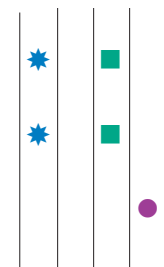


## Past Medical History / Conditions Levels of Care

- ★ Primary Provider
- ▲ Consider MFM consultation
- MFM consultation recommended. (After consultation, select patients may be co-managed.)
- MFM specialists should assume care.

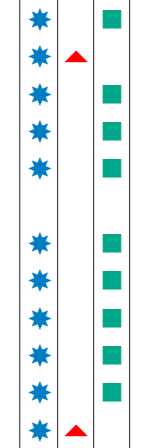
|   |   |   |   |
|---|---|---|---|
| Asthma  |   |   |   |
| Asymptomatic  | ★ |   |   |
| Symptomatic on medication   | ★ |   |   |
| Severe (multiple hospitalizations)  | ★ | ■ | ● |
| Maternal cardiac disease  |   |   |   |
| Cyanotic, prior MI, prosthetic valve  |   |   | ● |
| NAHA Class > II, history of cardiac surgery   |   |   | ● |
| Congenital heart disease  | ★ | ■ |   |
| Pulmonary hypertension  |   |   | ● |
| Other valvular disease  | ★ | ■ |   |
| Diabetes  |   |   |   |
| Gestational Diabetes, managed by diet   | ★ |   |   |
| Gestational Diabetes, managed by medication   | ★ |   |   |
| Type II   | ★ | ■ |   |
| Type I  | ★ | ■ |   |
| Drug/alcohol use*   | ★ | ■ |   |
| Epilepsy (on medication)  | ★ | ■ |   |
| Family history of genetic problems (e.g., Down Syndrome, Tay Sachs)   | ★ | ■ |   |
| Hemoglobinopathy (SS, SC, S-thal disease)   |   | ■ | ● |
| Hypertension  |   |   |   |
| Chronic, with renal or heart disease  |   | ■ | ● |
| Chronic, on medication or diastolic < 90  | ★ | ▲ |   |
| Obesity   | ★ | ■ |   |
| Psychiatric disease (significant)* (e.g., psychoses, schizophrenia, manic-depressive, multiple prescriptions) | ★ | ▲ |   |
| Psychiatric disease (mild)* (anxiety, depression)   | ★ |   |   |
| Pulmonary disease   |   |   |   |
| Severe obstructive pulmonary disease, ARDS  |   | ■ | ● |
| Renal disease   |   |   |   |
| Chronic, creatinine > 1.5 with or without hypertension  |   |   | ● |
| Chronic, other  | ★ | ■ |   |
| Autoimmune Disorders  |   |   |   |
| SLE   |   |   | ● |
| Controlled thyroid disease  | ★ | ▲ |   |
| Uncontrolled thyroid disease  | ★ | ■ |   |
| Marfan's syndrome or other major connective tissue disease  |   | ■ | ● |
| Hx of intracranial injury (e.g., stroke, A.V. malformation, aneurysm)   |   | ■ | ● |
| Maternal spina bifida   | ★ | ■ |   |
| Gastric bypass  | ★ | ■ |   |

Thrombophilias  
 Prior pulmonary embolus/deep vein thrombosis  
 Hypercoagulable State (e.g. protein S/C def, ATIII deficiency)  
 Prolonged anticoagulation (therapeutic levels)



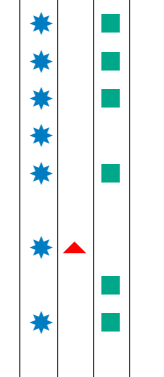
## Other History / Conditions Levels of Care

Age > 35 at delivery  
 Cesarean delivery, prior classical or vertical  
 Cervical Insufficiency  
 Prior history of Preterm Delivery <34 weeks  
 Prior fetal structural or chromosomal abnormality  
 Prior neonatal death  
 Prior stillbirth  
 Prior preterm delivery or preterm PROM  
 Prior low birthweight (< 2500 gm)  
 Second trimester pregnancy loss  
 Uterine leiomyomata or malformation



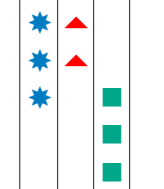
## Examination / Laboratory Findings Levels of Care

Abnormal Quad Screen (low or high)  
 Abnormal First Trimester Screening  
 Abnormal NIPT/cffDNA  
 Abnormal Pap smear  
 Anemia (HCT < 28% unresponsive to iron therapy)  
 Condylomata (extensive, covering labia/vagina)  
 HIV  
 Rh/other blood group isoimmunizations (excluding ABO, Lewis)



## Medical Conditions during Pregnancy Levels of Care

Drug/alcohol use\*  
 Pyelonephritis  
 DVT/pulmonary embolus  
 Breast cancer  
 Cancer, other



\* Consider referral to Women's Mental Health Provider

**Call the UAMS  
 High-Risk Pregnancy Program  
 1-866-273-3835**

## Current Obstetrical History / Conditions Levels of Care

- ★ Primary Provider
- ▲ Consider MFM consultation
- MFM consultation recommended. (After consultation, select patients may be co-managed.)
- MFM specialists should assume care.

|   |   |   |   |
|---|---|---|---|
| Proteinuria (>4gms by 24 <sup>h</sup> urine collection)   |   |   |   |
| Blood pressure elevation (diastolic > 90), no proteinuria | ★ |   | ■ |
| Preeclampsia (mild)                                       | ★ | ▲ |   |
| Preeclampsia (severe)                                     | ★ |   | ■ |
| IUGR diagnosis  | ★ |   | ■ |
| Fetal abnormality suspected by ultrasound                 | ★ |   | ■ |
| Fetal demise  | ★ | ▲ |   |
| Gestational age 41 weeks (to be seen by 42 weeks)         | ★ |   |   |
| Diabetes  |   |   |   |
| Gestational Diabetes                                      | ★ |   | ■ |
| Type II   | ★ |   | ■ |
| Type I  | ★ |   | ■ |
| Herpes, active lesions 36 weeks                           | ★ | ▲ |   |
| Polyhydramnios by ultrasound                              |   |   |   |
| Severe, < 34 weeks  |   |   | ■ |
| Severe, > 34 weeks  | ★ | ▲ | ● |
| Hyperemesis, persisting beyond first trimester            | ★ |   | ■ |
| Multiple gestation  |   |   |   |
| > 3   |   |   | ■ |
| Twins   |   |   |   |
| Monoamniotic  |   |   | ● |
| Conjoined   |   |   | ● |
| Monochorionic   | ★ |   | ■ |
| Dichorionic, normal growth                                | ★ |   | ■ |
| Discordant  | ★ |   | ■ |
| Obesity   | ★ |   | ■ |
| Oligohydramnios by ultrasound                             |   |   |   |
| < 34 weeks  | ★ |   | ■ |
| > 34 weeks  | ★ | ▲ |   |
| Preterm labor, threatened, < 34 weeks                     | ★ | ▲ |   |
| Documented cervical change                                | ★ |   | ■ |
| Prelabor Rupture of Membranes (PROM)                      |   |   |   |
| < 34 weeks  | ★ |   | ■ |
| > 34 weeks  | ★ |   | ■ |
| Placenta accreta (diagnosed antepartum)                   |   |   | ● |
| Placenta previa   | ★ | ▲ | ■ |

The suggested levels of clinical care were developed to aid health care providers in making decisions about appropriate care for high-risk pregnancy cases. The guidelines and suggested levels of care are not intended to dictate an exclusive course of treatment. The needs of the individual patient, resources available, and limitations unique to the institution or type of practice may warrant variations.