Perinatal Program Newfoundland and Labrador (PPNL)

Newfoundland and Labrador Prenatal Record

Frequently Asked Questions (FAQ)

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.
- 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.
- User survey indicated that the carbon copy is not utilized in practice.
- Highlight 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.

The previous prenatal record did not use inclusive language to support vulnerable populations and lacked a preventative approach to health assessment and treatment. The new prenatal record also includes the addition of three screening tools to improve perinatal outcomes. Finally, the incoming EPIC platform in April 2026 provided an opportunity to launch something brand new into the system.

2) What has changed on the NL Prenatal Record (2025) and how will it impact my practice?

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

- Updates to **"Demographics"**:
  - This 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).
- 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

- o 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":**
  - o Space added to track diagnostic imaging dates and results
- Enhanced "**Lab Investigations":**
  - o 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:
  - o 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":**
  - o Addition of Hepatitis B vaccine (for those at risk)
  - o Addition of COVID-19 vaccine
- Addition of section for **"Issues/Management Plan":**
  - o Includes free text and space to indicate Herpes Simplex Virus (HSV) treatment, low dose aspirin indication, progesterone indication, and social concerns
  - o Addition of space to indicate referrals to other care providers
- Space added for **"Prenatal Visits":**
  - o Additional page for documentation of prenatal visits added

3) Is the new NL PNR longer?

The format of the NL PNR (2025) is significantly different. It has moved away from an oversized folded sheet to a printable version of 8.5 x 11 pages.

- The first pages create a succinct capture of a large amount of required information.
- Additional documentation space is provided for more prenatal visits.
- 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).

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.

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?

The NL PNR (2025) will be available in both paper and electronic format. At this time, providers can choose the version of the NL PNR best suits their practice. PPNL does suggest maintaining one version (either paper or electronic) throughout a patient's entire pregnancy to prevent missing data or duplicate documentation.

The paper version of the record will be on 8.5 x 11 paper. Feedback from prenatal providers was that the old carbon copy was not being utilized and the old type of paper contributed to the lack of durability of the previous record.

Utilizing this format and paper allows all providers to print their own records without delay. The Prenatal Record can be printed from the NLHS Website. If you prefer, the NL PNR can still be ordered through the King's Printer (Phone: 709-729-5265).

The electronic version will be available through the MedAccess EMR/Telus Health. This electronic version will be the same as the paper version and was created by the team at the Newfoundland and Labrador Centre for Health Information (NLCHI). It will be available on the EMR shortly after the launch of the paper version of the Prenatal Record.

It is recommended that pregnant people carry a copy of their NL PNR. Many prenatal care providers who choose to utilize the paper version of the NL PNR provide the patient with their prenatal record in the second trimester, and those who use the EMR version print off the record to provide patients with a copy. PPNL encourages providers to do this. 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 the pregnancy.

6) Will the NL PNR be available on the EPIC platform?

Yes. At the time of the launch of the NL PNR, the EPIC platform is scheduled to go live in April of 2026. Current plans include the NL PNR being implemented into the EPIC platform as well. There will be more communication about this as the launch of the EPIC platform develops.

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

Discard any old Prenatal Records and use only the new 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. 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 (2025)?

Yes. In the first year of the new Prenatal Record, PPNL will allow providers to use the record and give feedback. After 1 year, the feedback will be considered, and edits can occur.

11) I still 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, Lesley-Marie Putt with any questions about the new NL PNR and/or its accompanying documents via email at lesleymarie.putt@nlhealthservices.ca.