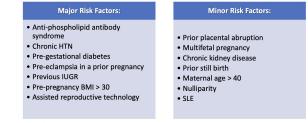
Does your patient need ASA for pre-eclampsia prevention?



*Consider starting <u>162mg ASA qhs</u> 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

0-8 wks 1 st 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, syphillis, 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

162 mg aspirin vs. 81mg

Prenatal Screening Ontario

- <u>eFTS</u>
- <u>NIPT</u>
- Age and risk of Down/other genetic syndromes

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 ranges and it is important to confirm ranges with your local pathologist.