

Early Prenatal Care Summary and Checklist for Primary Care Providers

This checklist was created by the Vancouver Division of Family Practice in collaboration with Perinatal Services BC based on recommendations in the BC Maternity Care Pathway (2018). This practice tool can be used as a quick reference to guide important and time-sensitive options for the care of a pregnant woman at her first few visits with a health care provider. Women should have the opportunity to make informed decisions about their care, investigations, and treatment in partnership with their health care professionals.

At first contact with a health care provider, a pregnant woman should be offered ALL of the following:

CONSIDER REFERRAL TO A MATERNITY CARE PROVIDER

- Confirm pregnancy and woman's intention to continue with pregnancy.
- Discuss all options for choice of maternity care provider: family physician (FP), registered midwife (RM) or obstetrician, appropriate to the woman's health, resources available, and preferences.

BLOOD AND URINE TESTING

Recommend to ALL Women:

- CBC
- Urine C&S
- Chlamydia and gonorrhea Nucleic Acid Amplification Test (urine, cervical or vaginal self-collection if avail.)
- HBsAg, STS/RPR, HIV, Rubella titre
- Blood ABO Group, Rh factor, and antibody screen

Additional Tests to Recommend/offer to Women with Risk Factors:

- HbA1c if at risk for Type 2 Diabetes
- anti-HCV if at risk for Hepatitis C
- TSH if clinically indicated
- Varicella antibody if history uncertain
- Ferritin if at risk for anemia
- HPLC (high performance liquid chromatography) for Thalassaemia and Hemoglobinopathy carrier screening for all women EXCEPT those who are:
 - Japanese
 - Korean
 - Northern European Caucasian
 - First Nations or Inuit
- Tay-Sachs screen if woman or partner is/may be Ashkenazi Jewish (AKJ) descent; or AKJ carrier full screen if both are/ may be of AKJ descent. Special form required, see resources.



FIRST TRIMESTER ULTRASOUND FOR DATING

- Recommend first trimester ultrasound (US) for ALL women ideally between 8-13 weeks.
- Estimate due date using earliest ultrasound beyond 7 weeks in spontaneous conceptions. If availability of ultrasound is limited use second trimester scan.
- Perform early dating ultrasound prior to nuchal translucency (NT) scan for women with uncertain menstrual dates.

PRENATAL GENETIC SCREENING

- Offer prenatal genetic screening to ALL women.
- Offer appropriate test(s) based on woman's age, when she accesses care, local resources, and her choice. Note options are time-sensitive.

Available Tests for Prenatal Genetic Screening

- **SIPS** – Serum Integrated Prenatal Screen: Part I at 9-13⁺⁶ wks; Part 2 at 14-20⁺⁶ wks.
- **IPS** – Integrated Prenatal Screen: SIPS + NT ultrasound at 11-13⁺⁶ wks.
- **Quad Screen** – SIPS Part 2
- **NIPT** – Noninvasive Prenatal Screen / cell-free fetal DNA: single serum test from 10 wks on.
- **FTS** – First Trimester Screening: serum test and US for NT, nasal bones, fetal heart rate, Ductus Venosus flow at 11-14 wks.

Publicly Funded Testing vs. Private Pay

- SIPS or Quad screen is covered by BC Medical Services Plan (MSP) for all women.
- IPS is covered by MSP for women 35 and older, twins, other high risk criteria, and regional exceptions.
- NIPT is covered by MSP for higher risk of trisomy based on history or initial screening (see PSBC website, NIPT).
- NT can be accessed from private providers and added to SIPS.
- FTS and NIPT can be accessed from private providers.

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Screening Options for Singleton Fetus at Time of First Visit

Maternal Age	9-13 ⁺⁶ weeks	14-20 ⁺⁶ weeks	≥ 21 weeks
<35 yrs	SIPS and detailed US	Quad and detailed US	Detailed US
35-39 yrs (& all twins)	IPS and detailed US	Quad and detailed US	Detailed US
40+ yrs	IPS and detailed US	Quad and detailed US	Detailed US
	CVS or amniocentesis is available without prior serum screening		
All ages	Private Pay: NIPT from 10 wks on; FTS or NT at 11-14 wks		

LIFESTYLE/SUPPLEMENTS

- Screen for tobacco, alcohol, cannabis and substance use. Provide brief-intervention counselling, treatment and referral as appropriate, using harm reduction approach.
- Simplified recommendations for Folic Acid: Supplementation of 1 mg/day for women with low risk for neural tube defect and 5 mg/day for women with med and high risk. Risk factors include family history, multiples, obesity, diabetes, previous infant with neural tube defect, teratogenic medications, malabsorption, or if daily consumption is difficult. *See Maternity Care Pathway Table 3, or SOGC Folic Acid Guideline for complete dosage recommendations and risk factors.*
- Recommend and provide Influenza vaccine prior to and during flu season and Tdap for every pregnancy.
- Administer TWEAK screening tool for alcohol use.
- Discuss food hygiene and implications of food borne infections.

At second visit:

- Discuss place of birth and maternity care provider. Refer as needed.
- Offer detailed ultrasound for 18-20 weeks and refer if desired.
- Discuss prenatal genetic screening options and refer/order tests as per woman's choices.
- Recommend Vit D supplementation 600 IU (15 mcg) daily during pregnancy and lactation and 800 IU daily for women who live north of 55° latitude (e.g. Dawson Creek).
- Complete lifestyle and social risk assessment, including screening for poverty (may occur as part of initial visit).
- Perform complete physical examination or defer to maternity care provider.
- Offer Pap smear following usual screening guidelines.
- Offer early referral to local Public Health Prenatal Program.
- Document BMI and discuss healthy pregnancy weight gain with woman's permission.
- Discuss nutrition, exercise (walking) a minimum of 30 minutes a day, rest, and stress management.



Perinatal Services BC
Provincial Health Services Authority

www.perinatalservicesbc.ca

Resources for Health Care Providers

To find a FP maternity care provider go to local [Division of Family Practice](#).

To find a RM go to [Midwives Association of BC](#).

[Gestational Age Calculator](#)

[BC Maternity Care Pathway \(2018\)](#)

[PSBC information on NIPT](#)

[Perinatal Services BC](#)

[Pregnancy Weight Gain Calculator](#)

[SOGC Guideline: Folic Acid Supplementation](#)

Resources for Families

[Pregnancy Passport Handout and Aboriginal Pregnancy Passport](#)

[HealthyFamiliesBC Pregnancy and Parenting](#)

[Pregnancy and Food Safety](#)

[BC Prenatal Genetic Screening Program](#)

[Baby's Best Chance \(6th Edit rev 6\)](#)

[Pregnancy Vancouver](#)

Forms and Requisitions

[Standard Out-Patient Laboratory Requisition for Maternity Care](#)

[TWEAK questionnaire](#)

[Prenatal Genetic Screening Laboratory Requisition \(SIPS/IPS/Quad\)](#)

[Private NIPT Harmony \(Dynacare\)](#)

[Private NIPT Panorama \(Lifelabs\)](#)

[AKJ Carrier Screening Algorithm](#)

[AKJ Supplemental Information Form](#)



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