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 or a phone call within 2 weeks after delivery. Conduct a postpartum visit 4-6 weeks after delivery.
- All pregnant women 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. Family and friends who will be in contact with the baby should be education on receiving a Tdap vaccination.


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Approved February 2020 Next scheduled review by February 2022.
### Routine Prenatal Care

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<tr>
<th>Preconception</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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<tr>
<td>History and Physical</td>
<td>Pap smear Screening for: Rubella Varicella PPD Hepatitis B &amp; C if indicated + TSH if indicated HIV Zika virus if indicated + if risk factors for Hep C present, per ACOG and CDC</td>
<td>Pap smear (USPSTF/CDC): UA/C &amp; S Gardnerella Chlamydia Screening for: Rubella Varicella Hepatitis B RPR/VRL HIV testing HCT/HGB ABO/D (Rh) Ab Lead screening Offer genetic screening for common aneuploidies</td>
<td>As indicated: Sickle Cell Hgb Electroph PPD TSH If obese (BMI&gt;30), GTT – (required by NYS Medicaid program) Zika virus PTB risk &amp; Medical risk assessment referral Pre-eclampsia risk assessment: Consider low-dose ASA therapy</td>
<td>Urine dipstick ** Sonogram (16-20 wks.) If woman obese (BMI&gt;30), GTT at 1st visit or 1st trimester Average risk patients, GTT - 22-28 wks.) MSAFP (quad screen or AFP) HCT/HGB Repeat RPR/VRL Offer DNA testing As indicated: D (Rh) antibody screen Genetic testing Zika virus</td>
<td>Urine dipstick GBS Repeat HIV testing (34-36 wks. and/or at least three months after initial testing) *** As indicated: HCT/HGB VDRL GC/Chlam Ultrasound</td>
<td>Urine dipstick As indicated: NST BPP Zika virus</td>
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<tr>
<td>Genetic Screening</td>
<td>Cystic Fibrosis Ashkenazi Jewish population SMA Sickle Cell Screening: NIPT Diagnostic: CVS or Amnio</td>
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</table>

**Preconception Initial Visit**

- **Risk profile**
- **Hi/Wt. (BMI)**
- **Blood pressure**
- **Breast exam**
- **Pelvic exam**
- **Family/OB hx**
- **Psycho/Social hx**
- **Prescription drugs, herbal supplements, vitamins**
- **Exposure to lead/other environmental/occupational hazards**
- **Domestic violence**
- **Depression**
- **Substance abuse**
- **Zika virus risk**

**History and Physical**

- **Risk profile**
- **Hi/Wt. (BMI)**
- **Blood pressure**
- **Pelvic exam**
- **Exposure to lead, environmental occupational hazards**
- **Family/OB hx**
- **Language/cultural issues**
- **Domestic violence**
- **Depression**
- **Substance abuse**
- **Zika virus risk**

**Subsequent visits 0-28 wks. (visits should occur every 4 wks.)**

- **Risk profile**
- **Weight**
- **Blood pressure**
- **Pelvic exam**
- **Fundal height**
- **Fetal heart rate/ton**

**29-36 wks. (visits should occur every 2-3 wks.)**

- **Risk profile**
- **Weight**
- **Blood pressure**
- **Fundal height**
- **Fetal heart rate/tones**

**37 + wks. (visits should occur wkly)**

- **Risk profile**
- **Weight**
- **Blood pressure**
- **Fundal height**
- **Fetal heart rate/tones**
- **Confirm fetal position/presentation**
- **Check cervix**

**Immediate Post-Partum**

- **Uterine involution**
- **Delivery history**
- **Weight**
- **Blood pressure**
- **Pelvic exam**
- **Breast exam**
- **Medical, dental, psychosocial needs**
- **Postpartum depression**

**Post-Partum visits (3-8 wks. after delivery)**

- **Uterine involution**
- **Delivery history**
- **Weight**
- **Blood pressure**
- **Pelvic exam**
- **Breast exam**
- **Medical, dental, psychosocial needs**
- **Postpartum depression**

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**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**

- **As indicated:**
  - **Sickle Cell**
  - **Hgb Electroph**
  - **PPD**
  - **TSH**
  - **If obese (BMI>30), GTT – (required by NYS Medicaid program)**
  - **Zika virus**
  - **PTB risk & Medical risk assessment referral**
  - **Pre-eclampsia risk assessment:** Consider low-dose ASA therapy

- **Urine dipstick**
- **Sonogram (16-20 wks.)**
- **If woman obese (BMI>30), GTT at 1st visit or 1st trimester**
- **Average risk patients, GTT - 22-28 wks.)**
- **MSAFP (quad screen or AFP)**
- **HCT/HGB**
- **Repeat RPR/VRL**
- **Offer DNA testing**

- **As indicated:**
  - **D (Rh) antibody screen**
  - **Genetic testing**
  - **Zika virus**

- **Urine dipstick**
- **GBS**
- **Repeat HIV testing (34-36 wks. and/or at least three months after initial testing) ***

- **As indicated:**
  - **HCT/HGB**
  - **VDRL**
  - **GC/Chlam Ultrasound**

- **Urine dipstick**
- **As indicated:**
  - **NST**
  - **BPP**
  - **Zika virus**

- **Do NOT schedule non-medically indicated inductions 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)***

- **As indicated:**
  - **Pap smear**
  - **HCT/HGB**
  - **Zika virus**
**Routine Prenatal Care**

<table>
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<tr>
<th>Counseling &amp; Education</th>
<th>Patient’s Bill of Rights</th>
<th>Nutrition &amp; wt.</th>
<th>Education &amp; Counseling Education &amp; Counseling</th>
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<tr>
<td>Exercise</td>
<td>Folic Acid</td>
<td>Nausea &amp; vomiting</td>
<td>Physical activity</td>
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<tr>
<td>Sexuality practices</td>
<td>Warning signs</td>
<td>Lifestyle</td>
<td>Folic Acid</td>
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<td>Medical record</td>
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</tr>
<tr>
<td>Menstrual hx</td>
<td>Fetal growth &amp; development</td>
<td>Information</td>
<td>Folic Acid</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>Cystic Fibrosis screening</td>
<td>Physiology of pregnancy</td>
<td>Folic Acid</td>
</tr>
<tr>
<td>Seatbelt use</td>
<td>Edinburgh Postnatal Depression Scale</td>
<td>Fetal growth &amp; development</td>
<td>Folic Acid</td>
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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 commended 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**

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- 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
Monroe County Medical Society Community-wide Guidelines

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.)

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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