



## **Routine Prenatal Care**

### **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.

1. Monroe County Perinatal Health Status Report by the Perinatal Network of Monroe County, Finger Lakes Health Systems Agency, Monroe County Department of Public Health 2009. Available from: <http://www.pnmc-hsr.org/>

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	Preconception	Initial Visit	Subsequent visits 0-28 wks (visits should occur every 4 wks)	29-36 wks (visits should occur every 2-3 wks)	37 + wks (visits should occur wkly)	Immediate Post Partum	Post Partum visits (3-8 wks after delivery)
<b>History and Physical</b>	Risk profile Ht/Wt (BMI) Blood pressure Breast exam Pelvic exam Family/OB hx Psycho/Social hx Prescription drugs, herbal Supplements/ vitamins Exposure to lead/other Environment/occupational hazards Domestic violence Depression* Substance abuse Zika virus risk	Risk profile Ht/Wt (BMI) Blood pressure Pelvic exam Exposure to lead, environmental & occupational hazards Breast exam Family/OB hx Estimated date of delivery Psycho/Social hx Language/cultural issues Domestic violence Depression* Substance abuse Oral health and refer as needed Unstable housing	Risk profile Weight Blood pressure Fundal height Fetal heart rate/tones	Risk profile Weight Blood pressure Fundal height Fetal heart rate/tones	Risk profile Weight Blood pressure Fundal height Fetal heart rate/tones Confirm fetal position/presentation Check cervix		Uterine involution Delivery history Weight Blood pressure Pelvic exam Breast exam Medical, dental, psychosocial needs Postpartum depression*
<b>Diagnostic Procedures</b>	Pap smear  <b>Screening for:</b> 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	Pap Smear (USPSTF/CDC): U/A; C & S GC/Chlamydia <b>Screening for:</b> Rubella Varicella Hepatitis B RPR/VDRL HIV testing HCT/HGB ABO/D (Rh)/Ab Lead screening	<b>As indicated:</b> Sickle Cell Hgb Electroph Genetic screening PPD TSH If obese (BMI>30), GTT –(required by NYS Medicaid program) Zika virus	Urine dipstick ** Sonogram (16-20 wks) If woman obese (BMI>30), GTT at 1st visit or 1st trimester Average risk patients, GTT 24-28 wks) MSAFP (quad screen or AFP) HCT/HGB Repeat RPR/VDRL <b>As indicated:</b> D (Rh) antibody screen Genetic testing Amnio Zika virus	Urine dipstick GBS Repeat HIV testing (34-36 wks and/or at least three months after initial testing.) ***  <b>As indicated:</b> HCT/HGB VDRL GC/Chlam Ultrasound Zika virus – amniocentesis if warranted	Urine dipstick  <b>As indicated:</b> NST BPP Zika virus  Don't schedule elective, non-medically indicated inductions of labor or cesarean deliveries before 39 weeks 0 days gestational age.	Rescreen for GDM at 6–12 wks (2-h 75-g OGTT or 1-h 50-g non fasting screen followed by a 3-h 100-g OGTT for those who screen positive)  <b>As indicated:</b> Pap smear HCT/HGB Zika virus
<b>Genetic Screening</b>		Cystic Fibrosis (Ashkenazi Jewish population) Sickle Cell	Screening: NIPT Diagnostic: CVS or Amnio				
<b>Counseling &amp; Education</b>	Nutrition & wt Exercise Folic Acid Sexual practices Medical record Menstrual hx Smoking cessation Seatbelt use	Patient's Bill of Rights Nutrition & wt Nausea & vomiting Physical activity Lifestyle Folic Acid Warning signs Fetal growth & development Info about Cystic Fibrosis screening Physiology of pregnancy Risk factors Smoking cessation Body mechanics HIV pre-test counseling Oral health Prevent/Eliminate lead exposure Occupational/Environmental Concerns Avoid harmful activity Seat belt use	Nutrition Folic acid thru first trimester Quickening Exercise Lifestyle Warning signs Fetal growth & develop Physiology of pregnancy PTL S/S Childbirth classes Family issues Travel Breast/bottle feeding HIV post test counseling  <b>As indicated:</b> Genetic counseling Rhogam	Nutrition Fetal kick counts Exercise Work hazards Warning signs Fetal growth & development Physiology of pregnancy PTL S/S Pre-registration Sexuality Breast/bottle feeding Birthing options Relaxation techniques Parenting Episiotomy Labor & delivery issues Selecting a pediatrician Encourage family members & caregivers to get Tdap & flu vaccine (& Herpes Zoster vaccine if needed) before meeting the baby	Nutrition Fetal kick counts Late pregnancy symptoms S/S of labor Post term counseling Review postpartum F/U Contraception/Family planning Postpartum vaccinations L & D update Anesthesia/Analgesia VBAC counseling Parenting Infant feeding choices Infant CPR Newborn car seat Circumcision FMLA/Disability forms Discussion of post partum depression	Contraception/Family planning Optimal interval for pregnancy Diet & exercise Smoking cessation Parenting Anticipatory guidance for lead poisoning prevention Feeding choices Refer for infant preventive services &/or special needs. Arrange for postpartum home visit as needed Discussion of post partum depression Encourage family members & caregivers to get Tdap & flu vaccine (& Herpes Zoster vaccine if needed) before meeting the baby	
<b>Immunization &amp; Prophylaxis</b>	<b>As indicated:</b> Nutritional supplements MMR Varicella. Hep B Influenza	Hep B (CDC/NYS)  <b>As indicated:</b> Nutritional supplements	<b>As indicated:</b> Tdap (ideally between 27 and 36 weeks) Rhogam (28 wks) Influenza	<b>As indicated:</b> Tdap (ideally between 27 and 36 wks)	<b>As indicated:</b> Tdap (ideally between 27 and 36 wks)	<b>As indicated:</b> Tdap (if not administered in late 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester) MMR Rhogam	<b>As indicated:</b> Immunizations Tdap (if not administered in late 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester)

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.

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**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.<sup>1</sup>
- 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.<sup>1</sup>



## 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.)

## References

American Academy of Pediatrics and the American College of Obstetricians and Gynecologists (AAP/ACOG). *Guidelines for Perinatal Care*, Seventh Edition. October, 2012. <http://www.acog.org/>

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

Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices (CDC/ACIP). *Guidelines for Vaccinating Pregnant Women*. <http://www.cdc.gov/vaccines/pregnancy/hcp/guidelines.html>

Centers for Disease Control and Prevention/Zika Virus Home/For Healthcare Providers  
<https://www.cdc.gov/zika/hc-providers/index.html>

Centers for Medicare & Medicaid Services Meaningful Use Quality Measure.  
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/>

Institute for Clinical Systems Improvement (ICSI)(a non-profit independent quality improvement organization in Minnesota). *Guidelines for Routine Prenatal Care*, Fifteenth Edition, January 2012.  
[https://www.icsi.org/guidelines\\_more/](https://www.icsi.org/guidelines_more/)

Michigan Quality Improvement Consortium Guideline. *Routine Prenatal and Postnatal Care*, June 2016  
<http://mqic.org/guidelines.htm>

New York Medicaid Prenatal Care Guidelines.  
[http://www.health.ny.gov/health\\_care/medicaid/standards/prenatal\\_care/](http://www.health.ny.gov/health_care/medicaid/standards/prenatal_care/)

USPSTF A-Z Topic Guide. U.S. Preventive Services Task Force.  
<http://www.uspreventiveservicestaskforce.org/uspsttopics.htm>

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