

Perinatal Care

These guidelines are not a statement of benefits. Benefits may vary, and individual coverage, including the terms, limitations, and exclusions, will need to be verified by the plan. For coverage information, please direct patients to contact Customer Service via the number on the back of their ID card.

To order a printed copy of the Perinatal Guidelines, call the Provider Supply Line at 1-800-858-4728.

Preconception Care for Women and Men	
Preconception assessment	May include: <ul style="list-style-type: none">• Family planning• Family and genetic history• Full medical history• Infertility risk factors• Current medications (prescription and nonprescription)• Substance use• Domestic abuse and violence• Nutrition• Environmental/occupational exposures• Immunity and immunization status• Risk factors for sexually transmitted diseases• General physical examination• Assessment of socioeconomic, educational, and cultural context• History of depression, esp. postpartum depression for women[†]
Preconception counseling	May include: <ul style="list-style-type: none">• Exercise• Importance of maintaining optimal weight• Nutritional counseling including education for women to take at least 0.6 mg of folic acid daily (more if high risk for neural tube defects)• Control of any preexisting medical conditions and change to safer medications for pregnancy if appropriate• Prevention of sexually transmitted diseases including human immunodeficiency virus (HIV)• Abstaining from tobacco, alcohol, and illicit drug use• Women avoiding pregnancy within 1 month of receiving a live attenuated viral vaccine (e.g., rubella)• Zika virus: including avoidance of pregnancy based on risk of exposure to, or infection with, the Zika virus• Dental care

[†]Women screening positive should be referred for assistance and/or treatment.



Prenatal Care

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.

Prenatal Visits

First visit

Complete history to include:

- Family and genetic history
- Full medical history
- Current medications (prescription and nonprescription)
- Substance use
- Domestic abuse and violence
- Psychosocial history including postpartum depression
- Environmental risks
- Dental history
- Drug and latex allergies
- Acceptability of blood transfusion
- Immunization history
- History of depression, esp. postpartum[†]

First visit

Complete Physical Exam including Pelvic Exam

Subsequent visits through 40 weeks

May include:

- Weeks gestation
- Fundal height (CM)
- Fetal heart rate
- Fetal movement, preterm labor signs/symptoms
- Blood pressure
- Weight
- Edema
- Urine dip stick results
- Pain
- Documentation of anti-D (once)
- Tdap immunization (usually between 27–36 weeks)

If indicated:

- Cervical exam
- Fetal presentation
- Immune globulin (RhIG) given at 28 weeks
- Screening for depression[†]

[†]Women screening positive should be referred for assistance and /or treatment.

Labs/Testing

Initial labs and testing	<ul style="list-style-type: none">• Complete blood count• Urinalysis/culture and sensitivity• Hepatitis profile• Cervical cytology• Chlamydia and gonorrhea screen• Syphilis screen• Rubella serology if no vaccination history• Blood type and D (Rh) antibody typing• Atypical antibody screen• Human immunodeficiency virus (HIV) screening• Offer hemoglobinopathy screening <p>If indicated:</p> <ul style="list-style-type: none">• Ultrasound for dating• Tuberculosis• Hemoglobin electrophoresis• Zika virus• Genetic screens (including Tay Sachs or familial dysautomia)
8–20 week labs (as indicated/elected)	<ul style="list-style-type: none">• 1st trimester aneuploidy and neural tube defect (NTD) screening• Multiple marker screening*• 2nd trimester serum screening• Ultrasound• Amniocentesis/chorionic villus sampling• Maternal serum alpha-fetoprotein (MSAFP)• Cell free maternal serum DNA*• Fetal middle cerebral artery (MCA) blood flow velocity measurement• Karyotype• Amniocentesis with amniotic fluid testing <p>*Women who have the first-trimester screening test by either multiple markers or cell free DNA for Down syndrome should be screened for neural tube defects in the second trimester by checking MSAFP levels or having an ultrasound</p>
24–28 week labs	<ul style="list-style-type: none">• Diabetes screen (glucose tolerance test, or GTT, if abnormal)• Complete blood count <p>If indicated:</p> <ul style="list-style-type: none">• D (Rh) antibody screen
32–36 week labs (when indicated)	<ul style="list-style-type: none">• Complete blood count• Ultrasound• HIV• Syphilis (rapid plasma reagin, or RPR/venereal disease research laboratory, or VDRL)• Amniocentesis/chorionic villus sampling
35–37 week labs	<ul style="list-style-type: none">• Complete blood count• Ultrasound

**Counseling/Education
(Patient's spouse/partner should be included where applicable)**

<p>First trimester</p>	<ul style="list-style-type: none"> • Prenatal testing • Risk factors identified by prenatal history • Anticipated course of prenatal care • Nutritional and weight gain counseling per IOM BMI guidelines, including need for iron supplementation and safe levels of vitamin supplementation • Common problems during pregnancy • 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 • Listeriosis precautions (avoid luncheon meats/hot dogs unless steaming hot and unpasteurized soft cheeses) • Toxoplasmosis precautions (avoid cat waste/raw meat/ digging in soil) • Sexual activity • Exercise • Sauna and hot tub exposure • Environmental/work hazards, including lead exposure • Travel • Zika virus • Tobacco (ask, advise, assess, assist, and arrange) • Alcohol, illicit/recreational drugs • Use of prescription and on prescription medications • Influenza vaccine • Domestic violence • Seat belt use • Childbirth classes/hospital facilities • Socioeconomic, cultural, educational issues, including medical literacy
<p>Second trimester</p>	<ul style="list-style-type: none"> • Signs and symptoms of preterm labor • Influenza vaccine (if not already given) • Selecting a pediatrician/family physician • Smoking counseling • Domestic violence • Postpartum family planning
<p>Third trimester</p>	<ul style="list-style-type: none"> • Anesthesia/analgesia plans • Tdap in each pregnancy; immunization of adults handling newborn • Fetal movement monitoring • Labor signs • VBAC counseling • Signs and symptoms of pregnancy-induced hypertension • Influenza vaccine • Circumcision • Breast or bottle feeding • Postpartum depression[†] • Newborn education (newborn screening, jaundice, SIDS) • Newborn car seat • Family medical leave or disability forms; insurance for newborn • Smoking counseling • Domestic violence • Elective delivery only after 39 weeks gestation • Cord blood banking – public vs. private

[†]Women screening positive should be referred for assistance and/or treatment.

Postpartum Care

Visit and care:
hospital care with a postpartum visit within 6 weeks

Screen:

- Postpartum depression (New Jersey mandates postpartum screening prior to discharge and at the first few postnatal check-up visits)[†]

Counseling:

- Activity and exercise
- Nutrition
- Breast feeding support
- Newborn care
- Future pregnancy planning/contraception
- Incision/wound care

Exam:

- Incision/ wound healing

Immunizations:

- **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.
- **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.
- **Tdap** before discharge if not given before

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According to the American Congress of Obstetricians and Gynecologists, perinatal depression affects as many as one in seven women. Several screening instruments have been validated for use during pregnancy and postpartum period to assist with identifying patients with perinatal depression.

Table 1. Depression Screening Tools

Immunizations	Number of Items	Time to Complete (Minutes)	Sensitivity and Specificity	Spanish Available
Edinburgh Postnatal Depression Scale	10	Less than 5	Sensitivity 59–100% Specificity 49–100%	Yes
Postpartum Depression Screening Scale	35	5–10	Sensitivity 91–94% Specificity 72–98%	Yes
Patient Health Questionnaire 9	9	Less than 5	Sensitivity 75% Specificity 90%	Yes
Beck Depression Inventory	21	5–10	Sensitivity 47.6–82% Specificity 85.9–89%	Yes
Beck Depression Inventory–II	21	5–10	Sensitivity 56–57% Specificity 97–100%	Yes
Center for Epidemiologic Studies Depression Scale	20	5–10	Sensitivity 60% Specificity 92%	Yes
Zung Self-rating Depression Scale	20	5–10	Sensitivity 45–89% Specificity 77–88%	No

References:

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4. Center for Disease Control and Prevention. Recommended Birth–18 Years & “Catch-up” Immunization Schedule 2015. Recommendations of the Advisory Committee on Immunization Practices (ACIP). <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>
5. Center for Disease Control and Prevention. Vaccines for Pregnant Women. <http://www.cdc.gov/vaccines/adults/rec-vac/pregnant.html>; http://www.cdc.gov/vaccines/pubs/downloads/f_preg_chart.pdf
6. Center for Disease Control and Prevention. Zika Virus for Health Professionals. <https://www.cdc.gov/zika/hc-providers/index.html>
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