Department of Government of		NURSING POLICY, PROCEDURE AND PROTOCOLS  Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Prenatal Risk Assessment		Nursing Practice	07-044-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
August 2, 2022	August 2, 2025	NEW	3
APPLIES TO:			
Community Health Nurses; Nurse Practitioners			

#### 1. BACKGROUND:

Pregnancy is a normal physiologic process, and all clients should have access to care and support throughout their pregnancy. Prenatal care provides an opportunity to assess risks that can be addressed in the client's community and to identify clients who may need specialized care based on their risks and closer follow up.

This Policy will review the process for ensuring prenatal risk factors are appropriately identified and communicated to the midwife or prenatal physician. This will allow for a standardized approach to developing the plan of care.

### 2. Policy:

- 2.1. To ensure the best possible care for all clients in Nunavut, a comprehensive risk assessment will be conducted at the initial prenatal visit followed by a focused risk assessment during subsequent visits.
- 2.2. All community health nurses and nurse practitioners will utilize the *Nunavut Prenatal Record*1B to identify specific risk factors for their prenatal clients. All identified risk factors will be appropriately documented on the *Nunavut Prenatal Record*.
- 2.3. All risk factors identified will be communicated to the midwife or prenatal physician as soon as reasonably possible.

#### 3. PRINCIPLES:

- 3.1. All pregnant clients will be treated in a supportive, compassionate, and patient-centred approach.
- 3.2. All pregnant clients must be assessed for risks of complications of pregnancy at every prenatal visit.

### 4. PROTOCOL:

- 4.2 At the initial prenatal visit, a comprehensive risk assessment is summarized in the *Nunavut Prenatal Record 1A* & 1B to identify which pregnant clients will need closer monitoring and additional supports.
  - 4.2.1 Past obstetrical history, problems in the current pregnancy and past medical

history all need to be reviewed.

## Practice Point:

- Past obstetrical history is crucial because these risks may occur again in the current pregnancy.
- Problems in the current pregnancy will also be identified in the Risk Factor Summary so they are not missed.
- Past medical history is important to capture since comorbidities, obesity, social and biodemographical history call all influence the outcome of the pregnancy.
- 4.3 After the initial risk assessment is conducted, *Nunavut Prenatal Records 1A & 1B* are completed. These forms are to be reviewed by either the midwife or prenatal physician involved in the client's care.
  - 4.3.1 <u>Qikiqtaaluk region</u>, *Nunavut Prenatal Record 1A & 1B* is password protected and scan emailed to the community's assigned prenatal physician. The Physician will respond within 7 days with a specific plan of care along with the intended date to be transferred out of the community and location of delivery based on the identified risk factors.
    - 4.3.1.1 Prenatal physicians are assigned to each community by Qikiqtani General Hospital's obstetrics team.
  - 4.3.2 Kitikmeot region, *Nunavut Prenatal Records 1A & 1B* are to be either:
    - 4.3.2.1 Sent to the Manager of Maternal Newborn Services by password protected and scan emailed to kitikmeotmidwives@gov.nu.ca
    - 4.3.2.2 Faxed to midwife services, 1-867-983-4509). Response should occur within 7 days outlining plan of care along with the intended date to be transferred out of the community and location of delivery based on the identified risk factors.
  - 4.3.3 <u>Kivalliq region</u>, *Nunavut Prenatal Records 1A & 1B* is password protected and scan emailed to the community's assigned prenatal physician. The Physician will respond within 7 days with a specific plan of care along with the intended date to be transferred out of the community and location of delivery based on the identified risk factors.
    - 4.3.3.1 Prenatal physicians are assigned to each community by Qikiqtani General Hospital's obstetrics team.
- 4.4 All subsequent prenatal appointments will have a focused risk assessment complete along with following up on the status of previous risk factors. Any new or worsening risk factors identified will be communicated to the midwife or prenatal physician in a timely fashion with updated copy of *Nunavut Prenatal Record 2A* sent.
- 5 RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Policy 07-023-00 Guideline 07-023-01 Nunavut Prenatal Record Non-Urgent Evacuation of Obstetrical Clients Obstetrical Clients Refusing to Travel

# 6 REFERENCES

Guidelines for Completing Prenatal Record (2016)

https://www.gov.nu.ca/sites/default/files/guidelines for completing prenatal record april 2016 2.pdf

Nunavut Prenatal Record (2016) -

https://www.gov.nu.ca/sites/default/files/prental\_record\_2016.pdf

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