Thames Valley
Family Health Team

Medical Directive

First Obstetrical Visit	**Assigned Number: 011**
Activation Date: July 1, 2011	**Review due by: December 2026**

Approval Signature & Date

Medical Director: _____ Date Reviewed: April 15, 2025

Clinical Services Director: _____ Date Reviewed: April 15, 2025

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Assessment, initiation/completion of antenatal forms and release of requisitions for appropriate tests for patients who are in their first trimester of pregnancy.

Recipient Patients:	**Appendix Attached:** ☐ **Yes** ☒ **No**

All active patients (attached or unattached) served by Thames Valley Family Health Team affiliated physicians and nurse practitioners, as identified on the Authorizer Approval Form.

Authorized Implementers:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Thames Valley FHT Registered Nurses (RN)/ Registered Practical Nurses (RPN) *

The implementer must complete educational requirements for this medical directive, including review of the education package and medical directive, and successful completion of any quizzes. If additional orientation or shadowing is needed, the implementer must make arrangements for this with their clinical supervisor. Once all the above has been completed, they are required to sign the Implementer Performance Readiness Form electronically, via Citation Canada, indicating they have the knowledge, skill, and judgment to safely enact the medical directive.

Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No**
Pregnant patients who have confirmed first trimester pregnancy by urine dip (in clinic or at home), serum BHCG, or ultrasound who wish to proceed with their pregnancy.	
Contraindications:	**Appendix Attached:** ☐ **Yes** ☒ **No**
1. Patients who have been identified by their primary care provider as an unsuitable candidate for this directive 2. Patient indicates they do not wish to proceed with the pregnancy- provide LHSC Pregnancy Options Clinic information 3. Patients with previously diagnosed obstetrical problems 4. Patients with signs of miscarriage, e.g., bleeding and/or pain 5. Multiple gestation (if known)	
Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No**
Informed verbal consent is obtained from the patient/substitute decision maker, per TVFHT: Informed Consent of Patient Healthcare Procedure, prior to the implementation of care.	
Guidelines for Implementing the Order/ Procedure:	**Appendix Attached:** ☒ **Yes** ☐ **No** Appendix 1: Indications for TSH and Hemoglobin Electrophoresis Testing Appendix 2: Diclectin® for Nausea and Vomiting in Pregnancy

1. Review chart for recent investigations.

2. Obtain height, weight, and blood pressure.

3. Perform pregnancy test if applicable and inform patient of results, if patient less than 16yrs with positive test, inform physician or nurse practitioner.

4. Complete history portion of the Ontario Perinatal Record.

5. Prepare Ontario Ministry of Health lab requisition for the following tests:
   - CBC
   - Prenatal: ABO, RhD, Antibody Screen
   - Chlamydia (source: urine)
   - GC (source: urine)
   - Urine C&S
   - Ferritin (Iron deficiency and iron deficiency anemia in pregnancy | CMAJ https://www.cmaj.ca/content/193/29/e1137)

*B12 should be added if the pregnant patient is at risk of deficiency (e.g. vegetarian or vegan diets, previous B12 deficiency, malabsorption syndromes, metformin use)
*TSH should be added if there is known thyroid disease or at high-risk (Appendix 1)
*Hemoglobin electrophoresis should be added if pregnant patient and/or their partner are identified as belonging to an ethnic population whose members are at higher risk of being carriers for thalassemia (Appendix 1)

6. Prepare Public Health Ontario: Prenatal Screening requisition for the following:
    - Hepatitis B Surface Antigen
    - Syphilis
    - HIV (optional, must consent)

*Rubella should be added if the patient has no documented rubella vaccine on or after their first birthday, no history of confirmed rubella infection, and no prior lab result confirming immunity

7. Prepare ultrasound requisition for dating ultrasound (dependent on patient's location, provide instructions for booking).

8. Inform patient of option for eFTS and if chooses to proceed, prepare ultrasound requisition for eFTS and North York General requisition. Explain timing of tests and to book following dating ultrasound.

9. Discuss prenatal resources available online and in community.

10. Counseled re prenatal vitamins- multivitamin that contains at least 0.4mg of folic acid and 16-20mg of iron.

11. Provide education to the patient on conservative management strategies for nausea and vomiting during pregnancy. If necessary, provide a prescription for Diclectin, per Appendix 2: Diclectin® for Nausea and Vomiting in Pregnancy.

12. Advise patient to book next OB appointment with physician or nurse practitioner at 10-12 weeks gestation, or sooner if concerns.

13. Inform patient lab results and ultrasound reports will be sent to their primary care provider.

14. Send message to primary care provider regarding assessment completion and to track results.

15. Update Ontario Perinatal Record when lab results available.

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No**

- The implementer will follow the documentation standards set by their governing college.
- In the patient's medical record, documentation must be completed on the TVFHT documentation template provided for this directive.
- Information regarding implementation of the directive and the patient's response will be documented in the patient's medical record, in accordance with standard documentation practice.
- Requisitions and prescriptions released must include the name and number of the directive, name of authorizer, name, and signature of implementer.

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No**

The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances:

1. The Medical Director identifies a need for change
2. Issues arise related to the directive's use--the team must promptly communicate these concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director
3. New information becomes available between scheduled reviews, particularly if it affects outcomes

The Medical Directives Committee will then review the concerns in consultation with at least one implementer and the Medical Director, as needed, before making necessary changes.

Approving Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No**

TVFHT Authorizer Approval Form signed in Citation Canada.

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Appendix 1

Indications for TSH and Hemoglobin Electrophoresis Testing

Higher risk criteria for thyroid concerns in pregnancy:

- Patients over age 30 yr
- Patients with BMI >=40kg/m^2
- Patients with family history or autoimmune thyroid disease or thyroid dysfunction
- Patients with a goiter
- Patients with thyroid antibodies, primarily thyroid peroxidase antibodies
- Patients with symptoms or clinical signs suggestive of thyroid hypofunction or hyperfunction
- Patients with type 1 diabetes or other autoimmune disorders
- Patients with a prior history of miscarriage, preterm delivery, or infertility
- Patients with prior therapeutic head or neck irradiation or prior thyroid surgery
- Patients currently receiving levothyroxine replacement
- Recent use of amiodarone or lithium, or recent administration of iodinated radiologic contrast
- Patients living in a region with presumed iodine deficiency

Adapted from: *Screening, diagnosis and management of hypothyroidism in pregnancy: Number 10 – October 2022 - PMC* and *Thyroid Function Testing in the Diagnosis and Monitoring of Thyroid Function Disorder - Province of British Columbia* *Accessed Jan 2025*

Table 2. Geographic distribution of ethnic populations at increased risk for thalassemia or sickle cell disorders

Regions of Origin	Thalassemia	Sickle Cell Disease
Africa	↑	↑
Mediterranean region e.g., Sardinia, Corsica, Sicily, Italy, Spain, Portugal, Greece, Cyprus, Turkey, Egypt, Algeria, Libya, Tunisia, Morocco, Malta	↑	↑
Middle East e.g., Iran, Iraq, Syria, Jordan, Saudi Arabia and other Arabian peninsula countries, Qatar, Lebanon, Palestine, Israel (both Arabs and Sephardic Jews affected), Kuwait	↑	↑
South East Asia e.g., India, Afghanistan, Pakistan, Indonesia, Bangladesh, Thailand, Myanmar	↑	↑ in parts of India
Western Pacific region e.g., China, Vietnam, Philippines, Malaysia, Cambodia, Laos	↑	–
Caribbean countries	↑	↑
South American countries	↑	↑

JOINT SOGC–CCMG CLINICAL PRACTICE GUIDELINE - Carrier Screening for Thalassemia and Hemoglobinopathies in Canada. *Accessed Mar 2025.*

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Appendix 2

Diclectin® for Nausea and Vomiting in Pregnancy

Drug Name	Diclectin ® (doxylamine succinate 10 mg and pyridoxine hydrochloride 10 mg)
Route/Dosage	Two 10 mg tablets orally at night to control symptoms in the AM, one 10 mg tablet in AM and one 10 mg tablet in mid-afternoon for symptom control throughout day
Indications	Management of nausea and vomiting in pregnancy
Contraindications	• Hypersensitivity to doxylamine succinate, other ethanolamine derivative antihistamines, pyridoxine hydrochloride or any non-medicinal ingredient in the formulation • At risk for asthmatic attack • Narrow angle glaucoma • Stenosing peptic ulcer • Pyloroduodenal obstruction • Bladder-neck obstruction • Patients taking monoamine oxidase inhibitors (MAOIs) [including linezolid, an antibiotic which is a reversible non-selective MAO inhibitor and methylthioninium chloride (methylene blue)] • Doxylamine may increase CNS depressive effects of other drugs
Adverse Effects	• Most commonly: somnolence • Other: vertigo, nervousness, epigastric pain, headache, palpitation, diarrhea, disorientation, irritability, convulsions, urinary retention, or insomnia
Other Considerations	• Lactation- Prolonged use of doxylamine is not recommended in lactating mothers due to the potential for sedation of the breastfed infant