

# Comprehensive Pregnancy Care Checklist

**This checklist should be completed through the continuum of care where timelines are guided by gestational age in weeks.**

## 1. Initial phone conversation<sup>1,2</sup>

- ☐ Introduction to the clinic
- ☐ Review medical history
- ☐ Review any physical/mobility limitations
- ☐ Review equipment that may be needed for the appointment
- ☐ Review need for attendant to be arranged for the appointment
- ☐ Review appointment details and check-in process
- ☐ Discuss potential need to book extra time for bloodwork PRN
- ☐ Review accessible parking
- ☐ Review patient transportation to appointment and discuss directions to the clinic, if applicable
- ☐ Review scheduled drop-off and pick-up times if using publicly funded transportation
- ☐ Email communication to clinic team of new patient and equipment that may be needed for the appointment

### Notes

1. This is intended to take place prior to the first appointment.
2. The purpose of the call is to plan for the first appointment to ensure that it flows smoothly.

## 2. Prior to 12 weeks, or at First or Second Meeting

- ☐ Review and document health history
- ☐ Describe program and available supports<sup>3</sup>
- ☐ Discuss options of early anatomy scan (13 – 16 weeks), and/or genetic testing, if indicated
- ☐ Consider screening for diabetes – Hemoglobin A1C with routine antenatal bloodwork or with FTS and/or NIPT
- ☐ Consider routine screening for urinary tract infections
- ☐ Discuss COVID, flu and other vaccines as applicable
- ☐ Weigh wheelchair, if applicable, and document<sup>4</sup>
- ☐ Obtain height and document<sup>5</sup>
- ☐ Discuss ultrasound timing and equipment needs<sup>6</sup>
- ☐ Discuss prenatal bloodwork, FTS or consider NIPT PRN<sup>7</sup>
- ☐ Discuss frequency of visits
- ☐ Discuss transportation needs
- ☐ Discuss going to hospital with any acute changes to status, or concerns <20 weeks GA
- ☐ Discuss and anticipate the changes to one's adaptive devices as the pregnancy progresses
- ☐ Review available resources within the organization and in the community
- ☐ Open the discussion for making adaptations at home in preparing to bring the baby home
- ☐ Screen for intimate partner violence during pregnancy<sup>8</sup>
- ☐ Discuss option to communicate with primary RN to coordinate care via email and sign email consent form PRN
- ☐ Review of function<sup>9</sup>

### Notes

3. Publicly funded resources for preparing for parenthood may take many months to set up; therefore, it is important to start talking about it early.
4. Often a suitable time to weigh the wheelchair is while the person is having their NT ultrasound done.
5. Height may need to be estimated from ulna length or knee height.
6. Consider early referral to assess mobility equipment needs. Consider OT home assessment to facilitate safe home environment and anticipate physical changes with pregnancy.
7. Pregnant people may or may not wish any genetic testing/early anatomy screening, especially for conditions that they themselves have. Introduce this topic in an open and respectful manner.
8. Pregnant people with physical disabilities may be at risk of violence or abuse. Clinicians should be attuned to this and be prepared to discuss again as needed throughout the pregnancy.
9. Review of function will be different for each person, but could include changes in mobility, balance, pain, neurological symptoms, spasticity, bowel and bladder functions, breathing, falls, skin changes, and/or autonomic dysreflexia.

### 3. 12 Weeks – 16 Weeks

- ☐ Discuss frequency of visits
- ☐ Discuss ultrasounds and opportunity to have same technologist scan, when possible
- ☐ Consider early anatomy scan, PRN
- ☐ Consider baseline pulmonary function testing for those with known decreased lung capacity or if symptomatic<sup>10</sup>
- ☐ Consider thromboprophylaxis<sup>11</sup>
- ☐ Consider cervical length assessment<sup>12</sup>
- ☐ Review of function<sup>9</sup>

#### Notes

10. Pregnant people with a history of decreased lung capacity or with reported shortness of breath should have early pulmonary function testing.
11. Pregnant people who use wheelchairs most of the time or have limited lower body mobility should be referred to haematology for consideration of thromboprophylaxis.
12. Pregnant people with spinal cord injuries (including Spina Bifida) have a higher rate of preterm delivery and may benefit from cervical length assessment starting at 16 weeks on a case-by-case basis.

### 4. 16 Weeks – 20 Weeks

- ☐ Discuss anatomy scan and opportunity for longer booking to accommodate positioning and need for breaks<sup>13,14</sup>
- ☐ Open discussion regarding GCT
- ☐ Screen for intimate partner violence during pregnancy
- ☐ Review of function<sup>9</sup>

#### Notes

13. Some pregnant people will need extra time or breaks during the anatomy scan.
14. If the Hoyer lift is required, consider location, timing, and communication with US team.

## 5. Week 20 – Week 24

- ☐ Consider pulmonary function testing PRN for those with risk factors<sup>15</sup>
- ☐ Discuss fetal movement monitoring
- ☐ Consult anaesthesia to address options for pain management in labour, as well as in the postpartum period<sup>16</sup>
- ☐ Discuss coming to hospital with any acute changes to status or concerns
- ☐ Discuss detection of contractions for those who cannot feel contractions<sup>17</sup>
- ☐ Discuss GCT
- ☐ Open discussion of plan for mode of delivery
- ☐ Open discussion for need for baby care after delivery, family physician or paediatrician
- ☐ Review of function<sup>9</sup>

### Notes

15. Baseline pulmonary function testing should be done around 28 weeks for pregnant people with identified risk factors such as scoliosis or use a wheelchair most of the time; therefore, the consult should be placed at this time.
16. Anaesthesia consult should be done around 28 weeks; therefore, arrange the consult during this period of time.
17. Pregnant people with a spinal cord lesion above T10 may not perceive uterine contractions.

## 6. Week 24 – Week 28

- ☐ Discuss frequency of visits
- ☐ Follow up on referrals to date
- ☐ Tdap and RhIG PRN
- ☐ Continue to discuss mode of delivery with insight from anaesthesia/respirology consults
- ☐ Discuss prenatal class options<sup>18</sup>
- ☐ Discuss finding newborn care provider
- ☐ Discuss timing of delivery PRN
- ☐ Screen for intimate partner violence during pregnancy
- ☐ Public Health program for antenatal and postpartum support referral PRN<sup>19</sup>
- ☐ Discuss available community supports
- ☐ Review of function<sup>9</sup>

### Notes

18. Examples of prenatal class options include those in group settings, one-on-one sessions with a prenatal educator, or online options if offered by the organization.
19. Consider Public Health programs for antenatal, postpartum, and breastfeeding support.

## 7. Week 28 – Week 32

- ☐ Discuss plan for case conference and invite patient and support persons PRN<sup>20</sup>
- ☐ Open discussion regarding feeding plan and consider need for lactation consultant
- ☐ Follow-up discussion for need for baby care after delivery, family physician or paediatrician
- ☐ Public health program for antenatal and postpartum support referral PRN<sup>21</sup>
- ☐ Review of function<sup>9</sup>

### Notes

- 20. If a case conference is planned, the person and their support person should be invited to participate to ensure person-centred care.
- 21. Not all pregnant people will require a formal case conference. Those that are less complex may need a written summary emailed to the birthing unit.

## 8. Week 32 – Week 36

- ☐ Case conference<sup>22</sup>
- ☐ Review plan and supports on day of delivery
- ☐ Update the care plan as per case conference and document accordingly
- ☐ Discuss and arrange tour of birthing unit PRN
- ☐ Discuss delivery events/process PRN
- ☐ Screen for intimate partner violence during pregnancy
- ☐ Review of function<sup>9</sup>

### Notes

- 22. Finalized copy of the case conference summary to be posted on EMR and patient chart. Hard copy of the care plan will be kept in the clinic patient binder in Triage.

## 9. Week 37 – Delivery

- ☐ Give a hard copy of the case conference summary to the patient<sup>23</sup>
- ☐ Ensure hard copy of plan is in the chart in birthing unit

### Notes

- 23. Initialized hard copy of the case conference summary will be provided for the pregnant person to bring with them when they go into labour or if the need arises to visit triage ahead of scheduled induction of labour or C/S.

## 10. Postpartum

- ☐ Remote phone follow-up at one-to-two weeks postpartum or PRN until six-week visit
- ☐ Screen for intimate partner violence in postpartum
- ☐ Public Health postpartum support referral PRN<sup>24</sup>
- ☐ Discuss mental health/coping
- ☐ Remind person about breastfeeding resources PRN<sup>25</sup>
- ☐ Review of function<sup>9</sup>

### Notes

- 24. If referring to a Public Health program, normalize that this resource is for all new parents.
- 25. Breastfeeding considerations for parents with a spinal cord injury includes breastfeeding can cause autonomic dysreflexia.

## 11. Final Six-Week Visit

- ☐ Discuss mental health/coping
- ☐ Screen for intimate partner violence
- ☐ Discuss supports – refer to supports PRN
- ☐ Discuss and provide community resources PRN<sup>26</sup>

### Notes

- 26. Community resources include:
  - a. Public Health brochure
  - b. Nipissing Developmental Screen
  - c. Vaccination Schedule

## Consultation Checklist

Discipline		
<input type="checkbox"/> Anaesthesia	Date/Time:	Practitioner:
<input type="checkbox"/> Haematology	Date/Time:	Practitioner:
<input type="checkbox"/> Respiriology	Date/Time:	Practitioner:
<input type="checkbox"/> Neurology	Date/Time:	Practitioner:
<input type="checkbox"/> Cardiology	Date/Time:	Practitioner:
<input type="checkbox"/> Urology	Date/Time:	Practitioner:
<input type="checkbox"/> Pain Clinic	Date/Time:	Practitioner:
<input type="checkbox"/> Genetics	Date/Time:	Practitioner:
<input type="checkbox"/> Seating Clinic	Date/Time:	Practitioner:
<input type="checkbox"/> OT/PT	Date/Time:	Practitioner:
<input type="checkbox"/> Registered Dietician	Date/Time:	Practitioner:
<input type="checkbox"/> Social work	Date/Time:	Practitioner:
<input type="checkbox"/> Psychiatry	Date/Time:	Practitioner:
<input type="checkbox"/> Breastfeeding Clinic	Date/Time:	Practitioner:
<input type="checkbox"/> Other	Date/Time:	Practitioner:

## Additional Test Checklist

Tests		
<input type="checkbox"/> NT Scan	Completion Date:	Results:
<input type="checkbox"/> eFTS	Completion Date:	Results:
<input type="checkbox"/> NIPT	Completion Date:	Results:
<input type="checkbox"/> Early Anatomy Scan	Completion Date:	Results:
<input type="checkbox"/> Amnio/CVS	Completion Date:	Results:
<input type="checkbox"/> EKG/Echo	Completion Date:	Results:
<input type="checkbox"/> PFT	Completion Date:	Results:
<input type="checkbox"/> Early GCT	Completion Date:	Results:
<input type="checkbox"/> Other	Completion Date:	Results:



## Community Resource Checklist

Organization		
<input type="checkbox"/> Publicly funded resources e.g. Nurturing attendant	Date:	Comments:
<input type="checkbox"/> Transportation needs	Date:	Comments:
<input type="checkbox"/> Public Health resources e.g., HBHC	Date:	Comments:
<input type="checkbox"/> Hospital/Community pregnancy and parenting resources e.g., CILT	Date:	Comments:
<input type="checkbox"/> Accessible baby equipment resources	Date:	Comments:
<input type="checkbox"/> Perinatal Classes	Date:	Comments:
<input type="checkbox"/> Birthing Unit tour	Date:	Comments:
<input type="checkbox"/> Other	Date:	Comments:

**Citation:** Berndt A, Jung E, in collaboration with the Provincial Council for Maternal and Child Health. [Comprehensive Pregnancy Care Checklist](#). March 2024

*The Provincial Council for Maternal and Child Health (PCMCH) would like to thank The Accessible Care Pregnancy Clinic – DAN Women and Babies Program at Sunnybrook Health Sciences Centre for their role in the development of these resources. Together, we extend our sincere appreciation to individuals with physical disabilities, community leaders, and a multidisciplinary team, encompassing experts in maternal-fetal-medicine, anaesthesia, haematology, neurology, physiatry, respirology, endocrinology, advanced practice nurses, team leaders, lactation consultants, dietitians, and social workers for their significant contribution to the development of these resources.*

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