is regular or irregular.
Age of Menarche	Indicate age of menarche (first menstrual cycle or first menstrual bleeding).
Final EDD	Indicate the expected date of the birth, confirmed by the initial ultrasound (US) done at <20 weeks gestational age. Indicate when the US* was performed and the gestational age* in weeks and days.

Section 5: Present Pregnancy

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

Variable	Description
Bleeding*	Any vaginal bleeding that has occurred during the current pregnancy. Specify if bleeding occurred <20 weeks or >20 weeks.
Nausea	Specify if nausea has been a concern during the current pregnancy.
Fever*	Any fever in the pregnancy. If so, indicate the gestational age. Can be related to infections such as toxoplasmosis, Listeria, CMV, Parvo, TB etc.
Current Tuberculosis*	Indicate whether mother has had active tuberculosis or latent tuberculosis infection (LTBI) during current pregnancy, and whether on treatment for LTBI. Treatment for active TB is mandatory.
Other infection*	Other issues related to infections in the current pregnancy. If so, indicate the gestational age.
Planned Pregnancy*	Indicate if mother intended to conceive current pregnancy.
Planned Adoption*	Indicate if the mother is planning to have her baby adopted after birth. If 'Yes', indicate if custom adoption or departmental adoption. If you have questions, refer to Social Services in the community.
Intended Place of Birth	Indicate the location of where the mother would like to give birth. For example, name of the birthing centre, name of hospital, home birth.
Cigarettes*	Indicate if the woman has ever regularly smoked cigarettes. If applicable, record the date she quit smoking. Document the average number of cigarettes smoked per day in the current pregnancy during the 1st trimester.
Marijuana*	If applicable, indicate the number of joints and frequency that she has used marijuana in the current pregnancy during the 1st trimester.
Hashish*	If applicable, indicate the number of joints and frequency that she has used hashish in the current pregnancy during the 1st trimester.
# ppl smoking inside the house: cig*	Record the number of people who regularly smoke tobacco cigarettes inside the house. This helps indicate the exposure to second-hand smoke.
# ppl smoking inside the house: marij*	Record the number of people who regularly smoke marijuana inside the house.

Variable	Description
Alcohol*	Indicate if alcohol was consumed in the current pregnancy during the 1st trimester. Document the average number of drinks and frequency of consumption during the 1st trimester. For binge drinking, indicate how many times during the 1st trimester that the woman consumed 5 or more drinks at one sitting. *Sample questions:* While pregnant have there been any occasions when you have had at least 5 drinks at one time? How many times has this happened while pregnant?
TWEAK score*	Document the TWEAK score and date for **all** women from discussions in early prenatal visits. Refer to the back of Nunavut Prenatal Record Part 3 for questions and scoring. The tool has been validated to screen for alcohol risk with pregnant women. The TWEAK (self-administered) can be integrated into discussions with the woman.
Other*	Indicate use of other substances (e.g. cocaine, solvents, heroin, methadone). in the current pregnancy during the 1st trimester.

Section 6: Medical History

Includes medical history of the woman that may influence the management or outcome of the current pregnancy. Check the 'No' box if the condition/situation is not present. If 'Yes', please document/explain.

Variable	Description
Allergies	List allergies and any reactions.
Renal*	Pre-existing disorders, history of recurrent UTI, pyelonephritis or those complicating a previous pregnancy.
Cardiac*	Any previous cardiac history. For example, coronary artery disease, atherosclerosis, valvular disease, endocarditis.
Hypertension*	Previous chronic hypertension, hypertension currently on medication, history of gestational hypertension, with or without pre-eclampsia.
Neurological*	Any existing neurological history including those that affect or can be affected by pregnancy including epilepsy, seizures convulsions, tremors headaches and migraines, multiple sclerosis, cerebrovascular disease, myasthenia gravis, sleep disorders, etc. Include date of onset and diagnosis and any treatment and/or medications.
STIs*	History of STIs or other infections and their risk to the pregnancy.
Surgery	Any surgical procedures that may affect pregnancy management or outcome including any previous transfusions and outcomes.
Transfusions	History of blood or blood product transfusions.
Endocrine / diabetes*	Endocrine disorders (e.g. diabetes, thyroid). Indicate type of diabetes and if insulin-dependent.
Asthma	History of asthma, including date of onset and any treatment and/or medications. Indicate if well controlled.
Mental Health*	Past or current history of mental illness and treatment. Check all that apply.
Birth Defect*	Any congenital birth defects in mother of baby. For example, heart defects, cleft lip or palate, neural tube defect, etc.
Other (TB, etc)*	Other medical conditions that may affect pregnancy management or outcome, including TB prior to the current pregnancy.

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).
BP	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 Pelvimetery, Other.

Section 9: Current Medications

Variable	Description
Medications	List any medications currently used, including over-the-counter drugs and herbals.
Antidepressant Use*	Indicate if woman has been using antidepressant medication(s) in the pregnancy during the 1st trimester. The type of medication should be documented under Section 9: Current Medications.
Anticonvulsant Use*	Indicate if woman has been using anticonvulsant medication(s) in the pregnancy during the 1st trimester. The type of medication should be documented under Section 9: Current Medications.

Section 10: Other Notes and Signature

Summarize and add any additional comments. Sign and date by the health care provider who completed the form.

PRENATAL RECORD PART 1B

Risk Assessment Guide

BMI Chart

PRENATAL RECORD PART 2A

Section 11: Laboratory Results & Dates

A number of laboratory tests and investigations are recommended during pregnancy to identify the need for further assessment or interventions.

Variable	Description
Syphilis screen*	Indicate test result as positive or negative and date the test was done.
Rubella hi-titre*	Refers to rubella susceptibility screening. Indicate test result as positive or negative and date the test was done.
Hepatitis B*	Assess for household contact as well as woman's history of exposure. Indicate test result as positive or negative and date the test was done. Refer to the Nunavut Immunization Guide or speak with the Regional Communicable Disease Coordinators.
Group B Strep (GBS) screen*	Indicate positive or negative result (and date of test) of GBS screening with a vaginal anorectal culture at 35-37 weeks of gestation. For a GBS positive woman with a significant history of penicillin allergy, indicate GBS sensitivity to clindamycin and erythromycin.
Varicella	If the pregnant female is unable to verbally confirm a history of chickenpox, varicella IgG serology is done. Indicate positive or negative result (and date of test) for varicella.
Blood Group* Rh factor Antibody titre	ABO and D (or Rh) blood typing and red blood cell antibody screening is performed at the first prenatal visit. A positive antibody screen warrants repeat testing to identify the specific antibody present. If D (or Rh) negative, repeat antibody screening at 24-26 weeks gestation, unless the father is known to be D (or Rh) negative.
Rhogam given	Refers to Rh Immunoglobulin given and date. Non-sensitized D (or Rh) negative women should receive D immunoglobulin (or Rh immunoglobulin) at 28-29 weeks gestation, within 72 hours after delivery of a D positive infant, and after induced abortion or amniocentesis. Non-sensitized D negative women should be offered a dose of D immunoglobulin after spontaneous abortion, ectopic pregnancy or other obstetrical procedures or complications. Informed consent is recommended for use of D immunoglobulin (as it is a blood product).
Pap Smear	Pap Smear to be done if it has not been performed in the last year.
Urine C & S	Refers to urine culture and sensitivity for asymptomatic bacteriuria at 12-16 weeks of pregnancy. Indicate test result as positive or negative and date the test was done.
Chlamydia test*	Routinely tested in 1st and 3rd trimester. Refer to the Canadian STI Guidelines.http://www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php
Gonorrhea test*	Routinely tested in 1st and 3rd trimester. Refer to the Canadian STI Guidelines. http://www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php
Maternal Serum Screening*	Maternal Serum Screening is an optional blood test available to all pregnant women in Nunavut. The patient should discuss this test with their health care provider and informed consent should be obtained prior to testing. This blood test is done at the gestational age of 15^{+0} to 20^{+6} weeks. **This is a screening test.** It cannot give a 'yes' or 'no' answer. It will only indicate if a pregnancy has an increased or decreased chance to have a specific problem (for example, Down Syndrome, Trisomy 18, and neural tube defects). Women with an increased chance are offered further information and testing. This may include a detailed ultrasound and/or diagnostic testing such as an amniocentesis.

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 OGTT, if applicable). Results may be normal, Impaired Glucose Tolerance (IGT) of pregnancy, or Gestational Diabetes Mellitus (GDM). For criteria for each diagnosis, 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 Management*	If Gestational Diabetes Mellitus (GDM) is diagnosed, indicate the type of management. Refer to dietician (where available).

Section 13: Due Dates

Variable	Description
LMP*	Document the woman's first day of her last menstrual period. Indicate if woman is certain or uncertain of her LMP date.
EDD by LMP	Indicate expected date of the birth determined using the LMP date.
Dating U/S &GA	Indicate date of Ultrasound and Gestational Age by U/S in weeks.
EDD by U/S*	Indicate expected date of the birth determined using the LMP date.
Final EDD*	Indicate the expected date of the birth, confirmed by the initial ultrasound (US) done at <20 weeks gestational age. Indicate when the U/S was performed and the gestational age in weeks and days.

Section 14: Detailed Ultrasound

Variable	Description
Detailed Ultrasound*	Record the date and gestational age at the detailed fetal ultrasound (usually ~18-20 weeks gestation). Indicate if the detailed ultrasound results were reported as normal or abnormal.
Soft Markers*	At the detailed fetal ultrasound, indicate if any soft markers were identified. For example, choroid plexus cysts, echogenic intracardiac focus, echogenic bowel, pyelectasis, etc. http://www.sogc.org/guidelines/public/162E-CPG-June2005.pdf
Placental location	Describe the placental location/position noted at the detailed fetal ultrasound.
Major Malformations*	Indicate if any major malformations or anomalies were identified on ultrasound. If 'Yes', describe the malformation and the gestational age at which it was detected. If appropriate, please fill in the 'Nunavut Birth Defects Reporting' form.

Section 15: Prenatal Assessments

Variable	Description
Gravida*	The total number of prior plus present pregnancies regardless of gestational age, type, time or method of termination/outcome. Twins or multiples are counted as one pregnancy. A blighted ovum and hydatidiform mole are classified as a gravida.
Term*	The total number of previous pregnancies with birth occurring at greater than or equal to 37 completed weeks gestation (includes 37^0 – 37^6).
Preterm*	The total number of previous pregnancies with birth occurring between 20–36 completed weeks gestation (includes 36^0 – 36^6).
Abortion – Induced*	The total number of previous induced terminations of pregnancies ending prior to 20 completed weeks gestation and weighing less than 500g.
Abortion – Spontaneous*	The total number of previous spontaneous terminations of pregnancies ending prior to 20 completed weeks gestation and weighing less than 500g. Ectopic pregnancies, missed abortions, blighted ova and hydatidiform moles are classified as spontaneous abortions.
Ectopic	The total number of previous pregnancies in which the fertilized egg implanted outside the uterus (usually in the fallopian tubes).

Variable	Description
Living*	The total number of children the women has given birth to and are presently living. This does **not** 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	Document other prenatal investigations and comments in the space provided, including follow-ups.
Signature and date	Signature of primary care provider and date signed.

Section 17: Outcome

Variable	Description
Termination*	Indicate if the mother has terminated the current pregnancy and indicate the gestational age at which the termination was performed.
Pregnancy Loss*	Indicate if the mother miscarried the current pregnancy, and indicate the gestational age at which this occurred.

PRENATAL RECORD PART 2B

Topics for Discussion / Advice

Symphsis – Fundus Height Chart

PRENATAL RECORD PART 3A

Section 18: Exposures (2nd & 3rd trimesters)

Additional information may be found on the Healthy Choices in Pregnancy website: www.hcip-bc.org

Variable	Description
Cigarettes*	Indicate if the woman has ever regularly smoked cigarettes. If applicable, record the date she quit smoking. Document the average number of cigarettes smoked per day in the current pregnancy since 1st trimester or 2nd trimester visit.
Marijuana*	If applicable, indicate the number of joints and frequency that she has used marijuana in the current pregnancy since 1st trimester or 2nd trimester visit.
Hashish*	If applicable, indicate the number of joints and frequency that she has used hashish in the current pregnancy since 1st trimester or 2nd trimester visit.
Alcohol*	Indicate if alcohol was consumed in the current pregnancy since the 1st trimester or 2nd trimester visit. Document the average number of drinks and frequency of consumption during the 1st trimester For binge drinking, indicate how many times during the 1st trimester that the woman consumed 5 or more drinks at one sitting. *Sample questions:* While pregnant have there been any occasions when you have had at least 5 drinks at one time? How many times has this happened while pregnant?
Antidepressant Use*	Indicate if woman has been using antidepressant medication(s) in the pregnancy since 1st trimester or 2nd trimester visit. Specify type of antidepressant medication.
Anticonvulsant Use*	Indicate if woman has been using anticonvulsant medication(s) in the pregnancy since 1st trimester or 2nd trimester visit. Specify type of anticonvulsant medication.
Other*	Document if there has been other exposure or substance use since 1st trimester or 2nd trimester visit. Specify type of exposure/substance used details (for example, cocaine, solvents, heroin, methadone).
Gingivitis* (2nd trimester)	Indicate if the woman has had gingivitis infection(s) during the current pregnancy, from conception until the end of the 2nd trimester.

Section 19: Vitamins & Iron Status*

Variable	Description
Vitamins taken **at conception***	Indicate if any vitamins had been taken at time of conception and if so, record the type of vitamin.
Vitamins taken in **1st trimester***	Indicate if any vitamins had been taken during the 1st trimester, and record the average frequency and the type of vitamin. Record the gestational age of when the vitamins were started.
Vitamins taken in **past month*** (2nd & 3rd trimesters)	Indicate if any vitamins have been taken in the past month of the 2nd trimester (~24-28 weeks) or 3rd trimester (~32-36 weeks). If so, record the type of vitamin and average frequency.
Vitamin D Prescribed* (1st trimester)	Indicate if Vitamin D (excluding prenatal vitamins) was prescribed at the time of their 1st trimester visit (~12 weeks). Indicate if Vitamin D education given.

Variable	Description
Vitamin D taken* (2nd & 3rd trimesters)	Indicate if Vitamin D (excluding prenatal vitamins) was taken in the past month of the 2nd trimester (~24-28 weeks) or 3rd trimester (~32-36 weeks). If so, record the average frequency and amount taken (IU/day).
Iron Prescribed*	Indicate if iron was prescribed to the woman in the 1st, 2nd or 3rd trimester of the current pregnancy.
Iron Taken*	If iron was prescribed, indicate if iron was regularly taken by the woman in her 1st, 2nd or 3rd trimester of the current pregnancy.

Section 20: Food Security & CPNP*

Variable	Description
Didn't have enough food and no money to buy more*	Ask the question as worded and present the options as worded. Indicate frequency that woman has gone without food during the current pregnancy.
Attend CPNP*	Indicate if woman has been attending CPNP (Canada Prenatal Nutrition Program) in each trimester of this current pregnancy. If no, discuss the CPNP program.
Who ate food brought home* (3rd trimester)	3rd trimester: If woman is attending CPNP, record the frequency that the woman received vouchers, bags of food, or meals from CPNP. Indicate if the woman solely ate the food brought home, shared it with others, or did not have any herself.
Plan to breastfeed*	Indicate the woman's plan regarding breastfeeding (1st trimester and 3rd trimester visits).
Eat country food*	Indicate if country food was consumed by the woman during her pregnancy. If yes, record the average frequency (1st and 3rd trimester visits). Food acquired while out on the land. For example, seal, caribou, char, muktuk, clams, seaweed, mountain sorrel, berries, etc.

Section 21: Household & Supports* (1st trimester)

Variable	Description
# people living in household*	Record the number of people living in the same household of the woman.
At-risk of abuse*	Discuss if the woman feels that she is at risk of physical, emotional or sexual abuse. Also refers to a pattern or history of physical, sexual and/or emotional interpersonal violence. If appropriate, make referral.
WAST*	Refer to the back page of Nunavut Prenatal Record Part 3 for the WAST (Woman Abuse Screening Tool) questions. Record if the screening tool was used and date of assessment. Indicate if the woman is at increased risk of abuse.
Support in pregnancy*	Discuss who will provide support to the woman during and after pregnancy. Questions about how the woman's partner/family feel about the pregnancy and who will be helping with the baby following birth are helpful in eliciting information.

Section 22: Edinburgh Perinatal Depression Scale* (2nd trimester)

Variable	Description
Edinburgh Perinatal Depression Scale (EPDS)*	Screening for perinatal depression. The Reproductive Mental Health Framework (2006) recommends screening all women between 28–32 weeks and again at 6–8 weeks postpartum. The EPDS screening tool and scoring instructions are printed on the back of the Nunavut Prenatal Record Part 3 for use with women during the prenatal period. Record EPDS score and date of assessment. Follow-up care as applicable.

PRENATAL RECORD PART 3B

TWEAK scoring Guide – record score on Part 1A, Section 5

- Tolerance, Worry, Eye-Opener, Amnesia, Cut Down for assessing the risk of alcohol use

Woman Abuse Screening Tool (WAST) – record results on Part 3A, Section 21

- Woman Abuse Screening Tool for assessing risk of abuse

Edinburgh Peri-/Post-natal Depression Scale (EPDS) – record score on Part 3A, Section 22

- Edinburgh Perinatal/Postnatal Depression Score for assessment of a woman's risk of Perinatal depression in antenatal and postnatal period