

# Guideline for Routine Prenatal and Perinatal Care

This guideline is informational in nature and is not intended  
to be a substitute for professional clinical judgment.

M.D. IPA<sup>SM</sup> OPTIMUM CHOICE<sup>®</sup> MAMSI<sup>®</sup> ALLIANCE  
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## **Prenatal Care**

### ***Complete Menstrual History Includes:***

- Last menstrual period (normal amount/duration)
- Menarche
- Frequency
- Cycle length

### ***Previous Obstetrical History Includes:***

- Date(s) of delivery
- Gestation in weeks
- Length of labor
- Birth weight
- Delivery type
- Anesthesia type
- Place of delivery
- Perinatal mortality
- Preterm labor
- Gender of baby/babies
- Complications
- Gravida and para status
- Any NICU stays

### ***Past Medical History Includes:***

- Diabetes
- Hypertension
- Heart disease
- Autoimmune disorders
- Kidney disease/urinary tract infection
- Psychiatric illness
- Neurologic/epileptic disorders
- Hepatitis/liver disease
- Varicosities/phlebitis
- Thyroid dysfunction
- Use of tobacco, alcohol, illegal drugs by amount, frequency and length of use
- D(Rh) sensitized
- Pulmonary disease (tuberculosis, asthma)
- Allergies (drugs)
- Gynecologic surgery
- Surgeries/hospitalizations
- Anesthesia complications
- Abnormal PAP smear
- Uterine anomaly
- Exposure to diethylstilbestrol (DES) in utero
- Infertility
- Blood transfusions
- Trauma/domestic violence

### ***Genetic Screening/Teratology Counseling Includes:***

- Patient > 35 years at the expected date of confinement
- Thalassemia (Italian, Greek, Mediterranean, or Asian background)
- Neural tube defect
- Congenital heart defect
- Down's Syndrome
- Tay-Sachs (Jewish or French Canadian background)
- Canavan Disease (Jewish)
- Cystic Fibrosis
- Huntington's Chorea
- Sickle Cell disease or trait (African-American)
- Mental retardation/autism
- Maternal metabolic disorder
- Recurrent pregnancy loss or stillbirth
- Hemophilia
- Muscular Dystrophy
- Patient or baby's father had a child with birth defect, or family histories of birth defects, other than those listed
- Any consanguinity
- Medications taken, both over the counter and prescription, and at what gestational age

***Infection History Includes:***

- Tuberculosis exposure
- Genital herpes
- History of STDs (gonorrhea, chlamydia, Human Papilloma Virus, syphilis, HIV)
- Rash or viral illness since last menstrual period
- High risk for hepatitis B/immunization status
- HIV risk factors

***Initial Physical Examination Includes:***

- Blood pressure
- Weight (current/pre-pregnancy)
- Height
- HEENT
- Thyroid
- Breasts
- Lungs
- Heart
- Abdomen
- Pelvis type
- Extremities
- Skin
- Lymph nodes
- Rectum
- Vulva
- Vagina
- Cervix
- Adnexa
- Uterus and size

***Laboratory Studies\* Include:***

- Hemoglobin/hematocrit
- RPR/VDRL
- Gonorrhea/chlamydia screen
- Rubella
- Maternal serum triple screen counseling at 15-18 weeks
- Offer/encourage HIV screening (with consent/counseling)
- Platelet count
- Hepatitis B virus surface antigen
- Antibody screen
- Cervical cytology
- Urinalysis, infection screen/culture
- Blood group and CDE (Rh) type

\*Additional laboratory evaluations may be needed based on the history and physical, e.g., Sick Cell, Tay-Sachs, Hemoglobin Electrophoresis, Mantoux skin test.

***Education Includes:***

- Obstetrical care/hospital care (e.g., cesarean section)
- Environmental/work hazards
- Discussion of required laboratory tests
- Method of anesthesia
- When to call physician: bleeding, pain, labor, etc.
- Childbirth education program availability
- Breast/bottle feeding
- Circumcision
- Postpartum birth control/tubal ligation
- Nutrition/exercise
- Tobacco, alcohol, drug use (offer counseling)
- Symptoms of preterm labor
- VBAC discussion
- Lap/shoulder safety belts
- Infant car seat safety
- Travel
- STD prevention, e.g., condom use, etc.

## Subsequent Prenatal Care Visits

### ***Frequency of Visits:\****

- 0 to 28 weeks gestation: Every four weeks
- 29 to 35 weeks gestation: Every two to three weeks
- 36 plus weeks gestation: Every week

\*Follow-up visits should be determined by the individual's needs and risk assessment.

### ***Follow-up Visit Requirements Include:***

- Estimated gestational age
- Weight
- Blood pressure
- Urine protein and glucose
- Fetal activity
- Fetal position (late pregnancy)
- Assessment for presence of edema
- Examination of cervix (when indicated)
- Uterine size/fundal height
- Fetal heart rate
- Continual risk assessment
- Patient opportunity to ask questions/comment
- Symptoms of preterm labor

### ***Specific testing for subsequent prenatal care visits:***

| Subsequent Prenatal Care Visits: Required Tests |                                                                                |
|-------------------------------------------------|--------------------------------------------------------------------------------|
| <i>Timing</i>                                   | <i>Test</i>                                                                    |
| 15-18 weeks                                     | Maternal serum triple screen counseling                                        |
| 24-28 weeks                                     | Diabetes screening                                                             |
| 24-39 weeks                                     | Hemoglobin or hematocrit                                                       |
| 28 weeks                                        | Rh (D), immune globulin if indicated                                           |
| 32+ weeks                                       | STD testing (syphilis, gonorrhea, chlamydia: as required by state)             |
| 35-37 weeks                                     | Group B strep culture                                                          |
| Other Testing Based Upon Medical Necessity      |                                                                                |
| 8-18 weeks                                      | Ultrasound<br>Amniocentesis<br>Chorionic villus sampling                       |
| 24-28 weeks                                     | Glucose tolerance test (if screen abnormal)<br>Repeat hemoglobin or hematocrit |
| 32+ weeks                                       | Ultrasound<br>Nonstress test                                                   |

## **Intrapartum Care of the Mother**

According to the American Academy of Pediatrics and the American College of Obstetrics and Gynecologists, evaluation and surveillance of a pregnant woman who comes to the labor and delivery area should include:

- Maternal vital signs
- Frequency and duration of uterine contractions
- Documentation of fetal well-being
- Onset of labor
- Urinary protein and glucose concentration
- Cervical dilatation and effacement, unless contraindicated
- Fetal presentation and station of the presenting part
- Status of the membranes
- Date and time of the patient's arrival
- Estimation of fetal weight and assessment of maternal pelvis

Because intrapartum complications can arise quickly, ongoing risk assessments of the mother and fetus should include any signs of:

- Vaginal bleeding
- Acute abdominal pain
- Temperature  $\geq 100.4$
- Preterm labor
- Premature rupture of membranes (PROM)
- Hypertension
- Nonreassuring or absent fetal heart rate

## **Postpartum Visit**

The postpartum appointment should be scheduled within four to six weeks of delivery. The visit should include:

- Review of birth control methods
- Discussion of postpartum depression signs
- Laboratory studies and cervical cytology, as indicated
- Interval history
- Immunization review, e.g., rubella and hepatitis vaccination
- Examination includes:
  - Weight
  - Blood pressure
  - Breasts
  - Abdomen
  - Pelvic

## **Guideline for Routine Prenatal and Perinatal Care**

### References:

- 1) American Academy of Pediatrics and American College of Obstetricians and Gynecologists.  
Guidelines for Perinatal Care, 5th ed. Washington, DC: American College of Obstetricians and Gynecologists, 2002.
- 2) U.S. Preventive Services Task Force. Guide to Clinical Preventive Services, 2nd ed. Baltimore: Williams & Wilkins, 1996.
- 3) Maternal Fetal Medicine, 4th ed. Houston: WB Saunders, 1999.