Priority Topic: PREGNANCY

Key Features:

For this massive topic, I find it helpful to break up the key features into groups:

- **PRECONCEPTION/PRENATAL/NTRAPARTUM/POSTPARTUM**

## PRECONCEPTION

1. In a patient who is considering pregnancy:
   a) Identify risk factors for complications.
   b) Recommend appropriate changes (e.g., folic acid intake, smoking cessation, medication changes).

**What you should study:**

- Preconception Counseling and Care AAFP 2013
- Preconception Folic Acid SOGC 2015
- Smoking Cessation in Pregnancy CFP 2012

**Exam tip!** Never forget to advise folic acid in any woman of reproductive age on a SAMP, SOO, or OSCE!

2. In a female or male patient who is sexually active, who is considering sexual activity, or who has the potential to conceive or engender a pregnancy, use available encounters to educate about fertility.

**What you should study:** see also Priority Topic Contraception

Discuss fertility with ANY patient of reasonable age and maturity!

- Make Fertility Awareness part of Family Planning Toolbox AAFP Blog 2017
- Delayed Child Bearing SOGC 2012
3. In a patient with suspected or confirmed pregnancy, establish the desirability of the pregnancy.

✓ Just do it!
✓ Options for women with unintended pregnancy AAFP 2015

4. In a patient presenting with a confirmed pregnancy for the first encounter:
   a) Assess maternal risk factors (medical and social).
   b) Establish accurate dates.
   c) Advise the patient about ongoing care.

What you should study:
✓ Prenatal Care AAFP 2014
✓ Methods for Estimating Due Date ACOG 2017

5. In pregnant patients:
   a) Identify those at high risk (e.g., teens, domestic violence victims, single parents, drug abusers, impoverished women).
   b) Refer these high-risk patients to appropriate resources throughout the antepartum and postpartum periods.

What you should study: TIP: always refer to multidisciplinary team for care!
✓ Adolescent Pregnancy Guidelines SOGC 2015
✓ Intimate Partner Violence in Pregnancy ACOG 2012
6. In *at-risk pregnant patients* (e.g., women with human immunodeficiency virus infection, intravenous drug users, and diabetic or epileptic women), modify antenatal care appropriately.

**What you should study:**

- ✓ Substance use in Pregnancy SOCG 2011
- ✓ HIV in Pregnancy SOGC 2014
- ✓ Epilepsy in Pregnancy Quiz
- ✓ Diabetes and Pregnancy CD 2018
- ✓ Hypertension in Pregnancy SOGC 2014
- ✓ Pregnant women and newborns with Hep B or C AAFP 2010
- ✓ Antidepressant use during pregnancy AAFP 2011

7. In a pregnant patient presenting with features of an *antenatal complication* (e.g., premature rupture of membranes, hypertension, bleeding):

   a) Establish the *diagnosis*.
   
   b) Manage the complication appropriately.

**What you should study:**

- ✓ ALARM Manual 22nd Edition - *(available on google - you will receive the updated version when you take the ALARM course)* Study this well! It is a fabulous resource and will get you through your OBS rotation and exams! The table of contents is all clickable links, which makes it easy to navigate
  - Preterm Labour and Preterm Birth
  - Prelabour Rupture of Membranes
  - Antepartum and Intrapartum Hemorrhage
- ✓ Hypertensive disorders of Pregnancy AAFP 2016
- ✓ Diabetes and Pregnancy DC 2018 - Gestational Diabetes
- ✓ Diagnosis and Management of Ectopic Pregnancy AAFP 2014
- ✓ EM Cases: Episode 23 Vaginal Bleed in Early Pregnancy
8. In a patient presenting with dystocia (prolonged dilatation, failure of descent):
   a) Diagnose the problem.
   b) Intervene appropriately.

What you should study:
**NB this KF refers to dystocia of labour, not shoulder dystocia

  Page 6 Dystocia vs Obstructed labour

9. In a patient with clinical evidence of complications in labour (e.g., abruption, uterine rupture, shoulder dystocia, non-reassuring fetal monitoring):
   a) Diagnose the complication.
   b) Manage the complication appropriately.

What you should study:
✓ Fetal Monitoring SOGC
✓ Induction of Labour SOGC 2013 - uterine rupture
✓ ALARM Manual 22nd Edition
  - Antepartum and Intrapartum Hemorrhage
  - Shoulder Dystocia
  - Fetal wellbeing during labour
  - VBAC (uterine rupture)
### POSTPARTUM

#### 10. In the patient presenting with clinical evidence of a postpartum complication (e.g., delayed or immediate bleeding, infection):
   a) **Diagnose** the problem (e.g., unrecognized retained placenta, endometritis, cervical laceration).
   b) **Manage the problem** appropriately.

**What you should study:**
- ✓ ALARM Manual 22nd Edition - Postpartum Hemorrhage
- ✓ Antibiotics for Endometritis COCHRANE 2015

#### 11. In pregnant or postpartum patients, **identify postpartum depression** by screening for risk factors, monitoring patients at risk, and **distinguishing postpartum depression from the “blues.”**

**What you should study:**
- ✓ Identification and Management of Peripartum Depression AAFP 2016
- ✓ Perinatal Depression in Men AAFP 2016
- ✓ Mental Health Postpartum BC 2014

#### 12. In a breast-feeding woman, screen for and characterize dysfunctional breast-feeding (e.g., poor latch, poor production, poor letdown).

**What you should study:**
- ✓ Breastfeeding Success AAFP 2008
- ✓ Sore nipples - Toronto Public Health
- ✓ Breastfeeding Basics ppt AAFP 2015
- ✓ Position Paper on Breastfeeding AAFP 2015