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| Patients Automatically Transferred to UMass OB Provider | * Multiple Gestation
* 3 or More prior C Sections
* Cardiovascular disease
* Type 1 or Type 2 DM – regardless of use of meds or degree of control
* Hyperthyroidism
* Chronic Hypertension Requiring Medication
* Methadone or Suboxone Use (although we are working to establish clinical guidelines for their care at FHCW – this is not yet in place)
* Patients with prior C section wanting a TOLAC without a prior vaginal delivery (transferred at 20 weeks)
* GDM requiring medication
* Patients with prior preterm delivery before 34 weeks
* Bariatric surgery within 12 months of onset of pregnancy.
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| Patients Will Be Referred for High Risk Consultation | * Prior second or third trimester pregnancy loss
* Uterine cavity anomalies e.g. septate or bicornate uterus
* Prior VTE
* Previous delivery between 34-37 weeks: Makena treatment is offered at FHCW once patient has had HR consultation
* Prior bariatric surgery more than 12 months prior to the onset of pregnancy.
* Patients with only 1 prior C-section and prior vaginal delivery who have elected for TOLAC need to have a VBAC consult with CWC.
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| Patients Will Be Seen by FHCW OB Fellowship Trained MD | * Obesity BMI > 35
* Clinical or subclinical hypothyroid
* Prediabetes (A1c 6.0-6.4) with no prior history of Type 2 DM.
* GDM-A1, previously in control on diet, if loss of control after 36 weeks, will consider prescribing oral medications with approval of Assoc Med Dir for Perinatal Svs
* Pts with 1 or 2 prior c-sections desiring repeat c-section
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