

Dear Referring Health Care Provider,

As maternity care providers at Royal Inland Hospital, we are currently looking to improve our referral system to allow for more timely access to prenatal care in this community. Primary obstetric care for healthy women with low risk pregnancies will continue to be offered by family practitioners and registered midwives affiliated with RIH.

Effective February 1, 2018, the central referral system for primary care OB at RIH is no longer available. Direct referrals to individual maternity providers or groups are now required. Please begin using the attached antenatal referral form and forward the referral directly to the most appropriate referral option listed.

Family Practice Obstetrics is the care of low risk patients NOT requiring an Obstetrician who wish to deliver in hospital. Care is provided by a family physician with a special interest in obstetrics. There are currently two models of family practice obstetrics available in Kamloops. The first, the Thompson Region Family Obstetrics Group, is a group of like-minded physicians who provide care from a single clinic with physicians rotating through both clinic days and on call shifts for deliveries. In the second model, the patient sees an individual family practitioner who follows the patient longitudinally throughout her pregnancy and who has call group coverage for when he/she is unavailable. In both models, patients are ideally followed from prior to 12wks gestation to 6 weeks post-partum. The baby is also followed post birth out to 6 weeks. After this time the mother/baby dyad is transferred back to the referring physician.

Registered midwives in Kamloops maintain active privileges at RIH and provide complete prenatal, postpartum and newborn care. Midwives consult and collaborate with family doctors, OB/GYNS and pediatricians as required. Women wishing to access midwifery care in Kamloops must apply online through the Mighty Oak Midwifery website (<https://mightyoakmidwifery.ca/contact-us/new-client-form/>). Spots are limited in this community and women are encouraged to apply early in pregnancy.

The OB/GYN specialists will continue to provide primary care for high-risk pregnant women. Due to time sensitivities presented in pregnancy, the OB/GYN group is encouraging prompt direct referrals to our individual offices for women with obstetrical conditions and/or maternal medical illnesses as outlined on the appended page. We also welcome referrals for preconceptual counseling for women with severe medical or obstetric issues so we are poised to follow them from an early point in pregnancy.

We please request that the referring provider orders initial prenatal serology and arranges for a dating ultrasound at the time of referral. Please copy the results to the maternity care provider's office. **An informed discussion about prenatal screening along with providing the patient with relevant requisitions is a vital part of first trimester care.** To help streamline this process, the enclosed antenatal requisition package is being distributed. Furthermore, please direct your patient to register with Healthy From The Start early in pregnancy, either online (via the link published in this package) or by phone at 1-855-868-7710.

We collectively also request that the referring provider or clinic follow the patient in early pregnancy and follow up on any relevant lab abnormalities until the patient has been seen by the maternity care provider.

Thank you for your efforts in ensuring optimal health care delivery for the mothers and babies in this region. Any questions concerning this initiative can be forwarded to Melanie Todd at mtodd@divisionsbc.ca.

Sincerely,

Maternity Care Providers at Royal Inland Hospital

Early referral to an OB/GYN in pregnancy is suggested for the following conditions:

- Pre-pregnancy Diabetes (Type 1 or 2)
- Placenta Previa / Accreta
- Significant maternal chronic medical conditions, specifically the following conditions:
 - o Antiphospholipid antibody syndrome
 - o Lupus
 - o Other significant autoimmune condition (mixed connective tissue disease etc)
 - o Maternal cardiac disease
 - o HIV
 - o Prior history of thrombosis (particularly if complicated / recurrent)
 - o Chronic hypertension
 - o Paraplegia
 - o Inflammatory bowel disease – on medication or severe/unstable
 - o Grave's disease (even if stable / remote – still a fetal risk)
 - o History of stroke
 - o Epilepsy
- 1 preterm birth prior to 32 WGA, or 2+ preterm births prior to 37 WGA
- History of Eclampsia
- History of severe preeclampsia remote from term (<32 WGA)
- History of cervical insufficiency / cerclage
- Known significant genetic concerns (parents are carriers and/or previous child affected)
- Multiple gestation
- Previous classical C-Section
- Isoimmunization (Kell urgent referral, other antibody systems with high or rising titres)
- History of moderate or severe IUGR
- Extremely elevated BMI (Prepregnancy >45)

KAMLOOPS ANTENATAL REFERRAL

Date of referral:

Pt's Legal Name:

PHN:

Phone no:

Alt phone no:

Ok to leave message? Yes No

Address:

Referring Provider:

Phone:

Fax:

MSP #:

REQUIRED INFORMATION

Age at delivery:

G P

EDD:

LMP:

REQUIRED RESULTS – please use prenatal package requisitions when possible, otherwise please attach/order:

Blood: CBC, ferritin, ABO/Rh, TSH, HIV, Rubella, Syphilis, HBsAg, HCV

Urine-gc/chlamydia, c & s,

Dating ultrasound (7-10wks),

SIPPS screening (optional, but sending first part preferred if you are unable to do counselling)

These are recommended for all prenatal patients by the SOGC. They facilitate triaging and patient care. *The referral may be returned if these results are not attached/pending.*

REFERRAL OPTIONS:

MIDWIFE:

Mighty Oak Midwifery ph: 250-377-8611

Self referral (preferred) at: <https://mightyoakmidwifery.ca>

FAMILY PRACTICE OBSTETRICS

TRFO – Thompson Region Family Obstetrics

ph: 250-314-2782 Fax: 250-314-2280

GP:

Dr. Sophie-Anne Weimar/Dr. Matt Cattaneo ph:250-571-3363 Fax:250-377-7300

Dr. Jason O'Connell ph: 250-314-5344 Fax: 250-314-5346

Dr. Brenda Laupland ph: 250-374-9948 Fax: 250-374-3776

PLEASE NOTE: The referring provider is responsible for the patient until they are seen by the accepting practice.

PLEASE ASK ALL NEWLY DIAGNOSED PREGNANT WOMEN TO CALL:

HEALTHY FROM THE START toll free: 1-855-868-7710

<https://www.interiorhealth.ca/YourHealth/HavingABaby/Pages/HFTSeForm.aspx>

for access to prenatal health information, support, and local programs



Interior Health LABORATORY REQUISITION

ORDERING PHYSICIAN: ADDRESS, MSP PRACTITIONER NUMBER

Shaded fields must be completed to avoid delays in specimen collection and patient processing.

For tests indicated with a shaded tick box , consult provincial guidelines and protocols (www.BCGuidelines.ca)

Bill to MSP ICBC WorkSafeBC PATIENT OTHER: _____

PHN NUMBER		ICBC/WorkSafeBC NUMBER	LOCUM FOR PHYSICIAN:
SURNAME OF PATIENT		FIRST NAME OF PATIENT	MSP PRACTITIONER NUMBER
DOB YYYY MM DD	SEX <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Fasting? _____ h pc
TELEPHONE NUMBER OF PATIENT		CHART NUMBER	Copy to Physician/MSP Practitioner Number:
ADDRESS OF PATIENT		CITY/TOWN	PROVINCE

DIAGNOSIS Routine Antenatal Screening	CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE
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HEMATOLOGY	URINE TESTS	CHEMISTRY
<input checked="" type="checkbox"/> Hematology profile <input type="checkbox"/> PT-INR <input type="checkbox"/> On warfarin? <input type="checkbox"/> Ferritin (query iron deficiency) HFE - Hemochromatosis (check ONE box only) <input checked="" type="checkbox"/> Confirm diagnosis (ferritin first, \pm TS, \pm DNA testing) <input checked="" type="checkbox"/> Sibling/parent is C282Y/C282Y homozygote (DNA testing)	<input checked="" type="checkbox"/> Urine culture - list current antibiotics: <input checked="" type="checkbox"/> Macroscopic \rightarrow microscopic if dipstick positive <input checked="" type="checkbox"/> Macroscopic \rightarrow urine culture if pyuria or nitrite present <input checked="" type="checkbox"/> Macroscopic (dipstick) <input checked="" type="checkbox"/> Microscopic <input type="checkbox"/> Special case (if ordered together)	<input type="checkbox"/> Glucose - fasting (see reverse for patient instructions) <input type="checkbox"/> GTT - gestational diabetes screen (50 g load, 1 hour post-load) <input type="checkbox"/> GTT - gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test) <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - Urine

MICROBIOLOGY - label all specimens with patient's first & last name, DOB, PHN & site

ROUTINE CULTURE List current antibiotics: _____ <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Superficial <input type="checkbox"/> Deep Wound Wound Site: _____ <input type="checkbox"/> Other: _____ VAGINITIS <input type="checkbox"/> Initial (smear for BV & yeast only) <input type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas) <input type="checkbox"/> Trichomonas testing GROUP B STREP SCREEN (Pregnancy only) <input type="checkbox"/> Vagino-anorectal swab <input type="checkbox"/> Penicillin allergy CHLAMYDIA (CT) & GONORRHEA (GC) <input checked="" type="checkbox"/> CT & GC testing Source/site: <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input checked="" type="checkbox"/> Urine <input type="checkbox"/> GC culture: <input type="checkbox"/> Throat <input type="checkbox"/> Rectal <input type="checkbox"/> Other: _____ STOOL SPECIMENS history of bloody stools? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> <i>C.difficile</i> testing <input checked="" type="checkbox"/> Stool culture <input checked="" type="checkbox"/> Stool ova & parasite exam <input checked="" type="checkbox"/> Stool ova & parasite (high risk, 2 samples)	HEPATITIS SEROLOGY <input checked="" type="checkbox"/> Acute viral hepatitis undefined etiology Hepatitis A (anti-HAV IgM) Hepatitis B (HBsAg \pm anti-HBc) Hepatitis C (anti-HCV) <input checked="" type="checkbox"/> Chronic viral hepatitis undefined etiology Hepatitis B (HBsAg; anti-HBc; anti-HBs) Hepatitis C (anti-HCV) Investigation of hepatitis immune status <input checked="" type="checkbox"/> Hepatitis A (anti-HAV, total) <input checked="" type="checkbox"/> Hepatitis B (anti-HBs) Hepatitis marker(s) <input checked="" type="checkbox"/> HBsAg (For other hepatitis markers, please order specific test(s) below) <input checked="" type="checkbox"/> HIV Serology (patient has the legal right to choose not to have their name and address reported to public health = non-nominal reporting) <input type="checkbox"/> Non-nominal reporting	LIPIDS <input checked="" type="checkbox"/> one box only. For other lipid investigations, please order specific tests below and provide diagnosis. <input checked="" type="checkbox"/> Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, HDL, non-HDL & LDL Cholesterol, Triglycerides, fasting) <input type="checkbox"/> Follow-up treated hypercholesterolemia: (Total, HDL & non-HDL Cholesterol, fasting not required) <input checked="" type="checkbox"/> Follow-up treated hypercholesterolemia: (ApoB only, fasting not required) <input checked="" type="checkbox"/> Self-pay lipid profile (non-MSP billable, fasting) THYROID FUNCTION For other thyroid investigations, please order specific tests below and provide diagnosis. <input checked="" type="checkbox"/> Monitor thyroid replacement therapy (TSH Only) <input checked="" type="checkbox"/> Suspected Hypothyroidism (TSH first \pm FT4) <input checked="" type="checkbox"/> Suspected Hyperthyroidism (TSH first, \pm FT4, \pm FT3) OTHER CHEMISTRY TESTS <input type="checkbox"/> Sodium <input type="checkbox"/> Creatinine / eGFR <input type="checkbox"/> Potassium <input type="checkbox"/> Calcium <input type="checkbox"/> Albumin <input type="checkbox"/> Creatine kinase (CK) <input type="checkbox"/> Alk phos <input type="checkbox"/> PSA - Known or suspected prostate cancer (MSP billable) <input type="checkbox"/> ALT <input type="checkbox"/> PSA screening (self-pay) <input type="checkbox"/> Bilirubin <input type="checkbox"/> Pregnancy test <input type="checkbox"/> GGT <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> T. Proteins
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OTHER TESTS	
Standing Orders Include expiry & frequency <input type="checkbox"/> ECG <input type="checkbox"/> Fecal Occult Blood (Age 50 - 74 asymptomatic q2y) Copy to Colon Screening Program <input type="checkbox"/> Fecal Occult Blood (Other indications)	

RPR, Rubella Titre, Group and Screen. (Optional: Varicella IgG anti-HCV, Hemoglobin Electrophoresis / HPLC Ferritin)

SIGNATURE OF PHYSICIAN	DATE SIGNED
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DATE OF COLLECTION	TIME OF COLLECTION	PHLEBOTOMIST	TELEPHONE REQUISITION RECEIVED BY: (employee/date/time)
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INSTRUCTIONS TO PATIENTS (See reverse)
Other Instructions:

This lab requisition can be presented to any laboratory of your choosing

The personal information collected on this form is collected under the authority of the *Personal Information Protection Act*. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection Act* and when applicable the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts.

Bring this form and your care card to the laboratory listed below:

Hospital	Contact	Hours of Operation
100 Mile General Hospital 555 Cedar Avenue South, 100 Mile House, BC	Tel: 250-395-7621 Fax: 250-395-7622	7:30 am – 5:00 pm Monday – Friday Saturday by appointment only
Ashcroft & District Hospital Box 488, 700 Ash-Cache Creek Highway Ashcroft, BC V0K 1A0	Tel: 250-453-2211 Fax: 250-453-1918	8:30 am – 12:00 pm Monday – Friday
Barriere & District Health Centre 537 Barriere Town Road, Barriere, BC	Tel: 250-672-9731 Fax: 250-672-5144	8:30 am – 3:30 pm Monday-Friday Closed daily between 12:30 pm – 1:00 pm
Cariboo Memorial Hospital 517 North 6th Avenue, Williams Lake, BC V2G 2G8	Tel: 250-302-3215 Fax: 250-302-3229	7:30 am – 5:00 pm Monday – Friday 7:30 am – 11:30 am Saturday
Chase & District Health Centre 825 Thompson Avenue Chase, BC	Tel: 250-679-1400 Fax: 250-679-5329	8:00 am – 2:00 pm Monday – Friday Closed daily between 12:00 pm – 12:30 pm Appointment required for glucose tolerance testing
Dr. Helmcken Memorial Hospital 640 Park Drive, Clearwater, BC	Tel: 250-674-2244 Fax: 250-674-2477	8:30 am – 10:00 am Monday – Friday
Lillooet & District Hospital 951 Murray Street, Lillooet, BC	Tel: 250-256-1301 Fax: 250-256-1302	8:30 am – 3:30 pm Monday – Friday
Logan Lake Health Centre 5 Beryl Drive, Logan Lake, BC	Tel: 250-523-9414 Fax: 250-523-6869	8:30 am – 11:00 am Monday – Friday
Nicola Valley Health Centre 3451 Voght Street, Merritt, BC	Tel: 250-378-2242 Fax: 250-378-3286	8:00 am – 2:00 pm Monday – Friday Saturday by appointment
Northhills Centre Laboratory Northhills Mall, #61-700 Tranquille Rd Kamloops, BC	Tel: 250-312-3290 Fax: 250-312-3291	8:30 am – 4:00 pm Monday – Friday
Royal Inland Hospital 311 Columbia Street, Kamloops, BC	Tel: 250-314-2689 Fax: 250-314-2328	7:00 am – 5:00 pm Monday – Friday 9:00 am – 2:00 pm Weekends
St. Bartholomew's Hospital 531 Main Street, Lytton, BC	Tel: 250-455-2221 Fax: 250-455-6621	9:00 am – 3:00 pm Monday – Friday
Tudor Village Laboratory #3A - 1315 Summit Drive, Kamloops, BC	Tel: 250-314-2351 Fax: 250-314-2240	7:30 – 11:30 am and 1:00 – 3:15 pm Monday-Friday No Glucose Tolerance testing, done at RIH lab only

Outpatient Lab Services are closed on weekends and statutory holidays except where noted

Patient Instructions

Several tests require the patient to fast prior to the test. Fast means nothing to eat or drink (including gum and candy) for at least 8 hours. Water permitted. No smoking.	
Cholesterol/Triglyceride/ HDL/LDL	Fast 12 – 14 hours prior to the test if indicated by the physician order.
Glucose Fasting	Fast 8 hours prior to the test.
Glucose Tolerance Test	For 3 days prior, eat regular meals with adequate carbohydrate intake. Fast 8 hours prior to the test. Patient must remain at the Lab for the duration of the test.
Non-Gestational GTT	
Gestational Diabetes Confirmation	
Gestational Diabetes Screen	Fasting not required. Blood is collected 1 hour after glucose drink is given to the patient. Patient must remain at the Lab for the duration of the test.
Therapeutic Drug Assays	Blood should be taken just prior to the next dose of medication.
24 Hour Urine	Containers and Patient Instructions are provided by the Laboratory.
Stool C&S, C.difficile, O&P, Occult Blood	
Urine Culture (C&S)	
Sputum Culture	
Semen Analysis	
Check with your physician or local laboratory for further testing information.	
Detailed information on MSP Protocols and Guidelines is available at: https://www.healthservices.gov.bc.ca/msp/protoguides/index.html	



Interior Health Diagnostic Imaging Requisition

Booking Office Use

Date/Time: _____

IMPORTANT: Incomplete or illegible forms will be returned. Exam will be delayed or cancelled.

**DI
REQUISITION**

Surname of Patient		First Name and Middle Initial		Date Received :		
Personal Health Number		DOB: (dd / mm / yyyy)	Age:	Name of Physician & MSP Practitioner Number (or office stamp)		
Billable To: <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WORKSAFEBC <input type="checkbox"/> Patient <input type="checkbox"/> Other:						
Telephone # (Daytime)	Telephone # (Other)	Telephone # (Other)				
Leave voicemail with date/time of appointment? Patient Initial _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Weight / Height	Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address			City / Town		Postal Code	
Please indicate when your patient would NOT be available for an appointment: <input type="checkbox"/> Available on short notice?						

- Scheduled (3)**
 Urgent (2)
 Emergency (1) (Physician must speak with Radiologist for Emergency cases)
 Ambulatory
 Wheelchair
 Mechanical Lift
 IV Problems
 Ambulance

Exam Requested:

<input type="checkbox"/> Radiography:		
<input checked="" type="checkbox"/> Ultrasound: (provide details of pregnancy test, where appropriate)		
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Echo	<input type="checkbox"/> Breast <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Renal/Bladder	<input type="checkbox"/> Carotid	<input type="checkbox"/> Thyroid
<input type="checkbox"/> Pelvis/Lower Abdomen	<input type="checkbox"/> Peripheral Venous	<input type="checkbox"/> Scrotal
<input checked="" type="checkbox"/> Obstetrical LMP: _____	<input type="checkbox"/> Arm <input type="checkbox"/> Leg	<input type="checkbox"/> Other (please specify): _____
	<input type="checkbox"/> R <input type="checkbox"/> L	
<input type="checkbox"/> Nuclear Medicine:		
Procedure Code _____		NM Physician Rating 2 3

Pertinent History:

**Dating Ultrasound
LMP:** _____

Exams Requiring IV Contrast

Creatinine level and estimated GFR required within 90 days of exam for **ALL**:

- Patients 70 years of age and older
- Diabetic Patients
- Patients with Renal Disease
- Patients on chemotherapy
- Patients with hypertension or heart disease
- Others may be specified by Radiologist

Creatinine: _____ μmol/L Est. GFR _____ mL/min Date: _____

Physician Name: (Print)		Specialty:	Copy Results To:
Signature:		Date:	

SITE	ADDRESS	PHONE	FAX
Radiography Only			
<input type="checkbox"/> 100 Mile District General Hospital, 100 Mile	555 Cedar Avenue	(250) 395-7615	(250) 395-7607
<input type="checkbox"/> Arrow Lakes Hospital, Nakusp	99-1st Avenue	(250) 265-3622	(250) 265-5224
<input type="checkbox"/> Ashcroft Hospital & Community Health Centre, Ashcroft	Box 488, 700 Ash-Cache Creek Hwy	(250) 453-2211	(250) 453-1926
<input type="checkbox"/> Barriere Health Centre, Barriere	537-4521 Barriere Town Road	(250) 672-9731	(250) 672-5144
<input type="checkbox"/> Chase Health Centre, Chase	825 Thompson Avenue	(250) 679-3312	(250) 679-5329
<input type="checkbox"/> Dr. Helmcken Memorial Hospital, Clearwater	640 Park Drive	(250) 674-2244	(250) 674-2477
<input type="checkbox"/> Elk Valley Hospital, Fernie	1501-5th Avenue	(250) 423-4453	(250) 423-4752
<input type="checkbox"/> Elkford Health Centre, Elkford	212 Alpine Way	(250) 865-2247	(250) 865-2797
<input type="checkbox"/> Invermere Hospital, Invermere	850-10th Avenue	(250) 342-2322	(250) 342-6303
<input type="checkbox"/> Kimberley Health Centre, Kimberley	260-4th Avenue	(250) 427-2215	(250) 427-7389
<input type="checkbox"/> Lillooet Hospital and Health Centre, Lillooet	951 Murray Street	(250) 256-1303	(250) 256-1302
<input type="checkbox"/> Logan Lake Health Centre, Logan Lake	5 Beryl Avenue	(250) 523-9414	(250) 523-6869
<input type="checkbox"/> Nicola Valley Health Centre, Merritt	3451 Voght Street	(250) 378-2242	(250) 378-3289
<input type="checkbox"/> North Shore X-Ray Clinic, Kamloops (North Shore)	789 Fortune Drive	(250) 314-2420	(250) 376-8576
<input type="checkbox"/> Pleasant Valley Health Centre, Armstrong	3800 Patten Drive	(250) 546-4700	(250) 546-8834
<input type="checkbox"/> Princeton General Hospital, Princeton	98 Ridgewood Drive	(250) 295-4415	(250) 295-4066
<input type="checkbox"/> Slocan Community Health Centre, New Denver	401 Galena Avenue	(250) 358-7911	(250) 358-7117
<input type="checkbox"/> South Okanagan General Hospital, Oliver	7139-362nd Avenue	(250) 498-5017	(250) 498-5098
<input type="checkbox"/> South Similkameen Health Centre, Keremeos	700-3rd Street	(250) 499-3000	(250) 499-3001
<input type="checkbox"/> Sparwood Health Centre, Sparwood	570 Pine Way	(250) 425-6212	(250) 425-0636
<input type="checkbox"/> St. Bartholomew's Health Centre, Lytton	844 Main Street	(250) 455-2221	(250) 455-6621
<input type="checkbox"/> Summerland Health Centre, Summerland	12815 Atkinson Road	(250) 404-8002	(250) 404-8005
<input type="checkbox"/> Victorian Community Health Centre, Kaslo	673 A Avenue	(250) 353-2211	(250) 353-2747

Radiography, Fluoroscopy & Ultrasound

<input type="checkbox"/> Cariboo Memorial Hospital, Williams Lake	517 North 6th Avenue	(250) 302-3220	(250) 398-5892
<input type="checkbox"/> Kootenay Lake Hospital, Nelson	3 View Street	(250) 354-2316	(250) 354-2328
<input type="checkbox"/> Penticton Regional Hospital, Penticton	550 Carmi Avenue	(250) 492-9007	(250) 492-9094
<input type="checkbox"/> Queen Victoria Hospital, Revelstoke	1200 Newlands Road	(250) 837-2131	(250) 814-2291
<input type="checkbox"/> Shuswap Lake General Hospital, Salmon Arm	601-10th Street	(250) 833-3607	(250) 833-3628

Radiography & Ultrasound

<input type="checkbox"/> Boundary Hospital, Grand Forks (Boundary)	7649-22nd Street	(250) 443-2118	(250) 443-2164
<input type="checkbox"/> Castlegar & District Community Health Centre, Castlegar	709-10th Street	(250) 304-1221	(250) 304-1235
<input type="checkbox"/> Creston Valley Hospital, Creston	312-15th Avenue	(250) 428-3837	(250) 428-3833
<input type="checkbox"/> Golden Hospital, Golden	835-9th Avenue South	(250) 344-5271	(250) 344-2511

Radiography, Fluoroscopy, Nuclear Medicine & Ultrasound

<input type="checkbox"/> East Kootenay Regional Hospital, Cranbrook	13-24th Avenue	(250) 489-6446	(250) 426-5610
<input type="checkbox"/> Kelowna General Hospital, Kelowna	2268 Pandosy Street	(250) 862-4458	(250) 862-4357
<input type="checkbox"/> Kootenay Boundary Regional Hospital, Trail	1200 Hospital Bench	(250) 364-3416	(250) 364-3435
<input type="checkbox"/> Royal Inland Hospital, Kamloops	311 Columbia Street	(250) 314-2400	(250) 314-2326
<input type="checkbox"/> Vernon Jubilee Hospital, Vernon (VJH)	2101-32nd Street	(250) 558-1206	(250) 503-3721

Prenatal Genetic Screening Laboratory Requisition

Prenatal Biochemistry Laboratory

Please visit www.bcprenatalscreening.ca for additional copies of the requisition and other resources.

Patient Information

SURNAME _____

FIRST NAME & MIDDLE INITIAL _____

PERSONAL HEALTH NUMBER/CARECARD _____

DATE OF BIRTH: ____/____/____
YY MM DD

For Completion by Collection Laboratory

DATE AND TIME OF COLLECTION _____

COLLECTION CENTRE/FACILITY CODE _____

COLLECTOR'S INITIALS _____

Collect 5 mL SST tube, centrifuge, transport to the C&W lab with 96 hours @ 4°C.
For alternate instructions contact lab.

FOR COMPLETION BY C&W LABORATORY

Screen Requested (Choose One Only)

SCREEN	TIMING
<input type="checkbox"/> Part 1	9 – 13 ⁺⁶ wks
<input type="checkbox"/> Part 2	15 – 20 ⁺⁶ wks
<input type="checkbox"/> Quad Screen	15 – 20 ⁺⁶ wks
<input type="checkbox"/> Maternal Serum AFP Only <i>See Prenatal Genetic Screening Guideline for indications for ordering</i>	15 – 20 ⁺⁶ wks

Ordering Doctor / Midwife / Nurse Practitioner

NAME _____ MSP PRACTITIONER # _____

ADDRESS _____ TELEPHONE _____

SIGNATURE _____ DATE _____

Copy Results to

NAME _____ MSP PRACTITIONER # _____

ADDRESS _____ TELEPHONE _____

NAME _____ MSP PRACTITIONER # _____

ADDRESS _____ TELEPHONE _____

Each blood sample must be accompanied by this completed requisition. Blood can be collected at any blood collection facility (e.g. LifeLabs, hospital outpatient labs). No appointment is necessary.

Patient Instructions

SIPS PART 1 (9 – 13⁺⁶ wks): Provide date range for blood to be drawn (best at 10 – 11⁺⁶ wks)

SIPS PART 2 / QUAD (15 – 20⁺⁶ wks): Provide date range for blood to be drawn (best at 15⁺² – 16 wks)

All clinical information below is required for most accurate risk assessment

Testing Done

- 1 Tests already performed in this pregnancy:
- a. Amniocentesis or Chorionic Villus Sampling (CVS)? NO YES
- b. Non-Invasive Prenatal Testing (NIPT)? NO YES
- c. Nuchal translucency (NT) ultrasound done/planned? NO YES
- If yes, date ____/____/____ and location _____ of NT U/S
YY MM DD

Dating Information (Please attach all available ultrasound reports)

- 2 Ultrasound (first trimester dating ultrasound preferred, e.g. 7 – 14 wks GA)
- Date of ultrasound: ____/____/____
YY MM DD
- Gestational age (GA) by ultrasound: _____ weeks _____ days
- Crown rump length (CRL): _____ mm
- 3 LMP: ____/____/____ SURE UNSURE
YY MM DD
- Cycle length: _____ days Cycle is REGULAR IRREGULAR
- 4 EDD: ____/____/____ by U/S by LMP
YY MM DD

Pregnancy Details

- 5 Pregnancy conceived by In Vitro Fertilization (IVF)? (Not IUI) NO YES
- a. Egg: Own Donor Birth date of egg donor: ____/____/____
YY MM DD
- b. Embryo: Fresh Frozen Date of freezing: ____/____/____
YY MM DD
- 6 Twin pregnancy? NO YES If yes, Monochorionic Dichorionic

Patient Details

- 7 Patient's weight near time of blood-draw: _____ lbs or _____ kg
- 8 Patient's racial origin:
- Caucasian First Nations Black
- East Asian (e.g. Chinese, Japanese, Filipino, Vietnamese, Korean)
- South Asian (e.g. Indian, Pakistani, Sri Lankan)
- Other/mixed race (specify) _____
- 9 Diabetes mellitus: Type 1 or 2? (NOT gestational) NO YES
- 10 Smoking cigarettes at any time during this pregnancy? NO YES
- 11 Steroid medication(s) in this pregnancy? (NOT inhalers) NO YES
- 12 Previous pregnancy with chromosome abnormality:
- None Down syndrome Trisomy 18 Trisomy 13

The BC Prenatal Genetic Screening Program (PGSP) is part of Perinatal Services BC, an agency within the Provincial Health Services Authority (PHSA). The PGSP operates across several facilities in the province. While analysis of the initial blood tests takes place at the laboratory at the Children's and Women's Health Centre of BC, further diagnostic testing, if required, takes place at other facilities in BC. Regardless of the point of collection, prenatal genetic screening information is provided to the PGSP and is used to provide safer, more accurate tests, measure outcomes, and evaluate and disseminate new evidence/knowledge. The PGSP collects, uses and discloses personal information only as authorized under section 26 (c), 33 and 35 of the BC Freedom of Information and Protection of Privacy Act, other legislation and PHSA's Privacy and Confidentiality Policy. Should you have any questions regarding the collection, use or disclosure of your personal information, please contact the Privacy Advisor for Perinatal Services BC at (604) 877-2121.

Client Name		Preferred Phone Number																
		<input type="checkbox"/> OK to leave a message? <input type="checkbox"/> OK to text message?																
Address <i>(complete mailing address)</i>		Alternate Phone Number																
		<input type="checkbox"/> OK to leave a message? <input type="checkbox"/> OK to text message?																
Date of Birth <i>(dd/mm/yyyy)</i>	Care Card (PHN)	Prenatal Physician / Midwife																
Expected Delivery Date <i>(dd/mm/yyyy)</i>	Weeks Gestation	G	P															
<input type="checkbox"/> Client aware of referral and consents to contact																		
Reason for Referral <input type="checkbox"/> Routine Public Health referral. No concerns. Clients will receive health screening, prenatal information and resources from a Public Health Nurse.																		
<input type="checkbox"/> Referral for additional concerns. Please tick all that apply from the following list:																		
<table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Low educational status</td> <td><input type="checkbox"/> Housing concerns</td> <td><input type="checkbox"/> Smoking</td> </tr> <tr> <td><input type="checkbox"/> Social support concerns</td> <td><input type="checkbox"/> Family violence</td> <td><input type="checkbox"/> Alcohol</td> </tr> <tr> <td><input type="checkbox"/> Financial concerns</td> <td><input type="checkbox"/> Parenting concerns</td> <td><input type="checkbox"/> Drug use</td> </tr> <tr> <td><input type="checkbox"/> Relationship concerns</td> <td><input type="checkbox"/> Mood concerns</td> <td><input type="checkbox"/> Other <i>(explain)</i></td> </tr> <tr> <td><input type="checkbox"/> Language / communication concerns</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Low educational status	<input type="checkbox"/> Housing concerns	<input type="checkbox"/> Smoking	<input type="checkbox"/> Social support concerns	<input type="checkbox"/> Family violence	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Financial concerns	<input type="checkbox"/> Parenting concerns	<input type="checkbox"/> Drug use	<input type="checkbox"/> Relationship concerns	<input type="checkbox"/> Mood concerns	<input type="checkbox"/> Other <i>(explain)</i>	<input type="checkbox"/> Language / communication concerns		
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<input type="checkbox"/> Language / communication concerns																		
Comments																		
Referred by <i>(signature and title)</i>	Office Stamp Here																	
Date <i>(dd/mm/yyyy)</i>																		
Your fax #																		
Your phone #																		

Please fax completed referral to 250-868-7809

Healthy from the Start summary	
Signature	Date <i>(dd/mm/yyyy)</i>

Client notified that this personal information is collected under and is subject to the provisions of the Freedom of Information and Protection of Privacy Act (FIPPA)

Early Prenatal Care Summary and Checklist for Primary Care Providers

Hyperlinks, shown in **blue**, are embedded throughout this document.

These recommendations are based on a review of best evidence and consensus opinion.

This checklist is a summary of the recommendations found in the BC Maternity Care Pathway (2010) for the care of a pregnant woman at her first visit(s) to a health care provider. Some recommendations are updated here from the 2010 guideline and are marked (*new*). Women should have the opportunity to make informed decisions about their care, investigations, and treatment in partnership with their health care professionals.

Provincial Antenatal Record 1 and 2 are available for documentation.

At first contact with a health care provider, a pregnant woman should be offered ALL of the following:

REFERRAL TO A MATERNITY CARE PROVIDER

- Discuss all options for choice of maternity care provider (family physician, registered midwife, or obstetrician) appropriate for the woman's health, her preferences and the resources available.

BLOOD AND URINE TESTING RECOMMENDED FOR ALL WOMEN

- CBC, TSH
- Urine C&S
- Chlamydia and gonorrhoea (urine or cervical)
- HBsAg, STS/RPR, HIV, Rubella titre
- Blood ABO Group, Rh factor, and antibody screen

ADDITIONAL BLOOD TESTS

- HBA1C if woman is at risk for Type 2 Diabetes.
- anti-HCV if at risk for Hepatitis C.
- Varicella antibody if history uncertain.
- Ferritin if at risk for anemia.
- HPLC (high performance liquid chromatography) for thalassemia and hemoglobinopathy carrier screening for all women EXCEPT those who are:
 - Japanese
 - Northern European Caucasian
 - Korean
 - First Nations or Inuit (*new*)
- Tay-Sachs screen if woman or partner is/may be Ashkenazi Jewish descent; or Ashkenazi Jewish Carrier full screen if both are/may be of AKJ descent. Special form required, see resources.



FIRST TRIMESTER ULTRASOUND FOR DATING

- If available, recommend first trimester ultrasound for ALL women ideally between 8-13 weeks.
- Estimate due date using earliest ultrasound beyond 7 weeks in spontaneous conceptions (*new*). If availability of ultrasound is limited, use second trimester scan.
- Perform early dating ultrasound prior to nuchal translucency scan for women with uncertain menstrual dates.

PRENATAL GENETIC SCREENING

- Offer prenatal genetic screening to all women.
- Offer appropriate test(s) based on woman's age, when she accesses care, local resources, and woman's choice. Note options are time-sensitive.
- **Prenatal Biochemistry Lab Requisition** (SIPS/IPS/Quad)

Age	Gestational Age at First Prenatal Visit		
	9-13+6 weeks	15-20+6 weeks	≥ 21 weeks
< 35 yrs	SIPS and detailed U/S	Quad and detailed U/S	Detailed U/S
35-39 yrs	IPS and detailed U/S	Quad and detailed U/S	Detailed U/S
40+ yrs	IPS and detailed U/S	Quad and detailed U/S	Detailed U/S
Amniocentesis is also available without prior serum screening			

Private Pay Options for Prenatal Genetic Screening:

- Women ineligible for IPS can access NT U/S from private providers and add to SIPS to have an IPS reported instead.
- Women of any age can access FTS from private providers.
- NIPT available at various hospital outpatient labs and private providers for those women not eligible for funded NIPT. See website: bcprenatalscreening.ca\NIPT.

GLOSSARY:

SIPS – Serum Integrated Prenatal Screen

- Part I at 9-13⁺⁶ wks; Part 2 at 15-20⁺⁶ wks (best at 15⁺²-16⁺⁶ wks)

IPS – Integrated Prenatal Screen

- SIPS + NT ultrasound done at 11-13⁺⁶ weeks (covered by MSP for women ≥ 35 yrs, twins, and other high risk criteria).

See bcprenatalscreening.ca.

Quad Screen

- SIPS Part 2

NIPT – Non Invasive Prenatal Testing (cell free fetal DNA). Highly accurate maternal serum screen for trisomy 21, 18 & 13.

MSP-covered for screen positive (SIPS/IPS/Quad) women, or other high risk criteria. See bcprenatalscreening.ca \NIPT.

Other non-eligible women can access self-pay NIPT.

FTS – First Trimester Screening

- NT, nasal bones, fetal heart rate, Ductus Venosus flow, serum tests at 11-14 weeks



LIFESTYLE/SUPPLEMENTS

- Recommend prenatal vitamin or Folic Acid 0.4-1mg daily prior to conception or at diagnosis of pregnancy.
- Recommend Folic Acid **4mg/d** for women with multiples, obesity BMI>35, pre-existing diabetes, previous infant with neural tube defect, taking anticonvulsants, or if daily compliance problematic.
- Provide lifestyle advice: smoking cessation and the implications of substance use and alcohol consumption in pregnancy. Use harm reduction approach if woman unable to abstain. Refer early if substance using.
- Recommend and provide influenza vaccine prior to and during flu season.
- Administer TWEAK screening tool for alcohol use.
- Discuss food hygiene and implications of food borne infections. <http://tiny.cc/BCCDCFoodSafety>
- Refer to health authority public health services.

At second visit:

- Discuss place of birth and maternity care provider. Refer as needed.
- Offer detailed ultrasound for 18-20 weeks and refer if desired.
- Offer early referral to local Public Health Prenatal Program.
- Discuss prenatal genetic screening options and refer/order tests as per woman's choices.
- Recommend Vitamin D supplementation: **15 µg (600 IU) daily during pregnancy and lactation** for all women.
- Perform complete physical examination or refer to maternity provider.
- Document pre-pregnancy BMI; calculate target gestational weight gain.
- Offer Pap smear following usual screening guidelines.
- Provide lifestyle advice: nutrition, exercise (walking) a minimum of 30 minutes a day, rest, and stress management.
- Send all records to maternity care provider.

Resources for Health Care Providers

Divisions of Family Practice www.divisionsbc.ca

Gestational Age/Estimated Date of Delivery Calculator

TWEAK Questionnaire

BC Maternity Care Pathway (2010)

BC Prenatal Genetic Screening Program bcprenatalscreening.ca

Public Pay NIPT Second tier test and for previous trisomy
bcprenatalscreening.ca \NIPT

BC Cervical Cancer Screening

Pregnancy Weight Gain Calculator

SOGC Guideline Working with First Nations, Inuit, and Métis

AJG Form and Guideline

Motherisk www.motherisk.org

Lactmed <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>

Resources for Families

Pregnancy Passport

Healthy Families BC – Pregnancy and Parenting
www.healthyfamiliesbc.ca/parenting

Pregnancy and Food Safety

Baby's Best Chance

BC Prenatal Genetic Screening Program in various languages:
bcprenatalscreening.ca



Perinatal Services BC

An agency of the Provincial Health Services Authority

www.perinatalservicesbc.ca

Acknowledgment: This resource was developed by the **Vancouver Division of Family Practice**, and has been adapted into a PSBC resource with their permission and collaboration.



Vancouver

Division of Family Practice

A GPSC Initiative

Useful online resources for prenatal care

1) Primary care in Kamloops & Area

Mighty Oak Midwifery: <https://mightyoakmidwifery.ca/>

TRFO: <https://www.divisionsbc.ca/thompson/maternity>

2) Antenatal care – Healthcare Professional Resources

Pregnancy Dating

- Perinatal Services of BC – online calculator
- SOGC Guideline #303 – Determination of dating by ultrasound

Prenatal Screening

- Perinatal Services of BC – Health Care Professionals section

Specialized Referral Forms for Services at BC Women’s Hospital

- <http://www.bcwomens.ca/health-professionals>

3) Suggested Resources for Pregnant Women

SOGC Pregnancy Website

- <http://www.pregnancyinfo.ca/>

Food Safety

BCCDC – Patient booklet for download

- <http://www.bccdc.ca/health-info/food-your-health/food-safety/food-safety-and-pregnancy>

Interior Health Maternity Information

- <https://www.interiorhealth.ca/YourHealth/HavingABaby/Pages/default.aspx>

Healthy From The Start e-form - Patient self-registration

- <https://www.interiorhealth.ca/YourHealth/HavingABaby/Pages/HFTSeForm.aspx>