

Antenatal Planning Worksheet: Interdisciplinary Team Plan (Part 1)

Date: _____

PATIENT INFORMATION	TEAM AND PROVIDERS
Name:	Referring:
MRN/DOB:	MFM/OB:
EDD:	Anesthesiologist:
PAS Risk Factors:	Consultants:
Comorbidities:	Urology Y/N GynOnc Y/N
	Radiology Y/N Trauma Y/N
Other:	Other:
	Healthcare Proxy:

1. Review of Imaging to Determine Surgical Approach

- Where is the placenta located?
(e.g., anterior previa with extension toward bladder on left)
- What severity of disease is present or suspected?
(e.g., suspect FIGO Grade 3a)
- What degree of hypervascularity is present?
(e.g., significant uterovesical or cervical hypervascularity)
- Where does the team anticipate surgical difficulties?
(e.g., suspected parametrial or bladder involvement)

2. Review of Histories to Prepare for Surgery

- Are there comorbidities that require preoperative consultation? Y/N
(e.g., hematologic disorders, complex surgical history)
- Is the patient at risk of early delivery (<34 weeks)? Y/N
(e.g., history of preterm birth, short cervix, antenatal bleeding)
- Are there significant anesthesia concerns? Y/N
(e.g., difficult airway, contraindications to neuraxial)
- Does the patient have unique pain control needs? Y/N
(e.g., opiate sensitivity or dependence)
- Are there unique blood bank considerations? Y/N
(e.g., antibodies, refusal of blood products)
- Are there unique fertility preservation or sterilization requests? Y/N

3. Decide on Details for Surgery

- Surgery location, team, and backup plan:
(e.g., main OR, GynOnc and MFM to start +/- trauma surgery backup)
- Surgical timing and plan:
(e.g., IR on standby, 6 PRBC / 6 FFP in OR)
- Anesthesia plan:
(e.g., neuraxial convert to general, IV & arterial access)
- Urology plan:
(e.g., stents, urology present)
- Special considerations:
(e.g., avoid hysterectomy if possible, opiate-sparing protocol)

Antenatal Planning Worksheet: Interdisciplinary Team Plan (Part 2)

Date of planned admission: _____ Date of planned surgery: _____

EMERGENCY CONTACT LIST PAS Team Lead: Anesthesiology: MFM: Urology / Urogyn: Vascular Surgery:	Gyn Onc / Gyn Surgery: Operating Room: Labor and Delivery: Neonatal / NICU: Trauma Surgery Other:
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Antenatal Preparation

- PAS expert imaging complete
- Interdisciplinary team plan complete
- Advanced directive signed
- Blood type & antibody screen
- Confirm recent pap smear result
- Recent hemoglobin & platelets
- Hemoglobin optimization, if indicated
(e.g., IV iron infusion)
- Other labs, if indicated
(e.g., coagulation panel, creatine)
- Psychological counseling arranged
- Preoperative consultations complete (fill in):
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- Antenatal steroids indicated? Y/N
- Antenatal steroids administered? Y/N n/a

Admission

- Antenatal steroids administer, if indicated
- Consent forms signed, in chart
- Preop labs complete, if indicated
- Active antibody screen
- Crossmatch of blood, per protocol
(e.g., 6 units PRBC and FFP)
- All preoperative consultations complete
- Preop fetal monitoring completed
- Preop infection prevention
(e.g., chlorhexidine wipe / bath)

PAS-Specific Operating Room Equipment

- Fetal monitor, if viable
- NICU resuscitation equipment
- Neuraxial anesthesia tray, if planned
- Video laryngoscope
- Blood bank cooler
- Blood & IV fluid rapid infuser
- Cell saver
- Arterial line and central line kits
- Cesarean tray, with cord blood tubes & clip
- Cystoscopy tray, stents, and tower
- Self-retaining or table-mounted retractors
- Hemorrhage control devices
(e.g., surgical clips, bipolar device, linear stapler-cutter)
- Interv. Radiology equipment
(e.g., C-arm, endovascular catheters)
- Table-mounted leg stirrups

Operating Room

Pre-operation

- Surgical consultants contacted
- NICU staff and equipment ready
- Surgical equipment ready
- Pre-/Intro-operative fetal monitoring ready
- Umbilical cord clamping protocol reviewed
- Cell saver prepared, if indicated
- Blood cooler in room, verified and checked
- Interdisciplinary timeout performed

Post-operation

- Determine surgical grade (e.g., FIGO grade 1)
- Quantify / estimate blood loss
- Decide on postoperative disposition
(e.g., ICU, PACU, surgical or postpartum floor)
- Re-dose antibiotics, if indicated
- Urinary catheter & stent plan
- Endovascular intervention plan, if indicated
- Lab testing plan
- Specimen labeled and sent to pathology
- Pain management plan
- VTE prevention plan, first timed dose