

AMBULATORY OBSTETRIC CORE CARE PATHWAY

The ambulatory obstetric core care pathway is designed for use in the care of all obstetric patients. The pathway provides a **systematic and evidence-based approach** designed to address wellness, education, and key determinants to improve maternal and infant outcomes.

The pathway is divided into three distinct modules:

Module 1 is designed to be completed by a Medical Assistant or Licensed Practical Nurse.

Module 2 is designed to be completed by an Advanced Practice Nurse, Physician Assistant, or physician.

Module 3 is designed to be completed by a Nurse Case Manager or Registered Nurse.

Pathway instructions for a patient whose initial visit is beyond 14 weeks gestation or has missed appointments: The current visit for each module should be completed. Follow the instructions listed at the top of each visit for those missed components that need to be covered. If stated, the Case Manager or Registered Nurse will schedule the patient for a separate follow-up visit with a Case Manager or Registered Nurse who will complete all remaining components of missed visits for Modules 1 and 3.

Core Pathway notes:

- The pathway component completion will be documented in the EHR.
- *Primary Discussion Points* are points to be discussed with the patient by the designated member of the health care team.
- *Action Items* are the activities to be performed at the designated visit to accompany each core component. This includes literature for distribution to the patient.
- Smart Phrases: all *Primary Discussion Points* have a corresponding Smart Phrase associated with them for easier data input in EHR. All Smart Phrases require entry of:
 - YES: the use of YES documents that the core component was completed at the designated visit.
 - NO: the use of No documents that the core component was not completed at the designated visit.
 - NOT APPLICABLE: the use of NOT APPLICABLE documents that the core component was not applicable due to late prenatal care or missed visits.

These standardized answers will allow for data collection. Do not free text within the (parenthesis) to allow for better data collection. Additional notes regarding the component may be written outside the parenthesis.

- Management of identified medical and social problems is addressed in separate specialized pathways (ie Tobacco Cessation).
- References are listed at the end of this document and referenced as a superscript number in the pathway.
- Patient literature source information and estimated cost are listed at the end of this document and referenced as a superscript capital letter in the pathway.

The pathway addresses the following core components:

1. Case Management
2. Pregnancy spacing
3. Secondhand Smoke
4. Sudden Unexpected Infant Death (SUID)
5. Tobacco Assessment: Five A's Ask

1st VISIT - 0-13 Weeks

Module 1	Module 2	Module 3
<p>1) Tobacco Assessment: Five A's Ask <i>Action Item:</i> → Determine status of patient's tobacco use by asking the patient to choose the statement below that best describes her smoking status and enter into problem list.</p> <p>A. I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime.</p> <p>B. I stopped smoking BEFORE I found out I was pregnant and am not smoking now.</p> <p>C. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.</p> <p>D. I smoke some now, but have cut down since I found out I am pregnant.</p> <p>E. I smoke about the same amount now as I did before I found out I was pregnant.</p> <p>If answer A – patient will not continue to Tobacco Cessation Pathway If answer B or C – Patient will continue with Module two and ask if the patient is interested in continuing with the Tobacco Cessation Pathway to ensure a greater chance of remaining quit If answer D or E – Patient continues with Tobacco Cessation Pathway</p>		<p>1) SUID #1^{12, 13, 15, 16} <i>Primary Discussion Points:</i></p> <ul style="list-style-type: none"> ▪ Assess patient's current knowledge of SUID ▪ Explain SUID and infant mortality in Hamilton County <p><i>Action Item:</i> → Distribute "Safe Sleep for your Baby: Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and other Sleep-Related causes of Infant Death."^B</p> <p>2) Secondhand Smoke <i>Action Item:</i> → Discuss effects of secondhand smoke on developing fetus & distribute literature on secondhand smoke</p>

2nd VISIT - 14-18 Weeks

*If first visit for patient, Modules 1 & 3 cover this visit and 1st Visit. Module 2 covers this visit.

Module 1	Module 2	Module 3
	<p>1) Pregnancy Spacing #1^{10, 19, 20} <i>Primary Discussion Point:</i></p> <ul style="list-style-type: none"> ▪ Discuss importance of interpregnancy interval in reducing preterm labor 	<p>1) SUID #2^{12, 13, 15, 16} <i>Primary Discussion Points:</i></p> <ul style="list-style-type: none"> ▪ Discuss safe sleep surface ▪ Discuss patient's plan for purchase and set up of crib or approved safe sleep environment <p><i>Action Item:</i></p>

		<p>➔ Distribute “What does a safe sleep environment look like? Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death.” ^D</p>
--	--	---

3rd VISIT- 19-22 Weeks

*If first visit for patient, Modules 1 & 3 cover this visit and Initial visit. Nurse or Case Manager should schedule patient for follow up visit to cover missed modules. Module 2 covers this visit & Pregnancy Spacing #1.

<u>Module 1</u>	<u>Module 2</u>	<u>Module 3</u>
	<p>1) SUID #3 ^{12, 13, 15, 16} <i>Primary Discussion Points:</i></p> <ul style="list-style-type: none"> ▪ Assess patient’s knowledge of SUID ▪ Inform patient how to reduce the risk of SUID 	

4th VISIT- 23-27 Weeks

*If first visit for patient, Modules 1 & 3 cover this visit and Initial visit. Nurse or Case Manager should schedule patient for follow up visit to cover missed modules. Module 2 covers Pregnancy Spacing #1 & SUID #3.

<u>Module 1</u>	<u>Module 2</u>	<u>Module 3</u>

5th VISIT- 28-32 Weeks

*If first visit for patient, Modules 1 & 3 cover this visit and Initial visit. Nurse or Case Manager should schedule patient for follow up visit to cover missed modules.
Module 2 covers Pregnancy Spacing #1 & SUID #3.

Module 1	Module 2	Module 3
<p>1) <u>Pregnancy Spacing #2</u> ^{10, 19, 20} <i>Primary Discussion Point:</i></p> <ul style="list-style-type: none"> ▪ Discuss importance of interpregnancy interval in reducing preterm labor <p><i>Action item:</i></p> <p>➔ Distribute pregnancy spacing flyer ¹¹</p>		<p>1) <u>SUID #4</u> ^{12, 13, 15, 16} <i>Primary Discussion Points:</i></p> <ul style="list-style-type: none"> ▪ Assess knowledge of SUID ▪ Discuss need and mechanism for safe sleep education for FOB, family members, and other care providers ▪ Follow up on plans to purchase and set up crib or approved safe sleep environment ▪ Discuss pacifier use to decrease SUID

6th VISIT- 33-35 Weeks

*If first visit for patient, Modules 1 & 3 cover this visit and Initial visit. Nurse or Case Manager should schedule patient for follow up visit to cover missed modules.
Module 2 covers Pregnancy Spacing #1 & SUID #3.

Module 1	Module 2	Module 3

7th VISIT- 36-38 Weeks

*If first visit for patient, Modules 1 & 3 cover this visit and Initial visit. Nurse or Case Manager should schedule patient for follow up visit to cover missed modules.
Module 2 covers Pregnancy Spacing #1 & SUID #3.

Module 1	Module 2	Module 3
	<p>1) <u>SUID #5</u> ^{12, 13, 15, 16} <i>Primary Discussion Points:</i></p> <ul style="list-style-type: none"> ▪ Assess patient’s knowledge of SUID ▪ Discuss risk factors for SUID ▪ Discuss with patient how she can protect infant from SUID <p><i>Action Item:</i></p> <p>➔ Distribute “Safe to Sleep Door Hanger” ^R</p>	

8th VISIT - 39-41 Weeks

*If first visit for patient, Modules 1 & 3 cover this visit and Initial visit. Nurse or Case Manager should schedule patient for follow up visit to cover missed modules. Module 2 covers this visit, Pregnancy Spacing #1, SUID #3, & SUID #5.

<u>Module 1</u>	<u>Module 2</u>	<u>Module 3</u>

Postpartum Visit

<u>Module 1</u>	<u>Module 2</u>	<u>Module 3</u>
	<p>1) <u>Pregnancy Spacing #3</u>^{10, 19, 20} <i>Primary Discussion Points:</i></p> <ul style="list-style-type: none"> ▪ Discuss importance of interpregnancy interval in reducing preterm labor 	<p>1) <u>SUID #6</u>^{12, 13, 15, 16} <i>Primary Discussion Points:</i></p> <ul style="list-style-type: none"> ▪ Assess knowledge of SUID ▪ Verify that crib or approved safe sleep environment is set up in home <p><i>Action Item:</i></p> <p>➔ If applicable: establish a plan to have crib/safe sleep environment in home^T</p> <p><i>Action Item:</i></p> <p>➔ NICHD Back to Sleep Campaign, “What Does a Safe Sleep Environment Look Like?” single sheet^D</p>

LIST OF LITERATURE AND SOURCING INSTRUCTIONS

^B **Safe Sleep for Your Baby: Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death.** This 12-page brochure explains ways parents and caregivers can reduce the risks of SIDS and other sleep-related causes of infant death and provide a safe sleep environment for infants. Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, DHHS. (2012). Order online at https://www.nichd.nih.gov/publications/Pages/pubs_details.aspx?pubs_id=5807; **Free.**

^D **What does a safe sleep environment look like? Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death.** Single sheet. This handout shows a safe sleep environment for infants and explains ways parents and caregivers can reduce the risks of SIDS and other sleep-related causes of infant death. Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, DHHS. (2012). Order online at https://www.nichd.nih.gov/publications/Pages/pubs_details.aspx?pubs_id=5805 for General Outreach; **Set of 25 sheets Free.**

^J **Babies Sleep Safest on Their Backs: A Resource Kit to Reduce the Risk for SIDS in African American Communities (Includes Training Guides, 10 Brochures, 10 Doorhangers, 5 Magnets).** This kit provides background information, resources, and materials for conducting community outreach on ways parents and caregivers can reduce the risks of SIDS and provide a safe sleep environment for infants. Order online at https://www.nichd.nih.gov/publications/Pages/pubs_details.aspx?pubs_id=5739 **Free.**

^R **Safe to Sleep Doorhanger.** This door hanger, part of the Safe to Sleep campaign (formerly the Back to Sleep campaign), lists ways that parents and caregivers can reduce the risk of sudden infant death syndrome and other sleep-related causes of infant death. Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, DHHS. (2013). Order online at https://www.nichd.nih.gov/publications/Pages/pubs_details.aspx?pubs_id=5829 for General Outreach; https://www.nichd.nih.gov/publications/Pages/pubs_details.aspx?pubs_id=5830 for African-American Outreach. **Free.**

^T **Cribs for Kids.** Find information about local programs that provide Graco Pack n Play cribs. www.cradlecincinnati.org/resources

^{HH} **The Dangers of Secondhand Smoke.** American Academy of Pediatrics. <http://www.healthychildren.org/English/health-issues/conditions/tobacco/pages/Dangers-of-Secondhand-Smoke.aspx>

^{II} **Plan Your Pause, Allow 18 months between pregnancies.** <http://www.cradlecincinnati.org/wp-content/uploads/2014/08/Page-1-Spacing-Flyer-Cradle-FINAL-Cradle-NO-UC.pdf>

Notes:

The Back to Sleep Campaign materials: <http://www.nichd.nih.gov/sts/materials/Pages/default.aspx>

REFERENCES

1. DeFranco EA, Stamilo DM, Boslaugh SE, Gross GA, Muglia LJ. A short interpregnancy interval is a risk factor for preterm birth and its recurrence. *Am J Obstet Gynecol* Sept 2007;197:264.e1-264.e6.
2. Task Force on Sudden Infant Death Syndrome, Moon RY. SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. Task Force On Sudden Infant Death Syndrome. *Pediatrics*. 2011 Nov;128(5):1030-9. Epub 2011 Oct 17.
3. Kohorn IV, Corwin MJ, Rybin DV, Heeren TC, Lister G, Colson ER. Influence of Prior Advice and Beliefs of Mothers on Infant Sleep Position. *Arch Pediatr Adolesc Med*. April 2010;164(4):363-369.
4. Ajoa TI, Oden RP, Joyner BL, Moon RY. Decision of Black Parents About Infant Bedding and Sleep Surfaces: A Qualitative Study. *Pediatrics*. 2011 Sep;128(3):494-502. Epub 2011 Aug 22.
5. Moon RY, Tanabe KO, Yang DC, Young HA, Hauck FR. Pacifier Use and Sids: Evidence for a Consistently Reduced Risk. *Matern Child Health J*. 2012 Apr;16(3):609-14. Published online: 20 April 2011.
6. Hussaini KS, Ritenour D. Interpregnancy Intervals and the Risk for Infant Mortality: A Case Control Study for Arizona Infants 2003-2007.
7. Shachar BZ, Lyell DJ. Interpregnancy Interval and Obstetrical Complications, 2012. *Obstetrical & Gynecological Survey*; v67 n9. P 584-596.