

# Prenatal Primary Care Checklist

## Initial visit

- Discuss practice model, scope, team and call schedules
- Discuss how to contact (hospital, HCP)
- Discuss reasons to contact HCP (ex pregnancy loss S/Sx)
- Provide Baby's Best Chance & Pregnancy Passport
- Records release sign if needed
- Discuss prenatal genetic screening + requisition
- Order routine prenatal investigations
- Consider inherited conditions, hemoglobinopathies, GDM risk
- Review pregnancy EDD
- Recommend first trimester ultrasound
- Placental complications risk assessment
- Preterm labour risk assessment
- Discuss folic acid and supplementation
- Discuss food handling and safety

## By 16 weeks

- History completed
- Physical exam completed
- Initial labs done (+ prenatal genetic screening)
- Discuss and book detailed ultrasound
- Hospital pre-registration and tour
- Public health referrals and resources
- Connect with Indigenous support/resources
- Discuss nutrition, exercise, weighing
- Discuss dental health and regular cleaning
- Discuss infant feeding

## By 20 – 22 weeks

- Genetic screening completed
- Detailed ultrasound completed
- Antenatal 1&2 complete and sent to hospital
- Discuss place of birth
- Discuss pelvic floor, kegels
- Discuss stress and sleep

## By 24 – 27 weeks

- Repeat antibody screen if Rh-; if first pregnancy; if antibodies present.
- Rhogam consent/Rx
- Gestational diabetes screen
- Repeat hemoglobin if indicated
- Offer immunizations (incl Tdap, influenza)
- Discuss HDP, PTL, DVT symptoms
- Discuss prenatal education
- FM awareness or FM counting
- Discuss signs & symptoms preterm labour
- Discuss doula and labour support
- Discuss nutrition, exercise, NESTs

## By 28 – 30 weeks

- If Rh- Rhogam given
- Mental health screening (EPDS)
- Anesthesia consult if indicated
- Discuss postpartum and discharge planning
- Discuss postpartum family planning/ contraception
- Discuss community resources for infant feeding and parenting

## By 32 – 34 weeks

- If Hx HSV, antiviral consent/Rx
- Repeat STI screening if needed
- Confirm planned place of birth/ travel for birth
- Confirm hospital pre-registration
- Schedule cesarean birth (if applicable)
- Discuss birth preferences
- Discuss birth ceremonies and traditions
- Discuss GBS screening+prophylaxis
- Discuss newborn care eye prophylaxis/Vit K/NBS/circumcision/CCHD screen
- Discuss DCC and safe skin-to-skin
- Discuss breastfeeding/chestfeeding education, support, resources

## By 35 – 37 weeks

- Swab for GBS
- Management of GBS & document plan
- If Hx HSV, started on acyclovir at 36 weeks
- Repeat serology screening as indicated
- AN records faxed to hospital(s)
- AN records to referral HCP (if applicable)
- Discuss S/Sx labour and when to page in labour
- Discuss management of the 3rd stage
- Discuss safer sleep for newborns

## By 38 weeks

- Discuss prevention of postdates
- Discuss cervical sweeps
- Discuss postdates protocol/ induction
- Discuss fetal monitoring during labour
- Discuss early labour strategies
- Discuss care of perineum: labour + postpartum
- Discuss umbilical cord management
- Discuss the “golden hour” of uninterrupted skin-to-skin
- Discuss placenta evaluation, preference keep or dispose
- Discuss postpartum care and support
- Discuss increased fetal surveillance/ NST and IOL at 39wks for clients of advanced maternal age

## By 40 weeks

- Book postdates U/S & NST > 41wks
- Book postdates induction as needed

## By 41 weeks

- OB consult for post dates as needed
- NST/U/S arranged
- FM counting at 41+0 weeks
- Consider re-swab for GBS as needed

## Homebirth/Community Birth

- Discuss place of birth: community or hospital
- Discuss emergency/indications for transfer to hospital
- Access to Place of Birth Handbook
- Discuss helper person at the birth
- Reassess eligibility for community birth
- Review medical equipment set-up and suitable site requirements
- Offer antenatal home visit at 36–37wks GA
- Provide a community birth supplies kit
- Provide ID labels and AN records
- Recommend syphilis screen after 35 weeks

## Birth After Cesarean

- Operative records reviewed
- Discuss next birth options (C/S or SVD)
- My Next Birth portal shared
- Discuss counseling
- OB consult if indicated
- Discuss labour care: cEFM, saline lock, group and screen
- Confirm mode of planned birth
- Discuss no spontaneous labour in planned VBAC and spontaneous labour in planned cesarean

## About this tool

### Purpose of this tool

This tool supports primary care providers by offering evidence-based prompts for clinical actions to be taken at different points in prenatal care, along with conversations to have with pregnant women/people and their families. Some actions and conversations need to occur at specific time periods in order to support timely clinical care. However, other conversations may occur at any time during pregnancy based on the pregnant woman/person's priorities and needs. The timelines of the checklist will support both types of actions, as it is laid out as a complete set of prompts.

### How to use this tool

This tool is designed to be used in conjunction with the PSBC Antenatal (AN) Record. This checklist is an enhancement of the clinical care and conversations included in the AN Record. For example, as substance use is included in the AN Record as a detailed component of the history-taking and documentation on the AN Record, it is not included in the checklist. In a further example, fetal movement awareness or counting is not captured on the documentation portion of the AN Record but is important to discuss with all women/people and is therefore included in this checklist. Acronyms are used for brevity and a glossary is provided.

#### Team-based care

This tool supports team-based care by providing a shared understanding of the scope and timing of clinical care considerations and conversations. It also helps to strengthen team-based care by prompting primary care providers to connect pregnant women/people with available public health resources.

#### The Perinatal and Newborn Health Hub

Many of the topics in this tool are associated with more detailed information and guidance in the Perinatal and Newborn Health Hub (HUB) and other available resources. For example, the conversation prompt "Discuss birth preferences" is supported by the "Birth Options and Practices that Promote Healthy Birthing" clinical practice topic. Many of the checklist topics are supported by clinical content and guidance in the HUB.

#### Patient-facing resources

In addition, this tool prompts care providers to share available patient-facing resources with women/people. The topics that are framed as "discuss with" have supporting patient/client materials available through Babies Best Chance, HealthLink BC and the PSBC Pregnancy and Parenting Learning Centre (under development).

#### Topics in boxes

There are two topics in boxes. These represent areas of care that impact care throughout the prenatal period. They are pulled out separately as they do not relate to all women/people.

## Glossary

- cEFM = Continuous electronic fetal monitoring
- CPx = Physical
- C/S = Cesarean section
- DCC = Deferred cord clamping
- DVT = Deep vein thrombosis
- FM = Fetal moving
- GBS = Group B streptococcus
- HCP = Health care provider
- HDP = Hypertensive disorders during pregnancy
- HSV = Herpes simplex virus
- Hx = History
- NBS = Newborn screen
- NESTs = Nutrition, exercise, sleep, time, support
- NST = Non stress test
- PTL = Preterm labour
- OB = Obstetrics
- Rx = Prescription
- S/Sx = Signs and symptoms
- SVD = Spontaneous vaginal delivery
- U/S = Ultrasound