


Antenatal Clinical Pathways
Stage: Middle Prenatal Visits (16 - 28 weeks)

ASSESSMENT	ACTION / RESOURCES (<i>RESOURCES IN BOLD</i>)						
	LIMITED PHYSICAL EXAM						
Blood pressure Uterine size Fetal heart rate Maternal weight gain swelling Urine dip for protein & glucose	Further investigations such as ultrasound may be ordered if evidence of intra-uterine growth restriction, pre-eclampsia, excessive growth or other abnormalities are identified. Antenatal 2.  294-64 p.3 0503.pdf Healthy Beginnings: Guidelines for Care During Pregnancy & Childbirth. http://www.sogc.org Family-Centred Maternity and Newborn Care: National Guidelines Chapter 4. http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/fcmc04_e.pdf						
	Rh STATUS						
	300 ug Rh immune globulin at 28 weeks for Rh -ve woman after testing to rule out isoimmunization. Maternal Child Services 905-813-3944						
	GESTATIONAL DIABETES SCREENING						
1h 50g oral glucose challenge at 24-28 weeks 2h 75g fasting oral glucose challenge	2h 75g fasting oral glucose challenge for result ≥ 7.8 mmol/l Routine Screening for Gestational Diabetes Mellitus in Pregnancy. SOGC Clinical Practice Guideline http://www.sogc.org/org/guidelines/index_e.asp <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">fasting</td> <td style="width: 33%;">1H</td> <td style="width: 33%;">2H</td> </tr> <tr> <td>≥ 5.3</td> <td>≥ 10.6</td> <td>≥ 8.9</td> </tr> </table> Impaired glucose tolerance of pregnancy indicated if one of the three values exceeds the above criteria. Diagnosis of Diabetes Mellitus of Pregnancy is indicated if two out of the three results exceed the above criteria. Refer to Diabetic Education Clinic for nutritional counselling and diabetic management. CVH Diabetes Education Centre 905-813-1576 CVH Antenatal High Risk Clinic 905-813-3552	fasting	1H	2H	≥ 5.3	≥ 10.6	≥ 8.9
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ASSESSMENT	ACTION / RESOURCES (<i>RESOURCES IN BOLD</i>)
	ONGOING COMMUNICATION
	<p>Awareness of fetal movements. Review healthy behaviour counselling and reinforce changes made. Review results of routine tests. Review of common symptoms at stage of pregnancy. Patient diary, concern or question review.</p> <p>Family-Centred Maternity and Newborn Care: National Guidelines Chapter 4. Appendix 5, Common Discomforts of Pregnancy. http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/fcmc04_e.pdf</p>
	EDUCATION OF IMPORTANT COMPLICATIONS
<p>Enable the pregnant woman to early recognize complications of pregnancy and initiate appropriate attention ie. Preterm Labour</p> <p>Premature Rupture of Membranes</p> <p>Antepartum Hemorrhage</p> <p>Hypertensive Disorders of Pregnancy</p> <p>Fetal Movement</p>	<p>Review notification in event of regular contractions or tightening, increase or change in vaginal discharge (watery, mucousy or bloody), cramps or low dull backache.</p> <p>Family-Centred Maternity and Newborn Care: National Guidelines Table 4.7 Signs of Preterm Labour. Chapter 4. http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/fcmc04_e.pdf</p> <p>Possibility of premature rupture of membranes should be discussed with advice re: immediate reporting of this occurrence.</p> <p>Review that bleeding in pregnancy is abnormal and should be brought to the attention of the physician immediately.</p> <p>Review warning signs of upper abdominal pain, headaches, visual disturbance and unusual swelling especially in women with suspicion or risk for pre-eclampsia.</p> <p>Educate that a decrease and/or cessation of fetal movement needs to be evaluated further (may be indicative of fetal hypoxia).</p>