

Antepartum Clinical Pathway
Stage: Early Pregnancy Prenatal Visits (6-16 weeks)

ASSESSMENT	ACTION / RESOURCES (<i>RESOURCES IN BOLD</i>)
	*1st visit within 12 weeks of LMP; earlier if no preconception visit, teenager, over 35 years or genetic risk factors
COMPLETION OF ANTENATAL 1 PREGNANCY RISK ASSESSMENT	
Medical history	Review history for factors that might influence pregnancy outcome or be adversely affected by pregnancy. Guide to Pregnancy Assessment- reverse side Antenatal 1  293-64 0503.pdf  294-64 p.3 0503.pdf
Medication / allergy	Review appropriateness of medication in pregnancy (discontinue or alternative) and optimal dosage. Motherisk (416) 813-6780 http://www.motherisk.org/
Familial or genetic	Review implications of Maternal age and any familial/ethnic or genetic conditions and advice re: prenatal diagnosis. Genetics Department CVH
Past obstetric	Review past complications that could repeat in future pregnancies. (Document low segment transverse incision prior to attempt at vaginal birth after Caesarian) Family-Centred Maternity and Newborn Care: National Guidelines Chapter 4. http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/fcmc03_e.pdf
Lifestyle issues	Advice/assist re: smoking, alcohol, illicit drugs, nutrition, physical fitness. Maternal Child Services referral - Healthy Babies, Healthy Children-Family Assessment. Family-Centred Maternity and Newborn Care: National Guidelines Chapter 4. http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/fcmc04_e.pdf Healthy Beginnings: Guidelines for Care During Pregnancy & Childbirth. SOGC http://www.sogc.org Public Health Agency of Canada Companion Documents http://www.phac-aspc.gc.ca/dca-dea/publications/fcmc11_e.html Healthy Beginnings: Your handbook for pregnancy & birth, 3rd Edition SOGC, 2005. http://www.healthy-beginnings.com/ Baby's Best Chance: Parents' handbook of pregnancy & baby care, Sixth Edition Prov. of B.C., Ministry for Children & Families, 2005. Health Canada: Guide to a Healthy Pregnancy www.healthypregnancy.gc.ca

ASSESSMENT	ACTION / RESOURCES (<i>RESOURCES IN BOLD</i>)
Psychosocial	<p>Government of Canada Healthy Pregnancy for Professionals http://www.phac-aspc.gc.ca/hp-gs/prof_e.html</p> <p>Health Canada-Nutrition for a Healthy Pregnancy - National Guidelines for the Childbearing Years http://www.hc-sc.gc.ca/fn-an/nutrition/prenatal/national_guidelines-lignes_directrices_nationales-06b_e.html</p> <p>Guidelines for Nutrition referral @ CVH</p> <p>Smoking cessation www.pregnets.org</p> <p>Peel Committee Against Women Abuse (PCAWA) Best Practice Guidelines, 2001 http://www.peelregion.ca/health/professionals/ask/pdf/ask-final.pdf</p> <p>A Handbook for Health and Social Service Professionals Responding to Abuse During Pregnancy. Prepared by: Jamieson, Beals, Lalonde & Associates, Inc. for the Family Violence Prevention Unit, Health Canada. http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/pregnancy_e.pdf</p> <p>Antenatal Psychosocial Health Assessment Screening Tool (ALPHA). http://www.phac-aspc.gc.ca/rhs-ssg/factshts/abuseprg_e.html</p> <p>Intimate Partner Violence Consensus Statement, SOGC http://www.sogc.org/guidelines/index_e.asp</p> <p>Guidelines for Psychology and Social Work referral @ CVH.</p> <p>Family-Centred Maternity & Newborn Care: National Guidelines. http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/fcmc04_e.pdf</p> <p>Assess woman's perception of the quality and quantity of her social support.</p> <p>Guidelines for Psychology and Social Work referral @ CVH. Screen for spousal abuse</p>

ASSESSMENT	ACTION / RESOURCES (<i>RESOURCES IN BOLD</i>)
COMPLETION OF ANTENATAL 1 PREGNANCY RISK ASSESSMENT (Cont'd)	
	<p>Family-Centred Maternity Care: National Guidelines Chapter 4. Table 4.4 How to Suspect Physical Abuse, How to Ask About Abuse During Pregnancy. http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/fcmc04_e.pdf</p> <p>Maternal Child Services referral - Healthy Babies, Healthy Children-Family Assessment.</p> <p>Family-Centred Maternity Care: National Guidelines Appendix 2, Antenatal Psychosocial Health Assessment Screening Tool (ALPHA) Ch. 4. http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/fcmc04_e.pdf</p> <p>Counseling +/- referral where appropriate to Obstetrician/Internist / Geneticist / Perinatologist / Neonatologist / Nutritionist / Counsellor or other support agency.</p> <p>Public Health Nurse Individual referral. Healthy Start Program (Peel Health) - A no fee public health program for pregnant women in need. http://www.peelregion.ca/health/index.htm</p>
COMPLETE PHYSICAL WITH PELVIC EXAMINATION	
Including:	<p>Bimanual exam to assess uterine size and adnexal findings. Early U/S if larger than dates for dating and early diagnosis of twins (amniocentesis offered at maternal age 32) Management of Twin Pregnancies, Clinical Practice Guidelines, SOGC http://www.sogc.org/guidelines/index_e.asp</p>
Pap smear	If not done in the previous 6 -12 months.
Cervical / vaginal swab +/- Chlamydia swab	<p>Identify potential GBS carrier, diagnose and treat symptomatic bacterial vaginosis to reduce risk of premature labour and postpartum endometritis. Asymptomatic bacterial vaginosis more controversial.</p> <p>Bacterial Vaginosis, SOGC Clinical Practice Guideline Http://www.sogc.org/guidelines/index_e.asp</p>

ASSESSMENT	ACTION / RESOURCES (<i>RESOURCES IN BOLD</i>)
Early Referral To Maternal Child Services	
	<p>Preadmission information collected and entered in computer system</p> <p>Complete Psychosocial assessment including Risk for spousal abuse and Post Partum Mood Disorders</p> <p>Healthy, Babies, Healthy Children-Family Assessment if needed before delilvery</p> <p>Administration of Rhogram injection if Rh Negative mom</p> <p>Organization of prenatal classes, breastfeeding classes, hospital pre-delivery class</p> <p>Distribution of patient educational material</p> <p>Maternal Newborn Patient Information Booklet (information and outline of care)</p>
COMPLETION OF PRENATAL TESTING	
CBC	Identify and treat anemias. MCV less than 80 may indicate thalassemia carrier even with normal Hb.
Sickle Cell Screen	If not previously tested and patient has parent of grandparent of African or West Indian descent.
Thalassemia Screen	If not previously tested and MCV is less than 80 may indicate thalassemia carrier even with normal Hgb
ABO Rh & Antibody Screen Glucose	<p>Identify isoimmunization and Rh status</p> <p>Identify unknown diabetics entering pregnancy.</p>
M.S.U. for C & S	<p>Identify and treat asymptomatic bacteriuria and UTI to reduce premature labor risk.</p> <p>GBS +ve urine considered colonized and require antibiotic prophylaxis in labour.</p> <p>CVH CPG: Prevention Group B Strep http://www.cvh-on.ca/pro/cpg.php</p> <p>SOGC Clinical Practice Guidelines http://www.sogc.org/guidelines/index_e.asp</p>
Rubella titre	<p>Rubella non-immune to be immunized postpartum.</p> <p>http://www.phac-aspc.gc.ca/im/vpd-mev/rubella_e.html</p> <p>Public Health Agency of Canada Immunization Schedule http://www.phac-aspc.gc.ca/im/is-cv/index.html</p>

ASSESSMENT	ACTION / RESOURCES (RESOURCES IN BOLD)
HBs Ag	<p>Infants of HBsAg+ve mothers need HBIG 0.5 ml IM within 12H of birth and Recombivax 5 ug IM. Infants of HBsAg+ve household contacts should start Recombivax 5 ug IM vaccination series prior to discharge.</p>
+/- Toxoplasmosis immunity	<p>Counselling if antibody -ve, especially with new or outdoor cat and recheck at 16 weeks for conversion.</p>
Offer HIV screening	<p>Counsel re: HIV testing (AZT effective in reducing vertical transmission). CVH CPG-Human Immunodeficiency Virus (HIV) http://www.cvh-on.ca/pro/cpg.php SOGC Clinical Practice Guideline HIV Screening in Pregnancy http://www.sogc.org/guidelines/index_e.asp</p>
Maternal Serum Screening at 16 weeks	<p>Offer for screening of chromosome anomalies and neural tube defects. Educate re: limitations as a screening test. CVH Maternal Serum Screening patient handout. SOGC Clinical Practice Guideline-Canadian Guidelines for Prenatal Diagnosis: Part 1 and 2 http://www.sogc.org/guidelines/index_e.asp</p>
U/S at 18-19 wks	<p>Early U/S if larger than dates for dating and early diagnosis of twins (amniocentesis offered at maternal age 32) Management of Twin Pregnancies, SOGC http://www.sogc.org/guidelines/index_e.asp</p> <p>Determines gestational age +/- 7 days; detection of major anomalies. SOGC Clinical Practice Guideline-The Use of First Trimester Ultrasound SOGC Clinical Practice Guideline-Ultrasound Evaluation of First Trimester Complications http://www.sogc.org/guidelines/index_e.asp</p> <p>U/S may reveal soft signs requiring follow-up U/S or genetic referral. Soft Fetal Ultrasound Findings. Contact CVH Genetics Department 905-813-4104</p>

ASSESSMENT	ACTION / RESOURCES (<i>RESOURCES IN BOLD</i>)
IDENTIFY & MANAGE NAUSEA & VOMITING IN PREGNANCY	
	Dietary advice. Diclectin 2 tablets at bedtime, +/- 1 tablet in morning, +/- 1 tablet early afternoon. SOGC Clinical Practice Guidelines Guidelines for the Management of Nausea and Vomiting in Pregnancy http://www.sogc.org/guidelines/index_e.asp http://www.sogc.org/guidelines/public/120E-CPG-October2002.pdf
ONGOING CARE & PATIENT VISITS	
	q 4-6 wks to 30 wks q 2-3 wks to 36 wks q 1 wks to delivery Antenatal 2
EMERGENCY NOTIFICATION	
	Outline abnormal signs & symptoms appropriate to stage of pregnancy & appropriate patient response
DISPENSE INFORMATION	
Availability of prenatal classes Healthy Start Literature, websites, pamphlets Encourage questions and discuss concerns Educate and help patients make informed decisions	Credit Valley Hospital Prenatal Classes-Maternal Child Services 905-813-3944 ext 2 Peel Health Prenatal Classes (905)799-7700 http://www.region.peel.on.ca/health-wellness.htm Private prenatal classes also available A no fee public health program for pregnant women in need. (Teen classes free) Maternal Child Services pamphlets and reading lists. http://www.sogc.org/ http://www.motherisk.org/ lwww.healthypregnancy.gc.ca Healthline Peel for Best Start Program and Teen Prenatal Supper Club 905-799-7700 Prenatal Care Plan: An outline of prenatal care, focusing on specific educational and counselling goals and investigations at appropriate times in the pregnancy, can aid communication and answer concerns. "Record of Pregnancy" Diary: Encourage the woman to write down her concerns for discussion. "Birth Plan": Promotes discussion of patient and caregiver's philosophy as well as hospital "routines". Credit Valley Hospital Maternal Newborn Patient Information Booklet Baby's Best Chance Government of Canada-The Sensible Guide to a Healthy Pregnancy Calendar www.healthypregnancy.gc.ca