

## Perinatal Care

<b>Preconception Care:</b>	
<b>Preconception assessment</b>	<p>May include:</p> <ul style="list-style-type: none"> <li>• Family planning</li> <li>• Family and genetic history</li> <li>• Full Medical history</li> <li>• Current medications (prescription and nonprescription)</li> <li>• Substance use</li> <li>• Domestic abuse and violence</li> <li>• Nutrition</li> <li>• Environmental/occupational exposures</li> <li>• Immunity and immunization status</li> <li>• Risk factors for sexually transmitted diseases</li> <li>• General physical examination</li> <li>• Assessment of socioeconomic, educational, and cultural context</li> </ul>
<b>Preconception counseling</b>	<p>May include:</p> <ul style="list-style-type: none"> <li>• Exercise</li> <li>• Importance of maintaining optimal weight</li> <li>• nutritional counseling including taking 04 mg of folic acid daily (more if high risk for NTD)</li> <li>• Control of any preexisting medical conditions and change to safer medications for pregnancy if appropriate.</li> <li>• Preventing HIV infection</li> <li>• Abstaining from tobacco, alcohol, and illicit drug use</li> <li>• Avoiding pregnancy within 1 month of receiving a live attenuated Viral vaccine (e.g., rubella)</li> <li>• Dental care</li> </ul>

### **Frequency of Prenatal Visits:**

- Determined by individual needs and risks\*
- Every 4 weeks during the first 28 weeks (uncomplicated)
- Every 2-3 weeks from the week 28 until week 36(uncomplicated)
- Weekly visits after 36 weeks (uncomplicated)

\*For members older than 35 or with a high risk pregnancy, more frequent visits will be required.

<b>Prenatal Visits</b>	
<b>First Visit</b>	<p>Complete History to include:</p> <ul style="list-style-type: none"> <li>• Family and genetic history</li> <li>• Full Medical history</li> <li>• Current medications (prescription and nonprescription)</li> <li>• Substance use</li> <li>• Domestic abuse and violence</li> <li>• Psychosocial history including postpartum depression</li> <li>• Environmental Risks</li> <li>• Dental History</li> <li>• Drug and Latex Allergies</li> <li>• Acceptability of Blood Transfusion</li> <li>• Immunization History</li> <li>• History of depression, esp. postpartum</li> </ul>
<b>First Visit</b>	Complete Physical Exam including Pelvic Exam
<b>Subsequent visits through 40 weeks</b>	<ul style="list-style-type: none"> <li>• Weeks Gestation</li> <li>• Fundal Height (CM)</li> <li>• FHR</li> <li>• Fetal Movement, Preterm Labor Signs/Symptoms</li> <li>• Blood Pressure</li> <li>• Weight</li> <li>• Edema</li> <li>• Urine dip stick results</li> <li>• Pain</li> <li>• Documentation of Anti-D (once)</li> </ul> <p><b>If indicated:</b></p> <ul style="list-style-type: none"> <li>• Cervical Exam,</li> <li>• Fetal Presentation</li> <li>• Immune Globulin (RhIG) given at 28 weeks</li> <li>• Screening for depression</li> </ul>

<b>LABS/Testing</b>	
<b>Initial Labs and Testing</b>	<ul style="list-style-type: none"> <li>• CBC</li> <li>• Urinalysis/C&amp;S</li> <li>• Hepatitis Profile</li> <li>• Cervical Cytology</li> <li>• Chlamydia and GC screen</li> <li>• RPR/VDRL</li> <li>• Rubella Serology if no Vaccination History</li> <li>• Blood Type and CDE (Rh) typing</li> <li>• Atypical Antibody Screen</li> <li>• HIV screening</li> <li>• Offer Hemoglobinopathy Screening</li> </ul> <p><b>If indicated:</b></p> <ul style="list-style-type: none"> <li>• Ultrasound for dating</li> <li>• PPD</li> <li>• HGB Electrophoresis</li> <li>• Cystic Fibrosis</li> <li>• Tay-Sachs</li> <li>• Familial Dysautonomia</li> <li>• Genetic Screens</li> </ul>
<b>8-20 Week Labs: (as indicated/elected)</b>	<p>Ultrasound, MSAFP/Multiple Markers, AMNIO/CVS, Karyotype, Amniotic Fluid (AFP), 1st Trimester aneuploidy risk assessment, 2nd Trimester Serum Screening, Women who have the first-trimester screening test for Down syndrome should be screened for Neural Tube Defects in the second trimester by checking MSAFP levels or having an ultrasound</p>
<b>24-28 Week Labs:</b>	<p>Diabetes Screen with GTT (if screen abnormal)</p> <p>If indicated:</p> <ul style="list-style-type: none"> <li>• HCT/HGB/MCV</li> <li>• D (Rh) Antibody Screen</li> <li>• STD testing</li> </ul>
<b>32-36 Week Labs:</b>	<p>Group B Strep (35-37 weeks)</p> <p>When indicated:</p> <ul style="list-style-type: none"> <li>• HCT/HGB</li> <li>• Ultrasound</li> <li>• HIV</li> <li>• VDRL</li> <li>• Gonorrhea /Chlamydia</li> </ul>

<b>Counseling/Education</b>	
<b>First Trimester</b>	<ul style="list-style-type: none"> <li>• Prenatal testing</li> <li>• Risk factors identified by prenatal history</li> <li>• Anticipated course of prenatal care</li> <li>• Nutritional and weight gain counseling</li> <li>• Common problems during pregnancy</li> <li>• Mercury precautions (avoiding certain fish with high levels of mercury) Consume no more than 12 ounces (two average meals) per week of a variety of fish and shellfish that are low in mercury content</li> <li>• Listeriosis precautions (avoid luncheon meats/hot dogs unless steaming hot and unpasteurized soft cheeses)</li> <li>• Toxoplasmosis precautions (avoid cat waste/raw meat/ digging in soil)</li> <li>• Sexual Activity</li> <li>• Exercise</li> <li>• Sauna and hot tub exposure</li> <li>• Environmental/work hazards</li> <li>• Travel</li> <li>• Tobacco (ask, advise, assess, assist, and arrange)</li> <li>• Alcohol, Illicit/recreational drugs</li> <li>• Use of prescription and on prescription medications</li> <li>• Influenza vaccine</li> <li>• Domestic violence</li> <li>• Seat belt use</li> <li>• Childbirth classes/hospital facilities</li> </ul>
<b>Second Trimester:</b>	<ul style="list-style-type: none"> <li>• Signs and symptoms of preterm labor</li> <li>• Influenza vaccine (if not already given)</li> <li>• Selecting a pediatrician/family physician</li> <li>• Smoking Counseling</li> <li>• Domestic Violence</li> <li>• Postpartum family planning</li> </ul>
<b>Third Trimester:</b>	<ul style="list-style-type: none"> <li>• Anesthesia/Analgesia plans</li> <li>• Tdap in each pregnancy; immunization of adults handling newborn</li> <li>• Fetal movement monitoring</li> <li>• Labor signs</li> <li>• VBAC counseling</li> <li>• Signs and symptoms of pregnancy-induced hypertension</li> <li>• Influenza vaccine</li> <li>• Circumcision</li> <li>• Breast or bottle feeding</li> <li>• Postpartum depression</li> <li>• Newborn Education(newborn screening, jaundice, SIDS)</li> <li>• Newborn car seat</li> <li>• Family medical leave or disability forms; insurance for newborn</li> <li>• Smoking counseling</li> <li>• Domestic Violence</li> </ul>

<b>Postpartum Care:</b>	
<b>Visit and Care:</b> <b>Hospital Care with a Postpartum Visit within 6 weeks</b>	<p>Screen:</p> <ul style="list-style-type: none"> <li>• Postpartum depression (Edinburgh)</li> </ul> <p>Counseling:</p> <ul style="list-style-type: none"> <li>• activity &amp; exercise</li> <li>• nutrition</li> <li>• breast feeding support</li> <li>• newborn care</li> <li>• Future pregnancy planning/contraception</li> <li>• Incision/wound care</li> </ul> <p>Exam:</p> <ul style="list-style-type: none"> <li>• Incision/ wound healing</li> </ul> <p>Immunizations:</p> <ul style="list-style-type: none"> <li>• Varicella: women who do not have evidence of varicella immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility. The second dose should be administered 4–8 weeks after the first dose.</li> <li>• Rubella: pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility.</li> <li>• Tdap before discharge if not given before</li> </ul>

**References:**

1. American Academy of Pediatrics, American College of Obstetricians and Gynecologist. Guidelines for perinatal care. 6th ed. Elk Grove Village, Ill: American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists, 2007.
2. Center for Disease Control and Prevention. Recommended Adult Immunization Schedule Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR 2013, February 1;62(01). Available <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6201a3.htm>
3. National Committee for Quality Assurance. 2013 Healthcare Effectiveness Data and Information Set (HEDIS) Technical Specifications, Vol 2, Washington D.C.: NCQA, 2012.
4. CDC. Updated recommendations for use of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) in pregnant women - Advisory Committee on Immunization Practices (ACIP), 2012. MMWR 2013; 62 (07):131-5.