**Labwork and Other Clinical Assessments**

National Midwifery Institute, Inc.

Study Group Coursework

*Syllabus*

Description:

This module explores standard prenatal labwork and other clinical assessments, interpreting the results and how to best utilize this information in midwifery care. It includes recommended reading materials in print and online, and asks students to complete short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects to deepen your hands-on direct application of key concepts.

Learning Objectives:

* Identify the standard prenatal lab work and the established lab work schedule for low-risk pregnant clients.
* Understand normal values for routine labwork, and what to do when abnormal values are detected.
* Identify possible postpartum lab work and appropriate postpartum labwork follow-up in response to prenatal values or findings.
* Understand the risk of Rh sensitization and the use of Rhogam.
* Identify blood groups and types.
* Understand the different types of anemia and how they may be addressed.
* Describe syphilis, gonorrhea and chlamydia and their effects.
* Review the purpose of glucose screening and testing.
* Identify the OGCT and OGTT and their appropriate application.
* Determine useful screening questions for HIV risk status, and establish appropriate screening guidelines for your own practice.
* Understand precautions with HIV positive clients and current recommendations for preventing “mother-to-child-transmission” of HIV.
* Review the TORCH infections and identify the correlating lab work for their detection.
* Identify the local community standard for hepatitis screening.
* Explore the implications of GBS.
* Identify the local community standard for GBS screening and treatment.
* Identify the local lab services for newborn cord blood, newborn screening (“PKU”) and bilirubin counts.
* Identify the collection materials and procedure in preparation for learning venipuncture skills.
* Identify the collection materials and procedure in preparation for learning IV administration skills.
* Identify the collection materials and procedure in preparation for learning pap smear and swab collection skills.
* Understand the NST and how it may be utilized to determine fetal well being.
* Identify how an ultrasound can be used to establish an estimated due date.
* Identify the limitations of ultrasounds to establish EDD or estimate fetal weight.
* Identify the components of the biophysical profile and determine how this screen might be used.
* Draft practice guidelines for prenatal and postpartum lab work in your own practice.
* Create or adapt prenatal and postpartum forms for recording lab work results.
* Demonstrate your ability to discuss with clients, use informed consent, and secure the collection of the appropriate lab samples.
* Demonstrate your ability to comprehend and apply the requested information provided in the lab reports

Learning Activities:

* Research and read appropriate study sources, seeking out additional study sources where needed
* Complete short answer questions in attached module document for assessment
* Complete long answer questions for deeper reflection in attached module document for assessment
* Complete learning activities listed in attached module document for assessment
  + Draft practice guidelines for prenatal and postpartum lab work
  + Draft practice guidelines for Group B Strep screening and treatment
  + Draft practice guidelines for prenatal anemia screening and treatment
  + Draft practice guidelines for HIV positive clients in your own practice
  + Draft practice guidelines for newborn lab work in your own practice
  + Discuss how your record lab results
  + Memorize the normal range of lab values
  + Research the practical aspects of labwork and perinatal assessments in your community
* Submit work to Study Group Course Coordinator
* Reflect on feedback from Study Group Course Coordinator and re-submit work as needed

Study Sources (print):

The following texts are recommended for completion of this module. Use them to cross reference and build a more comprehensive understanding.

Using keywords from the Learning Objectives, search the index. Read those pages listed, and read the chapter in which they are found. Establish a context for the information so that you understand how other topics are related. In addition, read the chapter headings in the Table of Contents, and flip through each text to familiarize yourself with the content of chapters. As you work through Study Group modules, you will eventually read each text in its entirety.

* Understanding Diagnostic Tests in the Childbearing Year, Frye
* Holistic Midwifery, Vol. I, II, Frye
* Varney’s Midwifery
* Myles Textbook for Midwives
* Human Anatomy and Physiology, Marieb
* The Natural Pregnancy Book, Romm

Optional

* Natural Healing in Gynecology, Nissim

Study Sources (online):

See NMI website Labwork and other Clinical Assesments module web resources section for current online study sources for this module.

Related Modules:

* Breastfeeding / Chestfeeding
* Digestion
* Ectopic Pregnancy
* General Pregnancy and Postpartum Ailments
* Nutrition
* Fertility and Conception
* Gestational Diabetes
* Prenatal Genetic Screening
* Hemorrhage
* Herpes
* Hypertension
* Jaundice
* Basic Life Science
* Liver
* Pharmacology for Midwives
* Postdates Management & Postmaturity
* Preterm Labor
* Renal System
* Spontaneous Release of Membranes
* Pregnancy Loss: Abortion, Miscarriage, and Stillbirth
* Substance Use and Abuse
* Urinary Tract Infection
* Uterine Size and EDD Discrepancies
* Lifelong Reproductive Healthcare

Submitting Module for Assessment:

Study Group modules are accepted electronically in PDF format *only*. We encourage you to submit modules as you complete them throughout each quarter of enrollment.

Please e-mail your completed Study Group module to:

Study Group Course Work Instructor nmistudygroup@nationalmidwiferyinstitute.com

Once your module has been e-mailed to us, you will receive an e-mail confirmation that we have received it. Study Group modules are reviewed and returned in digital format as PDF documents. Modules can take up to 1 month from submission to be reviewed and returned to you. We will return your module as an e-mail attachment. Each module includes an Evaluation Sheet at the end of the pdf. The module’s page on the student portal also includes a link to a fillable online module evaluation sheet. Please take the time to fill out the module evaluation sheet and return it to us for each module, it helps us to improve our course work.

Please follow these formatting guidelines when submitting modules:

* Your first initial and last name in title of PDF, along with name of module. Example: “ERyanFirstStage.pdf”
* Title of module on the document’s front page
* Your name on the document’s front page
* Provide the text of each question, followed by a blank line and then your thoughtful answer (without the question, you have commentary without context)
* Blank line between the answer for a question and the next question: question, blank line, answer, blank line, question, blank line, answer…
* Please leave margin space for our comments!
* Don’t use script or cursive writing style text
* Font size not smaller than 12
* Credit sources of direct quotes

Completion Requirements and Feedback:

In order to complete this module for graduation purposes from National Midwifery Institute you must review all resources, complete the attached short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects, and submit them as detailed above. Upon return to you, your coursework may have feedback or ask for additional information or exploration on certain topics. Your work will be evaluated in the following Rubric (pasted below). You must achieve a minimum score of **7.5** in order to move on to your next module, though we encourage all students to strive for a **10.**

|  | **Level 1**  **(0 Points)**  **Not Adequate** | **Level 2**  **(1 Point) Developing Adequacy** | **Level 3**  **(1.5 points)**  **Meets Basic Expectations** | **Level 3**  **(2 points) Exceeds Expectations** | **Student Score** |
| --- | --- | --- | --- | --- | --- |
| **Completion of module prompts and elements** | -Module not completed | -Major Elements of module are missing | -All aspects of module elements present, with some minor questions unanswered or missing | -All aspects of module elements present and answered completely |  |
| **Demonstrates Comprehension of module content and concepts** | - Lack of comprehension | - Responses are unclear and do not reflect basic comprehension of module concepts | - Responses are clear and reflect basic comprehension of module content and concepts | - Responses are clear, well written, and reflect in-depth comprehension of module content and concepts. Added subpoints and additional reflections demonstrate a deeper knowledge and curiosity. |  |
| **Analysis** | - Key terms not defined | -Inaccurate definitions of key items  -Limited connections made between evidence, subtopics and clinical experience | -Accurate definitions of key items  -Connections made between evidence, subtopics and clinical experience -Incorporation of original ideas and incorporates some clinical experience  in responses where possible | - Accurate definitions of key items  -Strong connections made between evidence, subtopics and clinical experience |  |
| **Evidence** | - No research evidence used | -Research not used  -Research not clearly connected to questions asked in module | -Research is present but limited -Research presented is weak or not relevant to communities served by midwives | -Research is abundant -Research is compelling and relevant to communities served by midwives |  |
| **Engagement with Learning Resources** | -Evident study sources were not utilized | -Evident study sources were partially utilized | -Evident that study sources were fully utilized | -Evident that study sources were fully utilized and independent research was undertaken -Full incorporation of original ideas, personal analysis and incorporates relevant clinical experience in all areas possible |  |

Skills

Following are excerpts from the NMI forms for assessment of midwifery skills, which include all skills identified and required by NARM. Review the following skills and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI forms *Form 52 - Assessment of Student’s Midwifery Skills* and *Form 53 - Student Self-Assessment of Midwifery Skills.*

3. Maternal Health Assessment:

K. Recognizes and responds to potential prenatal complications by:

8. Identifying and dealing with pre-term labor with:

B) Consultation and/or treatment including:

1) Increase of fluids,

2) Non-allopathic remedies,

3) Discussion of the mother’s fears,

4) Food to be eaten at least every two hours,

5) Consumption of alcoholic beverage,

6) Evaluation of urinary tract infection,

7) Evaluation of maternal infection

9. Assessing and evaluating a post-date pregnancy by monitoring

/assessing:

a) The need for consultation,

b) Fetal movement, growth, and heart tone variability,

c) Estimated due date calculation,

d) Previous birth patterns,

e) Amniotic fluid volume,

f) Maternal tracking of fetal movements ,

g) Referral for ultrasound,

h) Referral for non-stress test

i) Referral for contraction stress test,

j) Referral and collaboration for biophysical profile

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National Midwifery Institute, Inc.

Study Group Coursework

*Short Answer Questions*

Short Answer Questions:

**Prenatal Bloodwork:**

***see Prenatal Genetic Screening for discussion on genetic-specific tests.***

1. Why might we draw prenatal (blood) labwork?

2. At what points in pregnancy do we draw (blood) labwork? Why these points?

3. List the pieces of equipment needed to perform venipuncture sample collection on clients.

4. How do you know which size of needle to use when drawing blood from clients?

5. How do you determine the best site of blood sample collection from a client?

6. How do you know which color top tube to use when collecting each blood sample from a client?

7. What is the difference between using a needle/syringe and a needle/vacutainer to draw blood from a client? Why might you use each?

8. When you get results back from bloodwork, how do you know if you are looking at normal or abnormal values? What do you use for reference?

9. Are you aware that labs typically flag bloodwork with abnormal values based on non-pregnant values? How do you reference normal values in pregnancy?

10. What is hCG? When would you do bloodwork for hCG in midwifery? What is the purpose of serial hCG blood draws?

11. The following (numbered below) are typically drawn for initial prenatal blood test labwork. For each, please describe:

1. what they are screening for, and why
2. what normal ranges in pregnancy are
3. what an abnormal value might mean

you may also feel free to add any tests that are standard in your community or subtract tests that are not standard in your community.

1. CBC
2. ABO blood type and Rh sensitivity, and well as antibodies
3. HbA1C
4. Ferritin
5. VDRL
6. HIV status
7. Rubella immunity status
8. Hep B Surface Antigen
9. TSH and other thyroid investigations
10. Vitamin D
11. (other)

12. What are the components of a CBC?

13. What do Hemoglobin, Hematocrit, and MCV tell us?

14. What do we typically see with white blood cell counts in pregnancy?

15. Describe the anemias of pregnancy. How would you determine if someone has anemia, and which type, during pregnancy?

16. If you determine your client to be anemic, what are your next recommendations? When would you re-draw labwork to check for improvement?

17. What are platelets and what do they do for our body?

18. What are the possible causes of low platelets in pregnancy? What do you do if a client’s labwork comes back with low platelets?

19. Describe the following unusual circumstances, and how they might be detected with bloodwork:

1. thalassemia alpha
2. thalassemia beta
3. thrombocytopenia

20. What is Ferritin? How might it play into the picture of detecting anemias?

21. List the four blood types, and their corresponding compatibilities.

22. What is ABO compatibility and how is it screened for?

23. What is Rh sensitization? Who is at risk for Rh sensitization?

24. Briefly describe how Rh sensitization happens, and how Rhogam is thought to address this sensitization.

25. When may Rhogam administration be indicated in pregnancy and postpartum?

26. When screening for antibodies in pregnancy, what would a “positive” and “negative” screen mean?

27. What is a HbA1C? What is random glucose? What value do these give you in prenatal screening?

28. What sort of organism is syphilis? Why is syphilis able to cross the blood brain barrier?

29. What is the risk of syphilis exposure in pregnancy?

30. What does it mean if a client’s rubella screen is “reactive”?

31. How could a client who has received standard MMR vaccines on schedule throughout their life not be immune to rubella?

32. If a client has an active Hep B infection, what extra precautions may be taken during pregnancy, birth, or postpartum, for them and their baby?

33. If a client has no active Hep B infection, but lives with someone who does, or has recently traveled to a high-risk or high-exposure area, do the same precautions need to be taken?

34. Describe the progression between HIV and AIDS.

35. What populations are at the greatest risk for acquiring HIV and AIDS? What is the fastest growing population with new transmission of HIV and AIDS?

36. If a client is HIV positive, is it still appropriate for them to be cared for by a midwife? to have a homebirth?

37. What does the current research say regarding “mother-to-child-transmission” of HIV? What preventative measures can be taken prenatally and postpartum to decrease this risk?

38. What are universal precautions? How do you, as a midwife, protect yourself from exposure to client’s blood and fluids and transmission of various organisms?

39. After initial bloodwork, blood draws to assess pregnant clients are performed at other points throughout pregnancy as well. For each of the tests (numbered below), please list:

1. *at what point in pregnancy* we perform this test
2. what they are screening for, and why
3. what normal ranges in pregnancy are
4. what an abnormal value might mean

you may also feel free to add any tests that are standard in your community or subtract tests that are not standard in your community.

1. OGCT or OGTT or other glucose screening
2. re-check CBC
3. re-check ABO and Rh and antibodies
4. re-check Ferritin
5. (other)

40. In some circumstances, it may also be appropriate to draw the following more unusual labs on clients in pregnancy. For each of the tests (numbered below), please list:

1. what populations are at greater risk for these occurrences
2. when you might screen for these occurrences
3. what they are screening for, and why
4. what normal ranges in pregnancy are
5. what an abnormal value might mean

you may also feel free to add any tests that you can think of or have performed in the past not on this list.

1. Sickle-cell
2. Parvovirus B19
3. Toxoplasmosis
4. Varicella IgG / IgM
5. HSV IgG / IgM
6. TORCH
7. Liver Panel
8. (other)

41. What are the TORCH infections?

42. While some labwork and screenings may seem irrelevant to a North American audience, we acknowledge not all NMI students work in, or plan to work exclusively in, North America. In addition, our clients may travel, migrate, or immigrate during pregnancy. We encourage you to look into each of the following, and understand their symptom picture and which of your clients may be at risk. Where would you refer a client to get screened for the following (if you are unable to do these screenings yourself)?:

1. Zika Virus
2. Malaria
3. Yellow Fever
4. Typhoid Fever
5. Dengue Fever
6. Japanese Encephalitis
7. Meningococcal Meningitis
8. (other)

43. Describe your use of informed choice/consent as pertains to lab work in pregnancy and postpartum. Are all tests optional? Do you require a minimum of certain testing of clients?

**Prenatal Urinalysis, Swabs, and Endocervical Samples:**

44. What can be screened for in urine samples in pregnancy?

45. For each of the following urine sample screens, describe:

1. at what point(s) in pregnancy you might do this screen, and how frequently
2. what they are screening for, and why
3. what normal ranges in pregnancy are
4. what an abnormal value might mean

you may also feel free to add any tests that are standard in your community or subtract tests that are not standard in your community.

1. urine “home pregnancy test”
2. urine dipstick
3. urinalysis
4. urine culture and screen
5. 24-hour urine collection

46. How sensitive is a urine dipstick screen?

47. Are urine dipstick tests routine at each visit in your community? What does the current research say on this?

48. What are the components of a urinalysis?

49. What is a clean-catch urine sample? Describe step-by-step how you would instruct a client to obtain a clean-catch urine sample.

50. Which urine tests must be clean-catch for accuracy?

51. Which urine tests must NOT be clean-catch for accuracy?

52. How do we screen for Chlamydia and Gonorrhea in pregnancy?

53. Answer the following for *Chlamydia* and for *Gonorrhea*.

1. what sort of organism is it? what does it do in the body?
2. how common is this infection?
3. how is this infection spread?
4. what are the effects to pregnant clients and their newborns of this infection?

54. What can be screened for in vaginal swabs in pregnancy?

55. Vaginal swabs may be taken in pregnancy for select tests and screens. For each of the tests (numbered below), please list:

1. *at what point in pregnancy* we perform this test
2. what they are screening for, and why
3. what typical symptoms present with these conditions

you may also feel free to add any tests that are standard in your community or subtract tests that are not standard in your community.

1. Chlamydia and Gonorrhea
2. Bacterial Vaginosis
3. Yeast
4. Trichomonas
5. (other)

56. When collecting any of the vaginal swabs above, do you perform the test, or do you give your clients instructions to self-swab?

57. In some rare circumstances, swabs to culture sores, cysts, or other wounds in pregnancy may be taken from the chest/breasts, vaginal area, and other spots. What might these swabs/cultures be screening for?

58. Describe the lab process of testing a “culture”. Why may it take a few days to get a result back?

59. Discuss Group Beta Streptococcus (GBS).

1. what sort of organism is GBS?
2. how prevalent is GBS infection in the population?
3. where does GBS reside in the body?
4. what are the possible effects of GBS infection, for a client during pregnancy and postpartum, and for the newborn?
5. what is EOGBSD in newborns? how common is it?
6. at what point in pregnancy do we swab for GBS? why this point?
7. does your community offer routine screening for GBS in pregnancy?
8. before screening for GBS, do clients in your community pursue any home remedies to “test negative”? why?
9. after screening positive for GBS, do clients in your community pursue any alternative remedies for treatment or prevention for passing on to newborns?
10. after screening positive for GBS, what antibiotic treatments do you offer clients pursuing homebirths in your community?
11. what are the pros and cons to knowing your GBS status?

60. Explain as you would to a client the step-by-step instructions for properly self-collecting a GBS swab sample.

61. If GBS bacteriuria is detected in urine in pregnancy, do you still swab for GBS before birth?

62. Why might a pap smear be performed in pregnancy? Why might you not want to perform a pap smear in pregnancy?

63. If performing a pap smear in pregnancy, at what point in pregnancy should it be performed?

64. According to current research and recommendations in your country/community, how often should pap smears be performed in a person’s life?

65. Describe your use of informed choice/consent as pertains to urine collection, swabs, and pap smears in pregnancy and postpartum. Are all tests optional? Do you require a minimum of certain testing of clients?

**Prenatal Ultrasound, NST, and BPPs:**

66. At what points in pregnancy might ultrasound assessment be ordered or be helpful?

67. When is an ultrasound most accurate in establishing an estimated due date?

68. What are the limitations of ultrasound in establishing an estimated due date?

69. What is Nuchal Translucency (NT) and how is this assessed by ultrasound?

70. Discuss the Anatomy Scan.

1. what are the components measured in an anatomy scan?
2. what is the optimal timing for an anatomy scan? can it be done outside this window?
3. how long does a typical anatomy scan last?
4. how accurate are anatomy scans in determining fetal sex?

71. When/Why might you order an ultrasound for the following investigations:

1. estimated fetal weight
2. fetal position
3. number of fetuses
4. fetal sex
5. placental location
6. amniotic fluid volume

72. Discuss biophysical profiles (BPPs).

1. what components do they measure? how are they scored?
2. when may a BPP be indicated?
3. are BPPs routine in your community at a certain point in pregnancy? how frequently are they performed in a given pregnancy?

73. What is an NST? What is it assessing?

74. How are NSTs performed? In your community, do midwives perform them?

75. Under what circumstances would your order/perform an NST?

76. Describe your use of informed choice/consent as pertains to ultrasound and NST in pregnancy and postpartum. Are all ultrasounds optional? Do you require a minimum of certain ultrasounds of clients?

77. What does current research say about risk and safety of ultrasound?

**Intrapartum Assessments:**

***see Spontaneous Release of Membranes module for ROM assessments***

78. When/Why might bloodwork be collected while a client is in labor?

79. When/Why might urine be collected or tested while a client is in labor?

80. When/Why might ultrasound be performed while a client is in labor?

**Postpartum Bloodwork, Urine Samples, Swabs, Ultrasounds, and other Assessments :**

81. Typically in postpartum we are drawing bloodwork in response to events or values in pregnancy or labor. Under what circumstances would we be checking the following in postpartum (for the postpartum client)?:

1. CBC
2. ABO blood type and Rh sensitivity, and well as antibodies
3. HbA1C
4. OGCT or OGTT
5. (other bloodwork follow-up)
6. Urinalysis
7. Urine culture and screen
8. Bacterial Vaginosis
9. Yeast
10. Trichomonas
11. Uterine ultrasound
12. Ultrasound on legs or other extremities (DVT screen)
13. Ultrasound/X Ray of the lungs

82. The following tests may be done from cord blood in the infant. For each test below describe:

1. the collection procedure
2. where it can be run (hospital only or outpatient lab)
3. why you would be doing this investigation

you may also reflect on whether these are ever done in your community by homebirth midwives, or if you are collecting this information to inform clients who end up in the hospital.

1. Arterial/Venous Cord Blood Gases (ACBG / VCBG)
2. ABO type and Rh, Coombs (“Cord Profile”)

83. In a hospital setting, when may a CBC be drawn on a newborn? Why would this be done? How is this done?

84. In a hospital setting, when may a blood culture be drawn on a newborn? Why would this be done? How is this done?

85. The following tests may be done from a heel-poke on baby and capillary blood collection after 24 hours of age. For each of the follow (numbered below) please describe:

1. what the test is screening for
2. what a positive screen, or screen outside normal values, may mean
3. what next steps would be in the case of a positive screen, or screen outside normal values

please also consider the appropriate heel-poke procedure for this sample collection.

1. “Newborn Screen” / PKU
2. Bilirubin screen

86. When may an ultrasound, X-ray, or EKG be performed on a newborn?

87. Describe your use of informed choice/consent as pertains to testing on newborns. Are all tests optional? Do you require a minimum of certain testing of clients’ newborns?

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Study Group Coursework

*Long Answer Questions for Deeper Reflection*

Questions Requiring Longer, More Thoughtful Answers:

(number continued from previous section).

Case Study Questions

88. Your client Woo-Jin Gláucia age 31 G3P2 is new to care at 12 weeks, and has agreed to basic routine prenatal testing. You get the results back from the lab and they read as follows:

Blood Type: A

Rhesus: negative

Antibodies: negative

Hemoglobin: 10.1

Hematocrit: 31.3

MCV: 84

WBC: 6.3

Platelet: 233

Ferritin: 37

VDRL: Non-Reactive

HBsAG: Non-Reactive

Rubella: Non-Immune

HIV: Negative

VIT D: 39

What are your reactions to this set of labwork? Does anything concern you? If so, what would your next steps be?

89. Ilmari Anna age 37 G4P0 is now 27 weeks pregnant, and a re-screen of select values shows the following:

Blood Type: A

Rhesus: Negative

Antibodies: negative

Hemoglobin: 9.2

Hematocrit: 27.1

MCV: 82

WBC: 5.9

Platelets: 165

Ferritin: 12

What are your reactions to this set of labwork? Does anything concern you? If so, what would your next steps be? If you were to re-screen, when would you re-screen?

90. Your client Sammy age 28 G1P0 is presenting at 30 weeks with general malaise, low-grade fever, mid-back pain, and a headache.

1. what is your differential diagnosis?
2. what are your first investigative steps?
3. how might labwork (blood, urine, swabs, ultrasound) assist you in figuring out what is wrong?
4. in your community, what assessments could you run for Sammy yourself?

91. Your client Marina, age 36 G2P1 is 32 weeks pregnant and is presenting with high blood pressure, protein and glucose +2 by urine dipstick, and upper right quadrant pain. She reports she has been feeling “off” for three days, but has also been sleeping far less than normal.

1. what is your differential diagnosis?
2. what are your first investigative steps?
3. how might labwork (blood, urine, swabs, ultrasound) assist you in figuring out what is wrong?
4. in your community, what assessments could you run for Marina yourself?

92. Natalia Saku presents with an ulcer/chancre on the outside of their labia they cannot identify a cause for. Describe which lab investigations you may pursue. How may your investigations or care differ if this occurs at 16 weeks vs. 36 weeks?

93. Your client Denise tells you they have a strange, odorous discharge coming from their vagina. They say they’ve had it before but never known what it was.

1. what is your differential diagnosis?
2. what are your first investigative steps?
3. how might labwork (blood, urine, swabs, ultrasound) assist you in figuring out what is wrong?
4. in your community, what assessments could you run yourself?

94. Describe the counseling you may provide if a client's HIV screen comes back positive. What are their options for pregnancy, birth, and breastfeeding? How will you protect yourself?

95. Which labwork values would necessitate a transfer of care to obstetrics? Consider both fetal assessments and gestational parent.

**Labwork and Other Clinical Assessments**

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Study Group Coursework

*Projects/Learning Activities*

Projects(send completed projects with the rest of your course work for this module)

(number continued from previous section).

96. Draft practice guidelines for prenatal and postpartum lab work in your own practice. Submit this draft and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)

97. Draft practice guidelines for Group B Strep screening and treatment in your own practice, including clients and newborns. Submit this draft and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)

98. Draft practice guidelines for prenatal anemia screening and treatment in your practice for clients. Include discussions of the causes, dietary, lifestyle, and supplement advice often given. Submit this draft and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)

99. Draft practice guidelines for newborn lab work in your own practice. Submit this draft and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)

100. Create or adapt prenatal and postpartum forms for recording lab work results, or describe you electronic charting form. This may be done as part of a more comprehensive charting form.

101. Using your Lab Work Sheet (or the one you created in Project 98), fill in sheet with normal lab value ranges. Use this to study and memorize.

102. Research the practical aspects of labwork and perinatal assessments in your area.

1. who are the local lab services for bloodwork, urine, and swabs in your area?
2. do they provide tests tubes and supplies?
3. do they have special instructions for certain specimens (refrigerate urine, etc.)?
4. do they process newborn bloodwork from the cord or heel pokes?
5. who processes Newborn Screens / “PKU”s in your area?
6. are STAT labs available? under what circumstances?
7. do they process pap smears?
8. who are the local ultrasound facilities? do they take requests from midwives?
9. do they provide quick appointments/STAT results?