

Clinical Practice Guideline for Routine Prenatal and Postpartum Care

Early prenatal care with ongoing risk assessment helps to ensure appropriate care for all patients, to ensure good use of available resources, and to improve the outcome of pregnancies.

All patients should be evaluated within the first trimester of pregnancy by an obstetrician, nurse midwife, family practitioner or other primary care practitioner providing perinatal services. This initial encounter's documentation should include: date prenatal care was initiated, date of LMP and EDD.

Prenatal Care Guideline

	Screening Maneuvers	Counseling & Education	Immunization & Chemoprophylaxis
visit #1 6-12 weeks	<ul style="list-style-type: none"> ➤ Risk Profiles-family history & genetic risks ➤ Current Medications ➤ Height & Weight ➤ OB History & Physical Exam ➤ Hemoglobin ➤ Urine ➤ Rubella Status ➤ ABO/Rh/Ab ➤ RPR or VDRL ➤ Hepatitis B ➤ Chlamydia / Gonorrhea screening ➤ Blood Pressure ➤ Fetal heart tones ➤ HIV testing discussion ➤ Domestic Abuse Screening ➤ Integrated Screen ➤ Chorionic Villus sampling (*if desired, coverage by insurance will vary, check with patient's insurance) ➤ Further testing based on physician discretion 	<ul style="list-style-type: none"> ➤ Lifestyle ➤ Substance abuse ➤ Nutrition ➤ Weight gain ➤ Warning signs ➤ Course of Care ➤ Fetal growth ➤ Breast-feeding ➤ Body mechanics ➤ Review lab results ➤ Occupational hazards ➤ Risk Assessment 	<ul style="list-style-type: none"> ➤ Nutritional supplements
visit # 2 16-18 weeks	<ul style="list-style-type: none"> ➤ Weight ➤ Blood Pressure ➤ Fetal heart tones ➤ Fetal activity ➤ Integrated Screen ➤ Quad Screen ➤ OB Ultrasound (optional) ➤ Fundal height ➤ Urine albumin & glucose ➤ Genetic amniocentesis (*if desired, coverage by insurance will vary, check with patient's insurance) 	<ul style="list-style-type: none"> ➤ Second trimester growth ➤ Quickening ➤ Lifestyle ➤ Physiology of pregnancy 	

	Screening Maneuvers	Counseling & Education	Immunization & Chemoprophylaxis
visit # 3 22 weeks	<ul style="list-style-type: none"> ➤ Weight ➤ Blood Pressure ➤ Fetal heart tones ➤ Fundal height ➤ Fetal activity ➤ Urine albumin & glucose 	<ul style="list-style-type: none"> ➤ Preterm labor signs ➤ Childbirth Classes ➤ Family issues ➤ Length of stay ➤ 	
visit # 4 28 weeks	<ul style="list-style-type: none"> ➤ Preterm labor risk ➤ Weight ➤ Blood Pressure ➤ Fetal heart tones ➤ Fundal height ➤ Hemoglobin ➤ gestational diabetes screening ➤ Urine albumin & glucose ➤ Fetal activity 	<ul style="list-style-type: none"> ➤ Work ➤ Physiology of pregnancy ➤ Pre-registration ➤ Fetal growth ➤ Awareness of fetal movement - kick count ➤ Preterm labor symptoms ➤ Birthing options ➤ Baby feeding 	<ul style="list-style-type: none"> ➤ Rhogam (if indicated) ➤ Influenza (optional)
visit # 5 32 weeks	<ul style="list-style-type: none"> ➤ Weight ➤ Blood Pressure ➤ Fetal heart tones ➤ Fundal height ➤ Urine albumin & glucose ➤ Edema ➤ Fetal activity & position 	<ul style="list-style-type: none"> ➤ Travel ➤ Sexuality ➤ Pediatric care ➤ Circumcision ➤ Episiotomy ➤ Labor & Delivery issues ➤ Warning signs 	<ul style="list-style-type: none"> ➤ Td booster if indicated
visit # 6 36 weeks	<ul style="list-style-type: none"> ➤ Weight ➤ Blood Pressure ➤ Fetal heart tones ➤ Fundal height ➤ Confirm fetal position ➤ Urine albumin & glucose ➤ Edema ➤ Fetal activity ➤ GBS (Group B Strep) Screening 	<ul style="list-style-type: none"> ➤ Postpartum care ➤ Management of late pregnancy symptoms ➤ Contraception ➤ Labor signs & symptoms ➤ When to call Dr 	
visits 7- 11 38-41 weeks	<ul style="list-style-type: none"> ➤ Weight ➤ Blood Pressure ➤ Fetal heart tones ➤ Fundal height ➤ Check cervix (if indicated) ➤ Urine albumin & glucose ➤ Edema ➤ Fetal activity & position 	<ul style="list-style-type: none"> ➤ Postpartum vaccinations ➤ Post-term management ➤ Labor & delivery update ➤ Labor signs & symptoms ➤ When to call Dr. ➤ Importance of postpartum follow-up exam 	
<p>1. Patients who seek prenatal care after the first trimester will require completion of the items listed under visit #1 at the time of the first visit.</p> <p>2. High risk pregnancies are managed per physician discretion.</p>			

Postpartum Care Guideline

	Screening Maneuvers	Counseling & Education
postpartum	<ul style="list-style-type: none"> ➤ Weight ➤ Blood Pressure ➤ Breast Exam ➤ Abdominal Exam ➤ Pelvic Exam 	<ul style="list-style-type: none"> ➤ Postpartum Depression ➤ Birth Control ➤ Breastfeeding (if applicable) ➤ Pelvic Floor Muscle Exercises (Kegel's)
<p>All patients should have a postpartum evaluation on or between 21 days and 56 days after delivery. C-section patients should return to the office for suture removal as indicated by the practitioner, and should return to the office between 21 days and 56 days after delivery for a postpartum evaluation.</p>		

References

Guidelines for Perinatal Care. American Academy of Pediatrics [and] the American College of Obstetricians and Gynecologists, Sixth Edition, October 2007.

National Committee for Quality Assurance, *HEDIS 2008 Technical Specifications*, Volume 2, Pages 208-219, October, 2007.

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