



**MNRS**  
Maternal/Newborn  
Record System™

# Prenatal Flow Record

To order call: **1.800.245.4080**

Re-order No. **5872N**

## PATIENT IDENTIFICATION

Patient's name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Historical Risk Factors and Assessment

\_\_\_\_\_  Has no known risk  
\_\_\_\_\_  Is "at risk"  
\_\_\_\_\_  Is at **high risk**

### Continuing Risk Assessment Guide (revise RISK STATUS)

Date	At risk factors	Date	High risk factors
/ /	Uterine/cervical malformation	/ /	Diabetes mellitus
/ /	Suspect pelvis	/ /	Hypertension
/ /	Rh Negative (nonsensitized)	/ /	Thrombophlebitis
/ /	Anemia (Hct less than 30%: Hgb less than 10%)	/ /	Herpes (type 2)
/ /	Venereal disease	/ /	Rh sensitization
/ /	Acute pyelonephritis	/ /	Uterine bleeding
/ /	Failure to gain weight	/ /	Hydramnois
/ /	Abnormal presentation	/ /	Severe preeclampsia
/ /	Postterm pregnancy	/ /	Fetal growth restriction
/ /	Alcohol use	/ /	Premature rupt. membranes
/ /		/ /	Multiple pregnancy (preterm)
/ /		/ /	Alcohol and drug abuse
/ /		/ /	

### Initial Prenatal Screen

Date: mo / day / yr	Test	Date	Result	Date	Result
	Hct/Hgb	/		/	
	Patient's Blood type and Rh	/		/	
	Antibody	/		/	
	Serology	/		/	
	Rubella titer	/		/	
	Urinalysis micro	/		/	
	Pap test	/		/	
	Cervical culture	/		/	
	RPR/VDRL	/		/	
	<b>LMP</b> mo/day/yr	<b>EDC</b> mo/day/yr	<b>Quickening date</b> mo/day/yr		

### Additional Lab Findings

### Medication Sensitivity/Allergy

None known or: \_\_\_\_\_  
\_\_\_\_\_

- Initial prenatal instructions
- Attends prenatal class
- Do herpes culture
- Do antenatal RhoGam
- For sterilization
- Circumcision
- Needs rubella vaccine
- Breast  Bottle feeding
- Antepartum anesthesia consult plans

- #### Amniocentesis
- Explained on \_\_\_ mo / day \_\_\_
- Accepted
  - Rejected by patient
- #### VBAC or C-Section
- OR records reviewed
  - Explained on \_\_\_ mo / day \_\_\_
  - Candidate for VBAC
  - For Cesarean section

G	T	Pt	A	L	Pre-gravid BMI	Blood pressure	Base line	Urine protein	Urine sugar	Est. weeks gestation	Fundal height	Fetal heart rate/quadrant	Fetal Movement	Edeema	Cervical Exam	Risk Status (0, 1, 2,)	Contractions	Pain	Discharge		
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Baby's physician \_\_\_\_\_ Return Visit \_\_\_\_\_ Sig. \_\_\_\_\_

Physician's Signature