

Clinical Guideline Routine and High Risk Prenatal Care

Relevance to Population: Twenty seven percent of GHP's membership is women of childbearing age. Sixty eight percent of our pregnant population is high risk. With early identification of maternal risk factors, GHP can make an impact on reducing risk factors that can lead to poor pregnancy outcome, low birth weight and infant mortality.

Population Covered by Guideline: All pregnant women

Key Clinical Indicators: The following summarize the key clinical indicators of the guideline.

Clinical Indicator	Frequency of Monitoring	Goal
Visit	➤ Every 4 weeks for the first 28 to 30 weeks of pregnancy. ➤ Every 2-3 weeks until 36 weeks of gestation. ➤ Weekly after 36 weeks of gestation. ➤ Frequency of follow up visits determined by the individual woman's needs and assessment of her risk factors. ➤ Postpartum visit	1) Prenatal care visit in 1st trimester or within 42 days of enrollment. 2) Equal to or greater than 80% of expected prenatal visit. (ACOG recommends 14 visits). 3) Monitor progression of the pregnancy, detect medical and psychosocial complications and institute indicated interventions. 4) Early identification and intervention of high risk factors. 5) Postpartum visit on or between 21 days and 56 days after delivery.
Risk profiles	1) Preconception visit 2) First prenatal visit; including completion of OB Needs Assessment Form (ONAF)* 3) Submission of additional ONAF for any changes in risk status 4) Submission of 2nd ONAF at 28-32 weeks gestation 5) Submission of 3rd ONAF at postpartum visit	1) To increase women's awareness of reproductive risk and health enhancing behaviors to improve the outcome of pregnancy. 2) Early identification of risk factors that lead to poor pregnancy outcomes. 3) Coordination of care with Mom Matters Case Management for all high risk members.** Ongoing assessment of high-risk conditions at each visit. 4) 2nd screening for preterm labor and birth 5) 3rd screening to identify postpartum issues example depression 6) Psychological and psychosocial assessment

Clinical Indicator	Frequency of Monitoring	Goal
Weight	Every visit	If underweight, gain should be 28 to 40 pounds If average weight, gain should be 25 to 35 pounds If overweight, gain should be 15 to 25 pounds If obese, gain should be <15 pounds
Blood Pressure	Every Visit	Diastolic = 90mmHG
Fetal assessment	Every visit from the 10 week visit	Assessment of fetal heart rate, fundal height, growth, movement, contractions, and fetal position.
Laboratory screening: Routine ➤ CBC (Hematocrit, Hemoglobin and MCV) ➤ Blood type and screen including Rh type ➤ Antibody Screen ➤ RPR ➤ Rubella antibody titer (immunity) ➤ Urinalysis, including microscopic exam ➤ Urine culture ➤ Hepatitis B surface antigen ➤ Strongly encourage HIV Screening ➤ Cervical cytology, screening for gonorrhea and chlamydia ➤ Urine dip for glucose and protein ➤ Group B beta strep screening ➤ Diabetes screening ➤ Offer MSAFP, HCG, unconjugated esteriol, and Inhibin A screening ➤ Anatomical ultrasound ➤ Genetic screening as appropriate	Initial visit* * and repeat Hct/Hgb at 26-28 week gestation * * and repeat at 28 weeks gestation for unsensitized, D negative individuals. [If second antibody test for Rh negative, give prophylactic Rho (D).] * Repeat at 28 weeks if high-risk, at delivery of a still born child, offer to repeat at the delivery of a child if member resides in a high risk county ¹ * * * * * Repeat at 36 weeks if high-risk * Repeat at 36 weeks if high-risk Each visit 35-37 weeks gestation 24-28 weeks, consider additional screening if high risk, or BMI $\geq$ 30 15-18 weeks 16-20 weeks gestation, repeat if indicated. If dating unsure consider earlier ultrasound. Historic genetic counseling by provider, discuss options if appropriate i.e., cystic fibrosis screening, and sickle cell.	Improve the frequency of appropriate testing during pregnancy.

¹ As of April 27, 2004 women residing in these areas are considered high risk: Allegheny, Armstrong, Beaver, Bucks, Butler, Crawford, Dauphin, Erie, Lehigh, Montgomery, Philadelphia, Somerset, Westmoreland, and York. Refer to local health department.

Laboratory Screening: Non-routine ➤ Hepatitis C antibody ➤ Hemoglobin electrophoresis ➤ Urine drug screen based on history ➤ Screen for bacterial vaginosis	Initially for high risk, i.e., tattoos If indicated. i.e., anemia with abnormal MCV, sickle cell If indicated If history of preterm labor	
Immunization 1) Hepatitis B and TD booster 2) MMR 3) Varicella Vaccine 4) Influenza Vaccine 5) Pneumococcal Vaccine	1) If indicated, offer preconceptual or during pregnancy 2) If indicated immediate post-partum period 3) If indicated during preconceptual counseling 4) Encourage during influenza season to all women who are pregnant regardless of trimester. 5) Offer to women at high risk for pulmonary complications.	Reduce the risk of disease and complications in susceptible women and/or fetus/neonate.
Counseling & Education ➤ Nutrition, including folic acid supplement ➤ Dental care ➤ Substance use: tobacco, alcohol, illicit drugs, and over-counter drugs ➤ Physical activity/life style ➤ Domestic violence and abuse ➤ Sexual practices and STDs ➤ Preterm birth prevention /warning signs ➤ Physiology of pregnancy, expect course of care ➤ Self help for discomforts ➤ Breast feeding ➤ Child birth education classes ➤ Maintaining good control of preexisting medical conditions ➤ Labor and delivery ➤ Aspects of postpartum care and newborn care ➤ Necessary preparations for hospital discharge. ➤ Resources available ➤ Depression ➤ Any other risk assessed/identified on ONAF	Every visit.	Increase the percentage of pregnant women who receive timely counseling and education. Increase the percentage of women, who smoke, that are advised to quit and are offered counseling.

Clinical Indicators Measured by Gateway Health Plan are:

- 1) Frequency of on-going prenatal visits
- 2) Smoking assessed, encourage to stop smoking, counseling offered

Scientific Evidence Sources:

Guidelines for Perinatal Care: Fifth Edition: American Academy of Pediatrics, 141 Northwest Point Road, P.O. Box 927, Elk Grove, IL, 60009-0927. American College of Obstetricians and Gynecologists; 409 12th Street, SW; Washington, DC 20024-2188. 2003.

Precis, an Update in Obstetric and Gynecology: Primary and Preventive Care: Second Edition: American College of Obstetricians and Gynecology; 1999

Health Care Guideline: Routine Prenatal Care: Institute for Clinical Systems Improvement; September 2001.

Pennsylvania Department of Health, Health Advisory #8: Testing for Syphilis: Counties in which the rate of Syphilis is at or above the level at which special precautions should be taken. Pennsylvania Department of Health; April 27, 2004.

Bacterial Vaginosis: Center for Disease Control and Prevention; April 5, 2004.

BMI Body Mass Index: BMI for Adults: Center for Disease Control and Prevention.