

Suggested Provider Management for High-risk Pregnancy Cases

The UAMS High-Risk Pregnancy Program within the Institute for Digital Health & Innovation (IDHI) is a network of obstetricians, family practice physicians, maternal-fetal medicine specialists, pediatricians, and neonatologists in Arkansas who collaborate to ensure high-risk pregnancy cases receive appropriate clinical care.

This innovative initiative is a joint program of the University of Arkansas for Medical Sciences (UAMS) and the Arkansas Department of Human Services. The supplied chart serves as a reference to identify (1) high-risk situations in which primary care is appropriate and (2) high-risk situations in which the UAMS High-Risk Pregnancy Program can provide consultation, co-management, or assumption of care.

As part of our many services, the High-Risk Pregnancy Program provides guidelines for best practices in obstetrical and neonatal care, weekly educational teleconferences, facilitation of maternal transport, coordination of subspecialty care for fetal anomalies, and complete reporting and follow-up for referring physicians.

To access the guidelines, visit our mobile-friendly website at <https://angelsguidelines.com> to view, download or bookmark for easy access.

The UAMS High-Risk Pregnancy Program thrives on the input and participation of providers around the state of Arkansas. We appreciate your questions and suggestions. Please contact us at 1-866-273-3835 if we may further assist you.

Sincerely,
Curtis L. Lowery, M.D.
Director
Institute for Digital Health and Innovation

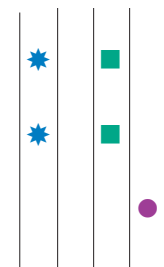


Past Medical History / Conditions Levels of Care

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

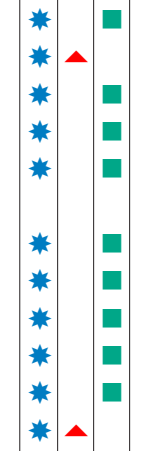
Asthma				
Asymptomatic	★			
Symptomatic on medication	★			
Severe (multiple hospitalizations)			■	●
Maternal cardiac disease				
Cyanotic, prior MI, prosthetic valve				●
NAHA Class > II, history of cardiac surgery				●
Congenital heart disease	★		■	
Pulmonary hypertension				●
Other valvular disease	★		■	
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)



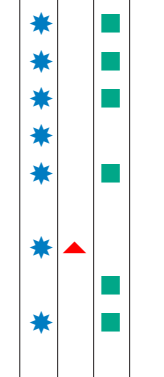
Other History / Conditions Levels of Care

- 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



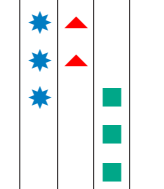
Examination / Laboratory Findings Levels of Care

- 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 ^h 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.