Preventative Health Guideline:

Guidelines for Prenatal and Postpartum Care

OBJECTIVE

Define the most appropriate perinatal care for adolescent females and women during pregnancy

GUIDELINE

The practice care guidelines detailed in this document are consistent with the Clinical Practice Guidelines for Perinatal Care from the American College of Obstetricians and Gynecologists (ACOG), Sixth Edition, October 2007. These practice guidelines are provided to aid in the preconception, prenatal, and postpartum treatment of female MDwise members of childbearing age. **The information provided does not replace the professional clinical judgment and expertise of the practitioner.**

PRECONCEPTION CARE

All healthcare encounters of women during their reproductive years should include counseling on appropriate medical care and behavior to optimize potential-pregnancy outcomes. This is especially important when pregnancy is being considered.

History, Assessment, & Physical Exam	Labs, Testing, & Vaccinations	Counseling & Education
Family history Genetic history (maternal & paternal) Obstetric history Gynecologic history Medical, surgical, psychiatric, and neurological history General physical exam* Current medications (prescription and non-prescription) Substance use (tobacco, alcohol, and illicit drugs) Domestic abuse and violence Nutrition Environmental and occupational exposures Immunity and immunization status Risk factors for sexually transmitted diseases (STDs) Assessment of socioeconomic, educational, and cultural context	Labs & Tests: STD screening Maternal diseases based on medical or reproductive history Mantoux test with purified protein derivative for tuberculosis Genetic disorder screening based on racial/ethnic background Genetic disorder screening based on family history Vaccinations: Rubella Varicella Hepatitis B Special population vaccinations: Pneumovax (splenectomy or sickle cell disease asplenia)	Family planning and pregnancy spacing Exercise Weight reduction (if obese) Increasing weight (if underweight) Avoidance of food faddism Pregnancy avoidance within one month of receiving live vaccine- Preventing HIV infection Time of conception using menstrual history Abstinence from tobacco, alcohol, and illicit drugs before and during pregnancy Folic acid supplementation of 0.4 mg per day while attempting and during the first trimester of pregnancy to prevent neural tube defects Maintaining good control of preexisting medical conditions Preconceptional nutritional counseling

*Physical Exam includes: HEENT, fundoscopic exam, teeth, thyroid, breasts, lungs, heart, abdomen, extremities, skin, lymph nodes, vulva, vagina, cervix, uterus size, adnexa, rectum, diagonal conjugate, spines, sacrum, subpubic arch, and gynecoid pelvic type.

FREQUENCY OF OFFICE VISITSINITIAL VISIT: 8-10 WEEKS OF PREGNANCY

First 28 weeks gestation: visits every 4 weeks (uncomplicated)
28-36 weeks gestation: visits every 2-3 weeks (uncomplicated)
After 36 weeks gestation: visits every week (uncomplicated)

The frequency of follow-up visits is determined by the individual needs of the woman and an assessment of her risks. The frequency and regularity of scheduled prenatal visits should be sufficient to enable providers to accomplish the following:

Monitor the progression of the pregnancy
Provide education and recommended screening and interventions
Reassure the woman
Assess the well-being of the woman and her fetus
Detect medical and psychosocial complications and institute indicated interventions

PRENATAL CARE

Initial Prenatal Care:

History, Assessment, & Physical Exam	Labs, Testing, & Vaccinations	Counseling & Education
Weight Blood pressure Family history Genetic history (maternal & paternal) Obstetric history Gynecologic history Medical, surgical, psychiatric, and neurological history Allergies (including latex) Medication history (prescription and non-prescription) General physical exam* Substance use (tobacco, alcohol, and illicit drugs) Domestic abuse and violence Nutrition Environmental and occupational exposures Immunity and immunization status Assessment of socioeconomic, educational, and cultural context Risk assessment Estimated date of delivery (EDD) Teratogen assessment	Labs & Tests: Hct/Hgb/MCV Urine culture and screen Blood type D (Rh) type Antibody screen Varicella Rubella VDRL (syphilis screen) PAP test Cervical cytology (as needed) Hepatitis B virus surface antigen Human immunodeficiency virus (HIV) antibody testing Fetal Imaging (if indicated) Optional Labs & Tests: Hemoglobin electrophoresis PPD for TB Chlamydia Gonorrhea Cystic fibrosis Tay-Sachs Familial dysautonomia Hemoglobin Genetic screening test** Vaccinations: Inactivated influenza vaccine Pneumococcal (if indicated) Tetanus (if indicated) Hepatitis B (if indicated)	Education: Scope of care provided in the office Expected course of pregnancy Signs and symptoms to report to the physician (vaginal bleeding, rupture of membranes, or decreased fetal movement) Anticipated schedule of visits Physician coverage of labor & delivery Cost to the patient of prenatal care and delivery Practices to promote health maintenance (use of safety restraints, including lap and shoulder belt) Educational programs available Options for intrapartum care Hospital discharge and care plan Breastfeeding education Choosing a child's physician Dental care Specialized counseling: Sauna and hot tub exposure Nutrition Nausea and vomiting of pregnancy Vitamin and mineral toxicity Exercise Tobacco use Substance use and abuse Domestic violence

** Patients over age 35 as of EDD or genetic risk factors

Subsequent Antepartum Care:

History, Assessment, & Physical Exam	Labs, Testing, & Vaccinations
Weight Blood Pressure Weeks gestation Interm history (problems/concerns) Fundal height Fetal heart rate (doppler begin 10-23 weeks) Fetal movement Fetal position and size Edema assessment Pain scale EDD update (18-20 weeks) Risk assessment (complicated or at 24-28 weeks) Preterm labor signs and symptoms assessment Cervical exam (if indicated) Ultrasound length (if performed) Assessment of needs (psychological, social, nutritional) Update care plan (every trimester)	Urine screen (albumin/glucose) at every visit 8-20 Weeks: Ultrasound (baseline ultrasound by 18 weeks) Nuchal translucency measurements and biological markers (first trimester) First trimester aneuploidy risk assessment MSAFP/Multiple Markers Second trimester serum screening Amnio/CVS: Karyotype, amniotic fluid (AFP) Anti-D immune globulin (RhIG) 24-28 Weeks: Hct/Hgb/MCV Diabetes screen and GTT if screen abnormal D (Rh) antibody screen Anti-D immune globulin (RhIG) given 28 weeks or greater 32-36 Weeks: Hct/Hgb Group B strep Ultrasound (if indicated) HIV (if indicated) VDRL (if indicated) Gonorrhea (if indicated) Chlamydia (if indicated)

Counseling & Education		
First Trimester	Second Trimester	Third Trimester
HIV and other routine prenatal test related counseling Risk factors identified by prenatal history Nutrition and weight gain counseling; special diet Toxoplasmosis precautions Sexual activity Exercise Influenza vaccine Environmental/work hazards Travel Tobacco cessation counseling (ask, advise, assess, assist, and arrange) Alcohol Illicit/recreational drugs Medication use (including supplements, vitamins, herbs, or OTC drugs) Indications for ultrasound Domestic violence Seat belt use Childbirth class/hospital facilities	Signs and symptoms of preterm labor Abnormal lab values Influenza vaccine Selecting a newborn care provider Tobacco cessation counseling (ask, advise, assess, assist, and arrange) Domestic violence Postpartum family planning/tubal sterilization	Anesthesia/analgesia plans Fetal movement monitoring Labor signs VBAC counseling Signs and symptoms of pregnancy-induced hypertension Post-term counseling Circumcision Breast or bottle feeding Influenza vaccine Tobacco cessation counseling (ask, advise, assess, assist, and arrange) Domestic violence Newborn education (newborn screenings, jaundice, SIDs, car seat) Family medical leave or disability forms

POSTPARTUM CARE

Approximately 4-6 weeks after delivery, the mother should visit her physician for postpartum review and examination. This interval may be modified according to the needs of patients with medical, obstetric, or intercurrent complications. A visit within 7-14 days of delivery may be advisable after cesarean delivery or complicated gestation.

History, Assessment, & Physical Exam	Labs, Testing, & Vaccinations	Counseling & Education
Interval history Physical examination including evaluation of weight, blood pressure, breasts (if not lactating or if lactating complaints), and abdomen, as well as pelvic examination Episiotomy repair and uterine involution should be evaluated Pap test (if needed) Methods of birth control should be reviewed and initiated Assessment of adaptation to the newborn Breastfeeding assessment (if applicable) Assessment of emotional status, depression	Laboratory data as indicated Review immunizations (tDAP and rubella if not received immediately postpartum)	Postpartum depression Breastfeeding (if applicable) Nutrition and supplementation Follow-up care Maternal-infant bonding Future health and pregnancy (birth control) Behaviors related to sexually transmitted infections Preconception counseling: including risk assessment to facilitate the planning, spacing, and timing of next pregnancy; health promotion measures; and timely intervention to reduce medical and psychological risks.

MEASUREMENT OF GUIDLEINE COMPLIANCE

MDwise uses HEDIS methodology to measure the following specific screenings:
Timeliness of prenatal care (visit during first trimester or within first 42 days of enrollment)
Timeliness of postpartum care (visit on or between 21-56 days after delivery)
Frequency of ongoing prenatal; care (optimum number of visits during pregnancy- adjusted for gestation age and duration of enrollment

REFERENCES

Guidelines for Perinatal Care, Sixth Edition. American College of Obstetricians and Gynecologists, October 2007.

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