# Moderate Risk Conditions in Pregnancy: Refer to OB-Gyn

Conditions to be managed by Family Medicine providers with additional training in maternity care are marked with an asterisk (\*).

- Chronic medical or psychological conditions. Conditions marked with an asterisk (\*) may be managed by a Family Medicine provider with maternity specialty training:
  - \*Hypothyroidism replaced
  - Chronic hypertension, controlled without meds
  - Anemia (Hct<28%)</li>
  - Extensive vulvar/vaginal condylomata
  - Psychiatric condition on medications
  - o Drug or alcohol abuse
  - Obesity with BMI >40

### Historical risk factors

- History of uterine malformation or significant leiomyomata
- History of preterm labor or preterm delivery
- \*History of a macrosomic baby (birth weight >4500 grams)
- \*History of gestational diabetes in a prior pregnancy
- \*History of cesarean delivery (must attempt to obtain operative report)
- History of myomectomy (must attempt to obtain operative report)
- Prior fetal anomaly or chromosomal abnormality {consultation with reproductive genetics can be considered sufficient if no maternal medical implications
- History of bariatric surgery with a restrictive procedure

## Current pregnancy risk-factors

- \*History of prior ectopic pregnancy without confirmation of an intrauterine pregnancy in the current pregnancy {please consider urgent/emergent referral if abdominal pain or other signs of ectopic pregnancy}.
- Hyperemesis beyond 1<sup>st</sup> trimester
- Vaginal bleeding beyond 1st trimester
- Significant or persistent proteinuria, as defined by >300 mg on a 24-hour urine collection or by +1 protein or higher on urinalysis twice or more in the absence of another etiology.
- Herpes, active lesions beyond 36 weeks gestation
- Dichorionic diamniotic twin gestation
- History of preterm labor in the current pregnancy
- \*Suspected fetal growth restriction
- Placenta previa after 28 weeks
- \*Post-term (>40 weeks) in the current pregnancy (MFAC appointments can be considered a sufficient OBGYN consultation if this is the only moderate-risk condition)
- Non-cephalic fetal presentation any time after 34 weeks
- \*Large-for-gestational age fetus on ultrasound

# **High-Risk Conditions in Pregnancy**

#### Refer to MFM

- Chronic medical or psychological conditions
  - Asthma, moderate persistent or severe
  - Cardiac disease any evidence or concern for structural or arrhythmic disease
  - Epilepsy
  - Chronic hypertension, severe
  - Hemoglobinopathy
  - Hepatitis B or C with detectable viral load
  - HIV infection
  - Hyperthyroidism
  - Morbid obesity with BMI >50
  - Pulmonary disease, severe
  - Psychiatric medications with polypharmacy (>1 medication)
  - Renal disease or renal transplant
  - Requirement of anticoagulation
  - Sickle cell anemia
  - Suspected tuberculosis
  - Systemic lupus erythematosus
  - Thrombocytopenia
  - Any other severe medical or psychological condition

### Historical risk factors

- History of cervical insufficiency
- History of asthma with intubation or oral steroid use within the pregnancy
- History of thromboembolism
- History of stillbirth
- History of prior growth restricted baby
- Family history of genetic disease {Reproductive genetics consultation may be sufficient, if there are no maternal medical ramifications.}
- History of recurrent early pregnancy loss.
- Prior 2<sup>nd</sup> trimester fetal loss please prioritize early referral (<12 weeks)</li>

## • Current pregnancy risk-factors

- Monochorionic diamniotic twins
- All gestational and pregestational diabetes
- Isoimmunization
- Cervical shortening detected on transvaginal ultrasound
- Growth restriction in the current pregnancy
- Polyhydramnios or oligohydramnios in the current pregnancy
- Abnormal placental implantation with bleeding
- Placenta accrete spectrum suspected or confirmed
- Complicated twin gestation or higher multiple gestation
- Fetal anomaly or genetic disease in current pregnancy
- TORCH/suspicion of intrauterine infective process
- Any other complex maternal or fetal condition