normal pregnancy:
every 4 wks until 28 weeks
every 2 wks until 36 weeks
every wk until delivered
-high risk may require more frequent visits

FAMILY MEDICINE PRENATAL CARE

please remember to document what you do

PRETERM	TERM	POST
<37 weeks	37 +0 to 42+6 weeks	

Refer as needed to social services, WIC, OB nutrition class, breastfeeding classes (prenatal & postpartum),Childbirth Classes, 1:1 Childbirth Education, mental health services, etc.

0	OB Intake (10-12 wks)	Physical (CPE)	15-20 weeks	24-28 weeks	35-36 weeks	40 weeks	41 weeks (prolonged)	42 weeks	43 weeks
LMP 1st day of last menstrual period is used to determine "due date" *	**MA/RN** history labs/PPD clinic orientation assessment GCT if hi risk** preg verification financial screen	**MD/DO complete exam** o GC/Chlam o pap smear o wet prep prn o check cervix length o risk assessment o update problem list o confirm PCP on EPIC	oQuad Screen o dating US prn o fetal anatomy survey US best at 18-20 wks o fetoscope heart	oGlucose Tolerance Challenge Test (GCT) o hemoglobin o risk assessment o Rhogam if Rh negative	**pelvic exam** o GC/Chlam o Group B Strep o retest RPR/HIV if at high risk o check cervix **ocomplete EPIC birthplan**	**EDC** "due date"	*** o begin weekly AFI o begin twice weekly NST o check cervix o Bishop score o consider/schedule induction	cont. 41 week studies o check cervix o Bishop score o consider/schedule induction	induction if not delivered

*To use "sure LMP", the missed period must be preceded by 3 regular periods, otherwise order dating ultrasound.

***prolonged pregnancy (41-42+6 weeks):
weekly AFI to rule out oligohydramnios
and twice weekly NST's (reactive?)
(variables decels can be from oligohydramnios).
Induce for oligohydramnios and/or non reassuring NST's.

make plans for labor & delivery/newborn care (should be completed in EPIC no later than 36 weeks)

infant feeding (breast or bottle)	L&D tours	transportation to HCMC
signs & symptoms of preterm labor, ROM & labor	car seat	baby's last name
TOLAC/VBAC	ext/int monitoring	newborn circumcision
child birth ed	pain control plan	contraception plan
	what to bring to hospital	postpartum/well child care

Quad Screen: a screening blood test for certain birth defects involving brain, spinal cord, kidneys, abdomen and Down Syndrome/Trisomies. If abnormal, get OBTU ultrasound/genetic counseling.

Glucose Challenge Test (GCT): a screening blood test for gestational diabetes. GCT $\geq$ 130 mg/dl is abnormal. Pt needs Glucose Tolerance Test (GTT) to diagnose GDM. See GDM flow diagram.
** Initial visit GCT for hx of GDM, family hx of DM, previous macrosomic infant > 4000g, prepregnancy weight > 200 #'s, BMI > 29.

NST (Non Stress Test): reactive if 2 accelerations (15 beats lasting 15 seconds) in 20 mins. If nonreactive, send to L&D for further evaluation and management.

AFI (Amniotic Fluid Index): an ultrasound estimate of volume of amniotic fluid. AFI <6 oligohydramnios and >24 polyhydramnios; both require medical decision making.

Bishop Score: scoring system to determine if cervical is "ripe/favorable" (ready for pitocin induction) or not. Can use cervical ripening agents as needed (NOT IN VBAC's).

Induction: Schedule inductions (in advance if possible) w/HCMC L&D charge nurse after approval by FM faculty. Fill out induction worksheet and fax to L&D.
L&D has limits on number of procedures per day. May need to wait on elective inductions. Inductions for medical reasons take priority.

Breastfeeding: Educate pts about health benefits of breastfeeding. Discuss need for exclusive breastfeeding (no formula or bottles) for at least 2 weeks so that milk supply is established. Encourage skin-to-skin contact, rooming in, feeding on demand. Inform that colostrum is adequate nutrition for the first few days, milk let down occurs around 72 hours, baby's suckling needed to produce breastmilk.

Postpartum:
Need IUD visit for education, vaginal cultures, etc. Schedule that visit 4 weeks postpartum. Can do IUD insertion with postpartum visit at 6 weeks postpartum before MA financing runs out.

See Primary OB Handbook for further detail.

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Charting-problem list and narrative notes: Narrative note every visit. Keep up-to-date. Dictate initial H&P and updated prenatal summary around 36 weeks. Dictate if scheduling induction.

Childbirth education: 1:1 and group prenatal classes. Write as order/appointment to be scheduled.

Comanagement/referrals/transfer of care: listed in FMC Primary OB Book. Discuss with FM faculty.

Contraception: progestin only pills or depo upon discharge from hospital (due to risk of thromboembolic events & disruption of establishment of breastfeeding). Can start combined OCP's 3-4 weeks postpartum.

Dating ultrasounds: confirm EDC, good for dating up to 20 weeks gestation. Order if patient has not had 3 regular periods preceding her missed period or is unsure of her LMP.

Financial counselors: if uninsured, pregnancy qualifies for medical assistance. Schedule any uninsured patient with FMC financial counselor. Write order for appointment.

Flu shots - October -May if pregnant: high risk of secondary bacterial infections if she gets influenza due to decreased immune response during pregnancy.

Gestational diabetes (GDM): see FMC GDM practice guidelines.

HCMC L&D triage: Patients seen in L&D for a variety of reasons. Dictate note. All G1's require direct supervision from senior resident.

"Level II Ultrasound": done by perinatologists at HCMC OB testing unit. Needed for anatomical abnormalities, abnormal triple screen, twins, IUGR, etc.

Nausea/vomiting: common, should resolve by 20 weeks, Unisom + Vit B6, refer to dietician. R/O hyperemesis gravidarum and GI causes as appropriate.

Order sheet: include future appointments, confirm you are primary care provider. Write orders for Doula if desired.

Pain control options: nonpharm (Doula, self-hypnosis, shower, birthing ball, etc.), IV/IM narcotics, intrathecal, epidural. Discuss w/pt and document plan on problem list.

Positive PPD: Obtain chest x-ray ASAP to rule out active TB. No need to delay (abd shielded). CXR -negative means latent TB infection. Get baseline LFT's and treat w/INH x 9 months. INH OK in breastfeeding women (AAP).

Social services: mostly by appointment for psychosocial needs (i.e. food, shelter, domestic abuse substance abuse, mental illness, suicidal, teen out of school, etc.)

Trial of labor after c-section (TOLAC): ok if 1 low transverse c-section or 1 unknown scar. See HCMC protocol. VBAC form to be filled out 3 times in pregnancy. Explain risks/benefits.

Tubal ligation(permanent irreversible sterilization): give patient booklet, review procedure w/patient. Dr. and patient need to have consent signed by no later than 30 days before EDC. Give patient copy of consent. Good for six months.

Urinary tract infections: + UC w/>100,000 single organism, treat w/abx and obtain another culture after finishing abx. If 2 separate positive urine cultures, abx prophylaxis (Macrodantin, Keflex) for remainder of pregnancy.