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Canadian Family Medicine Clinical Card

A16 2011
www.learnfm.ca

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Routine Prenatal Care

INITIAL VISIT - CORE ELEMENTS

History & Physical

- Estimated date of delivery: 1st day of LMP + 7d - 3 mo, adjust for cycle length
- Is this pregnancy planned or unplanned?*
- Are there any safety concerns? Are there any significant health issues?*
- BP, maternal weight and height

Investigations

- Consider U/S for EDD, if uncertain LMP
- Baseline labs:
 - ABO/Rh and antibody screen
 - Hgb, urine R&M + C&S
 - varicella, rubella, syphilis, Hep B, HIV
 - gonorrhea + chlamydia (swab/urine)
- Pap test:
 - if (+) hx of abnormal results, do test if not done in past 6-12 mo
 - if (-) hx, do test if last done \geq 3 yr
- Consider extra screening for STIs and heritable disorders

Patient Counselling

- Advise about ongoing prenatal care (visit frequency, routine monitoring)
- Prenatal multivitamin with:
 - Fe 27-30 mg/day, stop if nausea
- Dietary Ca 1000-1300 mg/day
- Vit D supp 2000 IU/day
- Folate supp, low risk 0.4 mg/day
- Avoid: tobacco, alcohol, illicit drugs
 - raw: meats/eggs/fish
 - deli meats, unpasteurized products
- Medication use (motherisk.org)
- Discuss non-invasive genetic screening, offer if results are desired

FIRST COUPLE OF VISITS - CORE ELEMENTS

Complete History, including:

- Obstetrical hx (GPTAL)
- STI hx
- Depression hx
- Psychosocial risk factors, e.g. ALPHA form (www.cmaj.ca/content/159/6/677.short)

Complete Exam, including:

- Breast
- Uterus, adnexae
- Thyroid
- Lower back tattoos: epidural may be contraindicated

Patient Counseling

- 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)
- Diet: well-balanced and varied
- Work: avoid rotating shift work at \geq 23 wk
- Exercise: avoid high impact activity
- Sex: is generally safe
- Wear seat belt with lap belt snug across hips
- Avoid hot tubs and saunas
- Air travel: avoid at \geq 36 wk, consult airlines
- Influenza vaccine, for all women who will be pregnant during flu season

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