



Perinatal Care Objectives

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, discontinuing teratogenic medications if possible)
2. In a patient with a suspected or confirmed pregnancy, establish the desirability of the pregnancy.
3. 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
4. In pregnant patients:
 - a. Identify those at high-risk (e.g. teens, domestic violence, single parents, substance use, new immigrants, mental health comorbidities, homeless patients, minimal supports).
 - b. Refer these high-risk patients to appropriate resources throughout the antepartum and postpartum period.
5. In at-risk pregnant patients (e.g. patients with HIV, IVDUs, diabetes or epilepsy), modify antenatal care appropriately.
6. 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 complications appropriately
7. In a patient presenting with dystocia (prolonged dilatation, failure of descent):
 - a. Diagnose the problem
 - b. Intervene appropriately
8. In a patient presenting with evidence of complications of labour (e.g. abruption, uterine rupture, shoulder dystocia, non-reassuring fetal monitoring):
 - a. Diagnose the complication
 - b. Manage the complication appropriately



Perinatal Care Objectives

9. In the patient presenting with clinical evidence of postpartum complications (e.g. delayed or immediate bleeding, infection):
 - a. Diagnose the problem (e.g. unrecognized retained placenta, uterine atony, cervical laceration).
 - b. Manage the problem appropriately.
10. In pregnant or postpartum patients, identify postpartum depression by screening for risk factors, monitoring patients at-risk, and distinguishing postpartum depression from “baby blues.”
11. In a lactating patient, screen for and categorize problems with feeding (e.g. poor latch, decreased milk production, inadequate milk transfer), assessing both the patient as well as the infant (ie. Weight gain per day, lethargy, jaundice, torticollis, ankyloglossia, etc...).
12. In a lactating patient, diagnose and manage lactational mastitis.

** Mapped to the CFPC’s 105 priority topics: #79-Pregnancy