

GOALS AND OBJECTIVES 9024 ROTATION

Goals/Objectives	2 nd Year	3 rd year
Knowledge	<p>Triaging common problems—</p> <ul style="list-style-type: none"> <input type="checkbox"/> Spontaneous rupture of membranes evaluation <input type="checkbox"/> Rule out labor <input type="checkbox"/> Third trimester bleeding <input type="checkbox"/> Management of normal labor <input type="checkbox"/> Reading fetal heart tracings <input type="checkbox"/> Induction and augmentation all the labor <input type="checkbox"/> Labor dystocia management <input type="checkbox"/> Recognition of PPH and management <input type="checkbox"/> Management of common newborn floor calls <input type="checkbox"/> Chart review 	<ul style="list-style-type: none"> <input type="checkbox"/> Management of hypertension in pregnancy, labor and postpartum <input type="checkbox"/> Recognizing shoulder dystocia and management <input type="checkbox"/> PROM/PPROM management <input type="checkbox"/> Management of chorioamnionitis and endometritis <input type="checkbox"/> Management of PPH <input type="checkbox"/> Management of neonatal sepsis <input type="checkbox"/> Management of neonatal hyperbilirubinemia <input type="checkbox"/> Management of poor weight gain in newborn <input type="checkbox"/> Management of respiratory distress in early infancy
Skills	<ul style="list-style-type: none"> <input type="checkbox"/> Fundamentals of cervical exam, Leopold's maneuvers, Bishop's score <input type="checkbox"/> Bedside US for confirmation of presenting part <input type="checkbox"/> Wet prep/Ferning <input type="checkbox"/> Repair of perineal laceration <input type="checkbox"/> Basic surgical technique of instrument and hand ties <input type="checkbox"/> AROM; FSE/IUPC placement <input type="checkbox"/> Setting up the baby bed for newborn <input type="checkbox"/> Circumcision: Simulation/Watch Stanford Gomco Circumcision video <input type="checkbox"/> Placement of Order sets- Admission to L&D, Postpartum and newborn admission 	<ul style="list-style-type: none"> <input type="checkbox"/> Competence of cervical checks <input type="checkbox"/> Competence in repair of 2nd degree laceration <input type="checkbox"/> FSE/IUPC/Cook catheter/vacuum <input type="checkbox"/> Maneuvers for shoulder dystocia <input type="checkbox"/> Management of PPH with manual removal of placenta, evaluating for cervical laceration, uterine sweep <input type="checkbox"/> Circumcision <input type="checkbox"/> Run a neonatal resuscitation <input type="checkbox"/> Troubleshoot breast feeding concerns

Dating: LMP US

Provider Updates Update the tabs for OB Provider and Infant Provider

OB Hx: Previous pregnancies Any complications (PET, PIHTN, GODM, HTN)
 NSVD-Operative-Shoulder Dystocia - Macrosomia
 C-section (op. report in Epic?) VBAC candidate
 Any complications (placenta retention, PPH, Endometritis, 3-4 degree lac)

Social Hx: Single, FOB involved, tobacco or other drugs use. Social worker involved?

Labs review:
Check the dates

- ◆ Blood type and Rh---needs Rhogam?
- ◆ CBC---Blood count/Platelet count ----Anemia?----Plan
- ◆ Hep Bs antigen
- ◆ HCV
- ◆ RPR
- ◆ Rubella
- ◆ HIV---documentation if not done
- ◆ Pap----last one documented
- ◆ GC-Chlamydia---documentation
- ◆ Varicella---titer

Antenatal chromosomal screening:

- Integrated, first sample 10w0d-13w6d
- First trimester Screen 10w0d-13w6d (Media)
- CF & SMA (Media)
- Cell Free DNA (Media) after 10w0d
 - (+) NTD Screen 15w0d-20w6d
- Quad Screen 15w0d-20w6d

Urine and urine culture---Treatment documentation as appropriate
 Urine toxicology if indicated

Medical Hx: HTN, asthma, Diabetes, Thyroid Dx, Obesity, HSV, update Problem List, etc.
 Mental health Plan of care (Baseline PET labs, medication, early 1 hr GTT, OB consult, etc)

Action plans	African-American?	Hg electrophoresis
	1. History of GDM, Pre-Diabetes, Glycosuria on 1 st prenatal visit, Metabolic Syndrome, PCOS, Use of glucocorticoids, HTN, DM in 1 st degree relative, or BMI >30. 2. Prior Macrosomia, Perinatal Loss, Malformations. 3. Ethnicity of Hispanic African American, Native American, South/East Asian, Pacific Islander.	Early screening for GODM?
	See attached risk assessment A	ASA therapy?
	Prior spontaneous preterm birth No h/o of preterm birth, but short cervix (≤2cm at ≤24 wk)	Needs Progesterone?

Aspirin for Preeclampsia Prevention (ACOG Committee Opinion 743, July 2018):

Table 1. Clinical Risk Assessment for Preeclampsia*

Risk Level	Risk Factors	Recommendation
High ¹	<ul style="list-style-type: none"> • History of preeclampsia, especially when accompanied by an adverse outcome • Multifetal gestation • Chronic hypertension • Type 1 or 2 diabetes • Renal disease • Autoimmune disease (systemic lupus erythematosus, antiphospholipid syndrome) 	Recommend low-dose aspirin if the patient has one or more of these high-risk factors
Moderate ²	<ul style="list-style-type: none"> • Nulliparity • Obesity (body mass index greater than 30) • Family history of preeclampsia (mother or sister) • Sociodemographic characteristics (African American race, low socioeconomic status) • Age 35 years or older • Personal history factors (eg, low birthweight or small for gestational age, previous adverse pregnancy outcome, more than 10-year pregnancy interval) 	Consider low-dose aspirin if the patient has more than one of these moderate-risk factors ³
Low	<ul style="list-style-type: none"> • Previous uncomplicated full-term delivery 	Do not recommend low-dose aspirin

Absolute Contraindications: aspirin allergy, hypersensitivity to other salicylates/NSAIDs, nasal polyps (life-threatening bronchoconstriction), asthmatics with history of aspirin induced acute bronchospasm

Relative Contraindications: history of GI bleed, active PUD, other sources of GI or GU bleeding, severe hepatic dysfunction, <18 yo and recovering from viral illness (Reye syndrome risk)

Timing: Optimal when started before 16 weeks but should be initiated between 12 to 28 weeks and continued until delivery.

Low-Dose Aspirin Use During Pregnancy

Reference: ACOG Committee Opinion, No. 742, July 2018

Recommendations

The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine make the following recommendations:

- **Low-dose aspirin (81 mg/day) prophylaxis is recommended in women at high risk of preeclampsia and should be initiated between 12 weeks and 28 weeks of gestation (optimally before 16 weeks) and continued daily until delivery.**
- Low-dose aspirin prophylaxis should be considered for women with more than one of several moderate risk factors for preeclampsia.
- Low-dose aspirin prophylaxis is not recommended solely for the indication of prior unexplained stillbirth, in the absence of risk factors for preeclampsia.
- Low-dose aspirin prophylaxis is not recommended for prevention of fetal growth restriction, in the absence of risk factors for preeclampsia.
- Low-dose aspirin prophylaxis is not recommended for the prevention of spontaneous preterm birth, in the absence of risk factors for preeclampsia.
- Low-dose aspirin prophylaxis is not recommended for the prevention of early pregnancy loss.

Preeclampsia Risk Factors

High-Risk Factors (Recommend prophylactic low-dose aspirin if any of these risk factors are present):

- Preeclampsia in a previous pregnancy
- Multifetal pregnancy
- Chronic hypertension (high blood pressure)
- Diabetes (type 1 or type 2)
- Kidney disease
- Autoimmune disorder (lupus, rheumatoid arthritis, etc.)
- Antiphospholipid or anticardiolipin syndrome

Moderate-Risk Factors (Consider prophylactic low-dose aspirin if more than 1 of these factors are present):

- Nulliparity
- Obesity (body mass index 30 kg/m² or greater)
- Mother or sister had preeclampsia
- African ancestry (based on patient self-report)
- Low socioeconomic status
- Maternal age 35 years or older
- Patient born with low birthweight or small-for-gestational age
- Previous pregnancy with small-for-gestational age or other adverse outcome
- Interpregnancy interval more than 10 years

Provider Signature _____ Date _____

OB CHART REVIEW: most of the information can be found in “Pregnancy” Navigator in Snap Shot

Dating:	LMP US								
OB Hx:	Any complications (PET, PIHTN, GODM, HTN)								
Previous pregnancies	NSVD-Operative-Shoulder Dystocia - Macrosomia C-section (op. report in Epic?) VBAC candidate Any complications (placenta retention, PPH, Endometritis, 3-4 degree lac)								
Social Hx:	Single, FOB involved, tobacco or other drugs use. Social worker involved?								
Labs review:	<ul style="list-style-type: none"> ◆ Blood type and Rh---needs Rhogam? ◆ CBC----Blood count/Platelet count ----Anemia?-----Plan 								
Check the dates	<ul style="list-style-type: none"> ◆ If African, hemoglobin electrophoresis ◆ Hep Bs antigen ◆ HCV ◆ RPR ◆ Rubella ◆ HIV----documentation if not done ◆ Pap----last one documented ◆ GC-Chlamydia---documentation ◆ Varicella---titer ◆ Early screening for GODM? (refer to FPinfo) ◆ Antenatal chromosomal screening: <ul style="list-style-type: none"> • Integrated, 1st sample 10w0d-13w6d and 2nd sample 15w0d-20w6d • First trimester Screen 10w0d-13w6d (Media) • CF & SMA (Media) • Cell Free DNA (Media) after 10w0d <ul style="list-style-type: none"> ○ (+) NTD Screen 15w0d-20w6d • Quad Screen 15w0d-20w6d 								
	Urine and urine culture----Treatment documentation as appropriate Urine toxicology if indicated								
	1 hour glucose: Normal up to 130 3 hour glucose: Normal---fasting 95								
	<table style="border: none;"> <tr> <td style="padding-right: 20px;">1 hr</td> <td style="padding-right: 20px;">180</td> <td rowspan="3" style="font-size: 3em; padding-left: 10px;">}</td> <td rowspan="3" style="padding-left: 10px;">2 or more abnormal gestational diabetes</td> </tr> <tr> <td>2 hr</td> <td>155</td> </tr> <tr> <td>3 hr</td> <td>140</td> </tr> </table>	1 hr	180	}	2 or more abnormal gestational diabetes	2 hr	155	3 hr	140
1 hr	180	}	2 or more abnormal gestational diabetes						
2 hr	155								
3 hr	140								
	Hematocrit/Hemoglobin Blood type and Rh if indicated----Rhogam administration Urine culture if indicated----done?								
Medical Hx:	HTN Asthma Diabetes: Plan of care (Baseline PET labs, medication, early 1 hr GTT, OB consult, etc) Thyroid Dx Mental health Obesity HSV Other								
Immunization	Flu, Tdap, COVID								
Weight gain	Appropriate? If no, any actions taken?								
Pregnancy check list	Completion and comments Check EPIC Care Team (Fam-OB and Family Medicine Infant Team)								
US review:	Fetal growth Placenta location Any abnormalities? Actions taken and documented?								