

Early Pregnancy Algorithm for Key Tasks

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REFERRAL TO A MATERNITY CARE PROVIDER

- Confirm pregnancy and patient's intention to continue with pregnancy.
- Discuss all options for maternity care provider: FP, RM, OB. Email [How to Choose a Maternity Provider](#) ✉
- If patient wishes to explore options, email [Pathways Medical Care Directory – Find a Maternity Provider](#) ✉
- Click [here](#) to review referral requirements in Pathways for your local maternity care clinics

DATING

Task	Timing	Tools & Services	Email
Calculate Estimated Date of Delivery (EDD)	• Initial visit	Estimated Date of Delivery Calculator (PSBC)	✉
Confirm date ! Time Sensitive	• Book dating Ultrasound @ initial visit • Dating Ultrasound to be done @ 7-14 weeks +/- (NT) Nuchal Translucency • Consider also providing requisition for detailed US @ 18-20 wks if expect delays in referrals or testing.	Ultrasound facilities in your area (List)	

LIFESTYLE FACTORS

Task	Tools & Patient Info	Email
Discuss Supplements: • Folic Acid: 0.4 mg/day routine. 1mg/day if DM, antiepileptics, methotrexate, malabsorption 4mg/ per day if prior Spina Bifida • Vitamin D: 600 IU/day total in diet + supplement, 800 IU/day if risk factors or north of 55° latitude	Guideline and Patient Info: Folic Acid - Preconception and Pregnancy (SOGC)	✉
Provide General Information about Pregnancy and Diet & Exercise	Send email bundle of all 3 items below: • Nutrition & Physical Activity in Pregnancy • Baby's Best Chance - Parents' Handbook • Physical Activity Throughout Pregnancy	✉ ✉ ✉ ✉
Provide Additional Information Note: Mother to Baby Fact Sheets provide FAQs about common exposures during pregnancy and breastfeeding, including medications, cosmetics etc	Send email bundle of all 3 items below: • Food Safety During Pregnancy (HealthLinkBC) • Breastfeeding - 10 great reasons to breastfeed • Mother to Baby Fact Sheets	✉ ✉ ✉ ✉
Ask About Use of Alcohol/Substances/ Tobacco	• Alcohol Use in Pregnancy - TWEAK Questions • CAGE Questions Adapted + Drug Use (CAGE-AID)	
Pre-eclampsia Prevention if High Risk: Consider Low Dose ASA (81-162 mg/day) & Calcium 1000 mg/day	• ASA for Pre-eclampsia Prevention - Risk Stratification Table & Recommendations (SOGC)	
COVID Information BCCDC Recommendations for antepartum, intrapartum and postpartum care	• COVID 19 - Vaccination in Pregnancy (SOGC)	✉
Assess Social Risk Factors	• Poverty Intervention Tool - BC	
Offer Connection to Health Authority Prenatal Support Services VCH Prenatal & Early Years Program ✉ FHA Best Beginnings ✉ VIHA Right From the Start ✉ IHA Healthy From The Start ✉ NH Healthy Start ✉		

BLOOD & URINE TESTS

Recommendations	Forms	Email
Recommend to ALL Patients: - CBC, Blood ABO Group, Rh factor & antibody screen, HBsAg, STS/RPR, HIV, Rubella titre (if 1st pregnancy or no record of immunity or vaccination) - Urine C&S, Chlamydia and gonorrhea (urine, cervical or vag self-collection if avail.)	Standard Prenatal lab requisition	
Additional Tests to Recommend/offer to Patients with Risk Factors: - HbA1c if at risk for Type 2 Diabetes. See also PSBC Diabetes Screening Guidelines - anti-HCV if at risk for Hepatitis C - TSH if clinically indicated - Ferritin if at risk for anemia - Varicella if no history of disease or vaccination x 2 Thalassemia and Hemoglobinopathy carrier screening Ashkenazi Jewish carrier screen if patient & partner of Ashkenazi Jewish descent For Testing in 2nd and 3rd Trimester See Perinatal Service BC - Lab Tests By Trimester	Ashkenazi Jewish Carrier Screening Supp info Requisition (submit with a standard lab requisition)	Ashkenazi Jewish screen info ✉

GENETIC SCREENING

Offer prenatal genetic screening to ALL pregnant patients– **Note options are time sensitive!**
 Offer appropriate test(s) based on patient's age, when care is accessed, local resources available and patients choice.
 The most common prenatal genetic screen ([SIPS](#)), involves two blood tests, one in 1st trimester and one 2nd trimester
This screening lets patients know their chance of having a baby with one of these conditions:
 - Down syndrome - Trisomy 18 - Trisomy 13 - Open Neural Tube Defects [Prenatal Screening - A Visual Aid](#) [✉](#)

PATIENT INFORMATION about prenatal genetic screening

Prenatal Genetic Screening - FAQ's (PSBC) ✉ Prenatal Genetic Screening - Info Multilingual ✉	Prenatal Screening Decision Aid ✉ Prenatal Screening–It's Your Choice ✉
Email bundle of all 4 items above (FAQ, Info Multilingual, Decision Aid & It's Your Choice video)	✉
Prenatal Genetic Screening – Screening Journeys – Which Option is Best for You (PSBC) ✉ Prenatal Genetic Screening - Understanding Publicly Funded & Private Options (PSBC) ✉ Non-Invasive Prenatal Testing - NIPT - self pay sites in BC (PS BC) ✉	✉
Email bundle of all 3 items above (Note: private pay NIPT requisition below in Private Pay Options table)	✉

PUBLICLY FUNDED Prenatal Genetic Testing Based on Gestational Age at First Prenatal Visit

Maternal Age or Risks	< 13wks + 6d		14- 20wks + 6d	>21wks
<35 yrs	SIPS (Serum Integrated Prenatal Screen) Part 1 at 9 -13+6 weeks Part 2 at 14-20 +6 weeks.	SIPS requisition: pdf OSCAR	Quad Screen (SIPS Part 2)	Detailed US
35-39 yrs	IPS (i.e SIPS+NT) Integrated Prenatal Screen: SIPS + Nuchal Translucency (NT) ultrasound Done at 11-13 +6 weeks. Or SIPS alone if NT not avail	View your region's: Sites offering Publicly Funded NT To order NT: Write NT on any U/S req & add EDD	Quad Screen (SIPS Part 2)	Detailed US and amnio

40+ yrs	IPS or SIPS if NT not avail or CVS or amnio without prior screen		Quad or amnio without prior screen	Detailed US and amnio
PHx, FHx, or abN test that increases risk for Down Syndrome, Trisomy 18 or 13	NIPT or CVS or amnio without prior screen	NIPT Requisition - Dynacare Harmony For publicly funded NIPT, an authorization code is needed. NIPT Locations 	NIPT or amnio without prior screen	Detailed US and NIPT or amnio

PRIVATE PAY Options for Prenatal Genetic Testing

Timing	Clinician and patient information	Form	Email
NIPT from 10 wks on	Non-Invasive Prenatal Testing - NIPT - self pay sites in BC	NIPT Req - Lifelabs Panorama NIPT Req - Dynacare Harmony	List of sites for patient 
FTS or NT @ 11-14 wks	View your region's sites for: Private Pay Nuchal Translucency	To order NT, write NT on any US req, add the EDD & enclose an earlier US if available	

OVERVIEW of Available Tests for Prenatal Genetic Screening

Test	Details	Timing
SIPS	Serum Integrated Prenatal Screen: 2 blood tests. Results for SIPS and IPS are available 10 days after the second blood test which could be as early as the 14th week of pregnancy.	Part 1 @ 9 -13+6 wks Part 2 @ 14-20 +6 wks Publicly funded
NIPT/ NIPS	Non-invasive Prenatal Screen: blood test that measures the amount of cell-free fetal DNA circulating in maternal serum. NIPT provides a screen risk for Down Syndrome (Trisomy 21), Trisomy 18 & Trisomy 13. NIPT does not test for neural tube defects. Detailed US @20 weeks tests for neural tube defects. Results of NIPT could be available as early as the 10-11th week of pregnancy depending on timing of testing. PSBC recommends against screening for microdeletion syndromes.	(\$) Private pay from 10 wks Publicly funded in Second Trimester if screen + SIPS/IPS/QUAD.
IPS	Integrated Prenatal Screen: SIPS + Nuchal Translucency (NT) IPS includes two-part SIPS bloodwork as above, plus nuchal translucency NT ultrasound	SIPS Bloodwork as above NT US @ 11-13 +6 wks. Publicly funded age 35+ and twins regardless of age
NT	Nuchal Translucency: Ultrasound to measure the thickness of the fluid buildup under the skin at the back of the developing baby's neck. If the fluid buildup is thicker than normal, it can be an early sign of Down syndrome, trisomy 18, or open neural tube defects. To order from available sites , write NT on any US req, add Estimated Date of Delivery (EDD) & enclose an earlier Ultrasound	11 - 14 weeks. - Part of IPS – publicly funded if age 35+ and twins regardless of age, or Part of FTS – (\$) private pay
Quad Screen	Quad Screen: SIPS Part 2	14-20 +6 wks Publicly funded
FTS	First Trimester Screening: blood test for PAPP-A & free-BHVG + US for Nuchal Translucency (NT), Nasal Bone (NB), Fetal Heart Rate (FHR) & Ductus Venosus Flow (DV). Results could be available as early as the 11th week.	(\$) Private pay at 11-14 wks

BILLING

Related Billing Information

Ensure you have read all the fee details before billing.

Note this algorithm is a clinical support tool and use of it is not a requirement for billing this fee.

14002	Maternity Care Risk Assessment – billable in addition to a visit – read **full fee details** Payment for a Maternity Care Risk Assessment based on the BC Antenatal Record, including review of gestationally appropriate screening interventions, pregnancy risks, and patient comorbidities.	\$50
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