### Perinatal Care Guideline

#### Gestational Age

**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 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.
- Offer screening for anatomic survey ultrasound to be completed at 18-20 weeks.
- Follow up on mental health and psychological needs.

**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.

#### Routine Assessments

- **Screening**
  - For sexually transmitted diseases
  - For gestational diabetes mellitus
  - For smoking cessation
  - For cystic fibrosis
  - For substance abuse

#### Routine Lab/Diagnostic Procedures

- **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***

#### Routine Patient Education

- **Premature labor signs and symptoms**
- **Exercise**
- **Nutrition**
- **Smoking Cessation**
- **Toxoplasmosis**
- **Communicable diseases**
- **Sexual activity**
- **Breastfeeding**
- **Seat belt use during pregnancy**
- **Dental hygiene, flossing and seeing their dentist for dental care if needed**
- **Offer nuchal translucency ultrasound (US)**
- **Offer Cystic fibrosis screen**
- **Offer chorioclonal sampling (CVS) if indicated**
- **Ultrasound (US)**
- **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***

#### High Risk Counseling

- **Domestic Violence**
- **Cigarette smoking**
- **Chronic Hypertension**
- **Early and frequent visits**
- **Advise about the adverse effects of smoking and alcohol use**
- **Nutritional counseling regarding diet and salt intake**
- **Obesity**
- **Importance of optimal weight gain and exercise**
- **OCD consult as needed**
- **Nutritional Counseling**
- **Referral if underweight, overweight, or GDM**
- **Genetic Counseling**
- **Offered if >35 years of age**
- **Cystic Fibrosis**
- **Offer counseling and refer for HIV infection**
- **Discuss risks and prevention strategies**
- **Positive mental health history**
- **Facilitate appointment with mental health specialist**

#### High Risk Lab/Diagnostic Procedures

- **Ultrasound**
- **Screening for anatomic survey ultrasound**
- **Anemia**
- **Obstetric and Lithiasis**
- **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***

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*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 are 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.
### 28-36 Weeks

- **Assessments**
  - 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
  - Follow up on mental health and or psychological needs

- **Routine Lab/Diagnostic Procedures**
  - 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
  - Tdap with every pregnancy at 27 - 36 weeks (May be given as early as 20 weeks)

- **Routine Patient Education**
  - Nutrition
  - Inappropriate weight gain
  - Seat belts
  - Meaning of test results
  - Review signs of PIH/PPH
  - 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.
  - Review signs and symptoms to report: vaginal bleeding, pelvic pain, fever, nausea, swelling, fatigue, fetal movements

- **High Risk Lab/Diagnostic Procedure**
  - Testing for sexually transmitted disease, pm
  - Repeat hemoglobin or hematocrit (32 wks)
  - NST
  - Biophysical profile (BPP)

- **High Risk Counseling**
  - Tobacco and Substance Abuse
    - Discuss risks of continued use of tobacco, alcohol, and illicit drugs
  - Chronic Hypertension or PIH
    - Explain non stress test or BPP frequency and results
  - Review signs of PIH and when to report changes
  - Premature Labor
    - 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
    - Increased surveillance for gestational hypertension/pre eclampsia
    - Review signs and symptoms of pre eclampsia
    - Maintain tight glucose control in women with GDM or diabetes
  - Positive mental health assessment
    - Facilitate appointment with mental health specialist

### After 36 Weeks

- **Assessments**
  - Continued risk assessment
  - Assess for PIH
  - Follow up on mental health and or psychological needs

- **Routine Lab/Diagnostic Procedures**
  - Urinalysis for albumin and glucose at each visit
  - Flu vaccine

- **Routine Patient Education**
  - 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.

- **High Risk Lab/Diagnostic Procedure**
  - NST
  - BPP

- **High Risk Counseling**
  - Tobacco and Substance Abuse
    - 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
  - Positive mental health assessment
    - Facilitate appointment with mental health specialist

### After 41 Weeks

- **Assessments**
  - Continued antepartum assessment
  - Follow up on mental health and or psychological needs

- **Routine Lab/Diagnostic Procedures**
  - NST testing, evaluation of amniotic fluid volume, BPP

- **Routine Patient Education**
  - Fetal movement counts reviewed
  - Discuss possible induction
  - NST 2 times per week
  - Weekly BPP

- **High Risk Lab/Diagnostic Procedure**
  - Screening for DM in all women who had GDM

- **High Risk Counseling**
  - Tobacco and Substance Abuse
    - Discuss risks of tobacco, alcohol, and illicit drug use
  - Positive mental health assessment
    - Facilitate appointment with mental health specialist

### Postpartum Care

- **Care 4-6 weeks after delivery (21-56 days)**
  - Interval history
  - Weight, blood pressure
  - Examination of breasts
  - Abdomen and pelvis to include evaluation of episiotomy repair and uterine involution
  - Evaluation of parent/family/newborn adaptation and bonding
  - Evaluate postpartum depression

- **Routine Lab/Diagnostic Procedures**
  - Pap smear, as indicated
  - As indicated by patient’s history and status at exam

- **Routine Patient Education**
  - Nutrition
  - Exercise/physical activity
  - Breast care
  - Hygiene
  - Emotional changes
  - Sexual activity and methods of birth control

- **High Risk Lab/Diagnostic Procedure**
  - Screening for DM in all women who had GDM

- **High Risk Counseling**
  - Tobacco and Substance Abuse
    - Discuss risks of tobacco, alcohol, and illicit drug use

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**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.

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