NL Health Services

FREQUENTLY ASKED QUESTIONS (FAQ) – November 2026

Perinatal Program Newfoundland and Labrador (PPNL)

Newfoundland and Labrador Prenatal Record

1) Why was the NL Prenatal Record (NL PNR) revised?

PPNL completed a revision of the Prenatal Record for several reasons.

- Up-to-date evidence-based practice.
- New and current recommendations.
- Other Canadian Perinatal Programs are in development and/or implementation of revised Prenatal Records. This version aligns with the direction of the other Atlantic Canadian provinces.
- Improved space for essential history and prenatal care information.
- Format and best practice transfer to the electronic health record.
- Printable version on 8.5 x 11 for easy access for all providers and improved paper quality.
- Carbon copies are no longer compatible with scanning methods used for CorCare.
- Highlights relevant data in a consistent and reportable method.
- Provide space for best practice mental health history and assessment.
- Provide space for other risk factors not currently captured.
- Accessible via the provincial Telus EMR to suit provider preference.

The revised prenatal record also features more inclusive language to support vulnerable populations and encourages a more preventative approach to health assessment and treatment in Newfoundland and Labrador. Additionally, the revised prenatal record also includes the addition of three screening tools to support enhanced perinatal mental health outcomes.

2) What has changed on the NL Prenatal Record (2026) and how will it impact my practice?

There are important changes to the NL PNR to help guide prenatal care in Newfoundland and Labrador according to best practice and current evidence.

- Updates to **"Demographics":**
  - The revised version of the NL PNR has been updated to reflect inclusive language for vulnerable populations, including the addition of spaces to indicate pronouns/gender identity, language preference, cultures/beliefs/practices, Indigenous identity, relationship status, a place to indicate a support person instead

of or in addition to partner. These are consistent with the Canadian Institute for Health Information (CIHI) definitions/identifiers.

- Updates to **"Pregnancy Dating":**
  - Significant changes to this section include space to indicate Dating Ultrasound, Estimated Due Date (EDD) by Last Menstrual Period (LMP), by Ultrasound (U/S) and by Assisted Reproductive Technology (ART)
  - Dedicated space for indication of a multiple pregnancy with separate space for chorionicity
  - Expanded space for ART, including type of ART and date of embryo transfer
- Updates to **"Health History":**
  - Section added to expand on previous surgical history in free text
  - Space created to differentiate between essential hypertension and gestational hypertension
  - Full profile of infectious diseases including Hepatitis C as recommended by the Society of Obstetricians and Gynecologists (SOGC) in 2024
  - Endocrine disorders added to the Health History list
  - New section created for Mental Health history
  - Family history section expanded to include anesthesia complications, thromboembolic disease, coagulopathies, and mental health history.
- Updates to **"Current Pregnancy":**
  - Added space for Illness/Rash/Fever
  - Added space for Travel (self or partner)
  - Added space to indicate use of preconception folic acid, prenatal vitamins, and/or calcium/vitamin D
  - Added section to include Infant Feeding Plan
- Updates to **"Clinical Exam":**
  - Addition of recommended gestational weight management worksheet (Worksheet 1) with guidance for management of increased Body Mass Index (BMI) in pregnancy
  - Added section to include presence of Female Genital Cutting
  - Free text comment section added
- Updates to **"Lifestyle/Risk Factors":**
  - Updated to include presence of relationship issues, history of trauma/abuse, intimate partner violence (IPV), financial/housing issues, barriers to accessing care, social support and parenting concerns, oral hygiene concerns, dietary restrictions, food security concerns.
  - Section added to indicate substance use including tobacco use, nicotine replacement, vaping, cannabis use, alcohol, cocaine, methamphetamines, opioids, and Opioid Antagonist Therapy (OAT).
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- Addition of **"Ethnicity" and "Genetic Risk Assessment":**
  - Addition of a section to indicate ethnic history and genetic risk assessment including use of donor gamete, egg age at EDD, hemoglobinopathy/thalassemia screen, consanguinity, and a space to indicate referral to Medical Genetics.
- Addition of **"Genetic Screening and Investigations":**
  - Including Nuchal Translucency (NT), Maternal Serum Screening (MSS), Early Pregnancy Review (EPR), Non-Invasive Pregnancy Testing (NIPT), and Chorionic Villi Sampling (CVS)/Amniocentesis
  - Worksheet added to provide further details re: eligibility and indications for genetic screening and investigations in Newfoundland and Labrador (Worksheet 2).
- Expanded space for **"Ultrasound/Biophysical Profile":**
  - Space added to track diagnostic imaging dates and results
- Enhanced "**Lab Investigations":**
  - Timeline given to guide best practice throughout pregnancy with space to fill in results for prenatal serologies (including the addition of Hepatitis C), hemoglobin, platelets, ABO/Rh (D), last pap results, gestational diabetes screening, Gonorrhea, Chlamydia, and Group B Streptococcus.
- Addition of "**Screening Tools"** and space to record results:
  - Added the Women Abuse Screening Tool (WAST) for intimate partner violence (IPV) risk, T-ACE for alcohol risk, and Edinburgh Perinatal/Postnatal Depression Scale (EPDS) to support an upstream approach and preventative prenatal care.
- Additions to "**Recommended Vaccines":**
  - Addition of Hepatitis B vaccine (for those at risk)
  - Addition of COVID-19 vaccine
- Addition of section for **"Issues/Management Plan":**
  - Includes free text and space to indicate Herpes Simplex Virus (HSV) treatment, low dose aspirin indication, progesterone indication, and social concerns
  - Addition of space to indicate referrals to other care providers
- Space added for **"Prenatal Visits":**
  - Additional page for documentation of prenatal visits added

3) Is the new NL PNR longer?

The format of the NL PNR (2026) is significantly different - now in a fillable, printable PDF version of 8.5 x 11 pages.

- The first **4** pages create a succinct capture of a large amount of required information, which is the same length in pages as the previous version. **These are the core**

documentation pages. Other pages in the document are for supplemental documentation space and provide resources/clinical guidance.
- Additional documentation space is provided for more prenatal visits, **as needed**.
- The final pages are worksheet resources to guide practice. This includes the addition of a Gestational Weight Management worksheet, Genetic Screening and Assessment worksheet, and the addition of three screening tools (WAST, T-ACE, and EPDS). **These pages are not for documentation.**

This approach to prenatal care should increase efficacy and support best practice by allowing space for assessments and treatments; improving documentation of tests and images; using inclusive terms for demographic information; and representing Social Determinants of Health.

4) How do I fill out the new NL PNR and when?

The **Companion Guide** provides details pertaining to every section of the Prenatal Record and how to fill it out.

You do not have to fill out the entire record at one visit. On the initial visit, PPNL suggests completing pages one and two. These pages pertain to a patient's demographic data, past obstetrical, medical and surgical history, details of this pregnancy and genetic risk assessment. Pending time and clinical situation, any other pertinent information that you feel should be captured immediately.

PPNL also encourages providers to involve patients in their own care and supports the idea of patients being able to fill out their own demographic and medical/surgery history sections on pages one and two, if they are able pending literacy levels. Some patients may need help with this. Providers can then review the information with the patient if they fill it out themselves.

Other pages can be filled in throughout the pregnancy and provider visits, as interventions are performed. For example, updating the Lab Investigations on page three as results become available, or the Ultrasound/Biophysical Profile section as the imaging is performed and resulted.

Each screening tool should be performed at least once throughout the pregnancy, with the EPDS being recommended to be performed once each trimester by a health-care provider. Please note the same provider does not have to perform each screening. Screening tool results are to be documented on page three and recorded as the date performed.

5) How will I access the new NL PNR?

As of November 30, 2026, **the NL PNR (2026) is available in a paper format, as well as on the Telus Electronic Medical Record (EMR) system**. PPNL is continuing to collaborate with the Epic CorCare teams to support integration of an electronic version of the NL PNR that would be accessible to users of CorCare. At this time, however, CorCare cannot properly support electronic documentation for the prenatal record.

Through ongoing collaboration, PPNL and CorCare teams suggest scanning the NL PNR after prenatal visits through the CorCare Link to ensure that a copy of the patient's prenatal record is available on CorCare. **PPNL suggests scanning the NL PNR, if provider workload allows, at 24 weeks, 30 weeks, and 36 weeks gestation** to ensure up-to-date information is on CorCare should a prenatal patient present to acute care services. PPNL will continue to collaborate with the CorCare team for improved integration within this documentation system.

The paper version of the record will be on 8.5 x 11 paper. Carbon copy pages are no longer supported in upgraded scanning systems required for electronic documentation and therefore are no longer included on the prenatal record. Using this format and paper allows all providers to print their own records without delay. The Prenatal Record can be printed from the NLHS Website (Internet) linked here or the Intranet under "Forms" and searching "prenatal record", linked here. If you prefer, the NL PNR can still be ordered through the King's Printer (Phone: 709-729-5265).

Many prenatal care providers choose to provide the patient with their prenatal record in the second trimester. When doing so, counsel the pregnant person on the expectation to bring the NL PNR with them to all appointments and hospital/triage visits for the rest of their pregnancy.

6) Will the NL PNR be available on the Epic CorCare platform or the Telus EMR system?

As of Novmeber 30th, 2026 the NL Prenatal Record will not be accessible in completeness in CorCare. The NL Prenatal Record, is, however, available on the Telus EMR. The method of documentation (paper vs. EMR) can be chosen based on provider preference. PPNL continues to collaborate with the CorCare team to support the development of an integrated electronic prenatal record that is accessible and aligns with clinical workflows. During this transition period, providers are encouraged to follow site-specific practices and either use paper copies of the

new PNR and scan them into the CorCare system on the recommended intervals or print a copy of the EMR version for patients to carry. This aligns with the process other hospitals and health-care agencies who are using Epic follow, such as The Ottawa Hospital.

7) I still have some of the old prenatal records at my office. What should I do with them?

PPNL advises providers to discard any old Prenatal Records and use only the revised prenatal record. This is to maintain the provision of evidence-based care and standardization of prenatal care across Newfoundland and Labrador.

8) Why is there a barcode on this version of the NL PNR?

Another change with the implementation of the new NL PNR is the addition of a barcode for scanning by the team at Medical Records. This will add a copy of the NL PNR to the patient's permanent health record.

9) Who performs the screening tool assessments? What do I do if a patient has a positive screen?

Screening is an important part of best practice and aligns with appropriate prenatal care across the country. Screening tools for alcohol risk, intimate partner violence, and perinatal mood disorders were chosen as evidence suggests that the presence of these factors are related to adverse perinatal outcomes. This also aligns with current practice in other Atlantic provinces. The screening tools can be performed by any health-care provider, or, if the provider chooses, they can direct the patient to perform the screening tools individually and the provider can interpret the result.

If a patient screens 'positive' or at 'risk' for any of the three screening tools on the prenatal record, a referral to the appropriate supports is required. Information and contact information pertaining to provincial resources and supports is included under *Lifestyle/Risk Factor* section on page 19 of the Companion Guide. Please follow up on these risk factors throughout the pregnancy.

10) Can I provide feedback on the NL PNR (2026)?

Yes. In the first year of the new Prenatal Record, PPNL will allow providers to use the record and give feedback. After one year, the feedback will be considered, and edits may occur. Please submit feedback to ppnl@nlhealthservices.ca (Attn: Prenatal Record).

11) I have more questions about the new NL PNR or its accompanying documents. Who can I talk to?

Please reach out to the provincial perinatal educator for Obstetrics with PPNL with any questions about the new NL PNR and/or its accompanying documents via email at ppnl@nlhealthservices.ca (Attn: Prenatal Record).