

Prenatal Care

One Trimester at a Time

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April 24 and 28, 2015

Preconception

- 50% of pregnancies are unplanned.
- "Are you considering or are you at risk of pregnancy?"
- Family History
 - Genetic diseases
 - Congenital malformations
 - Familial disease
- Folic Acid
- Medications
- Immunizations
 - Rubella and Varicella
- Smoking
- Pre-conception counselling clinic (IWK)

First Visit

- Obstetrical History
- Medical conditions
- Past surgeries
- Medications
- ID
 - varicella
- Family history
- Bloodwork and Urine culture
- Pap smear and swabs

First Visit

- Low risk Vs. High risk
 - Maternal age > 35 @ EDD
 - Multiple gestation
 - Teratogenic risk by infection or class D drug
 - Maternal disease linked to fetal abnormality (ie. IDDM; epilepsy)
 - IVF pregnancy
 - Prior pregnancy history
- IWK early pregnancy review ultrasound



Dates

- First day of last period
- Early ultrasound
- Second trimester ultrasound
 - If within 10 days do not change EDC

First Trimester

- First Visit
- Hyperemesis
- Bleeding

Hyperemesis Gravidarum

- Common, usually mild, improve in 2nd trimester
- Hydration
- Nutritionist
- Diclectin
 - \$\$
- Gravol
- Maxeran
- Zofran
- Acupuncture

First Trimester Bleeding

- CBC, Blood type, QBHCG
- Expectant Management
- Ultrasound

Miscarriage

- Expectant
 - Nature Vs. unpredictable
- Medical management
 - Misoprostol induction
 - 800 mcg PV
- Surgical management
 - Suction D+C

Prenatal Screening

- Maternal Age
 - All pregnant women regardless of age should be offered the option of prenatal screening
 - The risk of fetal aneuploidy increases with maternal age
 - Age 20 = 1/1450
 - Age 30 = 1/950
 - Age 40 = 1/85
 - Maternal age alone is a poor minimum standard for prenatal screening.

Prenatal Screening

- Screening test Vs. Diagnostic test
- "I don't want that blood test because it wouldn't change anything"

Maternal Serum Screen

- First Trimester
 - 9 - 13+6 weeks
- Second Trimester
 - 15 - 20+6 weeks
- Interpreting results

Prenatal Screening

- Combination of:
 - Age
 - History
 - Serum Biochemistry
 - Ultrasound
- Screen "positive" based on predetermined cut off.

Prenatal Screening

8) Maternal serum testing screens for:

- trisomy 21
- trisomy 18
- SLOS
- triploidy
- Open fetal birth defects such as NTD's
- wrong dates
- multiples
- missed abortion
- IUGR risk
- stillbirth risk

Second Trimester

- Ultrasound
- Maternal Serum Screen
- Rh disease
- Gestational Diabetes Screening

Ultrasound

- Dates
- Placenta
 - Low lying
 - Previa
- Fluid
- Growth
- Anatomy

Ultrasound

- Soft makers
 - Echogenic focus in the heart
 - Choroid plexus cyst
 - 2 vessel cord
 - pyelectasis

Blood type

- Rh negative
- WinRho 300ug
 - 28 weeks and postpartum

Gestational Diabetes

- 24-28 weeks
- 50 gram glucose test (Trutol)
- GTT

Third Trimester

- Visits q2 weeks from 28 – 36 weeks
- Weekly visits after 36 weeks
- BP
- Weight
- Urine sample
- Symphysis fundal height
- Fetal heart rate
- Abdomen
- Cervix

Pre-term Labour

Fetal Fibronectin

- 24-34 weeks
- Vaginal swab

Group B Strep

- Vaginal/Rectal swab @ 35-37 weeks
- Penicillin IV in labour
- Other indications for antibiotics
 - + GBS UTI in pregnancy
 - Previously GBS infected baby
 - PPROM

Special Circumstances

- Parvovirus "Fifth's disease"
 - IgG and IgM
- Methadone Use
- Thyroid
 - TSH
- Flu vaccine

Postpartum

- Blues
 - First 2 weeks is normal but depression is common
- Breathing
 - DVT/PE
- Breast
 - Breast feeding, mastitis
- Belly
 - C-section incision
- Bowels
 - Constipation, hemorrhoids
- Bladder
 - UTI, SUI, Kegels
- Bleeding
 - Lochia
- Baby
 - Birth Control
 - Breastfeeding?

Websites

- www.sogc.org
 - Clinical practice guidelines
- www.motherisk.org
- www.sexualityandu.ca

Nurse Practitioners and Prenatal Care

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Nurse Practitioners

- “NPs are registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to:
 - autonomously diagnose, order and interpret diagnostic tests,
 - prescribe pharmaceuticals, and
 - perform specific procedures within their legislated scope of practice.” (CNA, 2012).

Prenatal Care

- Routine prenatal care according PEI Reproductive Care (2015) prenatal guidelines
 - BP, weight, urinalysis, edema evaluation
 - Fetal heart tones, fundus height measurement
 - Psychosocial assessment
 - Continuation of Prenatal Education
- Schedule of Shared Care
 - Similar to that of the family doctor's schedule, meet with the pregnant mother every 4 weeks until 28 weeks, and then every 2 weeks until 34 weeks and then refer to OB/GYN

NP limitations

- WinRho
 - Rh immune globulin (WinRho®) is a blood product recommended whenever there is a chance of an Rh negative woman forming antibodies.
- WinRho is a blood product & These steps are taken to make it safe:
 - all donors are tested for viruses (e.g., HIV, Hepatitis B, Hepatitis C)
 - the product is filtered and treated to kill viruses

Canadian Blood Services (https://www.blood.ca/sites/default/files/Diagnostic_Services/AB-NWT/Rh-Immune-Globulin-Information-for-Patients.pdf)

Role of the collaborating physician

- The NP will collaborate with the physician when:
 - the client's diagnosis or assessment is unclear to the NP
 - the patients who are outside the NP scope of practice
 - patients who present with atypical forms of acute/chronic conditions/diseases
 - Consultation and/or referral would occur with any potentially life-threatening disease, disorder or condition
 - Any sign of a fetal or maternal risk factor

Health PEI (n.d.) Nurse Practitioner Family Physician Practice Agreement.

Resources

- Sensible guide to Healthy pregnancies
- SOGC website
 - <http://sogc.org/clinical-practice-guidelines/>
 - <http://sogc.org/womens-health-information/>
- Mother-risk
 - <http://www.motherisk.org/>
 - 1-877-439-2744 **Motherisk Helpline**
- Materials with no advertising
- Working on a Passport for Pregnant mothers

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Prenatal Psychosocial Health Assessment

Ask Me! Identifying Stressors for Pregnant Women
April 2015

Why do Universal Screening?

- Issues of abuse, mental health and substance use are recognized as having important impacts on the reproductive outcomes of women and their babies
- Routine screening allows us to better care for our patients without making assumptions about their life situation

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Why do Universal Screening?

- These risk factors are not as visible as one may think
- Women want to be asked about abuse
- Universal screening of pregnant and postpartum women is recommended by SOGC, Health Canada, College of Family Physicians of Canada and others

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Prenatal Psychosocial Health Assessment

- Assessment of antenatal factors associated with the poor postpartum outcomes:
- Woman abuse
- Postpartum depression
- Couple dysfunction
- Child abuse
- Physical illness

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Ask Me! Identifying Stressors for Pregnant Women

- Questions divided into 4 sections:
- Family factors
- Maternal factors
- Substance use
- Family violence
- Recommended to complete assessment at 20-30 weeks gestation Reid et al. (1998)

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Antenatal Psychosocial Health Assessment (ALPHA)

- Developed by a multidisciplinary team of family physicians, obstetricians, midwives and nurses.
- Content validity of the forms was established through an extensive evidenced-based literature review and pilot testing.

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Antenatal Psychosocial Health Assessment (ALPHA)

- Further validity and reliability testing in Ontario indicates that the ALPHA does pick up more psychosocial issues.
- The self-report and the provider ALPHA were trialed with P.E.I. by public health nurses and family physicians

Carroll et al (2005), Ontario College of Family Physicians (2010)



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Recommended by:

- Health Canada in its Family-Centred Maternity Care Guidelines.
- Society of Obstetricians and Gynecologists of Canada
- Royal College of Physicians and Surgeons of Canada
- Canadian Pediatric Association



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Recommended by:

- PEI Medical Society
- PEI College of Family Physicians
- PEI Reproductive Care Program
- Canadian Psychiatric Association
- College of Family Physicians of Canada
- Ontario Association of Midwives
- Ontario Medical Association



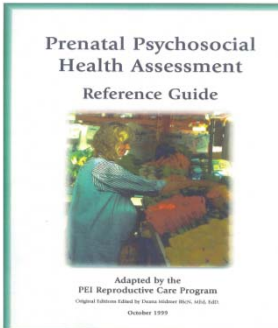
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Billing information:

- This assessment has been approved to be billed as a separate visit and **can be billed once per pregnancy.**
- The **billing code is 2590 - indicate the length of time required to complete the assessment.**
- **Use the appropriate V22 diagnostic code with this billing code.**

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PEI Resource Directory for Families

- Will be available on the website in the near future

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