### Perinatal Care Guideline 2017

<table>
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<tr>
<th>Gestational Age</th>
<th>Assessments</th>
<th>Routine Lab/Diagnostic Procedures</th>
<th>Routine Patient Education</th>
<th>High Risk Lab/Diagnostic Procedure</th>
<th>High Risk Counseling</th>
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| **Up to 12 Weeks** | • 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 fundal height measurements, FHT’s, weight, and blood pressure.  
• Assess for gestational diabetes mellitus (GDM) risk factors and screen if high risk.  
• Assess oral health and refer for dental care.  
• Assess mental health and psychological needs | • Complete Blood Count or HCT/HGB  
• Urinalysis with culture and follow up 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* | • Premature labor signs and symptoms.  
• Appropriate weight gain based on BMI.  
• Exercise  
• Nutrition  
• Smoking Cessation - referral to CO Quit  
• 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 | • Chorionic villi sampling (CVS) if indicated  
• Ultrasound (US)  
• Offer Cystic fibrosis screen  
• Offer nuchal translucency measurements and biochemical markers to detect Down syndrome and other genetic disorders  
• Other genetic testing | **Domestic Violence**  
• Remain alert for signs  
**Chronic Hypertension**  
• Early and frequent visits  
• Advise about the adverse effects of smoking and alcohol and drug abuse  
• Nutritional counseling regarding diet and salt intake  
**Obesity**  
• Importance of optimal weight gain and exercise  
• Dedicate consult as needed  
**Nutritional Counseling**  
• Referral if overweight, obesity, or GDM  
**Genetic Counseling**  
• Offer counseling and refer to HSV infection  
• Discuss risks and prevention strategies  
• Positive mental health history  
• Facilitate appointment with mental health specialist |
| **12-28 Weeks** | • Continued risk assessment for PTL  
• Offer anatomic survey ultrasound to be completed at 18-20 weeks  
• Ask about tobacco use, document teaching and refer to CO Quit Line.  
• Re-screen for substance abuse  
• Follow up on mental health and psychological needs | • Offer screening tests for aneuploidy  
• Ultrasound  
• Urinalysis for albumin and glucose at each visit  
• Repeat antibody test for unsensitized Rh neg pts (28 wks)  
• Screening for GDM  
• Flu vaccine*  
• Tdap with every pregnancy at 27 - 36 weeks (May be given as early as 20 weeks) | • Referral for childbirth/parenthood education course  
• Breastfeeding  
• Appropriate weight gain  
• Interpretation of routine lab results  
• Smoking Cessation - referral to CO Quit  
• 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, make a safety assessment, assist with development of safety plan and provide appropriate referrals, documentation, and continued support.  
• Educate Tdap vaccine needed for family members caring for baby | • Ultrasound  
• Re-testing for sexually transmitted disease  
• Hepatitis B, if indicated  
• GDM screen  
• Consider maternal cell-free DNA testing or Amniocentesis if >35 years old or abnormal quad screen, family history official abnormalities | **Tobacco and Substance Abuse**  
• Discuss risk of continuing tobacco, alcohol, or illicit drugs  
**Preterm Labor**  
• 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 high risk criteria  
• Teaching to include dangers of delivering early and benefits of early detection of PTL  
**Asthma**  
• Education regarding limiting adverse environment exposure during pregnancy  
• Discuss asthma triggers to reduce symptoms  
• Review personal best records on peak flow meter  
**Domestic Violence**  
• Remain alert for signs  
• Positive mental health assessment  
• Facilitate appointment with mental health specialist |

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

Brochures for this topic and other resources available through RMHP OB Case Manager. To request material or assistance, please contact an OB Case Manager at 970-263-5564 or 1-800-843-0719.
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<td>28-36 Weeks</td>
<td>Assessment for PTL</td>
<td>Repeat HCT/HGB</td>
<td>- Nutrition</td>
<td>- Testing for sexually transmitted disease, pt</td>
<td>Tobacco and Substance Abuse</td>
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|                 | - Perform US for poorly controlled GDM and inadequate fetal growth | Prophylactic administration of Rho (D) immunoglobulin (28 wks) | - Inappropriate weight gain | - Repeat hemoglobin or hematocrit (32 wks) | - Discuss risks of continued use of tobacco, alcohol, and illicit drugs  
|                 | - Screen when appropriate and treat if indicated for reproductive tract infections | Urinalysis for albumin and glucose at each visit | - Meaning of test results | - NST | Chronic Hypertension or PIH |
|                 | - Assess for PIH | Group B Strep screen | - Review signs of PIH/preeclampsia | - BPP | Explain non stress test or BPP frequency and results  
|                 | - Follow up on mental health and or psychological needs | Flu vaccine* | - Smoking cessation counseling | | - Review signs of PIH and when to report changes  
|                 | | TDap with every pregnancy at 27 - 36 weeks (May be given as early as 20 weeks) | - Counsel and provide interventions and/or referrals for alcohol and illicit drug use | | Premature Labor |
|                 | | | - Teach daily fetal movement assessments as a means of antepartum fetal surveillance | | - Check for UTI and/or vaginal infections as indicated  
|                 | | | - Recommend that elective deliveries not be performed before 39 weeks gestation to minimize preterm related prenatal complications | | - Cesarean as needed  
|                 | | | - Review signs and symptoms to report: vaginal bleeding, pelvic pain, fever, nausea, swelling, fatigue, fetal movements | | - Antenatal steroid administered if delivery is imminent  
|                 | | | | | Domestic Violence |
| After 36 Weeks  | - Continued risk assessment | Urinalysis for albumin and glucose at each visit | - Review onset of labor, bleeding, membrane rupture | - NST | Increased surveillance for gestational hypertension/preeclampsia  
|                 | - Assess for PIH | Flu vaccine* | - Analgesic/anesthetic options | | - Review signs and symptoms of preeclampsia  
|                 | - Follow up on mental health and or psychological needs | | - Fetal movement counts reinforced | | - Maintain tight glucose control in women with GDM or diabetes  
|                 | | | - Smoking cessation counseling | | Positive mental health assessment  
|                 | | | - Assess readiness for infant | | - Facilitate appointment with mental health specialist  
|                 | | | - Pediatric care choice | |  |
| After 41 Weeks  | - Continued antepartum assessment | NST testing, evaluation of amniotic fluid volume, BPP | - Fetal movement counts reviewed | - NST | Tobacco and Substance Abuse  
|                 | - Follow up on mental health and or psychological needs | | - Discuss possible induction | - 2 times per week | - Discuss risks of tobacco, alcohol, and illicit drug use  
|                 | | | | | Domestic Violence |
|                 | | | | | - Remain alert for signs  
|                 | | | | | Chronic Hypertension or PIH |
|                 | | | | | - Review signs of PIH and have patient report changes of symptoms  
|                 | | | | | - NSTs or BPP  
| Postpartum Care | - Interval history | | | | Positive mental health assessment  
| 4-6 weeks after delivery (21+56 days) | - Weight, blood pressure | | | | - Facilitate appointment with mental health specialist  
| | - Examination of breasts | | | |  |
| | - Abdomen and pelvis to include evaluation of episiotomy repair and uterine involution | | | | Tobacco and Substance Abuse  
| | - Evaluation of parent/family/newborn adaptation and bonding | | | | - Discuss risks of tobacco, alcohol, and illicit drug use  
| | - Evaluate postpartum depression | | | | Positive mental health assessment  
| | - Pap smear, as indicated | | | | - Facilitate appointment with mental health specialist  
| | - As indicated by patient’s history and status at exam | | | | Tobacco and Substance Abuse  
| | | | | | - 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.

References:

Note: Clinical Guidelines adopted by RMHP are based on clinical evidence at the time of publication. New information, evidence and practice standards may be available; therefore, always use best clinical judgment in their interpretation.