

Manitoba Public Health Nurse Prenatal Assessment

Surname: _____
 Given Name(s): _____
 DOB: _____
 PHIN/Nunavut #: _____
 MFRN: _____

1. Demographics and Contact Information

Delivery Location: _____

Date of Interaction (Month/DD/YYYY)							
Time of Interaction (HH:MM)							
Contact Type							

2. Prenatal History and Assessment

G _____ P _____ EDD (Month/DD/YYYY) _____

Concerns with Pregnancy/Family history/Previous births							
Diabetes							
Fetal Movement							
Discomforts of Pregnancy							

3. Health Care/Physical Well Being

Access to Prenatal Care Provider/1 st Prenatal Visit							
Oral Health							
Communicable Diseases and Immunization							
Chronic Diseases, Disability and Family History							
Medications: Prescription, Over-the-Counter, Herbal							

4. Nutrition in Pregnancy

Adequate Prenatal Nutrition (including supplement use)							
Healthy Weight Gain							
Food Security							
Food Safety							

5. Psychosocial Health

Emotional Health and Adjustment to Pregnancy							
Perinatal Depression and Anxiety							
Other Mental Health Concerns							
Early Pregnancy Loss and Grief							
Cultural and Spiritual Care, Beliefs and Practices							

6. Lifestyle

Physical Activity and Rest							
Commercial Tobacco Use							
Alcohol Use							
Substance Use							

Client Name: _____ PHIN: _____

Date of Interaction (Month/DD/YYYY)							
Time of Interaction (HH:MM)							
Contact Type							

7. Relationships

Support Systems							
Personal Relationships							
Sexuality							

8. Resources

Housing							
Finances							
Community Resources							

9. Injury Prevention

Safety in Pregnancy							
Infant Safety/Discipline							

10. Preparation for Birth

Prenatal Knowledge							
Labour and Delivery Plan							

11. Preparation for Parenthood

Newborn Behavior and Care							
Infant Nutrition, Breastfeeding/Informed Decision-making							

Family Strengths/Resources/Unique Information: *(Note: This section is intended as a quick reference section only. Assessment data must be in progress notes.)*

Initials							
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Note: This form must be used in conjunction with the PHN Prenatal Practice Evidence Informed Care Pathway.

Documentation Guidelines

Spaces are not left blank.

PHN initials = assessment is consistent with care pathway

V (Variance) = key assessment finding with explanation in the progress note

/ (Not Assessed) = PHN has not assessed that area

PHN Name and Signature

PHN Name and Signature