

## Prenatal Care Guideline 2011

Gestational Age	Assessments	Routine Lab/Diagnostic Procedures	Routine Patient Education	High Risk Lab/Diagnostic Procedure	High Risk Counseling
Up to 12 Weeks	<ul style="list-style-type: none"> <li>• Screen for Preterm labor (PTL) risk factors at first visit.</li> <li>• Screen for sexually transmitted disease</li> <li>• Calculate BMI and set weight gain goals for pregnancy.</li> <li>• Assess for gestational diabetes mellitus (GDM) risk factors and screen if high risk</li> <li>• Assess oral health and refer for dental care if needed</li> <li>• Ask about tobacco use, document teaching, and refer to CO Quit Line.</li> <li>• Screen for substance abuse</li> <li>• Offer screening for cystic fibrosis to all patients</li> <li>• <b>Notify RMHP Prenatal Coordinator about pregnancy</b></li> </ul>	<ul style="list-style-type: none"> <li>• Complete Blood Count or HCT/HGB</li> <li>• Urinalysis with culture and follow up with test for cure if positive</li> <li>• Blood Group &amp; Rh Type</li> <li>• Antibody screen</li> <li>• Syphilis screen</li> <li>• Cervical Cytology</li> <li>• Hepatitis B</li> <li>• Rubella Antibodies</li> <li>• Chlamydia and gonorrhea screen</li> <li>• Testing for HIV with consent</li> <li>• GDM screen if high risk per protocol</li> <li>• Genetic disorders screen based on family history</li> <li>• Flu vaccine*</li> </ul>	<ul style="list-style-type: none"> <li>• Premature labor signs and symptoms.</li> <li>• Appropriate weight gain based on BMI.</li> <li>• Exercise.</li> <li>• Nutrition.</li> <li>• Smoking Cessation - use the 5A's or 2A's and 1R and referral to CO Quit Line ( see enclosed 5A's teaching sheet).</li> <li>• Refer to Baby and Me Tobacco Free for further cessation help and diaper incentives</li> <li>• Toxoplasmosis</li> <li>• Communicable diseases</li> <li>• Sexual activity</li> <li>• Breastfeeding.</li> <li>• Seat belt use during pregnancy</li> <li>• Dental hygiene, flossing and seeing their dentist for dental cleaning at least once during their pregnancy</li> <li>• Stressful or prolonged work hours</li> <li>• Substance abuse – counsel and offer referrals to appropriate drug treatment program if identified</li> <li>• Domestic violence.</li> <li>• HIV risks and prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Chorionic villi sampling (CVS) if indicated</li> <li>• Ultrasound (US)</li> <li>• Cystic fibrosis screen for patients at high risk</li> <li>• Offer nuchal translucency measurements and biochemical markers to detect Down syndrome and other genetic disorders</li> <li>• Other genetic testing</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Domestic Violence</b> <ul style="list-style-type: none"> <li>- Remain alert for signs.</li> </ul> </li> <li>• <b>Chronic Hypertension</b> <ul style="list-style-type: none"> <li>- Early and frequent visits</li> <li>- Advise about the adverse effects of smoking and alcohol and drug abuse</li> <li>- Nutritional counseling regarding diet and salt intake</li> </ul> </li> <li>• <b>Obesity</b> <ul style="list-style-type: none"> <li>- Importance of optimal weight gain and exercise</li> <li>- Dietician consult as needed</li> </ul> </li> <li>• <b>Nutritional Counseling</b> <ul style="list-style-type: none"> <li>- Referral if under weight, overweight, or GDM</li> </ul> </li> <li>• <b>Genetic Counseling</b> <ul style="list-style-type: none"> <li>- Offered if &gt;35 years of age</li> </ul> </li> <li>• <b>Cystic Fibrosis</b> <ul style="list-style-type: none"> <li>- Offer counseling and referral</li> </ul> </li> <li>• <b>HIV Infection</b> <ul style="list-style-type: none"> <li>- Discuss risks and prevention strategies</li> </ul> </li> </ul>
12-28 Weeks	<ul style="list-style-type: none"> <li>• Continued risk assessment for PTL.</li> <li>• Perform US to rule out fetal anomalies, multiple gestations, and to document dates</li> <li>• Ask about tobacco use, document teaching and refer to CO Quit Line.</li> <li>• Re-screen for substance abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Maternal serum alpha-fetoprotein or quad screen offered (16-18 wks)</li> <li>• Ultrasound</li> <li>• Urinalysis for albumin and glucose at each visit</li> <li>• Repeat antibody test for un-sensitized Rh neg pts (28 wks)</li> <li>• Screening for GDM</li> <li>• Flu vaccine*</li> </ul>	<ul style="list-style-type: none"> <li>• Referral for childbirth/parenthood education course</li> <li>• Breastfeeding.</li> <li>• Appropriate weight gain.</li> <li>• Interpretation of routine lab results</li> <li>• Smoking Cessation - use the 5A's or 2A's and 1R and referral to CO Quit Line ( see enclosed 5A's teaching sheet).</li> <li>• Refer to Baby and Me Tobacco Free for further cessation help and diaper incentives</li> <li>• PTL – identifying and managing signs and symptoms.</li> <li>• Substance abuse-counsel, provide interventions and/or referrals for tobacco, alcohol or illicit drug use.</li> <li>• Domestic violence – acknowledge abuse, make a safety assessment, assist with development of safety plan and provide appropriate referrals, documentation, and continued support</li> </ul>	<ul style="list-style-type: none"> <li>• Ultrasound</li> <li>• Re-testing for sexually transmitted disease</li> <li>• Hepatitis B, if indicated</li> <li>• GDM screen</li> <li>• Amniocentesis if &gt;35 years old or abnormal quad screen, family history of fetal abnormalities</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Tobacco and Substance Abuse.</b> <ul style="list-style-type: none"> <li>- Discuss risk of continuing tobacco, alcohol, or illicit drugs</li> </ul> </li> <li>• <b>Preterm Labor.</b> <ul style="list-style-type: none"> <li>- Perform cervical exams as needed and aggressive tocolysis if PTL is identified to allow time for antenatal steroids administration</li> <li>- Consider weekly 17P injections if meets criteria</li> <li>- Teaching to include dangers of delivering early and benefits of early detection of PTL</li> </ul> </li> <li>• <b>Asthma.</b> <ul style="list-style-type: none"> <li>- Education regarding limiting adverse environment exposure during pregnancy</li> <li>- Discuss asthma triggers to reduce symptoms</li> <li>- Review personal best records on peak flow meter</li> </ul> </li> <li>• <b>Domestic Violence.</b> <ul style="list-style-type: none"> <li>- Remain alert for signs</li> </ul> </li> </ul>

\*All pregnant women should be offered the influenza vaccine during the influenza season. Influenza vaccine is considered safe at any stage of pregnancy.

Gestational Age	Assessments	Routine Lab/Diagnostic Procedures	Routine Patient Education	High Risk Lab/Diagnostic Procedure	High Risk Counseling
28-36 Weeks	<ul style="list-style-type: none"> <li>Assessment for PTL.</li> <li>Perform US for poorly controlled GDM and inadequate fetal growth</li> <li>Screen when appropriate and treat if indicated for reproductive tract infections</li> <li>Assess for PIH</li> </ul>	<ul style="list-style-type: none"> <li>Repeat HCT/HGB</li> <li>Prophylactic administration of Rho (D) immunoglobulin (28 wks)</li> <li>Urinalysis for albumin and glucose at each visit</li> <li>Group B Strep screen</li> <li>Flu vaccine*</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition</li> <li>Inappropriate weight gain</li> <li>Seat belts</li> <li>Meaning of test results</li> <li>Review signs of PIH/preeclampsia</li> <li>Smoking cessation counseling.</li> <li>Counsel and provide interventions and/or referrals for alcohol and illicit drug use</li> <li>Teach daily fetal movement assessments as a means of antepartum fetal surveillance</li> <li>Recommend that elective deliveries not be performed before 39 weeks gestation to minimize prematurity-related prenatal complications.</li> </ul>	<ul style="list-style-type: none"> <li>Testing for sexually transmitted disease, prn</li> <li>Repeat hemoglobin or hematocrit (32 wks)</li> <li>NST</li> <li>Biophysical profile (BPP)</li> </ul>	<ul style="list-style-type: none"> <li><b>Tobacco and Substance Abuse</b> <ul style="list-style-type: none"> <li>Discuss risks of continued use of tobacco, alcohol, and illicit drugs</li> </ul> </li> <li><b>Chronic Hypertension or PIH</b> <ul style="list-style-type: none"> <li>Explain non stress test or BPP frequency and results</li> <li>Review signs of PIH and when to report changes</li> </ul> </li> <li><b>Premature Labor</b> <ul style="list-style-type: none"> <li>Check for UTI and/or vaginal infections as indicated</li> <li>US cervix as needed to check for cervical change</li> <li>Tocolysis as needed</li> <li>Antenatal steroid administered if delivery is imminent</li> </ul> </li> <li><b>Domestic Violence</b></li> <li><b>Obesity</b> <ul style="list-style-type: none"> <li>Increased surveillance for gestational hypertension/preeclampsia</li> <li>Review signs and symptoms of preeclampsia</li> <li>Maintain tight glucose control in women with GDM or diabetes</li> </ul> </li> </ul>
After 36 Weeks	<ul style="list-style-type: none"> <li>Continued risk assessment</li> <li>Assess for PIH</li> </ul>	<ul style="list-style-type: none"> <li>Urinalysis for albumin and glucose at each visit</li> <li>Flu vaccine*</li> </ul>	<ul style="list-style-type: none"> <li>Review onset of labor, bleeding, membrane rupture</li> <li>Analgesic/anesthetic options</li> <li>Fetal movement counts reinforced</li> <li>Smoking cessation counseling.</li> <li>Assess readiness for infant</li> <li>Pediatric care choice</li> <li>Recommend that elective deliveries not be performed before 39 weeks gestation to minimize prematurity-related prenatal complications.</li> </ul>	<ul style="list-style-type: none"> <li>NST</li> <li>BPP</li> </ul>	<ul style="list-style-type: none"> <li><b>Tobacco and Substance Abuse</b> <ul style="list-style-type: none"> <li>Discuss risks of tobacco, alcohol, and illicit drug use</li> </ul> </li> <li><b>Domestic Violence</b> <ul style="list-style-type: none"> <li>Remain alert for signs</li> </ul> </li> <li><b>Chronic Hypertension or PIH</b> <ul style="list-style-type: none"> <li>Review signs of PIH and have patient report changes of symptoms</li> <li>NSTs or BPP</li> </ul> </li> </ul>
After 41 Weeks	<ul style="list-style-type: none"> <li>Continued antepartum assessment</li> </ul>	<ul style="list-style-type: none"> <li>NST testing, evaluation of amniotic fluid volume, BPP</li> </ul>	<ul style="list-style-type: none"> <li>Fetal movement counts reviewed</li> <li>Discuss possible induction</li> </ul>	<ul style="list-style-type: none"> <li>NST 2 times per week</li> <li>Weekly BPP</li> </ul>	<ul style="list-style-type: none"> <li><b>Tobacco and Substance Abuse</b> <ul style="list-style-type: none"> <li>Discuss risks of tobacco, alcohol, and illicit drug use</li> </ul> </li> </ul>
Postpartum Care <b>4-6 weeks after delivery</b> (21-56 days)	<ul style="list-style-type: none"> <li>Interval history</li> <li>Weight, blood pressure</li> <li>Examination of breasts</li> <li>Abdomen and pelvis to include evaluation of episiotomy repair and uterine involution</li> <li>Evaluation of parent/family/newborn adaptation and bonding</li> </ul>	<ul style="list-style-type: none"> <li>Pap smear, as indicated</li> <li>As indicated by patient's history and status at exam</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition</li> <li>Exercise/physical activity</li> <li>Breast care</li> <li>Hygiene</li> <li>Emotional changes</li> <li>Sexual activity and methods of birth control</li> </ul>	<ul style="list-style-type: none"> <li>Screening for DM in all women who had GDM.</li> </ul>	<ul style="list-style-type: none"> <li><b>Tobacco and Substance Abuse</b> <ul style="list-style-type: none"> <li>Discuss risks of tobacco, alcohol, and illicit drug use</li> </ul> </li> </ul>

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**References:** [www.coloradoguidelines.org](http://www.coloradoguidelines.org) — Guidelines for Gestational Diabetes (GDM) Colorado Clinical Guidelines Collaborative, addendum 2009 (April 2009); Guidelines for Depression, Colorado Clinical Guidelines Collaborative, 2006 Guidelines for Perinatal Care, 6th Edition. American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, 2007; American College of Obstetricians and Gynecologists Compendium of selected publications 2009 Queenan, John T, High-Risk Pregnancy, American College of Obstetricians and Gynecologists, 2007

**Resources:**

Rocky Mountain Health Plans (RMHP) at [www.rmhp.org/members/for\\_your\\_health/pregnancy.aspx](http://www.rmhp.org/members/for_your_health/pregnancy.aspx) Janice Ferguson, RNC, RMHP Prenatal Care Coordinator, 800-843-0719, ext. 7890; Heather Stephens, RN, RMHP OB Screener, 800-843-0719, ext. 7804