

1st RME CHECKLIST

By Dr Gerard Loh

Age/Race: _____ (age >40 for detailed scan appt) (>25yo for MOGTT)

* <19yo = Teenage pregnancy → refer FMS JKM (Borang 9)

Marital status: 2nd union / * Single Mother → refer FMS

Gravidity, parity: _____ @ **Gestation age:** _____ POA / POG

LMP : _____ SOD/USOD → late booker @ _____ weeks (>24 not for postdate)

Earlier scans done? @ _____ **EDD / REDD:** _____

Medical Hx

- Hypertension (start ASA 75mg OD @ 12/52, CaCo3 @ 20/52, **Ix:** PE PROFILE)
- DM (for detailed scan)
- CVS – IHD (refer combined clinic), congenital HD (detailed scan appt)
- Thyroidism (refer combined clinic)
- Family History of HPT / BA / DM (for MOGTT)

Past Obstetric Hx

- Miscarriage Ectopic pregnancy
- Premature delivery
- Previous Scar (tested / untested → for VBAC at 28/52)
- Low Birth Weight Macrosomia _____ g
- Poor Spacing LCB : _____ years
- GDM (MOGTT)
- Hypertension (Chronic/PIH/PE/eclampsia) (ASA @ 12/52, CaCO3 20/52)
- Placenta Previa
- Abruptio Placenta
- Stillbirth PPH
- Fetal Anomaly/chromosomal anomaly (for detailed scan)
- Hx of IUD (if in last pregnancy, for detailed scan)
(if multiple problems = BOH refer o&G)

BP _____ (HPT < 20/52= Chr Hpt , >20/52= PIH)

Hb _____ Hematinics started

Height : _____ (<145cm short stature, if untested → CPD assessment at 28/52)

Weight: _____ kg **BMI** _____ > 29 Maternal Obesity < 17 Low Weight (PSP)

Urine : albumin Glucose

MOGTT appt:

VTE score : _____ (>3 refer to start Clexane & 28/52, if >4 earlier apt)

Biohazard screening:

Blood Type: (RH negative refer for Rhogam at 28wks and 34weeks)

Scans : 1st Dating scan 20/52 36/52 40/52

1st Trimester 1-12
2nd Trimester 13-27
3rd Trimester 28-42

Term = 37- 40 weeks | Preterm = <37
Viable = 22weeks
EDD = 40wks
EDD + 9/7, post dates not allowed for
GDM, PIH, PE

Indication for detailed scan

- Advanced age ≥ 40 years old
- Pre-existing DM or early onset of GDM < 20/52
- hx of fetal anomaly or chromosomal anomaly
- Congenital heart disease self or offspring
- On epileptic/teratogenic medication, chemical or radiation
- High risk patient during first pregnancy
- Very anxious patient
- History of IUD last pregnancy

Indications to refer O&G

- LOW AFI / High AFI
- Bad Obstetric Hx
- Scan problems/anomalies
- decreased FM
- Threatened miscarriage
- Ovarian cysts / abnormal mass
- Uncontrolled GDM / HPT
- Previous Scar for VBAC assessment
- Short Stature CPD assessment
- Placenta Previa
- Medical illness (combined clinic)

Weight for fetus according to trimester

20 weeks	250g
24	500g
28	1kg
34	2kg
36	2.5kg

Hypertension in pregnancy: CHRONIC <20/52 PIH >20/52

- Aspirin 75mg OD @ 12/52
- Calcium Carbonate 1g BD @ 20/52
- EOD BP Monitoring
- NOT FOR POSTDATE (40/52 – not on tx , 38/52 – on tx)
- PE profile:LFT/Renal Profile/Uric Acid/FBC/UFEME:

Treatment:

1st Line: Methyldopa 250 – 1g TDS (<20/52) , Labetalol 100 – 300mg TDS (>20/52)

2nd Line: Adalat 10 – 20mg TDS

Uric acid for 1st trimester: 119-250

Uric acid for 2nd trimester: 243-292

Uric acid for 3rd trimester: 184-375

GDM MOGTT > Fasting 5.6 /2HPP 7.8

- Refer PSP
- Baseline Ix = HbA1c / UFEME / Creatinine
- 4 point BSP (< 28/52 = monthly, >28/52 or on insulin = Biweekly)
- BSP > 2 point deranged x 1 → repeat 1/52
- BSP > 2 point deranged x 2 → refer LR kiv for Insulinotherapy
- Monthly growth scan (w/o macrosomia, polyhydramnios)
- Hospital delivery + NOT FOR POSTDATE (40/52 – on Diet control, 38/52 – on Insulin)