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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. |
| 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. |
| 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 |