

Prenatal Reference Sheet for RUHS V3 June 2021

Visit	Aim of Visit/Labs/Exam	Imaging/Billing
Positive Pregnancy Test		
<p>*Provider Meet & Greet *Nuchal translucency schedule to be completed between 11 2/7 – 14 2/7</p>	<ol style="list-style-type: none"> 1. Provider informs patient of test results 2. Discuss options if patient does not want to continue pregnancy 3. Schedule CPSP visit 4. Schedule New OB Visit (NOB) 5. Prenatal Labs 	<p align="center">Code Z33.1 (pregnancy incidental)</p>
Initial Visit (< 15 weeks)		
<p>*Usually Q4 week, more often if needed *Nuchal translucency should be scheduled to be done between 11 2/7 – 14 2/7 weeks Counseling Tips: -SAB precautions -PNV: folic acid (.8 – 1mg), DHA -CPSP initial assessment (Health Education, Nutrition, Psychosocial, Weight Grid)</p>	<ol style="list-style-type: none"> 1. Weight and BP 2. Pap (if needed –use Cervical Cancer Screening Guidelines) 3. Order Labs: <ol style="list-style-type: none"> a. OB Panel (quest lab order in EPIC) <ul style="list-style-type: none"> ▪ Blood Type and RH type ▪ Antibody Screen (IAT) and Antigen typing ▪ CBC (includes diff) ▪ Rubella AB IgG ▪ Hep B SAG with reflex ▪ RPR with reflex to titer b. HIV 1,2 Ag, Ab Screen c. UA and UCx d. Drugs of Abuse Urine Drug Screen (7) e. Gonorrhea and Chlamydia (GC/CT) f. Varicella AB IgG 4. PNV 1 PO Q day 5. Diabetes screen (if risk factors for diabetes) <ol style="list-style-type: none"> a. Gestational- 1-hour glucose tolerance test b. Preexisting diabetes-A1C 6. 10-14 weeks – 1st Trimester Screening* <i>Order Name In EPIC: 1st Trimester Screening</i> (paper form needs to be completed along with consent in information booklet – includes: PAPP-A, HCG – Down Syndrome, Trisomy 18 & 21) 7. Consider other high-risk labs – e.g. sickle cell (Hgb electrophoresis), Cystic Fibrosis, Spinal Muscular Atrophy 8. If considering trial of labor after c/s (TOLAC), ROI for Operative Report -use VBAC calculator for risk assessment 9. Discuss Postpartum visit for mom and baby 10. Start Breastfeeding discussion 	<p>-If between 11 2/7 – 14 2/7 weeks → order Nuchal Translucency *Send a referral in EPIC - search NT and select RUH OB/GYN -Unsure LMP → U/S for dating</p> <p>*Don't forget to use correct billing code 1st Trimester -Z34.01</p> <p align="center"></p>
15-24 weeks		
<p>*Usually Q4 week visits, more often if needed Counseling Tips: -SAB precautions, -PNV -Fluttering – feeling baby moving - CPSP 2nd Trimester assessment (Health Education, Nutrition, Psychosocial, Weight Grid) * Referral to Registered Dietician</p>	<ol style="list-style-type: none"> 1. Weight and BP 2. Check chart to make sure all labs drawn from above and reviewed with patient 3. Order U/S to be done at 18-22 weeks - if BMI > 40 U/S at 20-22 weeks 4. Review U/S result if applicable with patient 5. 2nd Trimester Screening; * <i>Order Name In EPIC: Quad Marker</i> (paper form needs to be completed along with consent in information booklet –Includes: hCG, AFP, uE3 and Inhibin A-, Down Syndrome, Trisomy 18&21, open neural tube defects) 6. Flu Shot if not done 7. Breastfeeding discussion 	<p>Fetal Anatomy U/S 18-22 weeks Repeat U/S if following anatomy not seen: heart (four chambers and outflow tracts), diaphragm, cord insertion, extremities, kidney, bladder, spine, calvarium *Don't forget to use correct billing code</p> <p>2nd Trimester - Z34.02</p>

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24-36 weeks		
<p>*Usually Q4 week visits until 32 weeks then Q2 weeks until 36 weeks</p> <p>Counseling Tips: -PTL precautions -PNV</p> <p>*CPSP (Health Education Nutrition, Psychosocial, Weight Grid, Referral to Prenatal Classes, Maternity Tour) *Kick Counts</p>	<ol style="list-style-type: none"> 1. Weight and BP 2. Sign Bilateral Tubal Ligation forms - consider High BMI risk and discuss bridge birth control 3. Rhogam if RhD neg at 28 weeks 4. Glucose Tolerance Test (2 hour or 1hr if non fasting) 5. Give TDAP 27-36 weeks 6. Flu Shot (if not done) 7. Start contraception / Reproductive Plan 8. Discuss breastfeeding 9. Outgoing ROI if patient anticipating delivery outside RUHS 	<p>*Don't forget to use correct billing code</p> <p>2nd Trimester - Z34.02</p>
36-40 Weeks		
<p>Q1 wk</p> <p>Counseling Tips: -Labor precautions -PNV - CPSP 3rd Trimester assessment (Health Education, Nutrition, Psychosocial, Weight Grid)</p>	<ol style="list-style-type: none"> 1. Weight and BP 2. GBS (35- 36 weeks) 3. If high risk HIV/ RPR 4. GC/CT 5. Start discussion about pain control during labor e.g epidural 6. Discuss Breastfeeding 7. Start discussion on contraception/Reproductive plan 8. Follow up appointment for mom and baby (6 week postpartum and baby 1st WCC) 9. Postdates = start NST Biweekly at 40 weeks and plan of induction 41 weeks 	<p>U/S for size – if concern for IUGR or size ≠ dates</p> <p>*Don't forget to use correct billing code</p> <p>3rd Trimester -Z34.03</p>
Postpartum Visit(s) 1- Week (contact) 3-8 Weeks (Exam)		
<p>Visit</p> <p>*Back to work note</p> <p>1 week to assess immediate needs</p> <p>3-8 weeks need complete comprehensive visit</p> <p>**Use OB template – and address all postpartum checklist items</p> <p>WIC services including lactation</p>	<ol style="list-style-type: none"> 1. Continue Contraception/ Reproductive plan (birth spacing) 2. Infant feeding / care 3. BP, Weight 4. Nutrition, Exercise, Sleep and Fatigue 5. Continue current episode of pregnancy (do not close until after 6-6-week comprehensive postpartum visit – PPV) 6. Schedule mother and baby well child check & PPV 1st week – infant weight, PPV 6-8 week – Immunizations, PPV 7. Recover from birth 8. Chronic disease management 9. Health maintenance 	<p>Postpartum Visit: Z01.419 Z39.2</p> <p>Handout: Breastfeeding Resources Mental Health Resources AVS may include: Patient Instructions/ Education</p> <ul style="list-style-type: none"> • After Vaginal Birth • Birth • Birth, Breast care after • Changing expectations for parents