GOALS AND OBJECTIVES 9024 ROTATION

Goals/Objectives	2nd Year	3rd year
Knowledge	Triaging common problems— ☐Spontaneous rupture of membranes evaluation ☐Rule out labor ☐Third trimester bleeding ☐Management of normal labor ☐Reading fetal heart tracings ☐Induction and augmentation all the labor ☐Labor dystocia management ☐Recognition of PPH and management ☐Management of common newborn floor calls ☐Chart review	☐Management of hypertension in pregnancy, labor and postpartum ☐Recognizing shoulder dystocia and management PROM/PPROM management ☐Management of chorioamnionitis and endometritis ☐Management of PPH ☐Management of neonatal sepsis ☐Management of neonatal hyperbilirubinemia ☐Management of poor weight gain in newborn ☐Management of respiratory distress in early infancy
Skills	☐Fundamentals of cervical exam, Leopold's maneuvers, Bishop's score ☐Bedside US for confirmation of presenting part ☐Wet prep/Ferning ☐Repair of perineal laceration ☐Basic surgical technique of instrument and hand ties ☐AROM; FSE/IUPC placement ☐Setting up the baby bed for newborn ☐Circumcision: Simulation/Watch Stanford Gomco Circumcision video ☐Placement of Order sets- Admission to L&D, Postpartum and newborn admission	☐Competence of cervical checks ☐Competence in repair of 2nd degree laceration ☐FSE/IUPC/Cook catheter/vacuum ☐Maneuvers for shoulder dystocia ☐Management of PPH with manual removal of placenta, evaluating for cervical laceration, uterine sweep ☐Circumcision ☐Run a neonatal resuscitation ☐Troubleshoot breast feeding concerns

OB Early Pregnancy CHART REVIEW:

Updated April 28, 2021

Dating:	LMP US
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
- 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, 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 1st prenatal visit, Metabolic Syndrome, PCOS, Use of glucocorticoids, HTN, DM in 1st 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†	• 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‡	• 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§
Low	• 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/m^2 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 __________

Combs. Checklists to guide recommendations for prophylactic low-dose aspirin. Am J Obstet Gynecol 2020.

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

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	• Hep Bs antigen
	• 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:
	  • Integrated, 1st sample 10w0d-13w6d and 2nd sample 10w0d-20w6d
	  • First trimester Screen 10w0d-13w6d (Media)
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	1 hour glucose: Normal up to 130 3 hour glucose: Normal---fasting 95 1 hr 180 2 hr 155 3 hr 140 2 or more abnormal gestational diabetes
	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
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?