

Guidance from Emily Scibetta, MD
Maternal Fetal Medicine

Routine Prenatal Visits

- First Visit around 10 weeks
 - Consider earlier visit for patients with comorbidities (Type1/2 diabetes, chronic HTN on medication, SLE, concern for pregnancy of unknown location)
- Q6 week visits 10-28 weeks
- Q4 week visits 28-36 weeks
- Weekly 36 weeks-delivery

**Help encourage same day lab draws and antenatal testing whenever possible

If your patient gets an NT and anatomic survey, please consider spacing out your next visit until 6 weeks after the ultrasound. For patients seen at Central Coast, I will do BP checks if indicated

For patients on 17-OHP, please consider instructing patients on home administration and sending with 5-week supply

Postpartum Care

- Routine Postpartum Visit: phone follow up only
- Offer in person visit for anything requiring physical exam (severe mastitis, significant abnormal bleeding, wound concerns)
- Offer depression/anxiety screens by phone. Consider frequent phone follow ups given increased risk in this time of isolation
- Contraception: prioritize Pill, patch ring for contraception when able. Offer in person visit if patient strongly desires IUD, Nexplanon, Depo. **Please consider Depo and Nexplanon prior to hospital discharge whenever able**

Antenatal Testing

Low Risk Conditions: START AT 36 weeks, NST/AFI ONCE WEEKLY AT TIME OF PNC VISIT

- AMA only, GDMA1 or GDMA2 well controlled, didi twins

Medium Risk Conditions: Start at 34 weeks, NST/AFI ONCE WEEKLY

- GMDA2 with poor control, DM2, DM1, chronic HTN on meds, lupus well controlled, substance use (excludes marijuana), hx IUFD, severe polyhydramnios

High Risk Conditions: Start at 32 weeks/time of diagnosis, NST/AFI ONCE WEEKLY

- Poorly controlled DM2/DM1, IUGR, modi twins, uncontrolled hyperthyroidism, poorly controlled chronic HTN, severe renal/SLE/APLS disease, cholestasis (consider counseling patient on lack of benefit in ICP)

Unique Cases: for conditions not covered here or for unique circumstances, please reach out by Cerner or TigerText.

Ultrasound Referrals

- **NT ultrasound:** offer to all patients desiring genetic testing (consider spacing out your next visit until 6 weeks following this ultrasound appt)
- **Anatomic Survey:** offer to all patients. Goal 20-22 weeks (consider spacing out your next visit until 6 weeks following this ultrasound appt)
- **Hx of Spontaneous Preterm Birth:** please call Dr. Scibetta so we can make a safe plan for cervical lengths, etc
- **Growth Assessments:**
 - For anyone already being seen by Central Coast Perinatal (Dr. Scibetta) for ultrasound, I will work to triage their follow up scan. Most routine growth scans for patients *without* high risk conditions will be rescheduled to at least 3 weeks in the future as of March 17th.
 - Well controlled GDM with S=D on FH, no ultrasound.
 - Chronic HTN off meds with S=D on FH, no ultrasound.
 - Isolated Cholestasis: no ultrasound.
 - Uncomplicated Dichorionic Diamniotic Twins: growth scan at 32 and 36 weeks
 - Monochorionic Diamniotic Twins: q2 weeks starting at 16-17 weeks until 28 weeks. Q4 weeks thereafter.
 - Poorly controlled GDMA2 and all patients with DM1/DM2: one growth assessment 32-34 weeks
 - Obesity with TRUE inability to follow fundal heights: one growth assessment 32-34 weeks
 - SLE: one growth assessment 32-34 weeks
 - for conditions not covered here or for unique circumstances, please reach out by Cerner or TigerText