

## Prenatal Timeline

Timeline	Action	Labs &/or Testing Needed	Educational Material
<i>C o n c e p t i o n</i>	<b>Refer to the Pregnancy Test Protocol</b>	15 minutes with PCP or BHC	Preconception counseling, or, contraception counseling ASAP if pregnancy is not desired by the C/O
		C/O is given Folic Acid & multi vitamins, if C/O is trying to get Pregnant	
<i>P r e n a t a l</i>	<b>Refer to the Pregnancy Test Protocol or New Prenatal</b>	15 minutes with PCP, CNM, or BHC	Early Pregnancy Warning Signs; Nausea/Vomiting Relief; Fetal Development Chart; Substance Use/Abuse; NPN info
		Risk Assessment: Pregnancy Verif. Form, FHR info, WIC info, Dental referral: Options Worksheet if requested; Folic Acid &/or multivitamins	
<i>I s t r i m e s t e r</i>	<b>New Prenatal Appointment</b>	60 minutes with CNM	New Prenatal Handout; Pregnancy Calendar; Early Screen Information; Group Prenatal info; Sex During Pregnancy info; Midwife Info, Amniocentesis info; Dental Info; Avoid Teratogens; Exercise and work adjustments in pregnancy
		The CNM will perform the regular service that are currently being given at the New Prenatal Appt; TOLAC info; Ces Del Op Report(s); GDM; SBRT Screening; PrimeMD screening. Start C/O on ASA 81 mg at 13 weeks if history of severe pre-eclampsia, chronic hypertension, pre-existing diabetes, chronic renal disease, antphospholipid abnormality.	
		15 minutes with BHC	None
	<b>16 to 18 Wks</b>	20 minutes with CNM Encourage enrollment in Prenatal Group; dental referral. If EDD changes, update Cerner	Quad test Info; "Foundation for a Healthy Start" handout. Hypnobirthing Info; Childbirth Class info; Breastfeeding Support Info

<i>2 n d  T r i m e s t e r</i>	<b>24 to 28 Wks</b>	20 minutes with CNM There will be a 2 hr OGTT this visit so it is an opportunity to include other counseling, e. g., DV, 40 min BHC, Essure, BTL, schedule TOLAC counseling with OB/GYN	After 20 wks: Vaccine (if needed), Tdap (if no prior Tdap) At 24-28 wks: CBC, 2hr 75 gm OGTT, TOLAC consent	Preterm Labor Symptoms Review; TOLAC counseling; domestic violence counseling
		40 minutes with BHC A family visit with the BHC will take place with the C/O's familial support in a Family Room in the PCC		Review options for parenting vs. adoption; Discuss preparations for baby and labor; Review coping skills
		30 minutes with LE Go over the benefits of breast feeding with the C/O, answer question, give advice on proper technique	28 wk: Rh studies and RhoGam if indicated	
	<b>30 to 32 Wks</b>	20 minutes with CNM Circumcision options if male fetus	CUA if history of UTI	TOLAC info; Circumcision info
		30 minutes with OB MD-PRN TOLAC counseling/forms. Schedule with MD in OBG for counseling/consent if TOLAC or repeat Ces Del. Need ALL previous cesarean delivery op reports. Discuss Empanelment; discuss contraceptive plans - IUD/Implanon insertion at delivery, 6 week post-partum appt or BTL		Hospital pre-admittance paperwork; contraceptive plans like IUD/Implanon/BTL; fetal movement; birth planning
	<b>30 - 34 wks</b>	Twins: Discuss various delivery scenarios with OB/GYN		

<i>3 r d  T r i m e s t e r</i>	<b>35 to 37 Wks</b>	20 minutes with CNM		
		<p>Confirm presenting part; chart cirumcision decision; Acyclovir RX @ 36 wks if Hx HSV; discontinue 81 mg ASA at 36 wks for HTN pts</p> <p>20 minutes with BHC</p> <p>Prepare parent(s) to adjust to new baby, review mom's plan for social support, help find resources as needed (regular Clinician in BHF or BHP, etc.)</p>	GBS swab, urine aptima, repeat CBC, RPR, and HIV on all women.	GBS info; Circ info, Signs & Symptoms of Labor, OB triage phone number
				Provide empanellment information and discuss options with parents; Review preparation for birth
	<b>38 to 40 Wks</b>	<p>20 minutes with CNM</p> <p>Confirm presentation</p>		Review GBS, Counsel on post dates management
<b>Overdue</b>	<p>NST/AFI Appt in OB Testing</p> <p>Cervical ripening</p>	See Antenatal Testing & Flow Sheet/guidelines for special condition management	Induction Info	

# PRENATAL WORKSHEET - 11/20/21

11/20/21 njm

## ROUTINE INITIAL SCREEN

- Family Health Resources
- PPD if high risk
- History and Physical
- Offer Dietician visit
- Nutaq NFP Referral
- WIC Referral
- Domestic violence screen
- BHC Referral (if did not meet at + HCG test)
- Dating Ultrasound (prefer 8-10 wks)
  - Dating Ultrasound ASAP if h/o ectopic

## BLOODS / Cultures

- CBC
- Syphilis screen
- HIV
- Hgb A 1C
- Rubella
- Random blood sugar
- Blood type, Antibody Screen
- Hep B screen
  - If Hep BSAg(+) (initiate HBV, 2 copies)
- Mandatory State reporting: see Hep B guideline
- Report pos pregnancy test and immed postpartum
- Hep C Antibody

## URINE

- Urine Culture
- Urine Drug Screen (at risk population)

## CERVIX

- Pap Smear per Cervical Screening guideline
- GC, CT Aptima (Cervical, or vaginal)

## 15-20 WEEKS

- Maternal Serum Screen 4 (if no NT/PAPP-A)

### At 20 + weeks

- Vaccine (if needed)
- TOLAC consent with OB/GYN (20-32 wks)
- Fetal Anatomy US (20-22 wks)
- Domestic Violence Screen
- Lactation Education
- Contraception Counseling
  - Sign 30-day Federal Consent (PP Tubal)

### \*\*\*AT 28 WEEKS\*\*\*

- (Rh neg mom repeat PNAbs screen)
- (Rhogam if Ab screen neg)

## 30-34 weeks

- Twins: Visit with OB/GYN to discuss delivery scenarios

## 36 WEEKS

- CBC
- Cervical or vaginal Aptima (CT/GC)
- HIV

## SPECIAL PROTOCOLS

- Identify risk as early as possible (Med/Soc)
- General vaccine discussion, influenza, etc
- Education on avoidance of teratogens
- Discuss exercise, work, wt. gain, other adjustments
- Ces Del OP Report(s)
- Varicella: discuss Hx / immunization status and screen with IgG if indicated
- Rubella immune if MMR x3 or lab positive
- Heptavax x3
- New Prenatal Intake w/ RN CM (PCC)
- Rhogam PRN

(at Aminocentesis if RH Neg, repeat PN Ab Screen prior if greater than 2 weeks old)

- Counsel PAPP-A / NT drawn 11-14 wks
- GDM 'at risk'
  - then obtain Fasting glucose prior to 24 wks
- 81 mg ASA qd if high risk for PEC
- Add 1,000 IU Vit D in addition to PNV
- Advanced Maternal Age
  - Offer Genetic Counseling (MFM Referral)
  - Counsel NT/Fetal Free Cell DNA Testing

## EDUCATION

- TOLAC Info Packet
- Lactation Education
- Encourage Dental Care

## Low Risk Schedule

- First Prenatal
- 16 to 18 weeks
- 24 to 28 weeks
- 30 to 32 weeks
- 36 weeks
- 38 weeks
- 40 weeks

## 24-28 WEEKS

- CBC
- 2 hr OGTT
- Childbirth Classes - Sign up
- Tdap (prefer 27-36 wks)
- Lactation Consultant Visit
- Vaccine PRN -(if needed)
- Syphilis screen

## 28-32 WEEKS

- Chart review (by CNM)
- Pre-Admission @ ANMC Central Registration
- Encourage Tour of L&D/MBU

- Vaccine PRN (see above)

- GBS
- Establish fetal presentation

- Domestic Violence Screen
- Lactation Education
- If breech, Breech Education sheet and schedule ECV

### **Delivery**

- Repeat syphilis screen
- CBC
- Blood type, Antibody Screen

\*Only administer a PPD if you are willing to treat pt during this pregnancy

No need to screen low risk pts

The State of Alaska does recommend we screen the following high risk pts in pregnancy:

Symptoms suggestive of TB disease

HIV infection

Behavioral risk factors for HIV

Medical conditions other than HIV infection that increase the risk for TB disease

Close contact with a person who has pulmonary or laryngeal TB disease

Immigration from an area of the world where incidence of TB is high

\* HCV testing is recommended for those who:

Currently injecting drugs

Ever injected drugs, including those who injected once or a few times many years ago

Have certain medical conditions, including persons:

who received clotting factor concentrates produced before 1987

who were ever on long-term hemodialysis

with persistently abnormal alanine aminotransferase levels (ALT)

who have HIV infection

Were prior recipients of transfusions or organ transplants, including persons who:

were notified that they received blood from a donor who later tested positive for HCV infection

received a transfusion of blood, blood components, or an organ transplant before July 1992

HCV- testing based on a recognized exposure is recommended for:

Healthcare, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood

Children born to HCV-positive women

Note: For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended.