

# LMG Guidelines for Accepting Prenatal Patients

## LMG WILL ACCEPT

In general, we will accept uncomplicated, singleton pregnancies and the following:

### Current Pregnancy

- Low-lying placenta
- Partial placenta previa
  - If no resolution on f/u 28w U/S, refer to OB
- Gestational HTN (>34w, without complications)
- Gestational diabetes
- Minor fetal anomalies (i.e. cleft lip/palate)
- Assisted conception, otherwise uncomplicated (medical or IVF)
- Positive first trimester screen for T21 (with normal or declined amniocentesis)

### PMHx & Mental Health Hx

The following are pre-existing medical conditions appropriate for low-risk:

- Hypothyroidism, celiac, IBS, asthma
- Stable Hep B surface Ag positive (no liver disease) +/- treatment (refer hepatology)
- HCV
- Anxiety, depression, personality disorders, psychosis or bipolar disease
- Stable previous bariatric surgery

### GyneHx

- LEEP, Cone biopsy
- D&C, ectopic pregnancy

### Multiples

- Uncomplicated multiples with previous assisted vaginal delivery
- Previous pre-term labour **≥34w**
- Grand multiples (≥5<sup>th</sup> pregnancy) with no history of complications
- Previous stillbirth with known cause (i.e. trauma/abruption) or with normal deliveries since

**If uncertain about a specific patient, please call the LMG doctor in clinic or on call.**

- **Mosaic (LMG) clinic**
  - 403-250-5066
  - Fax 403-250-5244
- **PLC L&D**
  - 403-943-4600
  - Fax 403-943-4562

**Remember, pregnancy is a fluid process and low risk pregnancies can become high-risk pregnancies!**

## PREVIOUS C-SECTION (VBAC/TOL)

### LMG will accept if:

1. Inter-delivery interval (previous delivery date and current EDC) is ≥2 years
2. Only one previous C/S
3. If no OR report (or vertical midline skin incision), we can accept but we require an OB **consult**

### Refer to OBGYN for transfer of care if:

1. Previous classical or T-shaped c-section
2. Inter-delivery interval (previous delivery date and current EDC) is <2 years
3. 2 previous c-sections, any type
4. Patient wanting elective c-section, either primary or repeat
5. Any obvious history or mention of cephalo-pelvic disproportion in OR note

## DIRECT REFERRAL/TOC TO OBGYN

In general, complicated pregnancies should be referred to OBGYN, including the following:

### Current Pregnancy

- Multiples (twins, triplets)
- Pre-pregnancy **BMI >40**
- Placenta previa (refer directly to OB if placenta covers >15mm of os on initial transvaginal U/S)
- Incompetent cervix
  - ≤2cm in length
  - Dilated +/- funnelling of membranes
- Presence of alloantibodies\*
- Major fetal anomalies (i.e. T18)
- HTN developing <20w
- Gestational HTN developing <34w

### PMHx

Women with a pre-existing medical condition:

- HTN, DM2/DM1, kidney disease, auto-immune disease, epilepsy, HIV, ITP, hyperthyroid\*
- Hep B Surface Ag positive with active liver disease or acute illness (refer to hepatology)
- Serious cardio/respiratory disease
- Bleeding disorders
- Malignant disease (current or in remission)
- Pelvic fracture history

### GyneHx

- Uterine surgery (hysterotomy with full uterine scar)

### Multiples

- Previous pre-term labour <34-35w
- Grand multip (≥5<sup>th</sup> pregnancy) *with* history of severe PPH or other complications
- Previous unexplained stillbirth or pregnancy loss (>20w)\*

*\*exceptions can be made, speak with an LMG doctor*