

PRENATAL WORK-FLOW

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

Positive Pregnancy Test	<ul style="list-style-type: none"> ◆ Prescribe prenatal vitamins ◆ Give patient proof pregnancy (required to get Medicaid and WIC) ◆ Contact Steve Schottgen for all pregnant pts regardless of insurance. Steve will set up their care. 	<p style="text-align: center;">COUSLING</p> <p style="text-align: center;">First Trimester (1-12 Wks)</p> <p>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, drug, medications, indications for ultrasound, domestic violence, seat belt use, childbirth classes, hospitals facilities.</p> <p style="text-align: center;">Second Trimester (13-28 Wks)</p> <p>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 style="text-align: center;">Third Trimester (29-40 Wks)</p> <p>Analgesia plans, fetal movement monitoring, labor signs, VBAC counseling, signs and symptoms of gestational HTN, influenza vaccine & 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;">Document under "Education" tab in Correlating trimester</p>
MOMCare	<ul style="list-style-type: none"> ◆ All patients will see MOMCare, as scheduled by Steve. At visit, their prenatal care site/provider is selected & social risk is determined (referrals are made PRN) ◆ If the pt will be using USAFMC for care, Steve will 1) schedule OB Intake visit with physicians, 2) send the OB care provider an intake notice 	
1 st Visit/OB intake	<ul style="list-style-type: none"> ◆ Pap smear according to ASCCP guidelines ◆ GC/Chlamydia screening (all positive STDs must be treated and TOC done) ◆ Prenatal labs, ultrasound, and dating ◆ Review prenatal lab results and document in "Prenatal Detail" tab. ◆ Prescribe prenatal vitamins and FeSO4 if needed ◆ May give inactivated flu vaccine any time during pregnancy (if in season, give now) 	
15-20 Weeks	<ul style="list-style-type: none"> ◆ Genetic counseling & 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"). ◆ Schedule ultrasound for fetal anatomy (18-20 wks) 	
24-28 Weeks	<ul style="list-style-type: none"> ◆ Re-check antibody screen to see if Rhogam indicted. If Rh (-), refer to OB to administer. Rhogam is administered at 28 weeks. (Patients will return to us to continue routine prenatal care. Document rhogam was received in "Prenatal Detail"). ◆ Diabetes Screen – 1hr GTT (102277) –normal<140. If resulted are abnormal, patient will need a 3 hr GTT (102004) ◆ Discuss patient's postpartum contraceptives plans. IF she desires BTL and is eligible, obtain electronic consent (one copy to patient, one copy on chart). ◆ Schedule ultrasound for fetal weight (26-28 wks) ◆ Tdap needs administered with every pregnancy (ideal time 27-36 wks) 	
35-37 Weeks	<ul style="list-style-type: none"> ◆ GBS cx (188132) MUST be repeated every 4 weeks. If PCN allergy, order GBS w C&S (188139) ◆ Repeat H&H, GC/Chlamydia & VDRL (If indicated) ◆ Start Valtrex prophylaxis if indicated for genitals herpes 	
>40 Weeks	<ul style="list-style-type: none"> ◆ NST ◆ Discuss pt with OB attending regarding management plan 	
Delivery/ Postpartum	<ul style="list-style-type: none"> ◆ 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). ◆ At each PP visit: family planning, physical exam, breast feeding status, and smoking status must be documented. If smoker, must offer smoking cessation. ◆ If she signed BTL papers during pregnancy (must be signed 30 days prior to procedure) refer her to OB if not already done so. 	
<p>Notify Steve 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.</p>		(Rev 9/17)

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