

Priority Topic: PREGNANCY

Key Features:

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

- PRECONCEPTION/PRENATAL/INTRAPARTUM/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

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**

PRENATAL

3. In a patient with suspected or confirmed pregnancy, [establish the desirability of the pregnancy](#).

✓ [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 P regnancy**

INTRAPARTUM

8. In a patient presenting with **dystocia** (prolonged dilatation, failure of descent):
- Diagnose** the problem.
 - Intervene** appropriately.

What you should study:

****NB this KF refers to dystocia of labour, not shoulder dystocia**

- ✓ **ALARM Manual 22nd Edition - Management of Labour**
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):
- Diagnose** the complication.
 - 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](#)