

Prenatal Care Guideline 2009

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

*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"> Assessment for PTL ♦ Perform US for poorly controlled GDM and inadequate fetal growth Screen when appropriate and treat if indicated for reproductive tract infections Assess for PIH 	<ul style="list-style-type: none"> Repeat HCT/HGB Prophylactic administration of Rho (D) immunoglobulin (28 wks) Urinalysis for albumin and glucose at each visit Group B Strep screen Flu vaccine* 	<ul style="list-style-type: none"> Nutrition Inappropriate weight gain Seat belts Meaning of test results Review signs of PIH/preeclampsia Smoking cessation counseling ♦ Counsel and provide interventions and/or referrals for alcohol and illicit drug use Teach daily fetal movement assessments as a means of antepartum fetal surveillance Recommend that elective deliveries not be performed before 39 weeks gestation to minimize prematurity-related prenatal complications ♦ 	<ul style="list-style-type: none"> Testing for sexually transmitted disease, prn Repeat hemoglobin or hematocrit (32 wks) NST Biophysical profile (BPP) 	<ul style="list-style-type: none"> Tobacco and Substance Abuse ♦ <ul style="list-style-type: none"> Discuss risks of continued use of tobacco, alcohol, and illicit drugs Chronic Hypertension or PIH <ul style="list-style-type: none"> Explain non stress test or BPP frequency and results Review signs of PIH and when to report changes Premature Labor ♦ <ul style="list-style-type: none"> Check for UTI and/or vaginal infections as indicated US cervix as needed to check for cervical change Tocolysis as needed Antenatal steroid administered if delivery is imminent Domestic Violence ♦ Obesity <ul style="list-style-type: none"> Increased surveillance for gestational hypertension/preeclampsia Review signs and symptoms of preeclampsia Maintain tight glucose control in women with GDM or diabetes
After 36 Weeks	<ul style="list-style-type: none"> Continued risk assessment Assess for PIH 	<ul style="list-style-type: none"> Urinalysis for albumin and glucose at each visit Flu vaccine* 	<ul style="list-style-type: none"> Review onset of labor, bleeding, membrane rupture Analgesic/anesthetic options Fetal movement counts reinforced Smoking cessation counseling ♦ Assess readiness for infant Pediatric care choice Recommend that elective deliveries not be performed before 39 weeks gestation to minimize prematurity-related prenatal complications ♦ 	<ul style="list-style-type: none"> NST BPP 	<ul style="list-style-type: none"> Tobacco and Substance Abuse ♦ <ul style="list-style-type: none"> Discuss risks of tobacco, alcohol, and illicit drug use Domestic Violence ♦ <ul style="list-style-type: none"> Remain alert for signs Chronic Hypertension or PIH <ul style="list-style-type: none"> Review signs of PIH and have patient report changes of symptoms NSTs or BPP
After 41 Weeks	<ul style="list-style-type: none"> Continued antepartum assessment 	<ul style="list-style-type: none"> NST testing, evaluation of amniotic fluid volume, BPP 	<ul style="list-style-type: none"> Fetal movement counts reviewed Discuss possible induction 	<ul style="list-style-type: none"> NST 2 times per week Weekly BPP 	<ul style="list-style-type: none"> Tobacco and Substance Abuse ♦ <ul style="list-style-type: none"> Discuss risks of tobacco, alcohol, and illicit drug use

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

Please emphasize importance of keeping postpartum appointment at 4-8 weeks for continued education, family planning and good health.

References:

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

Janice Ferguson, RNC, RMHP Prenatal Care Coordinator, 800-843-0719, ext. 7890 or 970-244-7890; Heather Stephens, RN, RMHP OB Screener, 800-843-0719, ext. 7804 or 970-244-7804

Baby and Me Tobacco Free incentive program for pregnant women to quit smoking. Contact: Janice Ferguson 970-270-4013 or Martha Jones 970 -244-7970

CO Quit Line 800-Quit Now or 800-251-4772. Free pregnancy specific material for tobacco cessation and counseling. Also available at www.co.quitnet.com

A Healthy Baby is Worth the Weight at www.healthy-baby.org

♦ Brochures for this topic and other resources are available through RMHP Obstetrical Program. To request material or assistance from our care coordinators, call 800-843-0719, ext.7804 or 970-244-7804.