

Antepartum Clinical Pathway
Stage: Late Prenatal Visits (28 - 40 weeks)

| ASSESSMENT | ACTION / RESOURCES (<i>RESOURCES IN BOLD</i>) |
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| LIMITED PHYSICAL EXAM | |
| Blood pressure Uterine size Fetal heart rate Maternal weight gain Urine dip for protein and glucose Cervical exam if concern of premature labour | 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 SOGC Clinical Practice Guidelines http://www.sogc.org/guidelines/index_e.asp Family-Centred Maternity Care: National Guidelines http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/fcmc04_e.pdf http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/fcmc05_e.pdf Healthy Beginnings: Guidelines for Care During Pregnancy & Childbirth. SOGC http://www.sogc.org Public Health Agency of Canada Companion Documents http://www.phac-aspc.gc.ca/dca-dea/publications/fcmc11_e.html Healthy Beginnings: Your handbook for pregnancy & birth, 3rd Edition SOGC, 2005. http://www.healthy-beginnings.com/ Baby's Best Chance: Parents' handbook of pregnancy & baby care, Sixth Edition Prov. of B.C., Ministry for Children & Families, 2005. |
| GROUP B STREP CARRIER STATUS | |
| | Rectovaginal swab at 35 - 37 week with intrapartum antibiotic prophylaxis for colonized women or intrapartum prophylaxis for women with risk factors in labour. SOGC Clinical Practice Guideline, The Prevention of Early-Onset Neonatal Group B Streptococcal Disease http://www.sogc.org/guidelines/index_e.asp CVH Clinical Pathway-Group B Strep www.cvh.on.ca http://www.cvh-on.ca/pro/cpg.php |

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| ONGOING COMMUNICATION | |
| <p>Over subsequent visits.</p> | <p>Awareness of fetal movements.</p> <p>Review healthy behaviour counseling and reinforce changes made.</p> <p>Patient diary.</p> <p>Discussion of common symptoms in third trimester.</p> <p>Family-Centred Maternity Care: National Guidelines Appendix 5, Common Discomforts of Pregnancy. Chapter 4. http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/fcmc04_e.pdf</p> <p>Advice / discussion re: childbirth preparation.</p> <p>Review of birth plan.</p> <p>Review signs & symptoms of labour and appropriate notification.</p> <p><i>See Admission to Labour & Delivery Maternal Newborn Patient Information Booklet</i></p> |
| FETAL SURVEILLANCE / INDUCTION | |
| <p>Uncomplicated pregnancy up to 41 completed weeks.</p> <p>Pregnancies complicated by such other risk factors as hypertension, diabetes mellitus, IUGR, macrosomia, polyhydramnios or multiple gestation.</p> | <p>No special monitoring or induction of labour is warranted.</p> <p>Strong consideration should be given to fetal surveillance or elective delivery between 39-40 6/7 weeks gestation.</p> <p>For antenatal hypertension, gestational diabetes or twins a protocol involving combinations of growth ultrasounds and biophysical profiles has been developed.</p> <p>Physicians should order appropriate ultrasound based on clinical judgment</p> <p>Family-Centred Maternity Care: National Guidelines http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/fcmc05_e.pdf SOGC Clinical Practice Guidelines http://www.sogc.org/guidelines/index_e.asp</p> |