		F	Prenatal Timeline	6/25/10njm
Timeline		Action	Labs &/or Testing Needed	Educational Material
C o n c	Refer to the Pregnancy Test Protocol	15 minutes with PCP or BHC C/O is given Folic Acid & multivitamins, if C/O is trying to get Pregnant	HCG	Preconception counseling, or, contraception counseling ASAP if pregnancy is not desired by the C/O
e p t i o n	Refer to the Pregnancy Test Protocol or New Prenatal	15 minutes with PCP, CNM, or BHC 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	Early Pregnancy Warning Signs; Nausea/Vomiting Relief; Fetal Development Chart; Substance Use/Abuse; NPN info
1 s t T r	New Prenatal Appointment	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.	CBC, RPR, HIV, Rubella, Hep B, Blood Type, Rh & antibody, UA micro, C&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	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
i m e s t e	New Pre	15 minutes with BHC At this appointment the BHC will Provide regular NPN services, "1st Prental Interview", and also determine the frequency of care needed for the c/o, i.e. every week/month/trimester, etc.	None	Depression/Anxiety management tools; DKC and WIC information; Relationship/Communication tools
,	16 to 18 Wks	20 minutes with CNM Encourage enrollment in Prenatal Group; dental referral. If EDD changes, update Cerner	Quad Test Offered. Ultrasound of anatomic survey, CCUA if history of UTI	Quad test Info; "Foundation for a Healthy Start" handout. Hypnobirthing Info; Childbirth Class info; Breastfeeding Support Info

		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
2 n d	24 to 28 Wks	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
T r i m		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	
e s t		20 minutes with CNM Circumcision options if male fetus	CCUA if history of UTI	TOLAC info; Circumcision info
e r	30 to 32 Wks	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

		20 minutes with CNM		
3 r	Wks	Confirm presenting part; chart cirumcision decision; Acyclovir RX @ 36 wks if Hx HSV; discontinue 81 mg ASA at 36 wks for HTN pts	GBS swab, urine aptima, repeat CBC, RPR, and HIV on all women.	GBS info; Circ info, Signs & Symptoms of Labor, OB triage phone number
d	35 to 37	20 minutes with BHC		
T	Ŕ	Prepare parent(s) to adjust to new baby,		
r		review mom's plan for social support,		Provide empanellment information and
i		help find resources as needed (regular Clinician in BHF or BHP, etc.)		discuss options with parents; Review preparation for birth
m				
e	Wks	20 minutes with CNM		
S	_			Review GBS, Counsel on post dates
t	38 to 40	Confirm presentation		management
e	8.			
r	ne	NST/AFI Appt in OB Testing		
	Overdue	Cervical ripening	See Antenatal Testing & Flow Sheet/guidelines for special condition management	Induction Info

PRENATAL WORKSHEET - 6/25/19 6/25/10njm **ROUTINE INITIAL SCREEN SPECIAL PROTOCOLS EDUCATION** □ Family Health Resources □ TOLAC Info Packet □ Identify risk as early as possible (Med/Soc) □ PPD if high risk □ General vaccine discussion, influenza, etc □ Lactation Education □ History and Physical □ Education on avoidance of teratogens □ Encourage Dental Care □ Offer Dietician visit □ Discuss exercise, work, wt. gain, other adjustments □ Nutaq NFP Referral □ Ces Del OP Report(s) □ WIC Referral □ Varicella: discuss Hx and screen if indicated ☐ Rubella immune if MMR x3 or lab positive □ Domestic violence screen □ BHC Referral (if did not meet at + HCG test) □ Heptavax x3 □ Dating Ultrasound (prefer 8-10 wks) □ New Prenatal Intake w/ RN CM (PCC) - Dating Ultrasound ASAP if h/o ectopic □ Rhogam PRN **BLOODS / Cultures** (at Aminocentesis if RH Neg, repeat PN Ab Screen □ CBC prior if greater than 2 weeks old) □ Syphilis □ Counsel PAPP-A / NT drawn 11-14 wks □ GDM 'at risk' □ HIV □ Hgb A 1C then obtain Fasting glucose prior to 24 wks □ Rubella □ 81 mg ASA qd if high risk for PEC □ Random blood sugar □ Add 1,000 IU Vit D in addition to PNV □ Blood type, Antibody Screen □ Advanced Maternal Age □ Hep B screen - Offer Genetic Counseling (MFM Referral) - Counsel NT/Fetal Free Cell DNA Testing - (Hep BSAg(+) - (initiate HBV data record, 2 copies Low Risk Schedule ☐ Hep C Antibody (at risk population*) □ First Prenatal URINE □ 16 to 18 weeks □ Urine Culture □ 24 to 28 weeks □ Urine Drug Screen (at risk population) □ 30 to 32 weeks **CERVIX** □ 36 weeks □ Pap Smear per Cervical Screening guideline □ 38 weeks ☐ GC, CT Aptima (Cervical, or vaginal) □ 40 weeks 15-20 WEEKS □ Maternal Serum Screen 4 (if no NT/PAPP-A) At 20 + weeks □ Vaccine (if needed) **24-28 WEEKS** □ TOLAC consent with OB/GYN (20-32 wks) □ CBC □ Fetal Anatomy US (20-22 wks) □ 2 hr OGTT □ Domestic Violence Screen □ Childbirth Classes - Sign up □ Tdap (prefer 27-36 wks) □ Lactation Education □ Contraception Counseling □ Lactation Consultant Visit - Sign 30-day Federal Consent (PP Tubal) □ Vaccine PRN -(if needed) ***AT 28 WEEKS*** 28-32 WEEKS □ Chart review (by CNM) ☐ (Rh neg mom repeat PNAb screen) □ (Rhogam if Ab screen neg) □ Pre-Admission @ ANMC Central Registration □ Encourage Tour of L&D/MBU 36 WEEKS □ CBC □ Vaccine PRN (see above) □ Cervical or vaginal Aptima (CT/GC)

□ Domestic Violence Screen

 $\hfill\Box$ If breech, Breech Education sheet and schedule ECV

□ Lactation Education

□ RPR
□ HIV

 \square GBS

□ Hep C Antibody (at risk population)□ 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.