1st Trimester Obstetrical Care Cheat Sheet

Dine & Learn Women's Health Roundtable
Dr. Stephanie Mancini, February 20, 2025

My patient is pregnant…Now what?

- ***Practical tip:*** *not all positive pregnancy tests are a moment of joy, it can be an incredibly distressing time for a patient*
- 3 options: carry & parent, carry & adopt, elective termination of pregnancy
    - Victoria referrals are through VIWC for elective termination
- Miscarriage management: VIWC or Full Circle Perinatal Care

What to order & when

- EDD confirmation is done by ultrasound
    - The FIRST US done after 7 weeks GA or 10mm CRL (Only exception is IVF)
- Standard lab work (Labs for everyone)
    - CBC, Ferritin, HbA1c, TSH
    - Urine C&S
    - Blood Type & Screen (CBS draw)
    - Chlamydia & Gonorrhea (urine or swabs)
    - Rubella IgG
    - Syphilis RPR
    - HIV
    - Hep B
- Extra labs (those with risk factors)
    - Varicella IgG (if no known hx of VZV)
    - Hep C (IVDU/SUD, Sex worker, tattoos while incarcerated, etc.)
    - Thalassemia
    - B12 deficiency (Vegan/restricted diet)
- BC Maternity Care "all in one lab requisition"
    - Found on Pathways, under Forms → Lab → Laboratory Requisition for Maternity Care (Ministry of Health)

Screening options

- Risk score for Trisomy 21, 18 & Neural Tube Defects (MSP covered)
    - SIPS: Integrated screening test based on maternal hormone levels in the first and second trimester
        - Addition of Nuchal Translucency if maternal age >35 at EDD
    - QUAD: Maternal hormone levels in the second trimester
- Risk score for Trisomy 21, 18 & 13 (+/- fetal sex chromosomes) (Only MSP covered if abnormal SIPS or QUAD testing, otherwise private pay)
    - NIPT: cell-free fetal DNA (placental DNA)
        - Recommendation against ordering the microdeletions array

Resources

- SOGC's pregnancyinfo.ca
- Perinatal Services BC
- Infant Risk HCP App

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Optimize pre-existing health (medical, psychological, community)

- Folic acid pre-conception where possible
- Ensure medications are safe in pregnancy or risk conversation is had (*MFM referral)
  - Note: Infant Risk HCP App recommended for this as other resources are not structured for pregnancy / lactation based guidance and patient counselling
- Stop (reduce) nicotine, cannabis, alcohol, other drugs
  - When we worry: chronic daily use in pregnancy (Cannabis worse in lactation)
  - Disclosure is key, non-confrontational & non-judgemental questioning
- Mental health, supports in community and "making their village"
  - Baby groups, prenatal classes, post-natal supports, etc.
  - Screen for abuse, intimate partner violence
  - Screen for food & housing insecurity

Who needs ASA in pregnancy – 162mg started between 12-16wks GA, continued until 36wks

- 1 or more of:
  - Hx of pre-eclampsia (especially with adverse outcome)
  - Chronic HTN
  - Multiple gestation
  - Pre-gestational T1 or T2DM
  - CKD
  - Autoimmune disease (SLE, Antiphospholipid syndrome)
  - Combination of multiple moderate-risk factors
- 2 or more of:
  - Nulliparity
  - Obesity (Pre-pregnancy BMI >30)
  - FHx of Pre-eclampsia (mother, sister)
  - Maternal age >35
  - IVF
  - Previous low birth weight / small for gestational age baby, previous adverse pregnancy outcome, or >10yr pregnancy interval

Common 1st Trimester Complaints

- Nausea & Vomiting in Pregnancy
  - Gravol OTC, Vit B6 (50-100mg qHS), Ginger products, Peppermint tea/candies
  - Rxs: Diclectin, Ondansetron, Metoclopramide, Prochlorperizine
- Food safety tips: Wash fruits/veggies, cook all meat (incl fish), avoid unpasteurized cheese & honey, avoid deli meats (or cook prior to consumption), avoid ?2 portions per week of high mercury fish (e.g. tuna)
- Activity
  - Maintain pre-pregnancy levels, may reduce in T1 & T3 due to pregnancy sx
  - Avoid activities with risk of high impact injury to abdomen
  - Sex is safe (unless told otherwise, e.g. placenta previa)
  - Bleeding & Cramping = STOP, seek assessment