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 health care 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 offering referral to a family physician (FP) who provides maternity care.
- Discuss all options for choice of maternity care provider (FP, midwife, or obstetrician), appropriate to the woman’s health, resources available, and preferences.

BLOOD AND URINE TESTING RECOMMENDED FOR ALL WOMEN
- CBC, TSH
- Urine C&S
- Chlamydia and gonorrhea (urine or cervical)
- HBsAg, STS/RPR, HIV, Rubella titre
- Blood ABO Group, Rh factor, and antibody screen

ADDITIONAL BLOOD TESTS
- HBA1C if woman is at risk for Type 2 Diabetes
- HepC Ab if at risk
- Varicella antibody if history uncertain
- Ferritin if at risk for anemia
- Thalassemia and hemoglobinopathy carrier screening – add HPLC (high performance liquid chromatography) for all women EXCEPT those who are:
  - Japanese
  - Korean
  - Northern European Caucasian
  - First Nations or Inuit (new)
- Ashplex screen if any family member is of Ashkenazi (northern European) Jewish descent

FIRST TRIMESTER ULTRASOUND FOR DATING
- Recommend dating ultrasound to ALL women ideally between 8-13 weeks.

• Use first ultrasound to determine due date (new). Dating scans under 7 weeks are not accurate and need to be repeated.
• If LMP is certain and the woman is having a nuchal translucency (NT) scan for prenatal screening, there is no need for a separate dating scan.
• If LMP date is uncertain and woman wants to have an NT, recommend a dating scan first at estimated 8-9 weeks to determine when to perform the NT.

PRENATAL GENETIC SCREENING
- Offer screening to all women.
- Offer appropriate test(s) based on woman’s age, when she accesses care, local resources, and woman’s choice. Note options are time-sensitive.
- Prenatal Biochemistry Lab Requisition: http://ow.ly/qPODa

<table>
<thead>
<tr>
<th>Age</th>
<th>Gestational Age at First Prenatal Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9-13&lt;sup&gt;th&lt;/sup&gt; weeks</td>
</tr>
<tr>
<td>&lt;35 yrs</td>
<td>SIPS and detailed US</td>
</tr>
<tr>
<td>35-39 yrs</td>
<td>IPS and detailed US</td>
</tr>
<tr>
<td>40+ yrs</td>
<td>IPS or NIPT and detailed US</td>
</tr>
</tbody>
</table>

Amniocentesis is also available without prior serum screening.

Private Pay Options for Prenatal Genetic Screening:
- Women under age 35 can access NT Ultrasound from private providers (approx. $500) and add to SIPS.
- Women of any age can access FTS from private providers (approx. $500).

www.divisionsbc.ca/vancouver
LIFESTYLE/SUPPLEMENTS

- Recommend and provide Influenza vaccine prior to and during flu season.
- Recommend prenatal vitamin or Folic Acid 0.4-1mg daily prior to conception or at diagnosis of pregnancy.
- Recommend Folic Acid 5mg/d for women with multiples, obesity BMI>35, pre-existing diabetes, previous infant with neural tube defect, taking anticonvulsants, or if daily compliance problematic.
- Provide lifestyle advice: smoking cessation and the implications of substance use and alcohol consumption in pregnancy. Use harm reduction approach if woman unable to abstain. Refer early if substance using.
- Administer TWEAK screening tool for alcohol use.
- Discuss food hygiene and implications of food borne infections. http://ow.ly/qPIDh

At second visit:

- Discuss place of birth and maternity care provider (refer as needed).
- Offer detailed ultrasound for 18-20 weeks: refer if desired.
- Discuss prenatal genetic screening options and refer/order tests as per woman’s choices.
- Recommend Vitamin D supplementation: 10 micrograms (400 IU) daily during pregnancy and breastfeeding for all women in Canada (new) and 800 IU for women in the north in winter.
- Perform complete physical examination or refer to maternity provider.
- Offer Pap smear following usual screening guidelines.
- Provide lifestyle advice: nutrition, exercise (walking) a mimum of 30 min. a day, rest, and stress management.
- Offer early referral to local Public Health Prenatal Program to vulnerable women. Vancouver Coastal Health 1-855-550-2229; other health authorities contact public health.
- Send all records to maternity care provider.

Resources for Health Care Providers

Vancouver Division of Family Practice
www.divisionsbc.ca/vancouver

BC Women’s Hospital Department of Family Practice website
http://pregnancyvancouver.ca/

Gestational Age calculator http://ow.ly/sfEB6

TWEAK questionnaire http://ow.ly/twals

BC Maternity Care Pathway (2010) http://ow.ly/qPOMq

BC Prenatal Genetic Screening Provider and Family information http://ow.ly/t5DmZ

Non Invasive Prenatal Testing (NIPT) http://ow.ly/t5DM1

Screening for Cancer of the Cervix www.screeningbc.ca/cervix

Resources for Families

Pregnancy Passport http://ow.ly/qPP8h

Healthy eating, physical activity, and healthy weight information http://www.healthypregnancybc.ca/

Pregnancy and Food Safety http://ow.ly/qPIdh


First Trimester Pregnancy Information http://ow.ly/qPVwV

BC Prenatal Genetic Screening in various languages http://ow.ly/tpe1m

Vancouver Division of Family Practice

A GPSC initiative

830-777 West Broadway, Vancouver, BC V5Z 4J7
Tel: 604.569.2010 Fax: 604.321.5878

www.divisionsbc.ca/vancouver