

PRA-BC Orientation

“Hey Doc I’m Pregnant. Now what?”

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with thanks to Dr. Karen Buhler and
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Program Disclosure/ Presenter Disclosure

No commercial conflicts to disclose

Situating ourselves, territorial acknowledgement

Living and working with gratitude on the traditional unceded homelands of the x^wməθkwəy'əm (Musqueam), Skwxwú7mesh (Squamish), and Səlílwətaʔ/Selilwitulh (Tseil-Waututh) Nations

Photos:

- Series: One Day Young by Jenny Lewis London, UK
- Vancouver Division of Family Practice
- Others generously donated by personal friends

Learning Objectives



1. Develop a strategy for the first and second prenatal visits: what care is urgent and time sensitive?
2. Identify what tests should be ordered before referral to a maternity provider.
3. Utilize the guidelines set out by Perinatal Services BC
4. Engage the pregnant person in participating in their care
5. Review workflow efficiencies, structural supports, billing tips

What are your learning needs?



Case 1: Meera

Meera is a 35-year-old woman who presents to your walk-in clinic thinking that she is pregnant. She has regular periods and notes that her last menstrual period (LMP) was March 13 (today is May 8). She is certain of her LMP, which makes her gestational age approximately 8 weeks

What are her options regarding the pregnancy?

Case 1: Meera

- ▶ She has the option to continue the pregnancy or to pursue an elective termination (medical or surgical abortion)
- ▶ In Canada, providers are not compelled to provide medical services (such as abortion or medically assisted dying) that conflict with their personal beliefs, but providers **do have a duty to refer to another provider** who is able to provide those services
- ▶ Medical termination options can absolutely be provided in your family practice office and there are great resources to help prescribers

Case 1: Meera

You discuss with Meera that her urine pregnancy test in your office confirms she is pregnant. You ask Meera how she is feeling about the pregnancy and she confides she is very excited to be expecting a child. She and her partner had been hoping to conceive and are thrilled with the news.

What are the next steps?

“I’m pregnant, now what?”

- ▶ Timing is everything!
- ▶ WHAT MOTHER SAY SURVEY across Canada:
 - ▶ women said that the reason they did not get prenatal care when they needed it was:
1) care provider not available or 2) told them not to be seen till later in pregnancy
- ▶ As many as 25% of women in some areas are not accessing the best possible tests for PN genetic screening
- ▶ 35% of women do not receive an early ultrasound



BC Antenatal Record

British Columbia Antenatal Record Part 1

1. Primary maternity care provider name		Family physician/nurse practitioner name		Surname _____ Given name _____	
Patient surname	Patient given name(s)	Date of birth (dd/mm/yyyy)	Age at EDD	Address _____	
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"/> No response <input type="checkbox"/> None <input type="checkbox"/> Métis <input type="checkbox"/> Inuk (Inuit) <input type="checkbox"/> Outside Canada		<input type="checkbox"/> Status <input type="checkbox"/> Non-status <input type="checkbox"/> Pending <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	
				Age	Ethnicity*

2. Allergies (incl. reaction) <input type="checkbox"/> None		Medications/OTC drugs/herbals/vitamins		<input type="checkbox"/> Preconception folic acid <input type="checkbox"/> T1 folic acid		Beliefs/practices (e.g. Jehovah's Witness)	
3. Contraceptives: Type	Last used (dd/mm/yyyy)	Pregnancy planned: <input type="checkbox"/> No <input type="checkbox"/> Yes	LMP (dd/mm/yyyy)	EDD by LMP (dd/mm/yyyy)	Dating US (dd/mm/yyyy)	GA by US (wks/days)	EDD by US (dd/mm/yyyy)

4. Obstetrical History									
Gravida _____		Term _____		Preterm _____		Abortus (Induced _____ Spontaneous _____)		Living _____	
Date (mm/yyyy)	Place of birth	GA (wks/days)	Duration of labour (hrs)	Mode of birth	Perinatal complications/comments	Sex	Birth weight (g)	Breastfed (mos)	Child's present health

5. Present Pregnancy	7. Medical History	8. Lifestyle/Social Concerns
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BC Antenatal Record

<p>5. Present Pregnancy</p> <p>No Yes (specify)</p> <p><input type="checkbox"/> <input type="checkbox"/> ART: (select one only)</p> <p><input type="checkbox"/> Ovarian stimulation only</p> <p><input type="checkbox"/> IUI only</p> <p><input type="checkbox"/> Ovarian stimulation + IUI</p> <p><input type="checkbox"/> IVF (# of embryos transferred) _____</p> <p><input type="checkbox"/> ICSI (# of embryos transferred) _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Bleeding _____</p> <p><input type="checkbox"/> Nausea _____</p> <p><input type="checkbox"/> Travel (self/partner) _____</p> <p><input type="checkbox"/> Infection/rash/fever _____</p> <p><input type="checkbox"/> Other _____</p>	<p>7. Medical History</p> <p>No Yes (specify)</p> <p><input type="checkbox"/> <input type="checkbox"/> Surgery _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Anesthetic complications _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Neuro. _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Resp. _____</p> <p><input type="checkbox"/> <input type="checkbox"/> CV: <input type="checkbox"/> Hypertension <input type="checkbox"/> Prev. hypertension in preg. <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Abdo./GI _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Gyne./GU _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Hematology (e.g. transfusion, thromboembolic/coag.) _____</p> <p><input type="checkbox"/> <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 _____</p> <p><input type="checkbox"/> <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 _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Infectious diseases: <input type="checkbox"/> Varicella <input type="checkbox"/> HSV <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Immunizations: <input type="checkbox"/> Flu (dd/mm/yyyy) _____ <input type="checkbox"/> Tdap (dd/mm/yyyy) _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p>	<p>8. Lifestyle/Social Concerns</p> <p>No Yes (specify)</p> <p><input type="checkbox"/> <input type="checkbox"/> Diet/nutrition _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Exercise _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Financial _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Housing/food security _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Transportation _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Safety _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Gender-based violence: <input type="checkbox"/> Partner <input type="checkbox"/> Non-partner</p> <p><input type="checkbox"/> <input type="checkbox"/> Relationships/support _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p>								
<p>6. Family History</p> <p>No Yes (specify)</p> <p><input type="checkbox"/> <input type="checkbox"/> Anesthetic complications _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Hypertension _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Thromboembolic _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Diabetes _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Mental health _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Substance use disorder _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Inherited conditions/defects (e.g. Tay-Sachs, Sickle Cell, Congenital Heart Defect, Cystic Fibrosis) (Mother) _____ (Biological father/donor) _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p>	<p>9. Substance Use</p> <p>3 Mos Before Preg <input type="checkbox"/> No <input type="checkbox"/> Yes During Preg <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Alcohol</p> <p># Drinks per week _____</p> <p>4 or more drinks at one time <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Quit alcohol: <input type="checkbox"/> No <input type="checkbox"/> Yes, date (dd/mm/yyyy) _____</p> <p>Tobacco</p> <p># Cigarettes per day _____</p> <p>Exposed to 2nd-hand smoke <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Quit tobacco: <input type="checkbox"/> No <input type="checkbox"/> Yes, date (dd/mm/yyyy) _____</p> <p>Cannabis</p> <p>CBD product(s) only <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p># Times used per (circle to specify) _____ day _____ day week _____ week month _____ month</p> <p>Primary route: (select one only) <input type="checkbox"/> Smoke <input type="checkbox"/> Smoke <input type="checkbox"/> Vaporize <input type="checkbox"/> Vaporize <input type="checkbox"/> Edible/oral <input type="checkbox"/> Edible/oral <input type="checkbox"/> Other <input type="checkbox"/> Other</p> <p>Quit cannabis: <input type="checkbox"/> No <input type="checkbox"/> Yes, date (dd/mm/yyyy) _____</p> <p>Other(s) During Preg <input type="checkbox"/> No <input type="checkbox"/> Yes: (check all that apply)</p> <p><input type="checkbox"/> Cocaine <input type="checkbox"/> Opioids <input type="checkbox"/> Methamphetamines</p> <p><input type="checkbox"/> IV drugs <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Other(s) _____</p>	<p>11. Comments/Follow-up (incl. details from sections 5-10)</p> <p>Care provider (signature) _____ <input type="checkbox"/> MD <input type="checkbox"/> RM <input type="checkbox"/> NP</p>								
<p>10. Initial Physical Examination Date (dd/mm/yyyy) _____ Completed by (name) _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">BP _____</td> <td style="width:25%;">HR (per min) _____</td> <td style="width:25%;">Ht (cm) _____</td> <td style="width:25%;">Pre-preg. Wt* (kg) _____</td> </tr> <tr> <td style="width:25%;">Pre-preg. BMI* _____</td> <td colspan="3"></td> </tr> </table>			BP _____	HR (per min) _____	Ht (cm) _____	Pre-preg. Wt* (kg) _____	Pre-preg. BMI* _____			
BP _____	HR (per min) _____	Ht (cm) _____	Pre-preg. Wt* (kg) _____							
Pre-preg. BMI* _____										
<p>Norm Abnorm (specify)</p> <p><input type="checkbox"/> <input type="checkbox"/> Head & neck _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Breasts & nipples _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Heart & lungs _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Abdomen _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Musculoskeletal _____</p>	<p>Norm Abnorm (specify)</p> <p><input type="checkbox"/> <input type="checkbox"/> Skin: <input type="checkbox"/> Varicosities <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Pelvic STI test (dd/mm/yyyy) _____ Pap test (dd/mm/yyyy) _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p>									

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

First and Second Visit

must-do's:



1. Estimate due date
2. Dating ultrasound
3. Lifestyle and risk assessment
 1. Folic acid
 2. Alcohol, substance use
 3. Mood/anxiety disorders
4. Screening blood work
5. Prenatal genetic screening
6. Early referral to local Public Health

STEP 1: Estimate Due Date from LMP

Estimated Date of Delivery (EDD) Calculator

[-] Calculate Last Menstrual Period, Estimated Date of Conception, or Estimated Due Date

Please enter one of the following dates:

last menstrual period began: ?

Cycle length: ?

Date of conception: ?

Cycle length: ?

Date of first ultrasound:

Weeks at US:

Days at US:

Estimated due date:

Estimated date of conception:

Estimated date of last menstrual period:

[+] Calculate Gestational Age for a Given Date

[+] Calculate the Best Times for Prenatal Genetic Screening

[LINK](#)

STEP 2: First Ultrasound

- ▶ Confirm due date with first trimester ultrasound

****new provincial recommendations are to do US at 11-13 weeks**

A first trimester dating ultrasound is recommended for all pregnant women/people, ideally timed between 11+0 and 13+0 weeks gestational age. Earlier ultrasounds should only be done if clinically indicated including where there is clinical suspicion of early pregnancy loss or ectopic pregnancy, previous history of ectopic pregnancy, or history of two or more early pregnancy losses.

- ▶ Current practice in British Columbia is to date the pregnancy according to the earliest ultrasound performed where **the crown rump length (CRL) measurement measures at 10mm or greater**, unless conception date is known from timed ovulation induction (Ovulation induction or in vitro fertilization -IVF), as per PSBC Ultrasound standards and SOGC Guideline No 388.
- ▶ BCWH uses the Robinson's chart

STEP 2: Dating Ultrasound

- ▶ Why dating ultrasound?
- ▶ Dating with ultrasound, even the detailed anatomy ultrasound done at 20 weeks, is more accurate than sure dates in a regular cycle
 - ▶ Only 10% of women ovulate on day 14 even with regular 28 day cycles
 - ▶ 25 % of women ovulate outside days 8-17
 - ▶ 10% of women ovulate twice in a cycle
 - ▶ Sperm can live 3-6 days
- ▶ Key benefit – reduces inductions for post dates by up to 40%

STEP 2: Dating Ultrasound

Requisition for dating US:

▶ G2A1L0

4. Obstetrical History Gravida _____ Term _____ Preterm _____ Abortus (Induced _____ Spontaneous _____) Living _____

▶ LMP: Sept 10, 2024

▶ EDD by dates: June 17, 2024

▶ Current gestational age (GA): 6w0

▶ Please see for dating ultrasound between 11-13 wks GA

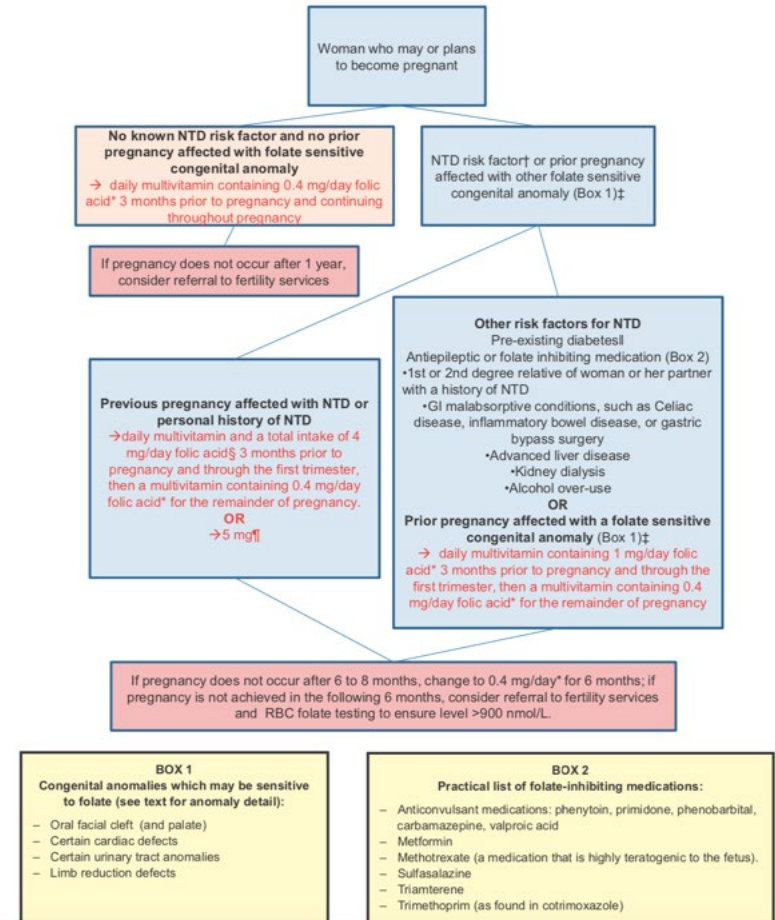
STEP 3: Lifestyle - Risk Assessment

- Exercise/Diet
 - Any dietary restrictions? Iron sources?
Food safety counselling
 - Food security
- Substance use
 - Screen for EtOH, substance use and connect to appropriate resources
 - Pregnancy is a key time to motivate behavioural changes
 - RACE line has Perinatal Addictions support
- Other risks
 - Exposures: second hand smoke
 - Medications – OTC and prescribed
 - IPV
 - Mood/anxiety disorders – can refer to Perinatal Psychiatry

STEP 3: Lifestyle - Folic Acid

Per Society for OBGYN (SOCG) Guidelines:

- LOW RISK
 - 0.4mg/day
- MODERATE RISK
 - 1mg/day until 12 weeks, then 0.4mg/day
- HIGH RISK
 - 4mg/day (practically can take 5mg pill for ease)



STEP 4: Labs

BLOOD AND URINE TESTING

Recommend to ALL Women:

- CBC
- Urine C&S
- Chlamydia and gonorrhea Nucleic Acid Amplification Test (urine, cervical or vaginal self-collection if avail.)
- HBsAg, STS/RPR, HIV, Rubella titre
- Blood ABO Group, Rh factor, and antibody screen



Additional Tests to Recommend/offer to Women with Risk Factors:

- HbA1c if at risk for Type 2 Diabetes
- anti-HCV if at risk for Hepatitis C
- TSH if clinically indicated
- Varicella antibody if history uncertain
- Ferritin if at risk for anemia
- HPLC (high performance liquid chromatography) for Thalassaemia and Hemoglobinopathy carrier screening for all women EXCEPT those who are:
 - Japanese
 - Korean
 - Northern European Caucasian
 - First Nations or Inuit
- Tay-Sachs screen if woman or partner is/may be Ashkenazi Jewish (AKJ) descent; or AKJ carrier full screen if both are/ may be of AKJ descent. Special form required, see resources.

Case 1: Meera

- ▶ You ask a few more questions to identify whether Meera may require additional tests. Meera adheres to a vegetarian diet. She does not recall whether she had chicken pox as a child. She thinks she had all of her routine childhood vaccines. She had a thorough medical review as part of the immigration process and does not have any significant medical conditions. She thinks there may have been a grandparent with diabetes but both her parents are healthy. All of her ancestors lived in India.
- ▶ **What additional tests would you order for Meera?**

Case 1: Meera

HEMATOLOGY	URINE TESTS	CHEMISTRY
<input checked="" type="checkbox"/> Hematology profile <input type="checkbox"/> INR PT-INR <input checked="" type="checkbox"/> Ferritin (query iron deficiency) HFE - Hemochromatosis (check ONE box only) <input type="checkbox"/> Confirm diagnosis (ferritin first, \pm TS, \pm DNA testing) <input type="checkbox"/> Sibling/parent is C282Y/C282Y homozygote (DNA testing)	<input type="checkbox"/> Macroscopic \rightarrow microscopic if dipstick positive <input type="checkbox"/> Macroscopic \rightarrow urine culture if pyuria or nitrite present <input type="checkbox"/> Macroscopic (dipstick) <input type="checkbox"/> Microscopic * * Clinical information for microscopic required: _____	<input type="checkbox"/> Glucose - fasting (see reverse for patient instructions) <input type="checkbox"/> Glucose - random <input type="checkbox"/> GTT - gestational diabetes screen (50 g load, 1 hour post-load) <input type="checkbox"/> GTT - gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test) <input type="checkbox"/> GTT - non-gestational diabetes <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - Urine
MICROBIOLOGY - LABEL ALL SPECIMENS WITH PATIENT'S FIRST & LAST NAME, DOB, PHN & SITE		
ROUTINE CULTURE On Antibiotics? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____ <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Superficial Wound, Site: _____ <input type="checkbox"/> Deep Wound, Site: _____ <input type="checkbox"/> Other: _____ VAGINITIS <input type="checkbox"/> Initial (smear for BV & yeast only) <input type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas) <input type="checkbox"/> Trichomonas testing GROUP B STREP SCREEN (Pregnancy only) <input type="checkbox"/> Vagino-anorectal swab <input type="checkbox"/> Penicillin allergy CHLAMYDIA (CT) & GONORRHEA (GC) by NAAT Source/site: <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Vagina <input type="checkbox"/> Throat <input type="checkbox"/> Rectum Other: _____ GONORRHEA (GC) CULTURE Source/site: <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Throat <input type="checkbox"/> Rectum Other: _____ STOOL SPECIMENS History of bloody stools? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> <i>C. difficile</i> testing <input type="checkbox"/> Stool culture <input type="checkbox"/> Stool ova & parasite exam <input checked="" type="checkbox"/> Stool ova & parasite (high risk, submit 2 samples) DERMATOPHYTES <input type="checkbox"/> Dermatophyte culture <input type="checkbox"/> KOH prep (direct exam) Specimen: <input type="checkbox"/> Skin <input type="checkbox"/> Nail <input type="checkbox"/> Hair Site: _____ MYCOLOGY <input type="checkbox"/> Yeast <input type="checkbox"/> Fungus Site: _____	HEPATITIS SEROLOGY <input type="checkbox"/> Acute viral hepatitis undefined etiology Hepatitis A (anti-HAV IgM) Hepatitis B (HBsAg \pm anti-HBc) Hepatitis C (anti-HCV) <input type="checkbox"/> Chronic viral hepatitis undefined etiology Hepatitis B (HBsAg; anti-HBc; anti-HBs) Hepatitis C (anti-HCV) Investigation of hepatitis immune status <input type="checkbox"/> Hepatitis A (anti-HAV, total) <input type="checkbox"/> Hepatitis B (anti-HBs) Hepatitis marker(s) <input type="checkbox"/> HBsAg (For other hepatitis markers, please order specific test(s) below) <input checked="" type="checkbox"/> HIV Serology (patient has the legal right to choose not to have their name and address reported to public health = non-nominal reporting) <input type="checkbox"/> Non-nominal reporting	LIPIDS <input checked="" type="checkbox"/> one box only Note: Fasting is not required for any of the panels but clinician may specifically instruct patient to fast for 10 hours in select circumstances [e.g. history of triglycerides > 4.5 mmol/L], independent of laboratory requirements. <input type="checkbox"/> Full Lipid Profile - Total, HDL, non-HDL, LDL cholesterol, & triglycerides (Baseline or Follow-up of complex dyslipidemia) <input type="checkbox"/> Follow-up Lipid Profile - Total, HDL & non-HDL cholesterol only <input type="checkbox"/> Apo B (not available with lipid profiles unless diagnosis of complex dyslipidemia is indicated) THYROID FUNCTION For other thyroid investigations, please order specific tests below and provide diagnosis. <input type="checkbox"/> Monitor thyroid replacement therapy (TSH Only) <input type="checkbox"/> Suspected Hypothyroidism (TSH first, fT4 if indicated) <input checked="" type="checkbox"/> Suspected Hyperthyroidism (TSH first, fT4 & fT3 if indicated) OTHER CHEMISTRY TESTS <input type="checkbox"/> Sodium <input type="checkbox"/> Creatinine / eGFR <input type="checkbox"/> Potassium <input type="checkbox"/> Calcium <input type="checkbox"/> Albumin <input type="checkbox"/> Creatine kinase (CK) <input type="checkbox"/> Alk phos <input type="checkbox"/> PSA - Known or suspected prostate cancer (MSP billable) <input type="checkbox"/> ALT <input type="checkbox"/> PSA screening (self-pay) <input checked="" type="checkbox"/> B12 <input type="checkbox"/> Pregnancy test <input type="checkbox"/> Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> β -HCG - quantitative <input type="checkbox"/> T. Protein
OTHER TESTS - Standing Orders Include expiry & frequency		
<input type="checkbox"/> ECG <input type="checkbox"/> FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program <input type="checkbox"/> FIT No copy to Colon Screening Program		
urine C&S (r/o asymptomatic bacteremia in pregnancy) prenatal group and antibody screen Rubella titre, HBsAg, syphilis, thalassemia screen, varicella IgG		
SIGNATURE OF PRACTITIONER		DATE SIGNED
"Electronically signed"		2025-04-06
DATE OF COLLECTION	TIME OF COLLECTION	COLLECTOR
TEL EPHONE REQUISITION RECEIVED BY: (employee/date/time)		

Case 1: Meera

- ▶ Because Meera is only 8 weeks by dates, you provide her with some resources to review her options for genetic screening and make a plan to discuss at the next visit in two weeks.
- ▶ **If she decides she would like to pursue genetic screening, what would her options be?**
- ▶ NIPT (non invasive prenatal test)
- or
- ▶ IPS (integrated prenatal screen) : because she is 35 , she should have a nuchal translucency (NT) ultrasound in addition to the serum screening

STEP 5: Prenatal Genetic Screening

- Considerations for choice of test:
 - Access
 - Cost
 - Test performance

Available Tests for Prenatal Genetic Screening

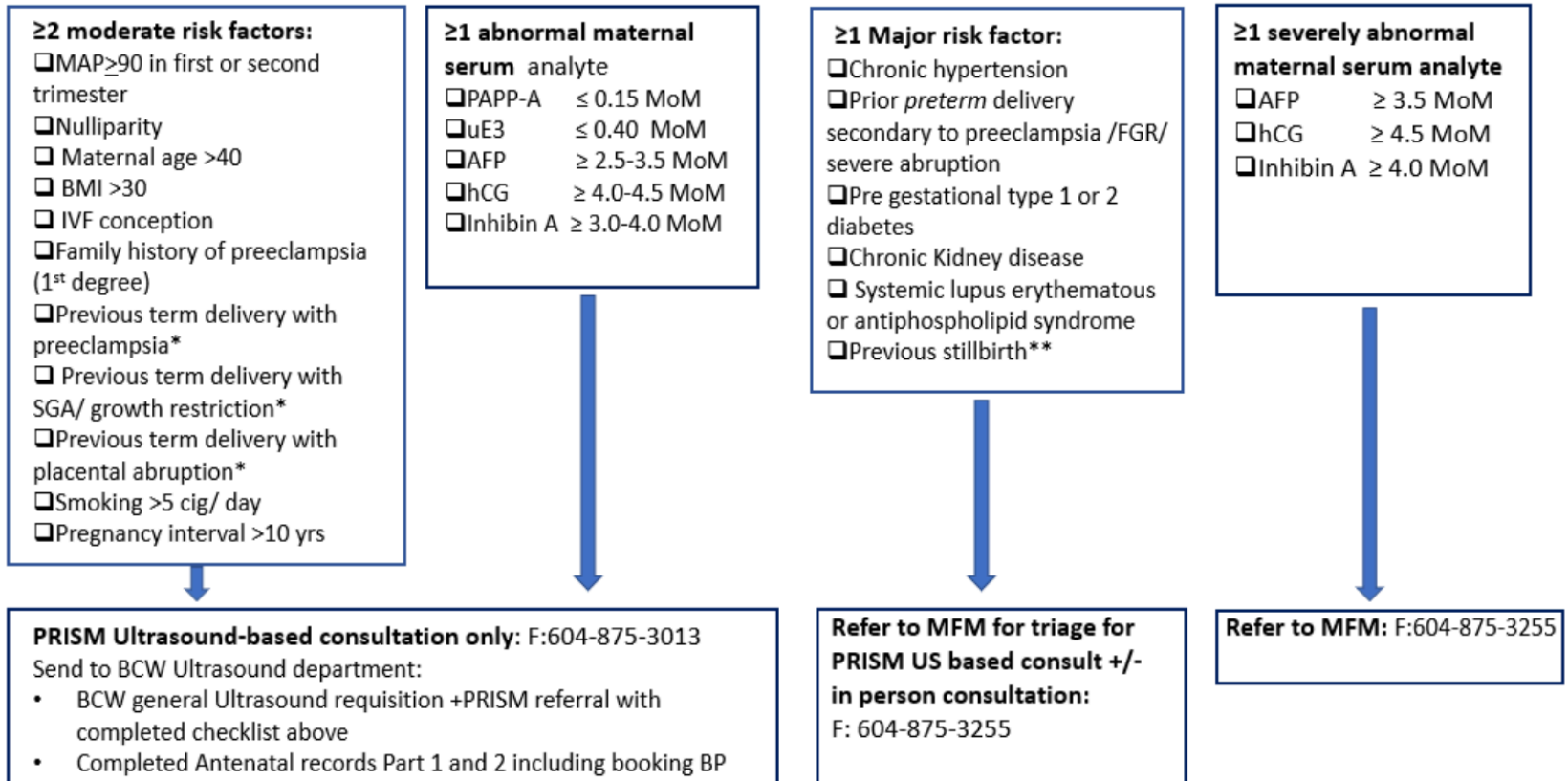
- **SIPS** – Serum Integrated Prenatal Screen: Part I at 9-13⁺⁶ wks; Part 2 at 14-20⁺⁶ wks.
- **IPS** – Integrated Prenatal Screen: SIPS + NT ultrasound at 11-13⁺⁶ wks.
- **Quad Screen** – SIPS Part 2
- **NIPT** – Noninvasive Prenatal Screen / cell-free fetal DNA: single serum test from 10 wks on.

Screening Options for Singleton Fetus at Time of First Visit			
Maternal Age	9-13 ⁺⁶ weeks	14-20 ⁺⁶ weeks	≥ 21 weeks
<35 yrs	SIPS and detailed US	Quad and detailed US	Detailed US
35-39 yrs (& all twins)	IPS and detailed US	Quad and detailed US	Detailed US
40+ yrs	IPS and detailed US	Quad and detailed US	Detailed US
	CVS or amniocentesis is available without prior serum screening		
All ages	Private Pay: NIPT from 10 wks on; FTS or NT at 11-14 wks		

STEP 6: Pre-eclampsia prevention

Before 16 weeks

1. If maternity care provider referral delayed, do risk assessment and start ASA
2. Consult for assistance as needed (RACE, colleague)
3. Placental health clinic referral



Case 1: Meera

- ▶ **Will you be the one to deliver my baby?**
- ▶ If you refer Meera to another maternity provider, what information would you send along with the referral?
 - ▶ Antenatal record 1 and 2
 - ▶ Blood and urine testing results
 - ▶ Genetic screening results
 - ▶ Dating ultrasound
 - ▶ Pap test and STI screening results

Landscape of Maternity Care in BC

- ▶ Patients can choose to be cared for by (depending on availability):
 - ▶ Midwives - offer home or hospital births
 - ▶ FP-OBs
 - ▶ OB-GYNs
- ▶ Scope of community FPs depend on personal skill set and needs of the area

Case 2: Kyra

- ▶ Kyla is a 21 year old patient who presents for a visit in your family practice because she is tired all the time and has been gaining weight. She says her periods are always irregular and she doesn't remember when her last one was. She is sexually active with male partners and does not use contraception. Her mother Nancy is also a patient at your practice, who has been seeing you regarding anxiety. Nancy has been worried about Kyla, who dropped out of college this year. Urine pregnancy test in the office is positive. Kyla is surprised and ambivalent about the pregnancy. On examination, fundus is at the umbilicus.
- ▶ **What are her options regarding the pregnancy?**

Case 2: Kyra

- ▶ **What are her next steps if she continues with pregnancy?**
- ▶ Urgent ultrasound for dating and anatomy
- ▶ Blood work
- ▶ Offer genetic screening – Quad screen or NIPT

Case 2: Kyra

- ▶ You explain that as part of routine screening for pregnancy, you ask all patients about medications and substances that they use. You begin by asking her about any over the counter, traditional, or herbal medications. Then you ask her about any alcohol, smoking, or substance use. She initially says that she uses “pot once in a while, it helps with anxiety”. You tell her you’re sorry to hear she’s been experiencing anxiety, and that you’d like to help her with that. You let her know that there are safer options in pregnancy if she chooses to continue. She then confides that over the past year, she has also been using stimulants, initially starting at parties, but becoming more regular and often using “downers” to come down after a high.
- ▶ She asks, “Are you going to report me to the government?”
- ▶ **Do you have any legal requirement to report Kyla’s pregnancy as a child protection concern?**

Substance use and Pregnancy

- ▶ Caring for people using substances during pregnancy is less about the “what” and more about the “how”
- ▶ Relationship is the foundation of effective care
- ▶ Harm reduction, patient centred philosophy
- ▶ The initial encounter is crucial
- ▶ Addictions research has shown that the client’s first impression of welcome and acceptance by a treatment facility significantly increases the likelihood that they will develop an effective relationship with the facility

- ▶ As a family physician who may already have a relationship with the patient, you can have a significant impact on the patient’s engagement and care

RACE – Urgent Consultation Resource



**RAPID ACCESS TO
CONSULTATIVE EXPERTISE**

**Monday to Friday 0800-1700
Local Calls: 604-696-2131
Toll Free: 1-877-696-2131**

[About RACE](#)

[BC & YK Family Physicians / Nurse Practitioners](#)

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Access RACEapp
on your Desktop



Perinatal Addictions, Perinatal Psychiatry, OBGYN

How do we get this all done?

Break it into multiple visits

First step: estimate due date based on LMP

- ▶ Under 10 weeks, take a breath (can schedule multiple visits)
- ▶ 10+ weeks, get moving!



Summary of early visits

Time sensitive must do's:

Case study:
Meera, 8 weeks

1. Labs, ultrasound, folic acid + lifestyle, resources for genetic screening
2. Genetic counseling visit
3. CPX, referrals

	<10 Weeks	10+ Weeks	
1st visit	E stimate due date L ifestyle (folic acid, vit D, alcohol, substance B lood and urine tests		1st visit
	G enetic screening - provide link to PSBC website/video	G enetic screening - review options and timelines, requisition	
2nd visit	Genetic screening - follow up video and counseling		2nd visit
	Confirm due date (ultrasound) Follow up tests Complete history on Antenatal Record page 1		
3rd visit	Complete physical exam Early public health referral if needed Refer to maternity care provider		2nd or 3rd visit

Case study:
Kyla, 20+ weeks

1. Engagement , offer as acceptable to patient – labs, ultrasound, lifestyle, genetic screening
2. CPX , referrals, complete topics from #1

How do we get all this done?

1. Use reference cards and checklists
2. Automate processes
3. Give the pregnant person resources
4. Streamline referral processes (cards, tear-pads, printed info)
5. Work with EMR providers and user groups to streamline processes- create and share fillable forms



How do we get this all done?

1. Use reference cards and checklists

- Checklists
 - BC Maternity Care Pathway
 - Perinatal Services BC
- Information management systems – know what works for you
 - Evernote, Onenote, Google Drive, etc
- Templates in EMR/ AI scribe
- Keep your resource reference lists

BCPHP Obstetric Guideline 19 MATERNITY CARE PATHWAY

February 2010

About The BC Maternity Care Pathway

This guideline is intended as a reference for best practice for routine prenatal care for all women in BC. It was developed in response to recommendations of the BC Maternity Care Enhancement Project (2004). This project called for the development of a woman-centered pathway to outline the care that a woman can expect to receive at each stage of her pregnancy.

The purpose of the pathway is to inform all care providers of the current evidence-based recommendations for routine care in pregnancy to ensure that all women in BC receive the same high standard of care regardless of their residence or service provider or special needs. The guideline is intended for use by physicians, midwives, nurses and other healthcare professionals who care for pregnant women. This document does not include guidelines for additional care that some women need.

The overarching philosophy represented in this guideline is that pregnancy is a normal physiological process and therefore any interventions offered should have known benefits and be acceptable to pregnant women.

A companion booklet, *Women's Health: Pregnancy Passport*, has been developed for pregnant women. The *Women's Health: Pregnancy Passport* provides women with the same best practice information about the care they can expect to receive during pregnancy, birth, and the early postpartum period. The aim is to support women to participate fully in their care in partnership with their care provider(s). The *Women's Health: Pregnancy Passport* allows for personal documentation of a woman's visits to her care provider(s) and contains a list of resources for further information. The *Women's Health: Pregnancy Passport* complements the book, *Baby's Best Chance: Parents Handbook of Pregnancy and Baby Care*.

BC Perinatal Health Program
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Vancouver, BC Canada V6H 3N1
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www.bcpnp.ca

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While every attempt has been made to ensure that the information contained herein is accurate and current, the BC Perinatal Health Program acknowledges that some issues remain controversial and therefore may be subject to practice interpretation.

© BCPHP, 2010

Early Prenatal Care Summary and Checklist for Family Physicians


These recommendations are based on a review of the best evidence and consensus opinion of the Vancouver Division of Family Practice Maternity Care Network Committee.

This checklist is a summary of the recommendations found in the Women's Health Maternity Care Pathway (2010) for the care of a pregnant woman at her first visit(s) to a health care provider. Some recommendations are updated here from the 2010 guideline and are marked *(new)*. Women should have the opportunity to make informed decisions about their care, investigations, and treatment in partnership with their healthcare professionals.

At first contact with a health care provider, a pregnant woman should be offered ALL of the following:

REFERRAL TO A MATERNITY CARE PROVIDER

- Consider referral to a family physician who provides



- Use first ultrasound to determine due date *(new)*. Dating scans under 7 weeks are not accurate and need to be repeated.
- If dates are sure and the woman is getting a nuchal translucency (NT) scan for prenatal screening there is no need for a separate dating scan. If dates are unsure and woman wants to have an NT scan, a dating scan first estimated 8-9 weeks to

Template Example Visit #1

S: ?Pregnant

No/Yes +ve home test

Pregnancy is planned/unplanned, feels __

LMP: cycles regular q28d

GA: EDD: G_L_

No N/V, no bleeding or cramping

Last Pap/cervical ca screening:

Planning to attend __ for pregnancy care

O/E: Appears well, NAD, smiling

BP

Urine preg test: +ve

A/P: Pregnancy

1. Pt plans to attend __ for pregnancy care and will self-register/ I will refer.
2. Discussed time sensitive issues including genetic screening, handout provided
3. Discussed folic acid, healthy lifestyle, avoidance of etoh and excessive caffeine, etc
4. Req provided for prenatal blood work and dating u/s
5. Pt to f/u here or with PN care provider prior to 10w if would like genetic screening

Time-savers & Resources

1. Use reference cards and checklists

- ◆ Perinatal Services BC, genetic screening provider resources
- ◆ Use prenatal genetic screening reference cards to remind yourself of timing and tests

PRENATAL SCREENING FOR DOWN SYNDROME, TRISOMY 18 AND OPEN NEURAL TUBE DEFECTS

Prenatal screening estimates the fetal risk of Down syndrome, trisomy 18, and open neural tube defects. The results will assist in determining the need for further diagnostic testing (e.g. amniocentesis).
The screening tests offered will vary according to the gestational age at the time of presentation and maternal age at the time of delivery.

Table 1: Tests available through the BC Prenatal Genetic Screening Program

TEST NAME	MARKERS/ MEASUREMENTS	POSSIBLE TIMEFRAME	BEST TIMEFRAME
Serum Integrated Prenatal Screen (SIPS) blood test #1	PAPP-A	10 – 13 ⁺ wks	10 ⁺ – 11 ⁺ wks
SIPS blood test #2	AFP uE3 hCG Inhibin-A	15 – 20 ⁺ wks	15 ⁺ – 17 wks
Integrated Prenatal Screen (IPS)	Same as SIPS (blood tests #1 & #2) with addition of NT ultrasound ¹	See SIPS for blood tests 11 – 13 ⁺ wks	See SIPS for blood tests 12 – 13 ⁺ wks
Quad blood test	Same as SIPS blood test #2	15 – 20 ⁺ wks	15 ⁺ – 17 wks
MS-AFP	AFP	15 – 20 ⁺ wks	15 ⁺ – 17 wks
2nd trimester ultrasound	Detailed assessment of fetal anatomy and growth	18 weeks and onward	18 – 20 wks

¹ If an NT ultrasound is performed, a separate first trimester dating ultrasound is not necessary.

Resources

- BC Prenatal Genetic Screening Program; guideline and related patient teaching resources; www.bcprenatalscreening.ca
- Canadian Down Syndrome Society; T (800) 883-5608; E info@cdss.ca; www.cdss.ca
- Down Syndrome Research Foundation (Canada); T (604) 444-3773 or toll-free in Canada at 1-888-464-DSRF; www.dsrf.org
- Genetics Home Reference (US National Library of Medicine); www.ghr.nlm.nih.gov
- Lower Mainland Down Syndrome Society (Canada); T (604) 591-2722; www.lmdss.com
- Society of Obstetricians and Gynaecologists, Clinical Practice Guidelines (Canada); www.sogc.org/guidelines
- Spina Bifida and Hydrocephalus Association of BC; T (604) 878-7000; E info@sbhabc.org; www.sbhabc.org
- Support Organization For Trisomy 18, 13, and Related Disorders (SOFT; US); www.trisomy.org

Questions about prenatal screening in BC

Prenatal Biochemistry Laboratory: T (604) 875-2331 • (0800-1600 hrs, M-F)

Genetic counselling services (Medical Genetics)

Victoria: T (250) 727-4461 • Fax for referrals: (250) 727-4295

Vancouver: T (604) 875-2157 • Fax for referrals: (604) 875-3484

BC Prenatal
Genetic Screening
Program
PERINATAL SERVICES BC



Table 2: Screening options available through the BC Prenatal Genetic Screening Program

CHARACTERISTICS OF WOMAN	GESTATIONAL AGE AT THE FIRST PRENATAL VISIT		
	<13 ⁺ WEEKS	14 – 20 ⁺ WEEKS	>21 WEEKS (NO PRIOR SCREENING)
<35 years	• SIPS (if patient is HIV+ & NT is available, IPS)	• Quad	• Detailed ultrasound
35 – 39 years	• IPS; or • If NT not available, SIPS	• Quad	• Detailed ultrasound; and • Amnio
40+ years	• IPS; or • If NT not available, SIPS; or • CVS or Amnio without prior screening	• Quad; or • Amnio without prior screening	• Detailed ultrasound; and • Amnio
Personal/family history that increases risk of fetus with Down syndrome or trisomy 18	• IPS; or • If NT not available, SIPS; or • CVS or Amnio without prior screening	• Quad; or • Amnio without prior screening	• Detailed ultrasound; and • Amnio
Personal/family history that increases risk of fetus with chromosomal abnormality other than Down syndrome or trisomy 18	• CVS or Amnio without prior screening	• Amnio without prior screening	• Detailed ultrasound; and • Amnio
Twin gestation	• IPS; or • If NT not available, SIPS; or • If >=35, Amnio without prior screening	• Quad; or • If >=35, Amnio without prior screening	• Detailed ultrasound; and • If >=35, Amnio
Pregnant following in vitro fertilization & intracytoplasmic sperm injection	• IPS; or • If NT not available, SIPS; or • CVS or Amnio without prior screening	• Quad; or • Amnio without prior screening	• Detailed ultrasound; and • Amnio

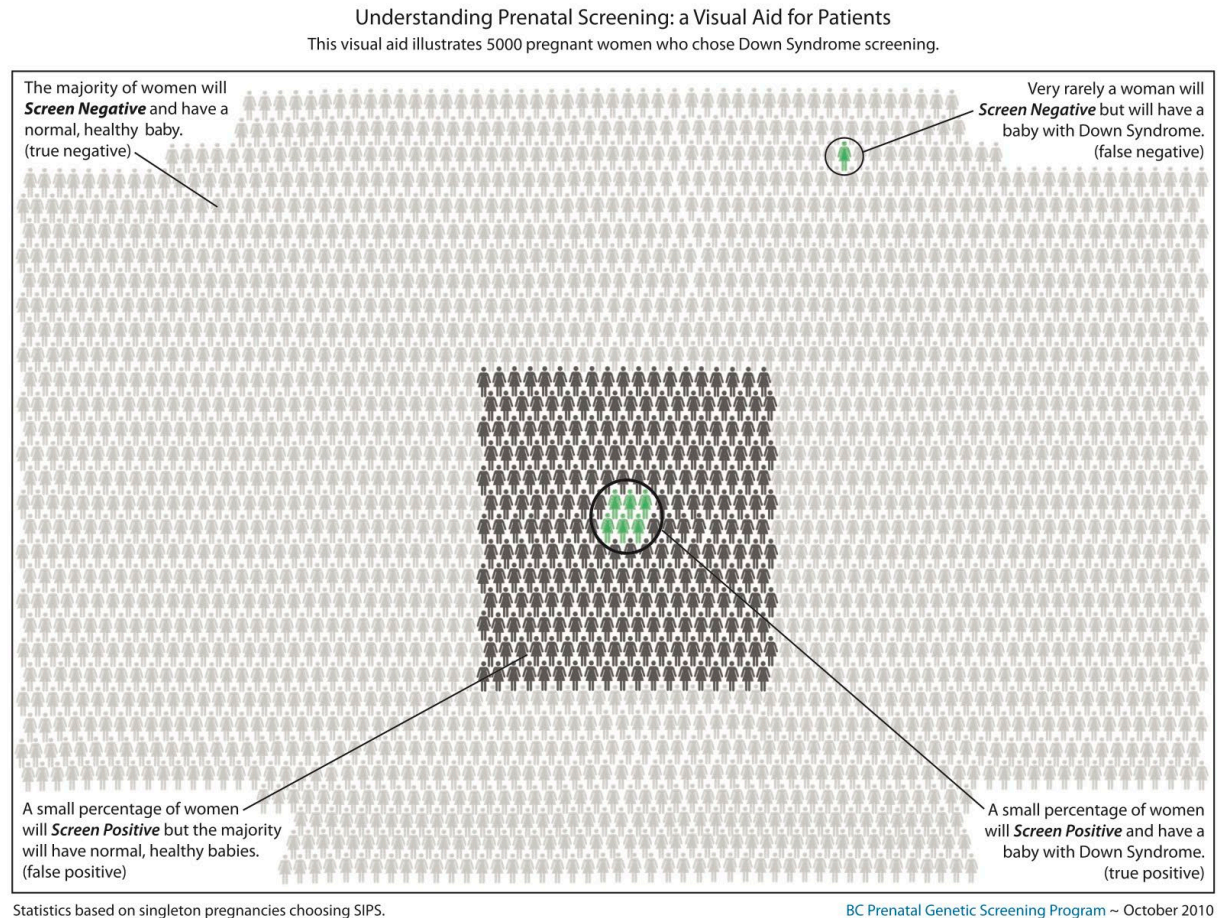
If the prenatal screen result is screen positive for Down syndrome (assuming date is confirmed) or trisomy 18, women should be counselled by their health care provider and offered further diagnostic testing (e.g. amniocentesis).

If the prenatal screen result is screen positive for an open neural tube defect (assuming date is confirmed), women should be referred to Medical Genetics for a detailed ultrasound, for counselling, and, if indicated, diagnostic testing.

Time-savers & Resources

1. Use reference cards and checklists

- ◆ Perinatal Services BC aid:
- ◆ Use visual aids for explaining tests and meaning of false positive and false negative



Time-savers & Resources

2. Automate processes: history & labs

- ◆ **Standardized resource package for patients**

- ◆ **History form pre-fillable**

- Includes TWEAK, screening Q
- Focus on important information

*in resource package

- ◆ **Preprinted Lab Requisition**

- e-form auto-filled or
 - Preprinted lab form
- *in resource package
- Customize additional tests as needed

LABORATORY REQUISITION

ORDERING PHYSICIAN, ADDRESS, MSP PRACTITIONER NUMBER

LOCUM FOR PHYSICIAN: _____

MSP PRACTITIONER NUMBER: _____

For tests indicated with a blue tick box consult provincial guidelines and protocols (www.SCGuidelines.ca).

Yellow highlighted fields must be completed to avoid delays in specimen collection and patient processing.

Bill to: MSP ICBC WorkSafeBC PATIENT OTHER: _____

PHN NUMBER: _____ ICBWorkSafeBC/RCMP NUMBER: _____

SURNAME OF PATIENT: _____ FIRST NAME OF PATIENT: _____

DOB: yyyy mm dd SEX: M F Pregnant? YES NO Fasting? _____ h pc

TELEPHONE NUMBER OF PATIENT: _____ CHART NUMBER: _____

ADDRESS OF PATIENT: _____ CITY/TOWN: _____ PROVINCE: _____

DIAGNOSIS: _____ CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE: _____

HEMATOLOGY		URINE TESTS		CHEMISTRY	
<input checked="" type="checkbox"/> Hematology profile	<input type="checkbox"/> On warfarin?	<input checked="" type="checkbox"/> Urine culture - list current antibiotics	<input type="checkbox"/> Macroscopic → microscopic if dipstick positive	<input type="checkbox"/> Glucose - Fasting (see reverse for patient instructions)	<input type="checkbox"/> Baseline cardiovascular risk assessment or follow-up - Fasting lipid profile, Total, HDL & LDL Cholesterol, Triglycerides
<input type="checkbox"/> PT-INR	<input type="checkbox"/> Special case (if ordered together)	<input type="checkbox"/> Macroscopic → urine culture if pyuria or nitrite present	<input type="checkbox"/> Special case (if ordered together)	<input type="checkbox"/> GTT - gestational diabetes screen (50 g load, 1 hour post-load)	<input type="checkbox"/> Follow-up of treated hypercholesterolemia (ApoB only, fasting not required)
<input type="checkbox"/> Ferritin (query iron deficiency)		<input type="checkbox"/> Macroscopic (dipstick) <input type="checkbox"/> Microscopic		<input type="checkbox"/> GTT - non-pregnant (75 g load, 2 hour test)	<input type="checkbox"/> Hemoglobin A1c
<input type="checkbox"/> Iron & transferrin saturation (hemochromatosis screen)		<input type="checkbox"/> Special case (if ordered together)		<input type="checkbox"/> Albumin:creatinine ratio (ACR) - urine	
		<input type="checkbox"/> Pregnancy test			
MICROBIOLOGY - label all specimens with patient's first & last name, DOB and/or PHN & site		HEPATITIS SEROLOGY		LIPIDS	
ROUTINE CULTURE	List current antibiotics: _____	<input type="checkbox"/> Acute viral hepatitis undefined etiology	Hepatitis A (anti-HAV IgM)	<input type="checkbox"/> Baseline cardiovascular risk assessment or follow-up - Fasting lipid profile, Total, HDL & LDL Cholesterol, Triglycerides	<input type="checkbox"/> Follow-up of treated hypercholesterolemia (ApoB only, fasting not required)
<input type="checkbox"/> Throat	<input type="checkbox"/> Sputum	<input type="checkbox"/> Chronic viral hepatitis undefined etiology	Hepatitis B (HBsAg, anti-HBc)	<input type="checkbox"/> Self-pay lipid profile - Fasting (non-MSP billable)	
<input type="checkbox"/> Superficial Wound	<input type="checkbox"/> Blood	Hepatitis C (anti-HCV)	Hepatitis B (HBsAg, anti-HBc, anti-HBx)		
<input type="checkbox"/> Urine	<input type="checkbox"/> Deep Wound	Investigation of hepatitis immune status	Hepatitis C (anti-HCV)	THYROID FUNCTION	For other thyroid investigations, please order specific tests below and provide diagnosis.
<input type="checkbox"/> Other: _____	Site: _____	Hepatitis A (anti-HAV total)	Hepatitis B (anti-HBc)	<input checked="" type="checkbox"/> Suspected Hypothyroidism (TSH first +/-T4)	<input type="checkbox"/> Suspected Hypothyroidism (TSH first +/-T4, +/-T3)
VAGINITIS	Initial (smear for BV & yeast only)	Hepatitis B (anti-HBc)	Hepatitis B (anti-HBx)	<input type="checkbox"/> Monitor thyroid replacement therapy (TSH only)	
<input type="checkbox"/> Chronic/ recurrent (smear, culture, Trichomonas)	<input type="checkbox"/> Trichomonas testing			OTHER CHEMISTRY TESTS	<input type="checkbox"/> Sodium
<input type="checkbox"/> Vagino-aerobic/anaerobic swab	<input type="checkbox"/> Penicillin allergy	Hepatitis marker(s)	<input checked="" type="checkbox"/> HBsAg	<input type="checkbox"/> Potassium	<input type="checkbox"/> Albumin
CHLAMYDIA (CT) & GONORRHEA (GC)	<input type="checkbox"/> CT & GC testing	HV SEROLOGY	(Patient has legal right to choose nominal or non-nominal reporting)	<input type="checkbox"/> ALT	<input type="checkbox"/> Creatinine / eGFR
<input type="checkbox"/> GC culture: _____	Site: <input type="checkbox"/> Urinary <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Rectal <input type="checkbox"/> Urine	<input checked="" type="checkbox"/> Nominal reporting	<input type="checkbox"/> Non-nominal reporting	<input type="checkbox"/> AST	<input type="checkbox"/> Calcium
STOOL SPECIMENS	Other: _____			<input type="checkbox"/> GGT	<input type="checkbox"/> Creatine kinase (CK)
<input type="checkbox"/> History of bloody stools? <input type="checkbox"/> Yes				<input type="checkbox"/> T. Protein	<input type="checkbox"/> PSA - MSP billable
<input type="checkbox"/> C. difficile testing					<input type="checkbox"/> PSA screening (self-pay)
<input type="checkbox"/> Stool culture					
<input type="checkbox"/> Stool ova & parasite exam					
<input type="checkbox"/> Stool ova & parasite (high risk, 2 samples)					
DERMATOPHYTES					
<input type="checkbox"/> Dermatophyte culture	Site: <input type="checkbox"/> Skin <input type="checkbox"/> KOH prep (direct exam)				
<input type="checkbox"/> Nail					
<input type="checkbox"/> Hair					
MYCOLOGY					
<input type="checkbox"/> Yeast	Site: _____				
<input type="checkbox"/> Fungus					
DATE OF COLLECTION: _____	TIME OF COLLECTION: _____				

Standing order requests - expiry & frequency must be indicated ECG Fecal occult blood (Ages 50-74 asymptomatic only) Copy to Colon Screening Program Fecal Occult Blood (Other Indications)

BLOOD TYPE AND ANTIBODY SCREEN

FERRITIN

STS, RUBELLA IMMUNE STATUS

SIGNATURE OF PHYSICIAN: _____ DATE SIGNED: _____

PHLEBOTOMIST: _____ TELEPHONE REQUISITION RECEIVED BY (employee/function): _____

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information submitted is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required or permitted by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the e-Health Act and/or the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts. Our privacy policy is available at www.tobii.com.

Time-savers & Resources

2. Automate Processes: US and SIPS

- ◆ **Pregnant person can book their own U/S (for some labs)**
 - Indicate best time on requisition by their dates
- ◆ **Use Pregnancy Dating Tool to determine dates for SIPS**
 - Website: Perinatal Services BC -> Estimated Date of Delivery Calculator
 - *EMR integration : some EMRs will assist with this
- ◆ **Attach early ultrasound to SIPS/IPS form if available.**
 - Saves time copying in CRL etc.

How do we get this all done?

3. Engage the pregnant person in their care

- BC Guideline for maternity care: Pregnancy Passport for patients
- Patient handouts and resources
 - I.e. genetic screening, diet and exercise
- Apps for patients:
 - <https://www.smartmomcanada.ca/>
 - Developed by Northern Health Authority in BC and endorsed by SOGC!

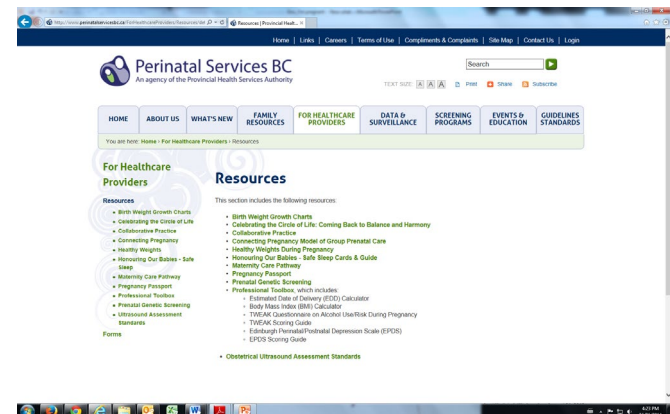
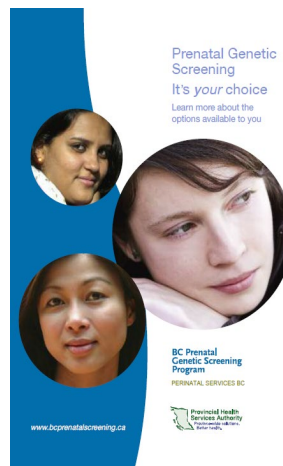


Time-savers & Resources

3. Engage the pregnant person in their care

Offer resources for information on prenatal genetic screening before discussion, if time permits:

- ◆ Video: Prenatal Genetic Screening-Its Your choice
<https://www.youtube.com/watch?v=UTQ1KFGqnXY>
- ◆ Patient Decision Aid *link is in resource list
- ◆ Refer women to PSBC website or give pamphlets



Time-savers & Resources

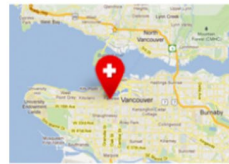
3. Engage the pregnant person in their care

Frequently Asked Questions

» FREQUENTLY ASKED QUESTIONS



Find a Maternity Care Doctor



Find a Doctor

Most women who are expecting a baby have a lot of questions about their pregnancy and their health care. Here are the answers to some of our most frequently asked questions.

± [What's the difference between seeing an obstetrician, a family doctor and a midwife?](#)

± [When should I start my pregnancy care?](#)

± [How can I arrange to see a family doctor for maternity](#)

FAQ for patients
Pregnancyvancouver.ca

Resources for patients

Pregnancy Vancouver
A Vancouver Division of Family Practice initiative

Vancouver Division of Family Practice
A GPIC initiative

Find a Doctor

Home About Us FAQs Find a Doctor **Resources** For Physicians Blog Q

Resources

» RESOURCES

- [Book Lists](#)
- [Breastfeeding](#)
- [Exercise and Pregnancy](#)
- [Helpful Websites](#)
- [Maternity Hospitals in Vancouver](#)
- [Prenatal Classes](#)

Accurate pregnancy information can be difficult to find. That's why we've created a list of helpful pregnancy websites, a book list, and more.

Baby's Best Chance, free PDF

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Baby's Best Chance



Provider Resources

Provincial Health Services Authority | Perinatal Services BC



Perinatal
Services BC

Perinatal & Newborn
Health Hub

Cultural S

Welcome perinatal and newborn health care professionals

The Perinatal & Newborn Health Hub (the Hub) is the one-stop portal for perinatal and newborn health information resources, education, and alerts in British Columbia (BC).

Search Hub content

Search Site



Prenatal Primary Care Checklist

Initial visit

- Discuss practice model, scope, team and call schedules
- Discuss how to contact (hospital, HCP)
- Discuss reasons to contact HCP (ex pregnancy loss S/Sx)
- Provide Baby's Best Chance & Pregnancy Passport
- Records release sign if needed
- Discuss prenatal genetic screening + requisition
- Order routine prenatal investigations
- Consider inherited conditions, hemoglobinopathies, GDM risk
- Review pregnancy EDD
- Recommend first trimester ultrasound
- Placental complications risk assessment
- Preterm labour risk assessment
- Discuss folic acid and supplementation
- Discuss food handling and safety

By 16 weeks

- History completed
- Physical exam completed
- Initial labs done (+ prenatal genetic screening)
- Discuss and book detailed ultrasound
- Hospital pre-registration and tour
- Public health referrals and resources
- Connect with Indigenous support/resources
- Discuss nutrition, exercise, weighing
- Discuss dental health and regular cleaning
- Discuss infant feeding

By 24 – 27 weeks

- Repeat antibody screen if Rh-; if first pregnancy; if antibodies present.
- Rhogam consent/Rx
- Gestational diabetes screen
- Repeat hemoglobin if indicated
- Offer immunizations (incl Tdap, influenza)
- Discuss HDP, PTL, DVT symptoms
- Discuss prenatal education
- FM awareness or FM counting
- Discuss signs & symptoms preterm labour
- Discuss doula and labour support
- Discuss nutrition, exercise, NESTs

By 28 – 30 weeks

- If Rh- Rhogam given
- Mental health screening (EPDS)
- Anesthesia consult if indicated
- Discuss postpartum and discharge planning
- Discuss postpartum family planning/ contraception
- Discuss community resources for infant feeding and parenting

By 32 – 34 weeks

- If Hx HSV, antiviral consent/Rx
- Repeat STI screening if needed
- Confirm planned place of birth/ travel for birth
- Confirm hospital pre-registration
- Schedule cesarean birth (if applicable)
- Discuss birth preferences
- Discuss birth ceremonies and traditions
- Discuss GBS screening+prophylaxis
- Discuss newborn care eye

By 35 – 37 weeks

- Swab for GBS
- Management of GBS & document plan
- If Hx HSV, started on acyclovir at 36 weeks
- Repeat serology screening as indicated
- AN records faxed to hospital(s) (if applicable)
- AN records to referral HCP
- Discuss S/Sx labour and when to page in labour
- Discuss management of the 3rd stage
- Discuss safer sleep for newborns

By 38 weeks

- Discuss prevention of postdates
- Discuss cervical sweeps
- Discuss postdates protocol/ induction
- Discuss fetal monitoring during labour
- Discuss early labour strategies
- Discuss care of perineum: labour + postpartum
- Discuss umbilical cord management
- Discuss the "golden hour" of uninterrupted skin-to-skin
- Discuss placenta evaluation, preference keep or dispose
- Discuss postpartum care and support
- Discuss increased fetal surveillance/ NST and IOL at 39wks for clients of advanced maternal age

By 40 weeks

- Book postdates U/S & NST > 41wks
- Book postdates induction

Timesavers and Resources

4. Streamline referrals

- ▶ Use Pathways or local referral networks
- ▶ Give patient known options for care-provider
- ▶ Tear sheets, business cards
- ▶ Patient makes own appointments
- ▶ Standardized process for transfer of records with your staff and what to include.

Pathways – Family Practice OB



ALL SPECIALTIES ▾ FAMILY PRACTICE

[Specialists](#) | [Clinics](#) | [Pearls](#) | [Red Flags](#) | [Patient Info](#) | [Forms](#) | [Inline Files](#) | [Physician Resources](#) | [Community Services](#)

Showing all specialists who accept referrals in Primary care obstetrics. [Clear all filters.](#)

[Hide results from other specialties.](#)

Family practitioner	Specialties	Accepting New Referrals? ↓	Average Non-urgent Patient Waittime	City
Dimithra Hippola GP	Obstetrics / Gynecology and Family Practice	✓	Within one week	Vancouver
Hasan Abdessamad	Obstetrics / Gynecology	✓	Within one week	Vancouver
Alison Macinnes GP	Family Practice	✓	Within one week	Vancouver
Barra O'Briain GP	Family Practice	✓	Within one week	Vancouver
Tania Kung GP	Family Practice	✓	Within one week	Vancouver
Xin-Yong Wang GP	Family Practice	✓	Within one week	Vancouver and Richmond
Florina Feng GP	Family Practice	✓	Within one week	Vancouver and Richmond
Eric Cattoni GP	Family Practice	✓	Within one week	Vancouver
Renee Fernandez GP	Family Practice	✓	1-2 weeks	Vancouver
Dale Steele	Obstetrics / Gynecology	✓	1-2 weeks	Vancouver
Jan (Janis) Ferguson GP	Family Practice	✓	1-2 weeks	Vancouver
Michelle Yuen GP	Family Practice	✓	1-2 weeks	Vancouver
Donna McLachlan GP	Family Practice	✓	1-2 weeks	Vancouver
Yasmin Garcia GP	Family Practice	✓	1-2 weeks	Vancouver
Nasha Grant GP	Family Practice	✓	1-2 weeks	Vancouver
Catherine Lee GP	Family Practice	✓	1-2 weeks	Vancouver
Emily-Kate Higgins GP	Family Practice	✓	1-2 weeks	Vancouver

Filter Family practitioners

- Accepts referrals for
- ADHD: Pediatric
 - ADHD: Adult
 - Accepting new nursing home patients for ongoing care
 - Accepting new office patients for ongoing care
 - Acupuncture
 - Alcohol issues
 - Allergy testing
 - Ankle
 - Anxiety
 - Autism
 - Aviation medicine
 - Birth control counseling
 - Botox for chronic migraine
 - Botox injections: cosmetic
 - Botox neuromuscular
 - Breastfeeding support/Lactation consultation
 - Cancer chemotherapy
 - Cast
 - Child and youth addiction medicine
 - Circumcision - Infant
 - Cognitive behavioral therapy
 - Cosmetic dermatology
 - Cryotherapy
 - Depression

Time-savers & Resources

5. EMR optimization

- ◆ Create prenatal order sets in your EMR
- ◆ Customize early prenatal care flow sheets or templates



Billing – LFP MODEL

COMPLETE AND APPROPRIATE CHARTING IS ESSENTIAL

TIME CODES

1. **98010** Direct patient care (per 15 min)
2. **98011** Indirect patient care (per 15 min)
3. **98012** Clinical Admin time (per 15 min) – max 10% of total hours

VISIT CODES

1. **98031** In person visit
2. **98032** Virtual visit
3. **98022** Minor procedure or diagnostic test – i.e. urinalysis
4. **98021** Standard procedure – i.e. pap test

Billing – Fee for Service

COMPLETE AND APPROPRIATE CHARTING IS ESSENTIAL

1. **I4091** Prenatal visit, subsequent examination
Can use 2-3 visits for initial assessment, partial history, genetic screening counseling, and results.

2. **I4090** Prenatal visit, complete examination
Complete history and physical exam for pregnancy, including pap test if due. May be billed a second time when referred to a maternity care provider.

3. **GI4076** Attachment Patient Telephone Fee (1500/yr.). Must chart the two-way conversation that would replace a patient visit, and have billed:
 - Attachment Participation GI4070 or
 - Maternity Care Network Initiative GI4010

Billing cont.

4. **I4002** Perinatal Health Risk Assessment
Bill in addition to in person visit. Consider using “Rx for Health” tear sheets. You should be discussing full med hx, screening and results so ideal for first visit or CPE
5. **00120** Counseling, minimum 20 minutes, condition recognized as difficult by medical profession AND patient distressed
6. **00100** Visit in office, regular office visit can be billed for non-pregnancy related issues

Resource: <https://bcfamilydocs.ca/simplified-guide-to-fees/>

Billing cont.

00120 Counseling:

- ▶ *Counselling is defined as the discussion with the patient, caregiver, spouse or relative about a medical condition which is recognized as difficult by the medical profession or over which the patient is having significant emotional distress, including the management of malignant disease. Counselling, to be claimed as such, must not be delegated and must last at least 20 minutes.*
- ▶ *Counselling is not to be claimed for advice that is a normal component of any visit or as a substitute for the usual patient examination fee, whether or not the visit is prolonged. For example, the counselling codes must not be used simply because the assessment and/or treatment may take 20 minutes or longer, such as in the case of multiple complaints. The counselling codes are also not intended for activities related to attempting to persuade a patient to alter diet or other lifestyle behavioural patterns. Nor are the counselling codes generally applicable to the explanation of the results of diagnostic tests.*

Billing resources

- ▶ BC Family Doctors (formerly Society of General Practitioners of BC)
<https://bcfamilydocs.ca/> paid membership
- ▶ Local Divisions of Family Practice <https://divisionsbc.ca/>
- ▶ List of ICD-9 codes billable in BC:

<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/diagnostic-code-descriptions-icd-9>

ABOUT US THE LATEST **FOR MEMBERS** WHY JOIN Fee Guide C

Simplified Guide to Fees

We have created a searchable [Billing Help Library](#) with frequently asked questions regarding billing during CC encourage you to look for the answer to your billing question there.

If you cannot find the answer you need, please [send us a billing question](#) using our online form.

+ Recently Updated Fees

GPSC Fees: All GPSC Portal MSP In-Office: Visits & Exams Proced

Bringing it all together

A sample timetable: Meera

- 1. First visit: confirm pregnancy, establish due date (20-30 min)**
 - ▶ Patient instructed to come 10-15 min early for appointment by office staff
 - Given standardized pregnancy resource package
 - Staff show her how to take her weight and do her urine screening for future appointments
 - ▶ Completed pregnancy history in waiting room, form corresponds to antenatal record page 1, quick review in appointment
 - ▶ Address any urgent concerns: folic acid, alcohol, violence...
 - ▶ Order labs (Standard prenatal set in EMR + any additional specific) and give requisition for her to book US
 - ▶ Establish provisional due date and check timing for genetic screening
 - ▶ Give woman resources for decision re genetic screening

Billing:

- ▶ **00100 (Visit in office) + 14002 (Perinatal health risk assessment) + 15120 (UPT)**
- ▶ **LFP – 98010 x 2 (Direct Care for 30 min) + 98031 (in person visit) + 98022 (UPT)**

Bringing it all together

A sample timetable: Meera - VIRTUAL

1. First visit: confirm pregnancy, establish due date (20-30 min)

- ▶ Patient emailed prenatal history form and returned to office before appointment, corresponds to antenatal record page 1, quick review in appointment
- ▶ Address any urgent concerns: folic acid, alcohol, violence...
- ▶ Order labs (Standard prenatal set in EMR + any additional specific) and give requisition for her to book US – by secure patient portal or faxing directly to lab central intake / ultrasound for her
- ▶ Establish provisional due date and check timing for genetic screening
- ▶ Email “first prenatal email” including genetic screening video and website

Billing:

- ▶ 13437 (Telehealth visit) – consider breaking this into 2 visits
- ▶ LFP – 98010 x 2 (Direct Care for 30 min) + 98032 (virtual visit)

Bringing it all together

A sample timetable: Meera

2. **Second visit: genetic screening (10-20 min)**

- ▶ Review options for genetic screening, using PSBC graphics as needed
- ▶ Confirm patient's decision
- ▶ Fill in requisitions using tips above and establish how will she be notified

Billing: ICD-9=V26.3, Genetic counselling

- 00100 (Visit in office)
- LFP - 98010 x 1 (Direct Care for 15 min) + 98031 (in person visit)

3. **Third visit: complete the Hx and CPx (20-30 min)**

or postpone if more counseling re genetic screening needed

Billing: ICD-9= 30B, prenatal care

- 14090, Complete history and physical examination in pregnancy
- LFP - 98010 x 2 (Direct Care for 30 min) + 98031 (in person visit) OR 98021 (if pap done)

Bringing it all together

A sample timetable: Meera - **VIRTUAL**

2. **Second visit: genetic screening** (10-20 min)

- ▶ Review options for genetic screening, using PSBC graphics as needed
- ▶ Confirm patient's decision
- ▶ Fill in requisitions using tips above and establish how will she be notified

Billing: ICD-9=V26.3, Genetic counselling

- **13437 (Telehealth visit)**
- LFP - 98010 x 1 (Direct Care for 15 min) + 98032 (virtual visit)

3. **Third visit: complete the Hx and Cpx (20-30 min)**

or postpone if more counseling re genetic screening needed

Billing: ICD-9= 30B, prenatal care

- 14090, Complete history and physical examination in pregnancy
- LFP - 98010 x 2 (Direct Care for 30 min) + 98031 (in person visit) OR 98021 (if pap done)

A new vision for early pregnancy care:

1. You understand the timing of essential elements of early care.
Patients
2. You are confident with 1st prenatal visits.
3. You have more information and resources to provide
4. Your care is more efficient.
5. Your patients are more engaged in their care
6. You have FP colleagues to refer to and consult with.
7. Your care is making a difference.



Cultural Safety:

LOOKING TO THE FUTURE: ANTI-RACISM AND MATERNITY CARE

- How do we cultivate an anti-racist maternity practice?
 - Race affects maternity outcomes in North America
 - Disparities are magnified by the pandemic, which has shown to disproportionately affect racialized and marginalized populations
 - Multiple obstacles if language/trust/SES limitations

- **Considerations:**
 - Trauma-informed care
 - Consider our lens of what is “normal” - maternity care may look different in different countries
 - Consider blocking longer initial appointments to allow time for questions, help to navigate booking appointments
 - Consider using an interpreter
 - Write things down - numbered list of things to be done for next appointment

Cultural Safety:

LOOKING TO THE FUTURE: ANTI-RACISM AND MATERNITY CARE

► Indigenous populations:

- Cannot assume that our healthcare systems are directly transferrable to Indigenous populations
- Consider how colonization has impacted these communities and caused inequalities, and how these have been amplified by the pandemic

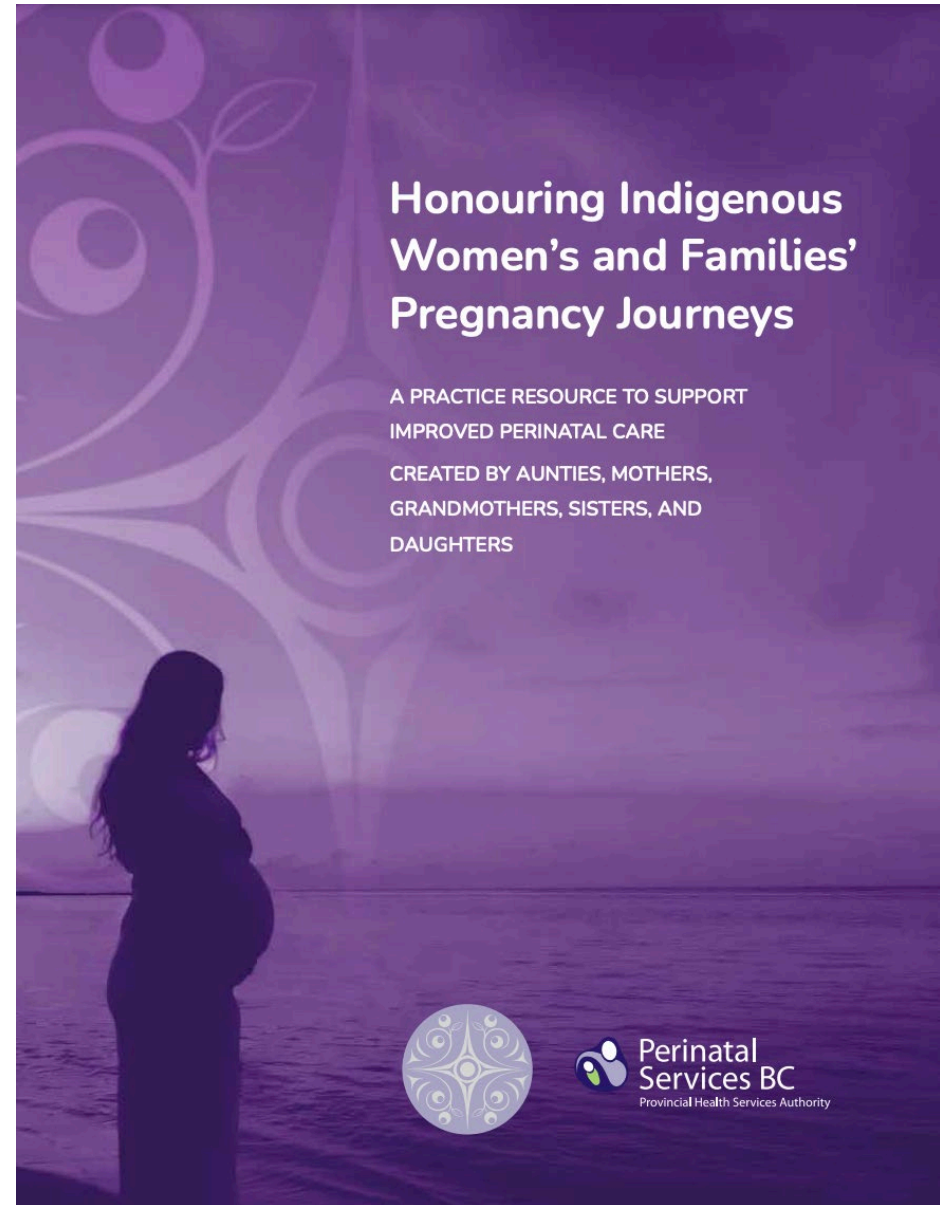
ACTIONS:

- Educate yourself - ex. San'yas Indigenous Cultural Safety Course - understand the history to prevent re-traumatization
- Be open to modifying practice and asking patients for guidance
- Connect patients with resources: social workers for maternity care resources including prenatal nutrition program, public health nurses, aboriginal health navigator
- Understand FNHA Health Benefits
- Can apply for doula care (Doula for Aboriginal Families Grant Program) to allow for continuity of care, trust relationship, cultural competency and advocacy through labour process

Cultural Safety in Indigenous communities:

- ▶ Relational care
- ▶ Strength and resilience based practice
- ▶ Decolonizing medical language
- ▶ Self-determination and autonomy
- ▶ Understanding the history
- ▶ Know your resources – what is covered, doula program, health liaison

http://www.perinatalervicesbc.ca/Documents/Resources/Honouring_Indigenous_Womens_and_Families_Pregnancy_Journeys.pdf



Future directions:

APPENDIX C-4: ANTI-RACISM RESOURCES

- Spoken Language Interpreter: <http://www.phsa.ca/health-professionals/professional-resources/interpreting-services#Access--interpreters>
- Healthiest Babies Possible: http://www.vch.ca/locations-services?search_term=Healthiest+Babies+Possible+Program*
- Health Care System Navigation: <https://patienteduc.fraserhealth.ca/file/finding-your-way-around-our-health-care-system-a-g-229674.pdf>
- Pacific Immigrant Resource Society: <https://pirs.bc.ca/>
- San'yas Indigenous Cultural Safety Training: <http://www.sanyas.ca/>
- FNHA Doula Program: <https://www.fnha.ca/wellness/wellness-for-first-nations/women-men-children-and-families/doula-services>
- Aboriginal Health Navigator: http://www.vch.ca/Locations-Services/result?res_id=771
- Directory of BIPOC Counsellors: www.healingincolour.com

Questions?



Break

Reconvene in 15 minutes

