

Prenatal Care in the Rural Setting

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THE UNIVERSITY OF BRITISH COLUMBIA

Continuing Professional Development

Faculty of Medicine

LAND ACKNOWLEDGMENT

We acknowledge that we work on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), xʷməθkwəy̓əm (Musqueam), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.



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HAIDA TERRITORY

Gratitude for living here.



The Haida Nation have always been keepers of this land. As of 2024, this has finally been recognised at both the provincial and federal levels.

I celebrate with my Haida neighbours, Haida Land Title.



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PRESENTER DISCLOSURES

Anne-Marie Cayer - BKin, BMW, RM, BCCNM Inquiry Vice Chair

No relationship or commercial interests to disclose.



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LEARNING OBJECTIVES

- Review basic outline for prenatal care across all trimesters
- Identify early pregnancy recommendations & key resources to extend our practice
- Compare approaches of “informed choice” & “informed consent” in prenatal care and birth planning



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CASE #1

28-yr-old pregnant person comes in after a positive urine pregnancy test at home. They plan to birth out-of-community but would like to access prenatal care locally.



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POLL QUESTION # 1

Where do you turn when you want to ensure you don't miss any important steps in offering complete prenatal care?



- Dust off the ol' memory and mutter a prayer
- Refer them to an OB-GYN in another community
- Pathways
- PSBC Hub
- Antenatal Records 1 & 2
- Mabal

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PATHWAYSBC.CA

Pathways

ResourcesForms36Search

SELECT SPECIALTY OR SERVICEOBSTETRICS / GYNECOLOGY

Clinics & Pooled IntakesAdviceHealth Authority & Community ServicesClinician ToolsPatient InfoPearlsForms

Care Pathways

BreastfeedingEarly PregnancyPelvic Floor DisordersPrevention of Preterm Birth

Title	Categories	Star	Heart	Envelope	Speaker
Abnormal Uterine Bleeding Management Summary (SOGC)	Guidelines	★	♥	✉	🔊
Abnormal Uterine Bleeding Primary Care Pathway (specialistlink.ca)	Clinical Algorithm / Care Pathway	★	♥		🔊
Abortion - Interactive Decision Aid (SOGC)	Shared Decision Aids		♥	✉	🔊
Abortion - Mifepristone & Misoprostol Administration Options (NAF)	Medication	★	♥		🔊
Antidepressant Safety during Pregnancy and Breastfeeding (RXFiles)	Medication		♥		🔊
ASA for Pre-eclampsia Prevention - Risk Stratification Table & Recommendations (SOGC)	Guidelines		♥	✉	🔊
Ashkenazi Jewish Carrier Screening - Guidelines and information about testing	Guidelines		♥	✉	🔊
Bacterial Vaginosis - Treatment Recommendations (Bugs and Drugs)	Medication	★	♥	✉	🔊
BillTool - Calculating Hyperbilirubinemia Risk in Newborns - Assess Baby Bill Levels for Phototherapy (Am. Academy of Pediatrics)	Calculators		♥		🔊
Breastfeeding - Common Myths Conversation Guide (Perinatal Services BC)	Conversation Guides		♥		🔊
Breastfeeding - Dysphoric Milk Ejection Reflex (DMERs) and Nipple Nerve Pain (physicianguidetobreastfeeding.org)			♥		🔊
Breastfeeding - Factors for Inadequate Milk Intake (Perinatal Services BC)			♥		🔊
Breastfeeding - First 14 days Assessment (Perinatal Services BC)			♥		🔊

Filter Clinician Tools

Search this Page

Subcategories

All

Action Plans

Anatomical Diagrams

Calculators

Clinical Algorithm / Care Pathway

Conversation Guides

Enhanced Care Pathways

Flowsheets

Guidelines

Medication

Numbers Needed to Treat

Risk Tables

Early Pregnancy Algorithm for Key Tasks

Quick Links

Dating

Lifestyle Factors

Blood & Urine Tests

Genetic Screening

Billing

REFERRAL TO A MATERNITY CARE PROVIDER

- Confirm pregnancy and patient's intention to continue with pregnancy.
- Discuss all options for maternity care provider: FP, RM, OB. Email [How to Choose a Maternity Provider](#) ✉
- If patient wishes to explore options, email [Pathways Medical Care Directory - Find a Maternity Provider](#) ✉
- Click [here](#) to review referral requirements in Pathways for your local maternity care clinics

DATING


Task	Timing	Tools & Services	Email
Calculate Estimated Date of Delivery (EDD)	<ul style="list-style-type: none">Initial visit	Estimated Date of Delivery Calculator (PSBC)	✉
Confirm date ! Time Sensitive	<ul style="list-style-type: none">Book dating Ultrasound @ initial visitDating Ultrasound to be done @ 7-14 weeks +/- (NT) Nuchal TranslucencyConsider also providing requisition for detailed US @ 18-20 wks if expect delays in referrals or testing.	Ultrasound facilities in your area (List)	

LIFESTYLE FACTORS

Task	Tools & Patient Info	Email
Discuss Supplements: <ul style="list-style-type: none">Folic Acid: 0.4 mg/day routine. 1mg/day if DM, antiepileptics, methotrexate, malabsorption 4mg/ per day if prior Spina BifidaVitamin D: 600 IU/day total in diet + supplement, 800 IU/day if risk factors or north of 55° latitude	Guideline and Patient Info: Folic Acid - Preconception and Pregnancy (SOGC)	✉
Provide General Information about Pregnancy and Diet & Exercise	Send email bundle of all 3 items below: <ul style="list-style-type: none">Nutrition & Physical Activity in PregnancyBaby's Best Chance - Parents' HandbookPhysical Activity Throughout Pregnancy	✉ ✉ ✉
Provide Additional Information Note: Mother to Baby Fact Sheets provide FAQs about common exposures during pregnancy and breastfeeding, including medications, cosmetics etc	Send email bundle of all 3 items below: <ul style="list-style-type: none">Food Safety During Pregnancy (HealthLinkBC)Breastfeeding - 10 great reasons to breastfeedMother to Baby Fact Sheets	✉ ✉ ✉
Ask About Use of Alcohol/Substances/ Tobacco	<ul style="list-style-type: none">Alcohol Use in Pregnancy - TWEAK QuestionsCAGE Questions Adapted + Drug Use (CAGE-AID)	
Pre-eclampsia Prevention if High Risk: Consider Low Dose ASA (81-162 mg/day) & Calcium 1000 mg/day	<ul style="list-style-type: none">ASA for Pre-eclampsia Prevention - Risk Stratification Table & Recommendations (SOGC)	
COVID Information BCCDC Recommendations for antepartum, intrapartum and postpartum care	<ul style="list-style-type: none">COVID 19 - Vaccination in Pregnancy (SOGC)	✉
Assess Social Risk Factors	<ul style="list-style-type: none">Poverty Intervention Tool - BC	
Offer Connection to Health Authority Prenatal Support Services VCH Prenatal & Early Years Program ✉ FHA Best Beginnings ✉ VIHA Right From the Start ✉ IHA Healthy From The Start ✉ NH Healthy Start ✉		



PSBCHEALTHHUB.CA


Provincial Health Services Authority | Perinatal Services BC


 Perinatal Services BC

Perinatal & Newborn Health Hub

prenatal care



 Virtual Clinical Support

 Hub Help

Cultural Safety and Humility

Clinical Guidance

Screening Programs

Education

Data & Research


care to pregnant and newborn patients in B.C. Up-to-date, evidence-informed information resources are available for each step of the pregnancy journey.

sort

Most relevant


KEYWORD SEARCH

Search Site



PHASES +

CATEGORIES +






Last Revision - Aug 1, 2023

CLINICAL CARE TOPIC

Prenatal Primary Care


PHASES



CATEGORY

Clinical Assessments & Investigations During Pregnancy

See full resource



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ANTENATAL RECORDS 1&2

British Columbia Antenatal Record Part 1

1. Primary maternity care provider name		Family physician/nurse practitioner name	
Patient surname	Patient given name(s)	Date of birth (dd/mm/yyyy)	Age at EDD
Surname at birth	Preferred name/pronoun	Language preferred	Relationship status*
Highest level of education completed*		Occupation	
Indigenous identity*: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Status <input type="checkbox"/> Non-status <input type="checkbox"/> None <input type="checkbox"/> Inuk (Inuit) <input type="checkbox"/> Outside Canada		<input type="checkbox"/> Live on reserve <input type="checkbox"/> Live off reserve <input type="checkbox"/> Live on & off reserve	Ethnicity*
Partner: Surname, given name(s)		Occupation	Biological father/donor: Surname, given name(s) OR <input type="checkbox"/> Same as partner
2. Allergies (incl. reactions) <input type="checkbox"/> None		Medications/OTC drugs/herbals/vitamins <input type="checkbox"/> Preconception folic acid <input type="checkbox"/> T1 folic acid	
3. Contraceptives: Type		Last used (dd/mm/yyyy)	Pregnancy planned: LMP (dd/mm/yyyy) EDD by LMP (dd/mm/yyyy) Dating US (dd/mm/yyyy) GA by US (wks/dgts) EDD by US (dd/mm/yyyy)
4. Obstetrical History		Gravida	Term
Date (mm/yyyy)	Place of birth	GA (wks/dgts)	Duration of labour (hrs)
			Mode of birth
			Perinatal complications/comments
			Sex
			Birth weight (lbs)
			Breastfed (mo)
			Child's present health
5. Present Pregnancy		7. Medical History	
No Yes (specify)		No Yes (specify)	
<input type="checkbox"/> ART: (select one only) <input type="checkbox"/> Ovarian stimulation only <input type="checkbox"/> IUI only <input type="checkbox"/> Ovarian stimulation + IUI <input type="checkbox"/> IVF <input type="checkbox"/> ICSI (if of embryo transferred) <input type="checkbox"/> Other <input type="checkbox"/> Bleeding <input type="checkbox"/> Nausea <input type="checkbox"/> Travel (self/partner) <input type="checkbox"/> Infection/rash/fever <input type="checkbox"/> Other		<input type="checkbox"/> Surgery <input type="checkbox"/> Anesthetic complications <input type="checkbox"/> Neuro. <input type="checkbox"/> Resp. <input type="checkbox"/> CV: <input type="checkbox"/> Hypertension <input type="checkbox"/> Prev. hypertension in prog. <input type="checkbox"/> Other <input type="checkbox"/> Abdo./GI <input type="checkbox"/> Gynae./GU <input type="checkbox"/> Hematology (e.g. transfusion, thromboembolic/coag.) <input type="checkbox"/> Endocrine: <input type="checkbox"/> T1DM <input type="checkbox"/> T2DM <input type="checkbox"/> Prev. GDM <input type="checkbox"/> Thyroid <input type="checkbox"/> Other <input type="checkbox"/> Mental health: <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Prev. PPD <input type="checkbox"/> Bipolar <input type="checkbox"/> Eating disorder <input type="checkbox"/> Substance use disorder: <input type="checkbox"/> Methadone treatment <input type="checkbox"/> Suboxone treatment <input type="checkbox"/> Other <input type="checkbox"/> Infectious diseases: <input type="checkbox"/> Varicella <input type="checkbox"/> HSV <input type="checkbox"/> Other <input type="checkbox"/> Immunizations: <input type="checkbox"/> Flu (dd/mm/yyyy) <input type="checkbox"/> Tdap (dd/mm/yyyy) <input type="checkbox"/> Other <input type="checkbox"/> Other	
6. Family History		8. Lifestyle/Social Concerns	
No Yes (specify)		No Yes (specify)	
<input type="checkbox"/> Anesthetic complications <input type="checkbox"/> Hypertension <input type="checkbox"/> Thromboembolic <input type="checkbox"/> Diabetes <input type="checkbox"/> Mental health <input type="checkbox"/> Substance use disorder <input type="checkbox"/> Inherited conditions/defects (e.g. Tay-Sachs, Sickle Cell, Congenital Heart Defect, Cystic Fibrosis) (biological father/donor) <input type="checkbox"/> Other		<input type="checkbox"/> Diet/nutrition <input type="checkbox"/> Exercise <input type="checkbox"/> Financial <input type="checkbox"/> Housing/food security <input type="checkbox"/> Transportation <input type="checkbox"/> Safety <input type="checkbox"/> Gender-based violence: <input type="checkbox"/> Partner <input type="checkbox"/> Non-partner <input type="checkbox"/> Relationships/support <input type="checkbox"/> Other	
10. Initial Physical Examination		9. Substance Use	
Date (dd/mm/yyyy)		Alcohol	
BP		# Drinks per week	
HR (per min)		4 or more drinks at one time <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	
HR (bpm)		Quit alcohol: <input type="checkbox"/> No <input type="checkbox"/> Yes, date (dd/mm/yyyy)	
Pre-preg. Wt* (kg)		Tobacco	
Pre-preg. BMI*		# Cigarettes per day	
Norm Abnorm (specify)		Exposed to 2nd-hand smoke <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Head & neck <input type="checkbox"/> Breasts & nipples <input type="checkbox"/> Heart & lungs <input type="checkbox"/> Abdomen <input type="checkbox"/> Musculoskeletal		Quit tobacco: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	
Norm Abnorm (specify)		Cannabis	
<input type="checkbox"/> Skin: <input type="checkbox"/> Varicellae <input type="checkbox"/> Other <input type="checkbox"/> Pelvic <input type="checkbox"/> STI test (dd/mm/yyyy) <input type="checkbox"/> Pap test (dd/mm/yyyy) <input type="checkbox"/> Other		CBD product(s) only <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	
		# Times used per (select one only) <input type="checkbox"/> Smoke <input type="checkbox"/> Vapour <input type="checkbox"/> Edible/oral <input type="checkbox"/> Other	
		Primary route: (select one only) <input type="checkbox"/> Smoke <input type="checkbox"/> Vapour <input type="checkbox"/> Edible/oral <input type="checkbox"/> Other	
		Quit cannabis: <input type="checkbox"/> No <input type="checkbox"/> Yes, date (dd/mm/yyyy)	
		Other(s) During Preg <input type="checkbox"/> Cocaine <input type="checkbox"/> Opioids <input type="checkbox"/> Methamphetamines <input type="checkbox"/> IV drugs <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Other(s)	
		11. Comments/Follow-up (incl. details from sections 5-10)	
		Care provider (signature) <input type="checkbox"/> MD <input type="checkbox"/> RM <input type="checkbox"/> NP	

* Please refer to Reference Page 1 on the back of this page for guidance and a list of discussion topics.

PSBC 1905 – July 2022

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Discussion Topics

1st–3rd Trimester (as indicated)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Nutrition/folic acid | <input type="checkbox"/> Occupational concerns | <input type="checkbox"/> Mental health | <input type="checkbox"/> Immunization |
| <input type="checkbox"/> Healthy weight gain | <input type="checkbox"/> Personal safety | <input type="checkbox"/> Substance use (i.e. alcohol, drugs) | <input type="checkbox"/> VBAC counseling (if applicable) |
| <input type="checkbox"/> Physical activity | <input type="checkbox"/> Support system | <input type="checkbox"/> Sexual activity, STI risk factors, screening | |

1st Trimester

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Exposures: infections, pets, environment, occupation | <input type="checkbox"/> Early pregnancy loss: signs/symptoms, what to do | <input type="checkbox"/> Breastfeeding: attitudes/beliefs |
| <input type="checkbox"/> Safety: food, medications/vitamins/supplements, seatbelts | <input type="checkbox"/> Travel | <input type="checkbox"/> Routine prenatal care, emergency contact/on-call providers | <input type="checkbox"/> Quality educational resources |
| <input type="checkbox"/> Oral health | <input type="checkbox"/> Prenatal genetic screening | | <input type="checkbox"/> Public health services/programs |

2nd Trimester

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Lifestyle and social risk assessment | <input type="checkbox"/> Birth options and practices that promote healthy birth | <input type="checkbox"/> Breastfeeding and importance of immediate, uninterrupted skin-to-skin care |
| <input type="checkbox"/> Preterm labour: signs/symptoms | <input type="checkbox"/> Gestational diabetes screening | <input type="checkbox"/> Birth plan: travel to other community for delivery (if applicable) | <input type="checkbox"/> Postpartum contraception |
| <input type="checkbox"/> PROM | <input type="checkbox"/> Prenatal classes | | |

3rd Trimester

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Fetal movement | <input type="checkbox"/> Birth plan: labour support, pain management | <input type="checkbox"/> Erythromycin/ophthalmia neonatorum prophylaxis/ treatment | <input type="checkbox"/> Postpartum care |
| <input type="checkbox"/> Emergency contact/on-call providers | <input type="checkbox"/> Potential interventions, use of blood products | <input type="checkbox"/> Vitamin K prophylaxis | <input type="checkbox"/> Postpartum contraception |
| <input type="checkbox"/> ECV, breech delivery, elective Cesarean delivery (if applicable) | <input type="checkbox"/> Genital herpes suppression | <input type="checkbox"/> Newborn care, screening, circumcision, follow-up | <input type="checkbox"/> Discharge planning, car seat safety |
| <input type="checkbox"/> Indications for induction of labour | <input type="checkbox"/> GBS screening/prophylaxis | <input type="checkbox"/> Breastfeeding adjustment, skills, support | <input type="checkbox"/> Infant safe sleep |
| <input type="checkbox"/> Signs/symptoms of labour and admission timing | <input type="checkbox"/> Cord blood banking | | <input type="checkbox"/> Work plan, maternity leave |
| | | | <input type="checkbox"/> EPDS screening |

MABAL - MATERNITY AND BABIES ADVICE LINE

MaBAL (Maternity and Babies)

Add Zoom account: mabal1@rccbc.ca | Phone: 236.305.7364

The MaBAL team includes family physicians and midwives with expertise in maternal and newborn care, with an understanding of rural and cultural contexts. They provide urgent and non-urgent support for pre-conception, prenatal, antenatal, intrapartum, and postpartum presentations, for both moms and newborns. The team can also help with other women's health issues such as contraception.

Family physicians can also provide assistance in assessment and problem-solving and can rapidly facilitate access to specialist expertise.

Support includes:

- reviewing a case;
- helping to navigate the healthcare system including patient transport;
- providing collaborative support;
- infant nutrition help;
- interpreting test results;
- running through simulation scenarios;
- other situations as needed by rural providers.



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CASE #2

37-yr-old G4T0P1A2 pregnant person comes in after two early first trimester losses and a pre-term birth. They have a history of hypertension in their previous pregnancy. They present for their first visit at 9wks gestation.



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POLL QUESTION #2

What considerations come to mind when you review this client's history? (please list your options i.e. option 1, option 2, option 3 etc.)



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PREVENTING PRE-TERM BIRTH

Hx of pre-term birth = referral to OB for care planning

Primary Care Early Care:

- BV swab (12-16wks)
- Urine culture (before 20wks); treat asymptomatic bacteria

Ongoing Pregnancy Care:

Micronised progesterone (daily, vaginal) at 16wks

Transvaginal ultrasound at 20wk scan to assess cervical length

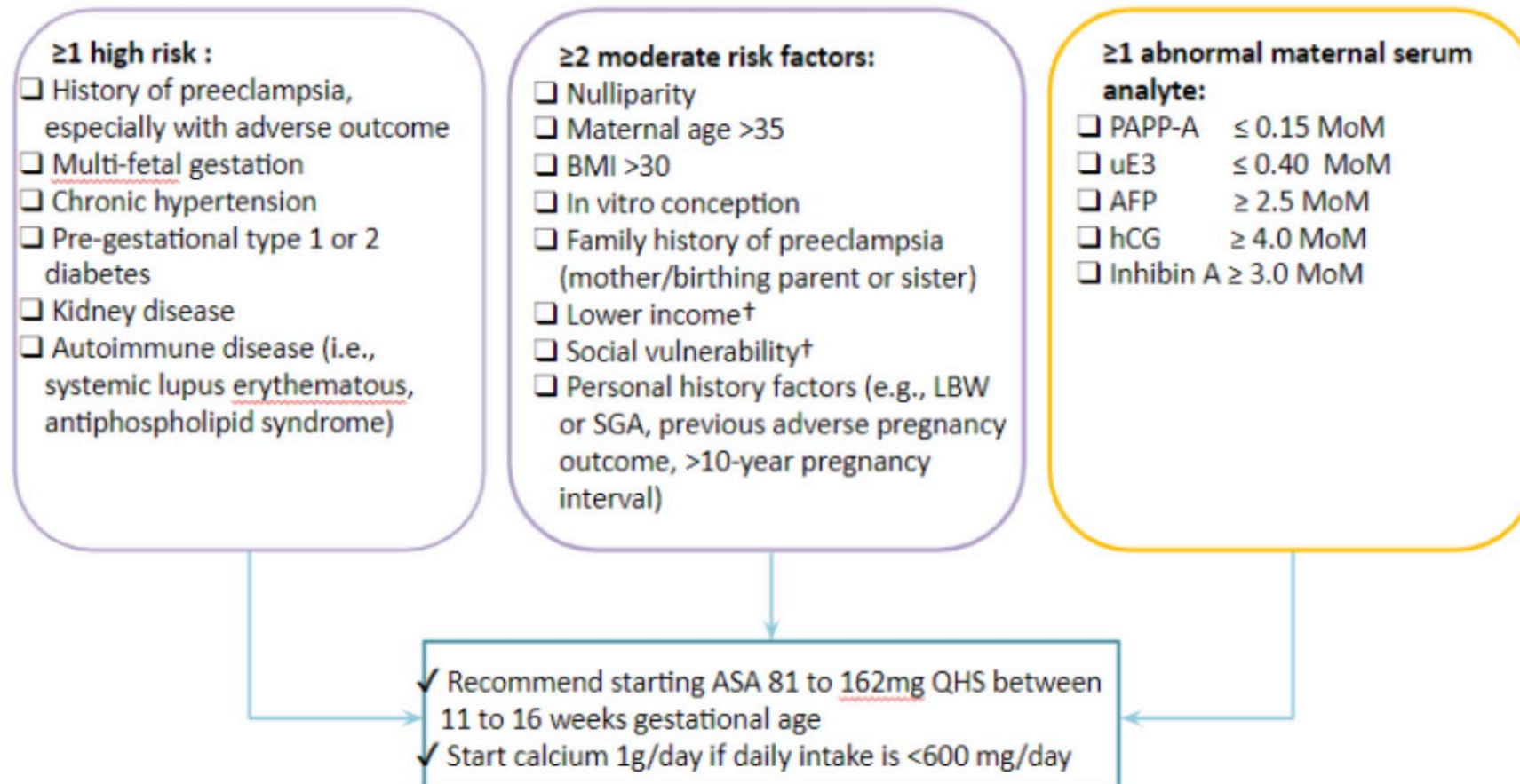
Rarely...cervical cerclage at 12-14wks (if 3 or more births before 28wks)



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PREVENTING HYPERTENSION

Figure 1. BC Provincial OBIM and MFM Checklist for low dose ASA for preeclampsia prevention^c



CASE #3

31-yr-old pregnant person has received minimal prenatal care in another province where they were temporarily working. They come to see you at 30wks of pregnancy reporting that they have tested positive for gestational diabetes and have had inconsistent follow-up. They want to give birth in your small local site as this is where they call home.



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POLL QUESTION #3

What kinds of risk factors might you consider?
(please list your options i.e. option 1, option 2, option 3 etc.)



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POLL QUESTION #4

What kinds of risk factors might your client/patient consider?
(please list your options i.e. option 1, option 2, option 3 etc.)



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RISK FACTORS

Maternal (medical)

Fetal/Neonatal (medical)

Provider/team stress & burnout



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HOLISTIC RISK ASSESSMENT

Cultural/Spiritual

Social ie) safe childcare

Emotional

Financial ie) travel, accommodations, childcare

Security/Safety

Systemic - Transfer of care across providers & systems



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INFORMED CONSENT VS INFORMED CHOICE

Who is the expert?

Provider as educator, patient/client as expert of their
body/values/circumstances

Highlighting the “unsaid choice” ie) declining recommendations
to support patient/client responsibility



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HARM REDUCTION LENS

Review holistic assessment of risk according to patient/client

Reduce harms in referral site vs reduce harms in local site



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The screenshot shows the Perinatal Services BC Health Hub website. The header includes the Provincial Health Services Authority and Perinatal Services BC logos, along with navigation links for About Us, Alerts & Updates, and My Hub. A search bar contains the word 'travel'. Below the header, there are tabs for Cultural Safety and Humility, Clinical Guidance, Screening Programs, Education, and Data & Research. The main content area features a large image of a pregnant woman sitting outdoors, with the title 'Travel/Relocation from Rural or Remote Communities for Birth' overlaid. A sidebar on the right contains a 'SHARE' button and a 'SAVE' button. At the bottom, there are filters for PHASE (2nd Trimester, 3rd Trimester, Birth, Postpartum, Newborn) and CATEGORY (Birth Planning). The last revision date is noted as Apr 25, 2023.

Q&A

POST YOUR QUESTIONS IN THE CHATBOX



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