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Family Medicine Clinical Card



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Routine Prenatal Care

INITIAL VISIT – CORE ELEMENTS

History & Physical	
<input type="checkbox"/> Estimated date of delivery: 1st day of LMP + 7d - 3 mo, adjust for cycle length <input type="checkbox"/> <i>Is this pregnancy planned or unplanned?</i> <input type="checkbox"/> <i>Are there any safety concerns? Are there any significant health issues?</i> <input type="checkbox"/> BP, maternal weight and height	
Investigations	Patient Counseling
<input type="checkbox"/> Consider U/S for EDD, if uncertain LMP <input type="checkbox"/> Baseline labs: - ABO/Rh and antibody screen - Hgb, urine R&M + C&S - varicella, rubella, syphilis, Hep B, HIV - gonorrhea + chlamydia (swab/urine) <input type="checkbox"/> Pap test: - if (+) hx of abnormal results, do test if not done in past 6-12 m - if (-) hx, do test if last done \geq 3 y <input type="checkbox"/> Consider extra screening for STIs and heritable disorders	<input type="checkbox"/> Advise about ongoing prenatal care (visit frequency, routine monitoring) <input type="checkbox"/> Prenatal multivitamin with: - Fe 27-30 mg/day, stop if nausea <input type="checkbox"/> Dietary Ca 1000-1300 mg/day <input type="checkbox"/> Vit D supp 2000 IU/day <input type="checkbox"/> Folate supp, low risk 0.4 mg/day <input type="checkbox"/> Avoid: tobacco, alcohol, illicit drugs - raw: meats/eggs/fish - deli meats, unpasteurized products <input type="checkbox"/> Medication use (motherisk.org) <input type="checkbox"/> Discuss non-invasive genetic screening, offer if results are desired

FIRST COUPLE OF VISITS – CORE ELEMENTS

Complete History, including:	Patient Counseling
<input type="checkbox"/> Obstetrical hx (GPTAL) <input type="checkbox"/> STI hx <input type="checkbox"/> Depression hx <input type="checkbox"/> Psychosocial risk factors, e.g. ALPHA form (PMID: 16076821) www.dfcm.utoronto.ca/Assets/DFCM+Digital+Assets/alpha_form_english.pdf	<input type="checkbox"/> Physiological Δ s in pregnancy, including: - weight gain (normal prepregnant BMI = 25-35 lbs; overweight = 15-25 lbs; obese = 11-20 lbs) - blurry long distance vision (reversible) - skin moles darkening (reversible) <input type="checkbox"/> Diet: well-balanced and varied <input type="checkbox"/> Work: avoid rotating shift work at \geq 23 wk <input type="checkbox"/> Exercise: avoid high impact activity <input type="checkbox"/> Sex: is generally safe <input type="checkbox"/> Wear seat belt with lap belt snug across hips <input type="checkbox"/> Avoid hot tubs and saunas <input type="checkbox"/> Air travel: avoid at \geq 36 wk, consult airlines <input type="checkbox"/> Influenza vaccine, for all women who will be pregnant during flu season
Complete Exam, including:	
<input type="checkbox"/> Breast <input type="checkbox"/> Uterus, adnexae <input type="checkbox"/> Thyroid <input type="checkbox"/> Lower back tattoos: epidural may be contraindicated	

FOLLOW-UP VISITS -

FREQUENCY: \leq 30 wk = q4weeks, 30-36 wk = q2weeks, \geq 36 wk = weekly

ASK: "ABCD" = fetal activity, vaginal bleeding, contractions & discharge.
Any abnormalities \rightarrow refer to L&D.

MONITOR: - BP, maternal weight, SFH
 - Fetal heart auscultation (\geq 9-12 wk)
 - Fetal presentation (\geq 30-32 wk)

TEACH: fetal movement counts (\geq 30 wk), if indicated. Count in early evening and in reclined position (not supine).
If $<$ 6 movements in 2 h \rightarrow NST.

STANDARD INVESTIGATIONS

GA (wks)	Investigations
12-16	Urine R&M + C&S
18-20	U/S for structural assessment
26-28	GDM screen (1h 50g OGCT), HgB, Rh antibodies
28	RhIG for all Rh-ve women
36-37	GBS screen (vaginal & rectal swabs)
41-42	Offer labour induction

ELECTIVE INVESTIGATIONS Offer CVS or amniocentesis, if (+) genetic screening or women at increased risk based on hx

Key References: Kirkham C, Harris S, and Grzybowski S. Evidence-Based Prenatal Care: Part I. General Prenatal Care and Counseling Issues. *Am Fam Physician* 2005, 71(7): 1307-16; Kirkham C, Harris S, and Grzybowski S. Evidence-Based Prenatal Care: Part II. Third-Trimester Care and Prevention of Infectious Diseases. *Am Fam Physician* 2005, 71(8): 1555-60