

CommUnityCare — Women's Health

Brackenridge Professional Office Building

Obstetrics Clinic Worksheet

1. **Abnormal TAST**—
 - a. Needs an ultrasound to confirm dates
 - If dates confirmed, then referral is to genetics to discuss amniocentesis
 - Genetics can only be scheduled if gestation is <20 weeks
 - b. Requires:
 - IOB and master EMR copy (which includes all prenatal visits and info to date),
 - all prenatal labs (including Pap and GC/CT),
 - results of abnormal TAST,
 - copy of ultrasound confirming dates

2. **Amniocentesis**—(For AMA or other genetics reasons, requires genetics referral)
 - a. Genetics can only be scheduled if gestation is <20 weeks
 - b. Requires:
 - IOB and master EMR copy (which includes all prenatal visits and info to date),
 - all prenatal labs (including TAST if done),
 - Pap and GC/CT,
 - copy of ultrasound (if done)

3. **C-section scheduling**—(if does not meet dating criteria)
 - a. Previous C-section--
 - b. Requires:
 - IOB and master EMR copy (which includes all prenatal visits and info to date),
 - all prenatal labs (including Pap and GC/CT),
 - copy of any ultrasounds

4. **Anatomy scan** (Level II Ultrasound or Targeted Ultrasound)—
 - a. Reserved for patients with concerns on routine scan done at NE, HROB, or at a radiology facility (ie ARA)
 - b. If for AMA, patient should see genetics first, and must be sent before 20 weeks gestation.
 - c. Requires:
 - IOB and master EMR copy (which includes all prenatal visits and info to date),
 - all prenatal labs (including Pap and GC/CT),
 - copy of ultrasound generating referral

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Brackenridge Professional Office Building

Obstetrics Clinic Worksheet (continued)

5. Diabetes (pregnant)—

- a. *See Guidelines for Diabetes in Pregnancy at end of Obstetrics Clinic Worksheet.*
- b. *Known diagnosis of diabetes prior to pregnancy (please send information on how long patient has been a diabetic, pre-pregnancy medications and treatment, pre-pregnancy diabetes complications, and last hemoglobin A1C (done within the last 3 months))*
- c. *Requires:*
 - IOB*
 - all prenatal labs*
 - copy of ultrasound (to document viability or if before viability, all quantitative HCGs)*
 - results of GTT testing, hemoglobin A1C, with information as noted below in Guidelines for Diabetes in Pregnancy*
 - if known diabetic, 24 hour urine for protein and creatinine clearance, TSH, free T4, TAST (if appropriate)*

6. Genetics—

- a. *AMA; abnormal TAST; family history of birth defects, mental retardation, or genetic diseases; personal history of birth defects, mental retardation or genetic disease; exposure to teratogens, abnormal ultrasound findings, recurrent pregnancy loss (2 or more), consanguineous mating*
- b. *Requires:*
 - IOB and master EMR copy (which includes all prenatal visits and info to date),*
 - all prenatal labs (including TAST, hemoglobin electrophoresis, Pap, GC/CT),*
 - documentation of specific reason for referral and all supporting information,*
 - copy of any ultrasounds done*

7. NST—

- a. *Postdates pregnancy (41 wks) or A1 (diet controlled) GDM (40 weeks)*
- b. *Done on Mon, Tues, Thurs and Fri (Mon, Thurs, Fri preferred)*
- c. *Requires:*
 - IOB and master EMR copy (which includes all prenatal visits and info to date),*
 - all prenatal labs including Pap, GC/CT, GBS and date of its collection,*
 - copy of all ultrasounds*

8. Pregnancy and Hypertension (Chronic or Pregnancy Induced)—

- a. *Requires:*
 - IOB and master EMR copy (which includes all prenatal visits and info to date),*
 - Prenatal labs (including Pap and GC/CT), TSH, Free T4, 24 hour urine for creatinine clearance and total protein*

CommUnityCare — Women's Health

Brackenridge Professional Office Building

Obstetrics Clinic Worksheet (continued)

- 9. History of 2 or more spontaneous abortions (<14 wks)—**
- Genetics referral (see above);
 - Send Lupus Anticoagulant and Anticardiolipin Antibodies; if abnormal, then refer.
 - Requires:
 - IOB and master EMR copy (which includes all prenatal visits and info to date),
 - prenatal labs (including Pap and GC/CT),
 - abnormal lab results as above
- 10. Pregnancy and history of previous second trimester loss (14-24 weeks)—**
- Send Lupus Anticoagulant and Anticardiolipin Antibodies, Protein C, Protein S, Factor V Leiden, Antithrombin III, MTHFR mutation
 - Requires:
 - IOB and master EMR copy (which includes all prenatal visits and info to date),
 - prenatal labs (including Pap and GC/CT), lab results as above
- 11. Pregnancy and history of premature birth (24-36 weeks)—**
- Provide protection against recurrent preterm birth
 - Requires:
 - Singleton pregnancy 15-24 weeks with a documented previous delivery prior to 37 weeks.
 - No multiple gestations known fetal anomaly, progesterone or heparin use in this pregnancy, current or planned cervical cerclage, CHTN requiring medication, seizure disorder, delivery planned outside of Brackenridge or AWH.
 - Ultrasound required between 14 and 20-6/7 weeks to confirm dating and identify major fetal abnormalities.
 - Must sign release of information to obtain records from previous pregnancy ending in preterm delivery (singleton between 20 and 36-6/7 weeks gestation due to spontaneous preterm labor or PPROM).
 - Patient must be willing to attend weekly appointments at HROB and receive weekly progesterone shots from 24-37 weeks of pregnancy
 - IOB and master EMR copy (which includes all prenatal visits and info to date),
 - prenatal labs (including Pap and GC/CT),
 - copy of all ultrasounds

CommUnityCare — Women's Health

Brackenridge Professional Office Building

Obstetrics Clinic Worksheet (continued)

1. Placenta Previa—

a. *Confirmed by ultrasound between 24-28 weeks of gestation*

b. *Requires:*

- IOB and master EMR copy (which includes all prenatal visits and info to date),*
- prenatal labs (including Pap and GC/CT),*
- copies of all ultrasounds;*
- DO NOT COLLECT PAP AND GC/CT IF NOT DONE PRIOR TO 24-28 WEEK DIAGNOSIS**

2. Multiple gestation—

a. *Confirmed by ultrasound (we must have a copy of this ultrasound)*

b. *Requires:*

- IOB and master EMR copy (which includes all prenatal visits and info to date),*
- prenatal labs (including Pap and GC/CT),*
- copies of all ultrasounds*

3. Large/small for dates—

a. *Only refer once confirmed by OB physician; Fundal height must be more than 3 cm off of gestational age*

b. *Requires:*

- OB and master EMR copy (which includes all prenatal visits and info to date),*
- prenatal labs (including Pap and GC/CT),*
- ultrasound done (either by ARA or NE) confirming <10% EFW for gestational age, >90% EFW for gestational age, AFI <5cm or AFI >25cm*

4. Cholestasis of pregnancy—

a. *Pruritis without skin changes; Elevated liver function tests; Elevated fasting bile acids*

b. *Requires:*

- Pruritis without skin changes with either (or both) elevated liver function tests or elevated fasting bile acids*
- IOB and master EMR copy (which includes all prenatal visits and info to date),*
- all prenatal labs (including Pap and GC/CT),*
- copies of abnormal labs,*
- copies of any ultrasounds*

5. Breech >36 weeks—

a. *Requires:*

- IOB and master EMR copy (which includes all prenatal visits and info to date),*
- all prenatal labs (including Pap and GC/CT),*
- copies of any ultrasounds*

CommUnityCare — Women's Health

Brackenridge Professional Office Building

Obstetrics Clinic Worksheet (continued)

6. HIV/AIDS and pregnancy—

a. Requires:

- IOB and master EMR copy (which includes all prenatal visits and info to date),
- all prenatal labs (including Pap and GC/CT),
- most recent viral load and CD4 count,
- Hepatitis C antibody,
- any ultrasounds,
- copies of last clinic notes detailing disease diagnosis, co-morbid conditions or defining illnesses and treatment

7. Thyroid disorder and pregnancy—

a. Requires:

- IOB and master EMR copy (which includes all prenatal visits and info to date),
- all prenatal labs (including Pap and GC/CT), TSH, Free T4,
- any ultrasounds,
- copies of last clinic notes detailing thyroid disease diagnosis and duration of disease and treatment,
- copy of last endocrine consultation if done.

8. Renal disorder and pregnancy—

a. Requires:

- IOB and master EMR copy (which includes all prenatal visits and info to date),
- all prenatal labs (including Pap and GC/CT),
- copy of any ultrasounds done (pregnancy or renal),
- copies of last clinic notes detailing renal disorder/ diagnosis, duration of disease and treatment,
- copy of last renal consultation if done,
- 24 hour urine protein for creatinine clearance and total protein, CMP (complete metabolic panel) with calcium and phosphorus

9. Drug Dependence and pregnancy—

a. Requires:

- IOB and master EMR copy (which includes all prenatal visits and info to date),
- all prenatal labs (including Pap and GC/CT),
- urine and serum drug screen results,
- copy of any ultrasounds done,
- copies of last clinic notes outlining drugs of use/ abuse and duration as well as past treatment

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Brackenridge Professional Office Building

Obstetrics Clinic Worksheet (continued)

10. Lupus and pregnancy—

a. Requires:

- IOB and master EMR copy (which includes all prenatal visits and info to date),
- all prenatal labs (including Pap and GC/CT),
- 24 hour urine for creatinine clearance and total protein,
- ANA, anti-Ro and anti-La antibodies, CMP (complete metabolic panel) with calcium and phosphorus,
- copy of any ultrasounds done,
- copy of last clinic notes detailing diagnosis, duration of disease, manifestations, treatment,
- copy of last rheumatology consult if done

11. Seizure disorder and pregnancy—

a. Requires:

- IOB and master EMR copy (which includes all prenatal visits and info to date),
- all prenatal labs (including Pap and GC/CT),
- copy of last CT scan and EEG if done,
- copy of last neurology consult if done, copy of any ultrasounds done

a. At time of recognition of need for referral, start patient on 4mg folic acid daily

12. Mental illness and pregnancy—

a. We do not accept referrals for this diagnosis. Please refer to MHMR or private psychiatry.

If there are any questions regarding the safety of psychiatric medications in pregnancy, please call the L&D cell phone (450-3775), and the appropriate follow-up can be arranged. Patient may prefer to call Texas Teratogen Information Service for free pregnancy exposure/ risk counseling at 1-800-733-4727.

13. Cardiac disease and pregnancy—

a. Requires:

- IOB and master EMR copy (which includes all prenatal visits and info to date),
- all prenatal labs (including Pap and GC/CT),
- copy of any ultrasounds done,
- last EKG if done,
- last echo if done,
- last cardiology consultation if done,
- last clinic notes detailing diagnosis and treatment

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Brackenridge Professional Office Building

Obstetrics Clinic Worksheet (continued)

14. Hepatic disease and pregnancy—

a. Requires:

- IOB and master EMR copy (which includes all prenatal visits and info to date),*
- all prenatal labs (including Pap and GC/CT),*
- copy of any ultrasounds done, liver function tests, coagulation tests (PT, PTT, INR), hepatitis panel,*
- last GI consultation if done,*
- last abdominal ultrasound if done,*
- last clinic notes detailing diagnosis and treatment*