Page 1 of 4



Community Clinics Practice Guidelines Prenatal Care Visit and Lab Work Timing

Purpose:

To ensure appropriate timing on prenatal assessment and lab/diagnostic tests throughout pregnancy.

Prenatal assessments:

Up to 28 weeks gestational age – every 4 weeks 28-36 weeks gestational age: every 2 weeks 36 weeks until delivery: every week

Prenatal Blood work:

Initial Visit	<u>16-20</u>	26 weeks(if	28 weeks	35-37 weeks	36 weeks
	<u>weeks</u>	<u>RH</u>			
		Negative)			
1. Hemoglobin	1.	1.Blood type,	If RH Positive	1. Group B Strep	<u>1.</u>
2. Blood type, RH factor &	Antenatal	RH factor &	1. CBC	prenatal screen	— Hemoglobin
antibody screen.1	U/S (18-20	Antibody	2. P50- if >7.8 then do	(GBPS) ¹¹	ricinogiobili
3. VDRL, Rubella	weeks)	2.CBC	GTT	2. Make OPD	
4. Hepatitis Screen ²	2. MSS	3. P50- if >7.8	3. Confirm due date ⁹	appointments for	
5. HIV screen ³	screening if	then do GTT		remainder of	
6. Toxoplasmosis screen ⁴	client	4. Re- test for	If RH Negative	pregnancy	
7. BMI	consents (Chlamydia if	4. Give WinRho ¹⁰	preferably with same	
8. Urine culture⁵	16-19	positive or if		physician for each	
9. Urinalysis	weeks)	high risk for		visit	
10. pap ⁶		new infection		(LHC only)	
11. Chlamydia					
12. Assess need for early					
U/S for dates ⁷					

¹ If Rhesus negative, partners blood group & Rhesus must be checked as well.

² Hep B routine. Hep C if indicate use of IV drugs

³ Screening for HIV testing is completed routinely on prenatal patients. These patients should be informed, by their health care provider, of any routine testing being performed. A written consent form is not required for this situation

⁴ If indicate contact with cats

⁵ For urine culture on initial visit, it is important to write as a prenatal booking.

⁶ As per Provincial guidelines

^{7.} Assess for certain 1st day of last menstrual period, presence of a 28-day menstrual cycle and normal bleeding pattern at last menses. If these are not present, discuss with community physician re: ordering early U/S for dates

Page 2 of 4

13. Inquire re: history of		
Chicken Pox ⁸		
14. Send standing order to		
book USS		
15. Send Booking form to		
Inpatient unit		

Physician assessment:

<u>Delivery at the Labrador Health Center</u>: Prenatal should be seen <u>each trimester</u> in their community by the visiting physician. Prenatal can only be seen by obstetrician upon the referral from the community physician or a nurse practitioner may consult with a specialist when the primary care physician is not available and if appropriate to the patient needs and practice settings.

<u>Delivery at Charles Curtis Memorial Hospital</u>, arrange antenatal ultrasound, prenatal clinic appointment and OB/GYN visit at 18 weeks gestation.

<u>Pre-pregnancy BMI of 40 or more:</u> requires referral and assessment by both the Obstetrician and Anesthesiologist at 36 weeks of pregnancy.

Transfer:

Labrador Health Center:

All community clinics except Nain, arrange transport to Labrador Health Center to await delivery at 37 weeks gestational age.

Nain prenatal transfer out at 36 gestational weeks.

Charles Curtis Memorial Hospital:

Prenatal are transferred out at 38 weeks.

<u>High risk pregnancies</u>: Transfer date is determined in collaboration with the community physician and may be required to come out earlier.

Materials required:

Newfoundland and Labrador Prenatal Record

⁸ If clinical history is not positive for Varicella(Chicken pox) exposure complete varicella screening blood work

⁹ Date by LMP should be compared to earliest available U/S. If there is a change in due date please discuss with community physician.

¹⁰ Do not give WinRho if antibodies positive

¹¹ If client allergic to Penicillin do sensitivity for Clindamycin & Vancomycin

Page 3 of 4 Antenatal Checklist

Reference:

LGH Clinical Practice Guidelines for Primary Care Nurses Specimen Collection Manual

Revised 22 May 2009 14 Dec 2012 2nd Feb 2015 30 June 2016



CHECKLIST FOR ANTENATAL WORK UPS¹

<u></u>		_				,
	Booking	16 weeks	18 – 20 Weeks	26 Weeks	28 Weeks	36 Weeks
				If Rh Neg	If Rh Pos	
СВС	*			*	*	*
Chlamydia	*			*		
Group & Rhesus	*			*		
AB Screen	*			*		
Rubella	*					
Hepatitis	*					
VDRL	*					
H.I.V.	*					
Toxoplasma ²						
P50				*	*	
G.T.T. ³						
MSS ⁴	*	*				
Ultrasound			*			
L.V.S. & rectal swab for GBS						*

¹ To be checked and initialed by nurse when completed ² Toxoplasma known contact with cat feces ³ GTT – if P50 elevated >7.8 ⁴ To be discussed at booking visit