Purpose
To identify and promote the most important contributors to improved clinical outcomes for pregnant women and their newborns.

Major Recommendations
- Provide each patient with visit-specific screening, education and immunizations.
- Counsel appropriate patients regarding the different screening options and the limitations and benefits of each.
- Inform patients who have had a previous Cesarean delivery about the risks and benefits associated with vaginal birth after Cesarean (VBAC).
- Conduct a comprehensive risk assessment and provide appropriate treatment to all patients as it relates to risks for preterm labor, relevant infectious diseases and genetic disorders.
- Conduct a postpartum visit within 2 weeks after delivery with women who have had a cesarean delivery, a complicated gestation or those at increased risk for postpartum depression. Conduct a postpartum visit 4-6 weeks after delivery with patients who have had a routine delivery.
- Pregnant women who have not been previously vaccinated with Tdap should get one dose of Tdap during the third trimester or late second trimester (after 20 weeks gestation). If not administered during pregnancy, Tdap should be administered immediately postpartum.
## Routine Prenatal Care

<table>
<thead>
<tr>
<th>History and Physical</th>
<th>Initial Visit</th>
<th>Subsequent visits 0-28 wks (visits should occur every 4 wks)</th>
<th>29-36 wks (visits should occur every 2-3 wks)</th>
<th>37 + wks (visits should occur wkly)</th>
<th>Immediate Post Partum</th>
<th>Post Partum visits (3-8 wks after delivery)</th>
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<tbody>
<tr>
<td>Risk profile</td>
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<td>Blood pressure</td>
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<td>Pelvic exam</td>
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<td>Family/OB hx</td>
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<td>Family/OB hx</td>
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<td>Psycho/Social hx</td>
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<td>Preconception</td>
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</tbody>
</table>

### Diagnostic Procedures

- **Pap smear**
- **Screening for:**
  - Rubella
  - Varicella
  - PPD
  - Hepatitis B & C if indicated+
  - TSH if indicated
  - HIV
  - Zika virus if indicated
  - + if risk factors for Hep C present, per ACOG and CDC

### Genetic Screening

- **Cystic Fibrosis (Ashkenazi Jewish population)**
- **Sickle Cell**
- **Screening:**
  - NIP
  - Diagnostic: CVS or Amnio

### Counseling & Education

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Nutrition &amp; wt</th>
<th>Counseling &amp; Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folic Acid</td>
<td>Nutrition &amp; wt</td>
<td>Diet &amp; exercise</td>
</tr>
<tr>
<td>Sexual practices</td>
<td>Exercise</td>
<td>Smoking cessation</td>
</tr>
<tr>
<td>Medical record</td>
<td>Lifestyle</td>
<td>Parenting</td>
</tr>
<tr>
<td>Menstrual hx</td>
<td>Warning signs</td>
<td>Anticipatory guidance for lead poisoning prevention</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>Fetal growth &amp; development</td>
<td>Feeding choices</td>
</tr>
<tr>
<td>Seatbelt use</td>
<td>Info about Cystic Fibrosis</td>
<td>Refer for infant preventive services &amp;/or special needs.</td>
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<td></td>
<td>screening</td>
<td>Arrange for postpartum home visit as needed.</td>
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<tr>
<td></td>
<td>Fetal growth &amp; development</td>
<td>Discussion of post partum depression</td>
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<td></td>
<td>Medicine</td>
<td>Encourage family members &amp; caregivers to get Tdap &amp; flu</td>
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<tr>
<td></td>
<td>delivery</td>
<td>vaccine (&amp; Herpes Zoster vaccine if needed) before</td>
</tr>
<tr>
<td></td>
<td>Bh/immunizations</td>
<td>meeting the baby</td>
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<tr>
<td>As indicated:</td>
<td>Genetic counseling</td>
<td>Contraception/Family planning Optimal interval for</td>
</tr>
<tr>
<td>GBS</td>
<td>Rhogam</td>
<td>pregnancy</td>
</tr>
</tbody>
</table>

### Immunization & Prophylaxis

- **As indicated:**
  - Nutritional supplements
  - MMR Varicella. Hep B
  - Influenza
- **As indicated:**
  - Tdap (ideally between 27 and 36 weeks)
  - Rhogam (28 wks) Influenza
  - Tdap (ideally between 27 and 36 wks)
  - Tdap (if not administered in late 2nd or 3rd trimester)
  - MMR
  - Rhogam

*Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.*

Routine Prenatal Care
Depression Two Question Assessment: During the last month have you been bothered by (1) little interest or pleasure in doing enjoyable things? and/or (2) feeling down, depressed or hopeless? If yes to either, question, consider administering the PHQ9 self-assessment tool or Edinburgh Postnatal Depression Scale. **Grade A for screening for asymptomatic bacteriuria for pregnant women @ 12-16 weeks or first prenatal visit if later (USPSTF). **New York State Medicaid Update notes that a repeat third trimester test should be routinely recommended to all pregnant women who tested negative early in prenatal care.

Measures Commonly Used by National Organizations
- Prenatal care: Screening for HIV - Percentage of Patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit. (CMS Meaningful Use)
- Prenatal care: Anti-D Immune Globulin - Percentage of D (Rh) negative non-sensitized patients, regardless of age, who gave birth during a 12 month period who received anti-D immune globulin at 26-30 weeks gestation. (CMS Meaningful Use)
- Educated patients whose previous child was delivered by Caesarean section of risks and benefits of VBAC. (ICSI)
- Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization. (NCQA)
- Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. (NCQA)

High Risk Populations/Disparities
- Overweight and excessive weight gain during pregnancy and diabetes are each independently associated with preterm delivery and low birth weight; in addition, excessive gain during pregnancy is linked to subsequent overweight in the baby at age three. From 2005 to 2007, approximately 50% of birth mothers living in the Healthy Start area (9 Rochester zip codes targeted by the Monroe County Perinatal Network’s Healthy Start Program) were overweight or obese, compared to approximately 40% in suburban Monroe County.¹
- In the Healthy Start zip codes (9 Rochester zip codes targeted by the Monroe County Perinatal Network’s Healthy Start Program) in the years 2005 – 2007, the rate of low birth weight for African Americans was 75% higher than the rate for white babies; the rate for Hispanics was 40% higher than the rate of whites. These rates have changed very little in the past 10 years.¹
Routine Prenatal Care

Resources for Physicians

American College of Obstetrics and Gynecology
• Professional resources online bookstore

New York State Perinatal Quality Collaborative
An initiative of the New York State Department of Health that aims to provide the best and safest care for women and infants by preventing and minimizing harm through the use of evidence-based practice interventions.

Healthy Baby Network (formerly known as Perinatal Network of Monroe County)
• Information and resources for physicians and their patients.

Resources for Patients

American College of Obstetrics and Gynecology
• Frequently Asked Questions
• Tips for Moms and Moms 2 Be - Free text messages every week to help during pregnancy.

Centers for Disease Control
• Maternal Health

Healthy Baby Network (formerly known as Perinatal Network of Monroe County)
Healthy Babies Roc – Resources for health insurance and support services

Monroe County Health Department
• Women, Infants and Children’s Program (WIC) – The WIC Program is a supplemental food and nutrition education program that serves pregnant, breastfeeding, postpartum women. (To be eligible, the applicant must be a resident of New York State and have a household income of less than 185% of the poverty level.)
Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.

Approved June 2017. Next scheduled review by June 2019.

References


The American College of Obstetricians and Gynecologists. Immunizations for Women http://www.immunizationforwomen.org/


Western NY Collaborative Prenatal Care Risk Screening & Referral Form https://www.independenthealth.com/Portals/0/PDFs/ProvidersPublic/ToolsResources/RoutinePrenatalCare.pdf