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 Primary Maternity Care Network Committee and Langley Maternity Clinic Physicians.

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 Langley Maternity Clinic - referral form on third page of this document
- 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)
- HBsAg, STS/RPR, HIV, Rubella titre
- Blood ABO Group, Rh factor, and antibody screen

ADDITIONAL BLOOD TESTS
- anti-HCV if at risk for hepatitis C
- Varicella antibody if history uncertain (V2 IGG)
- Ferritin if at risk for anemia
- Thalassemia screening
- Tay-Sachs screen if woman or partner is/may be Ashkenazi Jewish descent; or Ashkenazi Jewish Carrier full screen if both are/may be of AKJ descent. Special form required, see resources.

FIRST TRIMESTER ULTRASOUND FOR DATING
- Recommend first trimester ultrasound for ALL women ideally between 8-13 weeks.

<table>
<thead>
<tr>
<th>Age</th>
<th>Gestational Age at First Prenatal Visit</th>
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</thead>
<tbody>
<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 NIP and detailed US</td>
</tr>
</tbody>
</table>

Amniocentesis is also available without prior serum screening.

Dear Referring GP/NP:

If you are not certain or comfortable discussing the aforementioned tests and screenings, please refer your patient to the Langley Maternity Clinic. Referral form is attached to this Checklist (Page 3)
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 consumption difficult.
- 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.

At second visit (or refer to LMC):
- Discuss place of birth and maternity care provider. Refer as needed.
- Offer detailed ultrasound for 18-20 weeks and 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 minimum of 30 min. a day, rest, and stress management.
- Send all records to maternity care provider.
- Document BMI and discuss healthy pregnancy weight gain

Resources for Health Care Providers
Langley Division of Family Practice www.divisionsbc.ca/langley
Langley Maternity Clinic www.fraserhealth.ca
Gestational Age Calculator http://www.perinatalservicesbc.ca/health-professionals/professional-resources/edd-calculator
TWEAK questionnaire http://www.perinatalservicesbc.ca/health-professionals/professional-resources/health-promo/alcohol-use-during-pregnancy
Public Pay NIPT: Second tier test and for previous trisomy http://www.perinatalservicesbc.ca/health-professionals/professional-resources/screening/prenatal-genetic/non-invasive-prenatal-testing-nipt

BC Prenatal Genetic Screening: Provider and Family information http://www.perinatalservicesbc.ca/health-professionals/professional-resources/screening/prenatal-genetic
BC Cervical Cancer Screening http://www.screeningbc.ca/Cervix/ForHealthProfessionals/

Resources for Families
Pregnancy Passport http://www.perinatalservicesbc.ca/health-professionals/professional-resources/health-promo/pregnancy-passport
Best Beginnings http://bestbeginnings.fraserhealth.ca
Healthy Families BC Pregnancy and Parenting https://www.healthyfamiliesbc.ca/parenting
Pregnancy and Food Safety http://www.bccdc.ca/health-info/food-your-health/food-safety
BC Prenatal Genetic Screening in various languages http://www.perinatalservicesbc.ca/our-services/screening-programs/prenatal-genetic-screening-program/resources
**LANGLEY MATERNITY CLINIC**
Office Hours: Monday to Friday, 9 am – 4 pm

**REFERRAL REQUEST**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>PATIENT’S NAME:</td>
<td>____________________________ TELEPHONE #: ______________________________</td>
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<tr>
<td>ADDRESS:</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>PHN:</td>
<td>______________________________________________________________________</td>
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<tr>
<td>BIRTHDATE:</td>
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<tr>
<td>REFERRING DR.:</td>
<td>______________________________________________________________________</td>
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<tr>
<td>BILLING #:</td>
<td>____________________________ TELEPHONE: ________________________________</td>
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<td>ADDRESS:</td>
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<td>G _____ T _____ P _____ A _____ L _____ LMP:</td>
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<tr>
<td>PAST OBSTETRIC HISTORY:</td>
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<td>PAST MEDICAL/SURGICAL HISTORY:</td>
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<tr>
<td>ALLERGIES:</td>
<td>______________________________________________________________________</td>
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**INTERPRETER NEEDED**

- [ ] NO
- [ ] YES
- [ ] LANGUAGE ______________

**PRENATAL BLOOD TESTS DONE**

- [ ] NO
- [ ] YES

**DATING ULTRASOUND DONE**

- [ ] NO
- [ ] YES

**Please include the following with the referral letter:**

- [ ] Prenatal Record 1 and 2 (if completed)
- [ ] Previous Surgical Reports/Previous Pregnancy History
- [ ] Prenatal Lab Reports
- [ ] Ultrasound Reports
- [ ] Recent Pap Smear and Culture Reports

Completed forms may be placed in the Langley Maternity Clinic box at:

Langley Memorial Hospital
22051 Fraser Highway
Langley, BC V3A 4H4

Or fax to Langley Maternity Clinic:

Tel: 604-514-6151
Fax: 604-514-6152

*An appointment will be scheduled upon receipt of referral an all requested reports and records.*