Family Medicine OB Visit Flow Sheet

PRETERM (**<35 weeks**) | **LATE PRETERM** (**35+0 to 36+6 wks**) | **TERM** (**37+0 to 42+6 weeks**) | **POST**

Refer as needed to social worker, prenatal nutrition class, Childbirth Classes, 1:1 Childbirth Education, mental health services.

0 LMP	**OB Intake**	**Physical (CPE)**	**15-20 weeks**	**24-28 weeks**	**35-36 weeks**	**40 weeks**	**41 weeks (prolonged)**	**42 weeks**	**43 weeks**
	RN	**Assess risk factors**		GDM testing	Group B Strep	**EDD**	***	Deliver by 42 weeks	induction
1st day of	history	GC/Chlam	Quad Screen PRN	(GCT or GTT)	Presentation check	"due date"	begin weekly AFI		if not
last menstrual	intake labs	Pap smear if needed		Hgb/vit D			begin twice weekly NST		delivered
period is used	Assign PCP	Wet prep prn		Tdap	GC/Chlam	Order AFI			
to determine	Offer 1st tri screening		Fetal Anatomy	RPR	retest HIV	for 41 wks	check cervix		
EDD *	GCT PRN	FHTs from 10 weeks	scan, best	Rhogam if Rh neg	if at high risk		Bishop score		
	Referrals PRN	Review labs/intake note	at 18-20 wks				consider/schedule	schedule induction	
	Dating US prn	Update problem list		Start birth plan	Complete Birth Plan		induction		
		Confirm EDD (US prn)		Tubal consent prn					

*To use "sure LMP", the missed period must be preceded by 3 regular periods and no contraception use, otherwise order dating ultrasound asap.

*****Prolonged Pregnancy (41-42 weeks)**

weekly AFI and twice weekly NSTs starting at 41 weeks

Induce for oligohydramnios (AFI ≤ 5)

Patient Education

signs & symptoms of preterm labor (24-28 wks.)
TOLAC/VBAC if applicable .
***Document discussion of R/B/A
ROM & labor precautions (36 wks.)
Intrapartum monitoring
Breastfeeding

Birth Plan (in OB tab)
(to be completed before 36 weeks)

Doula
Child birth ed-WHC or HCMC
Transportation to L&D
L&D tours
pain control plan
Support people
What to bring to hospital
baby's last name
infant feeding plan
newborn circumcision
contraception plan
postpartum/well child care

In a normal pregnancy prenatal visit timing: Every 4 weeks until 28 weeks, every 2 weeks until 36 weeks, every week until delivery. High risk pateints may need more frequent visits

Urinalysis (UA): a UA and urine culture at OB intake. At f/u visits, UA ordered PRN for urinary symptoms, vomiting causing weight loss, BP ≥140/90, or GDM)

Genetic Screening: various screening blood test for certain birth defects involving brain, spinal cord, kidneys, abdomen and trisomies. If abnormal, refer to OBTU ultrasound/genetic counseling.

Glucose Challenge Test (GCT): a screening blood test for gestational diabetes. GCT 135-200 mg/dl needs Glucose Tolerance Test (GTT) to diagnose GDM. See GDM flow sheet.
** Initial visit GCT for high risk patients. See GDM protocol.

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 ≤5 oligohydramnios and >24 polyhydramnios.

Bishop Score: scoring system to determine if cervical is "ripe/favorable" (ready for induction with pitocin). Can use cervical ripening agents if not favorable (except in VBAC's).

Induction: Schedule inductions with HCMC L&D charge nurse after approval by FM faculty. ***Use induction scheduling note in EPIC.
L&D has limits on number of procedures per day.

Breastfeeding: Educate pts about health benefits of breastfeeding. Discuss need for exclusive breastfeeding (no formula) for at least 2-3 weeks so that milk supply is established. Encourage skin-to-skin contact, feeding on demand. Key Ideas: colostrum is adequate nutrition for the first few days, milk let down occurs around 72 hours, baby's suckling needed to produce breastmilk.
Schedule patient for breastfeeding education as needed.

Postpartum Visit: Routinely done at 6 weeks postpartum. Can do IUD or implant insertion at that visit before insurance runs out.

Intake Labs: Ab screen, Blood typing, Rubella Aby, CBC with diff/plts, RPR, HIV, Hep B SAg and Ab, Varicella IGG, Vit D, UA, Ucx, T Spot, Hgb electrophoresis PRN, GCT (see above)

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.

Updated: 5/21/2018