

Approach to First Trimester Antenatal Care - Women's Health Conference, Oct 26, 2018  
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**Ontario Antenatal Record (2017 Version):**

- provides a care map for pregnancy, birth and the very early newborn period
- outlines investigations required as standard of care

Take a thorough **History**

Complete **Physical Exam** – BP, BMI, Uterine Size

**Order an U/S for ALL patients**

- confirm live intrauterine pregnancy and document location
- determine EDC
- earliest ultrasound with a crown-rump length equivalent to at least 7wks (or 10 mm) should be used to determine the GA and subsequent EDC

**Order Basic Routine Investigations:**

- CBC (Hb and Plt), MCV
- Urine C & S, Pap Smear (only if due)
- Chlamydia and gonorrhea (urine or cervical)
- HBsAg, VDRL, HIV, Rubella titre
- Blood ABO Group, Rh factor, and antibody screen
- Varicella antibody if history uncertain
- Ferritin if at risk for anemia

**Consider Additional Investigations:**

- TSH, HBA1c, Hep C, Parvo, Toxo, Zika, TB
- BV, Trich, Ureaplasma, Mycoplasma

**Counsel on diet/vitamins/smoking/drugs:**

- Recommend Folic Acid: Low risk 0.4 mg, Moderate risk 1.0 mg, High risk 4.0 mg (3 mo before and until 12 wks)

**Offer Screening Tests to every patient**

- eFTS, MSS, CVS/Amnio, NIPT
- Covered for NIPT if positive screening test,  $\geq 40$  yo at EDC, NT  $\geq 3.5$ mm, prior pregnancy with aneuploidy or previous child with aneuploidy

**Screen all women for RF for Pre-eclampsia**

- Start ASA 81 mg +/- Calcium in high risk women (prior preeclampsia, chronic HTN, DM 1 or 2, BMI $>30$ . ART, prior placental abruption, multi fetal, chronic kidney disease, prior stillbirth or IUGR, age $>40$ , nulliparity, or SLE)

**Screen for potential High Risk patients that need early referral**