First prenatal visit

- Within 12 weeks of LMP
- Fill out Antenatal Record 1 and 2

History

Hx of Current Pregnancy:
- LMP
- Recent use of OCP
- Determine Estimated Date of Birth (EDB)

PObHx:
- G = total number of pregnancies
- T = delivery after GA 37 wks
- P = delivery between GA 20 – 37wks
(still birth = pregnancy loss after 20 wks and/or FBW > 500g)
- A = pregnancy loss prior to 20 wks and/or FBW < 500 g
  Therapeutic abortion?
  Spontaneous abortions?
  Fetal anomaly?
  Maternal issues?
  Surgical procedures: D & C, D & E
  Medical intervention: misoprostol
- L = number of living children

PMHx, PSHx

FamHx

Meds, Allergy

Sx

ROS

Investigations

Routine investigations:
- CBC (Hb, MCV), Group and Screen, Rh antibody screen
- Rubella titre, VDRL (syphilis), HBsAg
- U/A: protein, glucose
- Urine C&S
- Pap smear
- Cervical culture: Gonorrhea, Chlamydia

Consented investigations:
- HIV

Physical Exam

General: VS, weight (BMI)

H/N: thyroid, chloasma (discolouration of face), gums/mucous membranes

Chest: elevated diaphragm

Heart: increased HR, murmurs

Breast: leakage, other physiological change

Abdomen: striae, linea nigra, rectus diastasis, uterus

Pelvic exam:
- Inspection: lesions, previous surgeries
- Speculum:
  inspect vagina for chadwick’s and vaginitis
  inspect cervix for ectropion or polyps
  cervical culture for Gonorrhea and Chlamydia (can be done by urine)
  vaginal culture for BV, yeast (optional), pap smear (if due)
- Bimanual:
  cervix for Hegar’s, uterus for size/shape/consistency, adnexa for masses/size/shape/consistency/mobility/tenderness, body pelvis

F/U visits

Hx:

FM, bleeding, contraction/pain, fluids

Physical exam:

Weight, BP

SFH (from T2)

auscultation of FH (from late T1)

Leopold’s maneuver (GA 30 – 32 wks)

Investigations:

U/A by dip stick

Glycosuria: may not be abnormal

Proteinuria: gestational hypertension or UTI

Dr. Michael Evans developed the One-Pager concept to provide clinicians with useful clinical information on primary care topics.
### References

References can be found online at http://www.dfcm.utoronto.ca/programs/postgraduateprograme/One_Pager_Project References.htm

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## General Prenatal Assessment

### Hep B viral load, Hep C (if hx suggests)

### Other Possible investigations:

- TSH
- Varicella zoster (if no childhood infection)
- Toxoplasmosis (house pets)
- Parvovirus (primary school teacher, frequent contact with young children)
- TB
- Ferritin
- Early GCT, GTT if Macrosomy
- Obesity

### Previous GDM

### Ethnicity: Aboriginal, Asian, African, Hispanic

- HbA1C if IDDM
- Sickle cell, Hb electrophoresis

### Schedule of care

#### 8 – 12 wks: dating U/S (if LMP uncertain)

#### 11 – 13wk+6: FTS (NTUS, b-HCG, PAPP-A), IPS part I (NTUS, PAPP-A)

#### 15 – 17wk+6: IPS part II/MSS (b-HCG, MSAFP, unconjugated E)

#### 18 – 20 wks: anatomy U/S

#### 24 – 28 wks: 1 hr GCT, repeat antibody screen, Rhogam injection @ 28wk

#### 35 – 37 wks: GBS, repeat CBC

#### 40 wks: weekly BPP +/- NST

#### 41+3 wks: plan IOL

### Frequency of care

- GA 0 – 28 wks: q4wks
- GA 28 – 36 wks: q2wks

### Prenatal counseling

#### Nausea and vomiting

- Frequent small meals, avoid mixing fluids and solids, stop prenatal vitamin (but continue folic acid), increase sleep/rest
- 1st line = Diclectin PO II tabs qhs + pm I tab in am, I tab in pm
- Can add Dimenhydrinate (gravol) 50 – 100mg q4-6h PO/PR or promethazin e 5 – 10mg q6-8h PO/PR

#### Nutrition

- Appropriate intake, NOT “eating for two”
- Weight gain of 2-8 lbs in T1, 1 lb/wk till delivery (total of 25-35 lbs during pregnancy in BMI 19.8 – 26)
- Prenatal vitamin = Materna, Preg Vit
- Folic acid supplementation of 0.4 – 1.0 mg from 3 month pre-conception to post partum period (if epilepsy, IDDM, BMI >35, FamHx NTD, high risk ethnicity, then 5mg from 3 month pre-conception to 10-12 week post-conception and then 0.4 – 1.0 mg till post partum)
- Avoid large fish which contains high level mercury
- Avoid unpasteurized milk/cheese, raw meat/poultry/shell fish, unheated prepared meats to prevent listeriosis

### Sexual activities

- Safe as long as comfortable and no bleeding/cramping
- contraindications: Hx of preterm labour, vaginal bleeding or ROM, placenta previa, STI

#### Exercise

- Aerobic and strength conditioning exercises (no abdominal exercises)
- Contraindications: ruptured membrane, preterm labour, HTN of pregnancy, incompetent cervix, IUGR, multiple gestation, placenta previa > GA 28, persistent T2/T3 bleed, PIH and uncontrolled medical conditions

### Immunizations

- live vaccines are contraindicated: MMR, Varicella, Yellow fever
- influenza vaccination during influenza season
- MMR post partum for non Rubella immune patients

### Travel

- Safe upto 36wks for uncomplicated pregnancies
- Airline travel often restricted after 37wks
- Increased risk of DVT and therefore, move about, maintain good fluid intake, avoid caffeine, wear compression stockings