

## 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		HCG
<i>p r e n a t a l</i>	<b>Refer to the Pregnancy Test Protocol or New Prenatal</b>	15 minutes with OB Care provider 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		HCG +; Ultrasound for dates or problem PRN
<i>I s t r i m e s t e</i>	<b>New Prenatal Appointment</b>	60 minutes with OB Care provider	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; Genetic Testing Handout/ANMC Genetic Testing Consent prn	
		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. Add 1,000 IU Vit D in addition to PNV. Start C/O on ASA 81 mg at 13 weeks if history of severe pre-eclampsia, chronic hypertension, pre-existing diabetes, chronic renal disease, antiphospholipid abnormality.		CBC, RPR, HIV, Rubella, Hep B, Blood Type, Rh & antibody, UA micro, C&S, Cervical Ca Screening, urine or cervical aptima; PPD, random glucose, HgbA1c, Vitamin D level. Genetic Testing- See PN Worksheet or refer to MFM, as indicated, Vaccine (if needed), HepB vaccine x 3, Influenza Vaccine prn
		15 minutes with BHC		None
		At this appointment the BHC will Provide regular NPN services, "1st Prenatal Interview", and also determine the frequency of care needed for the c/o, i.e. every week/month/trimester, etc.	Depression/Anxiety management tools; DKC and WIC information; Relationship/Communication tools	

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	<b>16 to 18 Wks</b>	20 minutes with OB Care provider Encourage enrollment in Prenatal Group; dental referral. If EDD changes, update Cerner	NIPT Offered, if not completed in 1st Trimester. Ultrasound of anatomic survey, CCUA if history of UTI	"Foundation for a Healthy Start" handout. Hypnobirthing Info; Childbirth Class info; Breastfeeding Support Info, Genetic Testing Handout/ANMC Genetic Testing Consent prn
<i>2 n d  T r i m e s t e r</i>	<b>24 to 28 Wks</b>	20 minutes with OB Care provider 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, RPR, Vitamin D level, Ferritin	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	Sign Federal Sterilization Form: 17-35 wks. Ensure pt and provider sign and date. Scan to record. Give pt a copy	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	Sign Federal Sterilization form 17-35 wks
	<b>30 to 32 Wks</b>	20 minutes with OB Care provider Circumcision options if male fetus	CCUA 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		
	<b>32-36 wks</b>	Maternal RSV vaccination/Neonatal RSV prevention options counseling	Maternal RSV vaccine	Maternal RSV/Newborn RSV prevention
<i>3 r d  T r i m e s t e r</i>	<b>35 to 37 Wks</b>	20 minutes with OB Care provider	GBS swab, urine aptima, repeat CBC, RPR, and HIV on all women.	GBS info; Circ info, Signs & Symptoms of Labor, OB triage phone number
		Confirm presenting part; chart circumcision decision; Acyclovir RX @ 36 wks if Hx HSV; discontinue 81 mg ASA at 36 wks for HTN pts		
		20 minutes with BHC		
		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.)	Sign Federal Sterilization Form: 17-35 wks, or re-sign if may go out of date. Good for 180 days. Sign 30 days before EDD or before sterilization.	Provide empanelment information and discuss options with parents; Review preparation for birth
		20 minutes with OB Care provider		
	<b>38 to 40 Wks</b>	Confirm presentation		Review GBS, Elective IOL Handout (to appropriate candidates), Counsel on post dates management
<b>Overdue</b>	NST/AFI Appt in OB Testing	See Antenatal Testing & Flow Sheet/guidelines for special condition management	Induction Info	
	Cervical ripening			

# PRENATAL WORKSHEET - 11/22/24

## 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

## 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)
- Rubella immune if MMR x3 or lab positive
- Varicella: discuss Hx / immunization status and screen with IgG if indicated
- 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)

- GDM 'at risk'- obtain Fastig Glucose <24wks
- 81 mg ASA qd if high risk for PEC
- Add 1,000 IU Vit D in addition to PNV
- See below regarding PPD guidance
- Carrier screening: Any time

## BLOODS / Cultures

- CBC
- Syphilis screen
- HIV
- Hgb A 1C
- Rubella
- Random blood sugar
- Prenatal 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

- Ferritin
- Vitamin D level

## URINE

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

## CERVIX

- Cervical Ca Screening per guideline (PAP/HPV)
- GC, CT Aptima (Cervical, or vaginal)

## GENETIC TESTING

- Cell free DNA 10 weeks; BMI > 40: 12 weeks
- Nuchal screen 11 - 13 6/7 weeks
- Chorionic villus sampling: 12 - 13 6/7 weeks
- Quad Screen: 15 - 21 6/7 weeks
- AFP: 15 - 23 6/7 weeks
- Amniocentesis: > 15 weeks
- DAFUS: 20-22 weeks

## Low Risk Schedule

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

## EDUCATION

- Lactation Education
- Encourage Dental Care
- Genetic Testing Handout
- Tobacco Education
- TOLAC Info Packet prn
- Breech Education prn
- Elective IOL Handout prn
- Contraception

## VACCINATIONS

- Tdap 27-36w
- Maternal RSV 32-36w
- Flu prn
- COVID prn
- HPV (postpartum)
- MMR (postpartum)

## At 11+ wks

- Counsel and provide Genetic Testing, if desired

## At 17+ wks

- Sign Federal Sterilization Form: 17-35 wks

## At 20 + weeks

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

## 24-28 WEEKS

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

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

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

## 28-32 WEEKS

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

## 30-34 weeks

- Twins: Visit with OB/GYN for delivery counseling
- Sign Federal Sterilization Form: 17-35 wks (if not done previously or if may go out of date)
- Maternal RSV Vaccine (32-36wks)

## 36 WEEKS

- CBC
- Cervical or vaginal Aptima (CT/GC)
- HIV
- GBS
- Establish fetal presentation ~ If breech, Breech Education sheet and schedule ECV
- Vaccine PRN (see above)
- Maternal RSV Vaccine (32-36wks)
- Domestic Violence Screen
- Lactation Education

## 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 patients\*\*\*

The State of Alaska recommends 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