

Female / 30th April 1993 / 28 years  
old

PHIN

Phone

## HISTORY

Virtual Post Partum Visit from 13:45 to 13:52

6 weeks post partum

G3 P2

SVD Female 7'2" Healthy

Breastfeeding

Breasts OK

Complications: No Complications

No Concerns about PPD

O/E:

Birth Control discussed and opted for Condom

Signed on 14th March 2022

# Manitoba Prenatal Record

# Part 1

MB Health #		PHIN	
Name	Date of Birth (D / M / Y)	Age	
	30   04   1993	28	
Address		Postal Code	
Phone # (Home)		(Work)	
Occupation			
Baby's Father's Name		Occupation	Age
Anticipated Site of Delivery			
Attending Physician / Midwife		Referring Physician / Midwife	Consultant
			Physician / Midwife for Baby

**INFORMED CONSENT:** I understand that providing this information is necessary to assist the physician / midwife in planning my care throughout pregnancy, childbirth and postpartum. My personal information will be kept private, but may be shared with other professionals directly involved in my care except \_\_\_\_\_. This information, with all my personal identifiers removed, may be used in health care research, I understand that I can withdraw or revoke this consent at anytime in writing.

Mother's Signature \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

### OBSTETRICAL HISTORY

Grav	3	Para	1	Term	1	Preterm	Alive	SB	NND	T.Abort	S.Abort	Multi	Ectop
Year	Place	Delivered By	Gestation Weeks	Duration of Labour	Type of Delivery	Sex	Birth Weight	Present Health	Complications / Comments				
2013	HSC		38		Vaginal Deliverv	Male	7'5"	OK	NIL				
2020			8						D+C				

#### FAMILY HISTORY

	YES	NO	COMMENTS
Congenital Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	
Genetic Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding Disorders	<input type="checkbox"/>	<input type="checkbox"/>	
Twins	<input type="checkbox"/>	<input type="checkbox"/>	
Anaesth. Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

#### PREGNANCY DATING

Contraception Type \_\_\_\_\_ Pregnancy test positive Date \_\_\_\_\_

Type \_\_\_\_\_

LMP	D / M / Y	INITIAL EDD	D / M / Y
	27/04/2021		01/02/2022

Cycle 30 (Days) Uterine size at first visit

Certain Yes  No  Weeks Expected 13.1 Actual \_\_\_\_\_

Normal Yes  No  Ultrasound Yes  No

Pill Withdrawal Yes  No  REVISED EDD D / M / Y \_\_\_\_\_

#### LIFESTYLE & SOCIAL HISTORY

**NUTRITIONAL CONCERNS** Yes  No

•pre-conceptional folic acid Yes  No

•post-conceptional vitamins / folic acid Yes  No

**SMOKING** Yes  No  If yes, cigs/day \_\_\_\_\_

quit date \_\_\_\_\_ (D/M/Y)

second-hand smoke Yes  No

**ALCOHOL USE** Yes  No  If yes, days/wk \_\_\_\_\_

drinks/day \_\_\_\_\_

quit date \_\_\_\_\_ (D/M/Y)

T-ACE score \_\_\_\_\_

**STREET DRUG USE** Yes  No  If yes, Past  Current  Dependant

type \_\_\_\_\_

quit date \_\_\_\_\_ (D/M/Y)

#### SIGNIFICANT MEDICAL ILLNESSES

	YES	NO	COMMENTS
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Renal / Bladder	<input type="checkbox"/>	<input type="checkbox"/>	
Infections (e.g. herpes)	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
T.B. / Exposure	<input type="checkbox"/>	<input type="checkbox"/>	
Infertility	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding Disorders	<input type="checkbox"/>	<input type="checkbox"/>	
Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	
Thrombosis / Phlebitis	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Illness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANXIETY
Depression	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

#### HISTORY AT FIRST VISIT

	YES	COMMENTS
Bleeding	<input type="checkbox"/>	
Nausea / Vomiting	<input checked="" type="checkbox"/>	MILD DICLECTIN
Abdominal Pain	<input type="checkbox"/>	
Infection / STD	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

#### Physical Examination

28<sup>D</sup> 07<sup>M</sup> 2021

Height 170.0 Pre-Preg. wt. \_\_\_\_\_

BP 100/60 Pres. Wt. 59.6 kgBMI \_\_\_\_\_

Heart	<input type="checkbox"/>	Check (✓) if normal	Nipples	<input type="checkbox"/>	Vulva	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	Breasts	<input type="checkbox"/>	Vagina	<input type="checkbox"/>	
Teeth/gums	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	Cervix	<input type="checkbox"/>	
Chest	<input type="checkbox"/>	Back / Ext.	<input type="checkbox"/>	Uterus	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	Pelvic Adequacy	<input type="checkbox"/>	Adnexae	<input type="checkbox"/>	

#### SIGNIFICANT SURGICAL ILLNESSES

	YES	NO	COMMENTS
Cone Biopsy CX	<input type="checkbox"/>	<input type="checkbox"/>	
Pelvic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Abdominal Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Fractured Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	
Spinal Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Anaesth. Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WISDOM T

#### COMMENTS (Detail abnormal Findings)

CLARIUS SCAN SLIUP.  
MSS DISCUSSED  
(WILL RECEIVE COVID VACCINE)

Referred to: \_\_\_\_\_

**Current Medications**  
PRENATAL VITAMINS. DICLECTIN

**Allergies** NO KNOWN ALLERGIES.



Revised

COMMENTS:

Name: Date of Birth (D/M/Y) 30/04/1993

Table with 8 columns: DATE, WT, BP SITTING, GA WEEKS, FUNDUS CM., PRES, FH, FM, and a large column for COMMENTS / LABS. The table contains 15 empty rows for data entry.



# Discharge Summary

FINAL

28y (30-Apr-1993)		Female	
Attending Provider:		Series:	
MB Reg:			
<b>Address:</b>		<b>Phone:</b>	
<b>Admit Date / Time:</b> 23-Jan-2022 10:05		<b>Discharge Date / Time:</b> 24-Jan-2022 18:57	

*Final This document has been reviewed and approved by the Attending Provider.*

**Admission Findings:**

- PROM - term;
- IOL oxytocin;

**Summary of Diagnoses**

**Main CLINICAL REASON:**

- Term pregnancy
- Active labor
- Premature rupture of membranes

**INTERVENTIONS:**

- NVD (normal vaginal delivery)

**Course In Hospital**

**Course in Hospital:**

- Delivery note:

LUHNING

SVD viable female at 1648  
mild shoulders - mcRoberts;  
placenta spont and intact;  
no laceration;  
EBL <100 mL

no complications;

Electronic Signatures:

(Signed 23-Jan-2022 16:58)

Normal post partum course. Patient was sent home with no complications



# Discharge Summary

FINAL

<b>28y (30-Apr-1993)</b>	<b>Female</b>	<b>MRN:</b>
Attending Provider:		<b>Visit:</b>
MB Reg:		Series:

## Course In Hospital

### Course in Hospital:

G3 P2 FEMALE

## Allergies

### Allergies:

Category	Allergen Type	Allergen/Product	Confidence Level	Reaction
Allergies		No Known Allergies		

## Completion of Discharge Summary Note

### Copies to:

- (Attending): MD, Medicine
- (Primary Care): MD, Medicine

### Completion:

- Discharge Summary Note is complete

## Discharge Summary - Electronic Signature:

(Signed 22-Feb-2022 10:24)

## SUPPLEMENTAL DETAILS

The following information was provided by the Health Care Team in addition to what is present on the Discharge Summary.

## Discharge Instructions

### Patient Instructions:

- Call 911 in case of emergency
- Call Health Links-Info Santé for non-emergency health conditions and questions at 204-788-8200 in Winnipeg or toll-free 1-888-315-9257
- Notify your health care provider if you are feeling any of the following: out of control and can't cope; very upset and thinking about harming yourself or your baby



28y (30-Apr-1993)

Female

Attending Provider:

MB Reg:

## Discharge Instructions

### Patient Instructions:

- Notify your health care provider if you have any of the following: a flow getting heavier rather than lighter OR increased bright red and/or heavy bleeding (soaking one or more maxi-pads in 60 minutes); large clots passing from your vagina; a foul smelling flow; flu-like symptoms or an unexplained fever over 38 °C; the stitches on your perineum open up, drain or become infected; pain, swelling and redness near your caesarean incision; the stitches on your caesarean incision open up, drain or become infected; redness or pain in the calf of your leg; a tender, reddened area on your breast that is not relieved by more frequent breastfeeding; pain in your chest; pain in your belly that is getting worse or not going away; to pee often and it hurts when you pee; constipation that is not relieved with diet, lots of fluids, physical activity and stool softeners
- Discharge Teaching Done: post partum teaching reviewed with mom
- Instructions Reviewed With: patient
- Response to Teaching: verbalizes understanding
- Additional Printed Instructions Given: Caring for yourself and your baby handbook given to mom. Handouts given

## Follow up Appointment(s)

### Appointment(s) - Arranged By Unit:

#### 1. Appointment:

- **Name:** Dr.
- **Location:**
- **Phone:** :
- **Date & Time:** Please make an appointment with your obstetrician for 6 to 8 weeks after discharge, unless otherwise instructed by your obstetrician.

### Appointment(s) - The Following Referrals Have Been Sent. Their Office Should Contact You:

#### 1. Referral:

- **With:** Public Health Nurse
- **Contact Number:**
- **Additional Information:**

## Violence Screening

### Violence Screening:

- Current violence or aggression - Patient observed to be: No evidence
- Current risk factors for violence or aggression - Is the patient displaying any of the following risk factors: No evidence