<table>
<thead>
<tr>
<th>Timeline</th>
<th>Action</th>
<th>Labs &amp;/or Testing Needed</th>
<th>Educational Material</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conception</strong></td>
<td>15 minutes with PCP or BHC</td>
<td>C/O is given Folic Acid &amp; multi vitamins, if C/O is trying to get Pregnant</td>
<td>HCG</td>
</tr>
<tr>
<td></td>
<td><strong>Refer to the Pregnancy Test Protocol</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15 minutes with PCP, CNM, or BHC</td>
<td>Risk Assessment: Pregnancy Verif. Form, FHR info, WIC info, Dental referral: Options Worksheet if requested; Folic Acid &amp;/or multivitamins</td>
<td>HCG +; Ultrasound for dates or problem PRN</td>
</tr>
<tr>
<td></td>
<td><strong>Refer to the Pregnancy Test Protocol or New Prenatal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>60 minutes with CNM</td>
<td>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, ant phospholipid abnormality.</td>
<td>CBC, RPR, HIV, Rubella, Hep B, Blood Type, Rh &amp; antibody, UA micro, C&amp;S, Pap, urine or cervical aptima; PPD, random glucose, HgbA1c. PAPP-A and NT at 11-14 wks if desired. Vaccine (if needed), HepB vaccine x 3, Influenza Vaccine prn</td>
</tr>
<tr>
<td></td>
<td><strong>1st Trimester</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>New Prenatal Appointment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15 minutes with BHC</td>
<td>At this appointment the BHC will Provide regular NPN services, &quot;1st Prenatal Interview&quot;, and also determine the frequency of care needed for the c/o, i.e. every week/month/trimester, etc.</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16 to 18 Wks</td>
<td>20 minutes with CNM Encourage enrollment in Prenatal Group; dental referral. If EDD changes, update Cerner</td>
<td>Quad Test Offered. Ultrasound of anatomic survey, CCUA if history of UTI</td>
</tr>
</tbody>
</table>
| 2nd Trimester | 24 to 28 Wks | 30 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 |
| 2nd Trimester | 30 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 | 28 wk: Rh studies and RhoGam if indicated | Review options for parenting vs. adoption; Discuss preparations for baby and labor; Review coping skills |
| 2nd Trimester | 30 minutes with LE  
Go over the benefits of breast feeding with the C/O, answer question, give advice on proper technique | CCUA if history of UTI | TOLAC info; Circumcision info |
| 2nd Trimester | 30 to 32 Wks | 20 minutes with CNM  
Circumcision options if male fetus  
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 |
<table>
<thead>
<tr>
<th>Trimester</th>
<th>35 to 37 Wks</th>
<th>38 to 40 Wks</th>
<th>Overdue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3rd</strong></td>
<td>20 minutes with CNM</td>
<td>20 minutes with CNM</td>
<td>NST/AFI Appt in OB Testing</td>
</tr>
<tr>
<td></td>
<td>Confirm presenting part; chart circumcision decision; Acyclovir RX @ 36 wks if Hx HSV; discontinue 81 mg ASA at 36 wks for HTN pts</td>
<td>Confirm presentation</td>
<td>Cervical ripening</td>
</tr>
<tr>
<td></td>
<td>GBS swab, urine aptima, repeat CBC, RPR, and HIV on all women.</td>
<td></td>
<td>See Antenatal Testing &amp; Flow Sheet/guidelines for special condition management</td>
</tr>
<tr>
<td></td>
<td>GBS info; Circ info, Signs &amp; Symptoms of Labor, OB triage phone number</td>
<td></td>
<td>Induction Info</td>
</tr>
<tr>
<td><strong>4th</strong></td>
<td>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.)</td>
<td>Provide empanellment information and discuss options with parents; Review preparation for birth</td>
<td></td>
</tr>
</tbody>
</table>
# Prenatal Worksheet - 6/25/19

## Route Initial Screen
- 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 and screen if indicated
- Vitamin A x3 or lab positive
- 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
- First Prenatal
  - 16 to 18 weeks
  - 24 to 28 weeks
  - 30 to 32 weeks
  - 36 weeks
  - 38 weeks
  - 40 weeks

## Special Protocols
- TOLAC Info Packet
- Lactation Education
- Encourage Dental Care

## Education
- 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 and screen if indicated
- Vitamin A x3 or lab positive
- 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
- First Prenatal
  - 16 to 18 weeks
  - 24 to 28 weeks
  - 30 to 32 weeks
  - 36 weeks
  - 38 weeks
  - 40 weeks

## BLOODS / Cultures
- CBC
- Syphilis
- HIV
- Hgb A 1C
- Rubella
- Random blood sugar
- Blood type, Antibody Screen
- Hep B screen
  - (Hep BSAg+)
  - (initiate HBV data record, 2 copies)
- Hep C Antibody (at risk population*)

## 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)

## 24-28 Weeks
- CBC
- 2 hr OGTT
- Childbirth Classes - Sign up
- Tdap (prefer 27-36 wks)
- Lactation Consultant Visit
- Vaccine PRN (if needed)

## 28-32 Weeks
- Chart review (by CNM)
- Pre-Admission @ ANMC Central Registration
- Encourage Tour of L&D/MBU

## 36 Weeks
- CBC
- Cervical or vaginal Aptima (CT/GC)
- RPR
- HIV
- GBS
- Hep C Antibody (at risk population)
- Establish fetal presentation

## 36-38 Weeks
- Domestic Violence Screen
- Lactation Education
- If breech, Breech Education sheet and schedule ECV

---

*Note: *Low Risk Schedule

**Rh neg mom repeat PNAb screen**

(Rhogam if Ab screen neg)

Establish fetal presentation
*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.