

MANITOBA PRENATAL RECORD

The updated form to guide comprehensive prenatal care

INTRODUCTION

Manitoba's Prenatal Record has been updated and is now available for use.

WHAT'S NEW

The form has been reorganized, and has several new areas, as well as expanded options and sections, including:

- Complications and feeding in previous pregnancies and deliveries;
- Space to note intrapartum and newborn care information;
- Mental health;
- Fetal Nuchal Translucency & Biochemical Results;
- Nutrition, social challenges and supports;
- Vaccinations;
- Two embedded questionnaires; and
- A legend for all used acronyms.

BENEFITS

- Easier to read and search;
- Updated with inclusive language and Equity, Diversity, and Inclusion elements;
- Provider friendly, with prompts to record important information;
- Divided into trimesters for lab results and topics for discussion



Manitoba Prenatal Record

MEDICAL RECORD #
SURNAME
GIVEN NAME
DOB
SEX
MB FAMILY REGISTRATION #
PIBI

Address:
City: Province:
Contact #:
Primary #: Secondary #:
Interpreter: Yes No Language(s)
Special Accommodation: No Yes (Specify)
Occupation/Education: Relationship status: Partner/Support person name:
Responsible Obstetrician / Family Physician / Midwife: Referring Primary Care provider / F:
Newborn Care provider: Planned place of birth: Consultant:
Edinburgh (depression) and TACE (alcohol) questionnaires should be filled out by patient at first visit and reviewed by health ca

Gravida	Para	SA	TA	Term	Preterm	SB	WHD	Living
Year	Birth Site	GA	Birth Type	Sex	Birth Wt.	Pain Control	Obstetrical Complications	Neonatal
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Information for Intrapartum Care Provider:
Information for Newborn Care Provider:

MEDICAL HISTORY		FAMILY HISTORY		MEDICAL HISTORY (at/born after below)	
Diabetes	Hypertension			Cardiovascular	
Thrombophilia	Bleeding Disorders			Diabetes	
Anesthesia problems				Infections	
GENETIC HISTORY				Neurologic	
Ethnic background	Egg	Sperm		Respiratory	
Hemoglobinopathy screen				Bleeding disorder	
(Asian, African, Middle eastern, Mediterranean, Caribbean)				SURGICAL HISTORY:	
Screening done: <input type="checkbox"/> Yes <input type="checkbox"/> No Results:					
Ashkenazi Jewish screen panel					
<input type="checkbox"/> Not applicable <input type="checkbox"/> Completed Results:					
GENETIC FAMILY HISTORY					
Genetic: <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Muscular dystrophy <input type="checkbox"/> Chromosomal disorder					
<input type="checkbox"/> Premature ovarian failure <input type="checkbox"/> Other					
consider referring to genetics if any of the above are identified					
Other: <input type="checkbox"/> Intellectual <input type="checkbox"/> Birth defects <input type="checkbox"/> Congenital heart <input type="checkbox"/> Developmental delay					
<input type="checkbox"/> Consanguinity				ANESTHESIA COMPLICATIONS:	

SAP # 370024 (SH-00044) 02/24