

## PRENATAL WORK-FLOW

VISIT SCHEDULE	ULTRASOUNDS	DOCUMENT EVERY VISIT
<ul style="list-style-type: none"> <li>◆ 1-28 Wks - Every four weeks</li> <li>◆ 28-36 Wks - Every two weeks</li> <li>◆ &gt;36 Wks - Every week.</li> </ul> <p>Increase frequency of visits if prenatal care began late to comply with Medicaid.</p>	<ul style="list-style-type: none"> <li>◆ If dates are unknown: Schedule an ultrasound for dating between 8-12 wks.</li> <li>◆ If dates are known by LMP: Schedule Ultrasound between 18-20 wks for anatomy                             <ul style="list-style-type: none"> <li>◆ Baby weight ultrasound at 26-28 wks</li> </ul> </li> <li>◆ Additional ultrasounds only if medically necessary</li> </ul>	<ul style="list-style-type: none"> <li>◆ Urinalysis</li> <li>◆ Fundal height (20wks&gt;), vitals, weight                             <ul style="list-style-type: none"> <li>◆ Fetal heart rate (12wks&gt;)</li> </ul> </li> <li>◆ Patient education &amp; counseling</li> <li>◆ Risk factors (social, medical, etc.)</li> </ul>

<b>Positive Pregnancy Test</b>	<ul style="list-style-type: none"> <li>◆ Prescribe prenatal vitamins</li> <li>◆ Give patient proof of pregnancy (required to get Medicaid and WIC)</li> <li>◆ Contact Kimberlyn Bush (Clinical Care Coordinator) for all pregnant pts regardless of insurance. Kimberlyn will set up their care.</li> </ul>	<p style="text-align: center;"><b>COUNSELING</b></p> <p><b>First Trimester (1-12 Wks)</b> HIV and routine prenatal test, risk factors, anticipated course, nutrition and weight, toxoplasmosis precautions (cats/raw meat), sexual activity, exercise, influenza vaccine, smoking, environmental/work hazards, travel, alcohol, drugs, medications, indications for ultrasound, domestic violence, seat belt use, childbirth classes, hospital facilities.</p> <p><b>Second Trimester (13-28 Wks)</b> Signs and symptoms of preterm labor, abnormal lab values, Influenza vaccine, selecting a newborn care provider, smoking counseling, domestic violence, postpartum family planning.</p> <p><b>Third Trimester (29 -40 Wks)</b> Analgesia plans, fetal movement monitoring, labor signs, VBAC counseling, signs and symptoms of gestational HTN, influenza vaccine &amp; Tdap vaccine, breast/bottle feeding, postpartum depression, smoking, domestic violence, newborn education, circumcision, jaundice, SIDS, car seat, medical leave or disability.</p> <p style="text-align: center;"><b>Document under "Education" tab in correlating trimester</b></p>	
<b>MOMCare</b>	<ul style="list-style-type: none"> <li>◆ All patients will see MOMCare, as scheduled by Kimberlyn. At this visit, their prenatal care site/provider is selected &amp; social risk status is determined (referrals are made PRN)</li> <li>◆ If the pt will be using USAFMC for care, Amy Adams will 1) order their routine prenatal labs ("Prenatal Lab Initial USA"-283522 which includes ABO &amp; Rh typing, antibody screen, CBC, HBsAg, rubella antibodies, RPR w reflex, HIV w reflex, and urine cx), 2) order Hgb electrophoresis, PRN, 3) schedule OB Intake visit with physician, 4) schedule ultrasound for dating, PRN, 5) send the OB care provider an intake notice</li> </ul>		
<b>1st Visit/ OB intake</b>	<ul style="list-style-type: none"> <li>◆ Pap smear according to ASCCP guidelines</li> <li>◆ GC/Chlamydia screening (all positive STDs must be treated and TOC done)</li> <li>◆ Review prenatal lab results and document in "Prenatal Detail" tab.</li> <li>◆ Prescribe prenatal vitamins and FeSO4 if needed</li> <li>◆ May give inactivated flu vaccine any time during pregnancy (if in season, give now)</li> </ul>		
<b>15-20 Weeks</b>	<ul style="list-style-type: none"> <li>◆ Genetic counseling &amp; consent for all patients (sample must be taken 15 to 19 wks +6). Document in appropriate location under "Prenatal Detail" tab (if declined testing, document "declined" in the "Prenatal Detail").</li> <li>◆ Schedule ultrasound for fetal anatomy (18-20 wks)</li> </ul>		
<b>24-28 Weeks</b>	<ul style="list-style-type: none"> <li>◆ Re-check antibody screen to see if Rhogam indicated. If Rh (-), refer to OB to administer. Rhogam is to be administered at 28 weeks. (Patient will return to us to continue routine prenatal care. Document rhogam was received in "Prenatal Detail").</li> <li>◆ Diabetes Screen - 1 hr GTT (102277) --normal&lt;140. If results are abnormal, patient will need a 3 hr GTT (102004)</li> <li>◆ Discuss patient's postpartum contraceptive plans. IF she desires BTL and is eligible, obtain electronic consent (one copy to patient, one copy on chart).</li> <li>◆ Schedule ultrasound for fetal weight (26-28 wks)</li> <li>◆ Tdap needs administered with every pregnancy (ideal time 27-36 wks)</li> </ul>		
<b>35-37 Weeks</b>	<ul style="list-style-type: none"> <li>◆ GBS cx (188132) MUST be repeated every 4 weeks. If PCN allergy, order GBS w C&amp;S (188139)</li> <li>◆ Repeat H&amp;H, GC/Chlamydia &amp; VDRL (If indicated)</li> <li>◆ Start Valtrex prophylaxis if indicated for genital herpes</li> </ul>		
<b>&gt;40 Weeks</b>	<ul style="list-style-type: none"> <li>◆ NST</li> <li>◆ Discuss pt with OB attending regarding management plan</li> </ul>		
<b>Delivery/ Postpartum</b>	<ul style="list-style-type: none"> <li>◆ Patient needs to follow up less than 60 days for postpartum care. The patient may have more than one postpartum visit (MOMCare Coordinator will schedule PP visit).</li> <li>◆ <b>At each PP visit: family planning, physical exam, breast feeding status, and smoking status must be documented. If smoker, must offer smoking cessation.</b></li> <li>◆ If she signed BTL papers during the pregnancy (must be signed 30 days prior to procedure) refer her to OB if not already done so.</li> </ul>		
<p><b>Notify Kimberlyn if the patient is sent to high risk for a consult or for transfer of care. MOMCare also needs to be notified when delivery occurs (SVD, C/S, SAB, or EAB). Medicaid REQUIRES the patient to be seen for care coordination visits at a minimum of 4 instances during pregnancy. The # of visits depends on risk status.</b></p>			(Rev 1/16)