

# Prenatal care

## (January 2017)

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### Rationale

Optimal prenatal care has the potential to reduce perinatal morbidity and mortality by identifying and reducing potential risks, treating medical conditions, providing psychosocial support, and promoting healthier lifestyles.

### Key Objectives

Provide prenatal care that integrates the best available evidence into a model of shared decision-making that enables patients to make informed decisions based on their needs in all aspects of preconception, pregnancy and fetal health.

### Enabling Objectives

Given a patient who requires antepartum care, the candidate will

- understand and apply the principles of informed decision-making and patient-centred care, including culturally sensitive issues;
- provide care for preconception counselling (e.g., folic acid supplementation, weight management, smoking cessation);
- establish the desirability of the pregnancy in a patient with suspected or confirmed pregnancy and construct an appropriate initial management plan;
- provide initial and subsequent prenatal visits that include an appropriate history, physical examination, exploration of socioeconomic determinants of pregnancy outcome, counselling, and laboratory investigations;
- identify risk factors and common antenatal complications (e.g., hypertension, maternal age, intrauterine growth restriction) and construct a plan for both the screening and initial management of these conditions.

The candidate will also

- list and interpret relevant clinical findings, including
  - a. factors that contribute to the estimation of the date of confinement (e.g., last menstrual period, date of positive pregnancy test);
  - b. results of a thorough history that includes family, social, maternal health, and obstetrical histories;
  - c. results of systematic screening for tobacco, alcohol, and substance use or exposure;
  - d. need for referral for a therapeutic abortion and for counselling on the matter;
  - e. use of medications and supplements and the need for appropriate counselling;
  - f. need for timely counselling regarding prenatal genetic screening, including options, risks, benefits, and possible outcomes;
  - g. risk factors and signs of antenatal and postpartum depression;
  - h. signs of intimate partner violence;
  - i. physiological changes characteristic of pregnancy and determination as to whether pregnancy is progressing satisfactorily (e.g., normal pregnancy symptoms), or if complications are present (e.g., hyperemesis, pain, bleeding);
  - j. in the second and third trimesters
    - fetal and maternal progress (e.g., weight gain, blood pressure, fetal heart rate and movement);
    - signs and symptoms of preterm labour,
  - k. determination of fetal lie and presentation in the third trimester;
  - l. signs and symptoms consistent with the onset of labour;
- list and interpret relevant investigations, including
  - a. appropriate initial diagnostic and screening tests (e.g. complete blood count, blood type, rubella status);
  - b. prenatal genetic screening options (e.g., serum integrated prenatal screen, nuchal translucency);
  - c. current recommendations for ultrasonography in a normal pregnancy;

- d. indications and options for additional prenatal fetal surveillance (e.g., fetal movement counting, nonstress test, biophysical profile);
- e. current recommendations regarding screening for prenatal complications and risk factors, including (list not exhaustive):
  - hemolytic disease of the newborn (e.g. from Rh isoimmunization);
  - gestational diabetes;
  - sexually transmitted infections;
  - group B Streptococcus;
- construct an effective initial management plan, including
  - a. discussing the patient's adjustment to pregnancy (e.g., mood, work, stress, family);
  - b. counselling and referral to community resources for
    - prenatal and parenting classes;
    - nutrition;
    - substance use or substance use disorder;
    - medication;
    - lifestyle (e.g., physical and sexual activity, travel);
    - breastfeeding;
  - c. management of common prenatal presentations and complications (e.g., nausea and vomiting, bleeding, intrauterine growth restriction);
  - d. discussing an appropriate follow-up plan for patients with a positive genetic screening result (e.g., amniocentesis, specialist referral);
  - e. management of post-term pregnancy;
  - f. referral for additional or specialized care (e.g., pre-eclampsia, psychiatric disorders, substance use disorder) if necessary.