

Does your patient need ASA for pre-eclampsia prevention?

162 mg aspirin vs. 81mg

Major Risk Factors:
<ul style="list-style-type: none"> • Anti-phospholipid antibody syndrome • Chronic HTN • Pre-gestational diabetes • Pre-eclampsia in a prior pregnancy • Previous IUGR • Pre-pregnancy BMI > 30 • Assisted reproductive technology

Minor Risk Factors:
<ul style="list-style-type: none"> • Prior placental abruption • Multifetal pregnancy • Chronic kidney disease • Prior still birth • Maternal age > 40 • Nulliparity • SLE

Prenatal Screening Ontario

- [eFTS](#)
- [NIPT](#)
- [Age and risk of Down/other genetic syndromes](#)

*Consider starting **162mg ASA qhs** if **1 MAJOR** risk factor or **2+ MINOR** risk factors.
 *ASA should be started between **12-16 weeks** (at least by 20 weeks) and can be stopped at **term**.
 *There is no evidence of adverse effects of low dose ASA on either the mother or newborn

Based upon: Course Manual: Advances in Labour and Risk Management, 26th Edition (2019-2020), Society of Obstetricians and Gynecologists of Canada.

Antenatal Check List

Trimester	TSH level (mIU/L)
First	0.1–2.5
Second	0.2–3.0
Third	0.3–3.0

Note that individual labs may have slightly different pregnancy-specific ranges and it is important to confirm ranges with your local pathologist.

0-8
wks
1st
visit

- Establish if this is a wanted vs unwanted pregnancy
- Complete physical including up to date PAP and swabs (GC/chlam), Hx of herpes
- Blood work including – CBC, TSH, b HCG, ABO, Rh, rubella, Hep B, HIV, syphilis, genetic screening as indicated
- Discuss screening options and book first trimester ultrasound and screening
- Consider Diclectin Rx for nausea
- Nutrition counseling, healthy weight gain and prenatal vitamins, folic acid
- Smoking cessation;
- Screen for high risk EtOH (TWEAK) – recommend abstinence
- Screen for partner violence
- Follow up q 4 wks

8-14
weeks

- Review results of first trimester ultrasound if available
- Ensure patient has requisitions for second part of IPS where applicable
- Book anatomical ultrasound now for 18-22wks
- Remind patient to begin thinking about prenatal classes
- Offer flu shot where applicable
- Follow up q4wks

14-26
weeks

- Review IPS results where available
- Review anatomical ultrasound results where available
- Ensure all first trimester prenatal blood work and swabs have been completed
- Give lab requisition for second trimester blood work including oral glucose challenge
- Repeat D antibody screening for Rh-ve women.

26-28
weeks

- If Rh -, give Rhogam
- Review OGC test results when available
- Begin discussing birth plans
- Begin discussing breastfeeding
- Ask about hospital tours and prenatal classes



28 -34
weeks

- Establish fetal lie and position, if unclear, consider U/S by 34wks
- Discuss Braxton Hicks vs true contractions
- Discuss normal fetal movement
- Follow up q2wks >30 wks

36
wks –
term

- GBS swabs, if + and penicillin allergy request bacterial sensitivity
- Discuss when it is time to come into hospital
- Ensure patient has the number to triage and knows when it is appropriate to call
- Advise against travel after this point
- Revisit birth plans, intention to breast feed, follow up care for baby
- Print of antenatal record for patient at end of each visit
- Follow up weekly