

Clinical Practice Guideline: Routine Prenatal and Postpartum Care

Section: Care Management

Original Date Adopted: 12/20/2002

Review/Revision Dates: 5/18/2012, 2/27/2015, 2/27/2017

Introduction

Providing sufficient and appropriate prenatal care will directly affect the well-being and safety of a woman's pregnancy and her future baby. Women who seek early and consistent prenatal care are projected to have healthier infants. AlohaCare has developed guidelines for Routine Prenatal and Postpartum Care based on *Guidelines for Perinatal Care, 7th ed.* by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG), along with the assistance of our AlohaCare obstetrical providers. In order to develop appropriate care plans, prenatal care includes a process of ongoing risk identification and assessment. Please be aware that these are minimum requirements. Although care should be individualized based upon the patient's needs, all visits should accomplish the following activities by our health care providers:

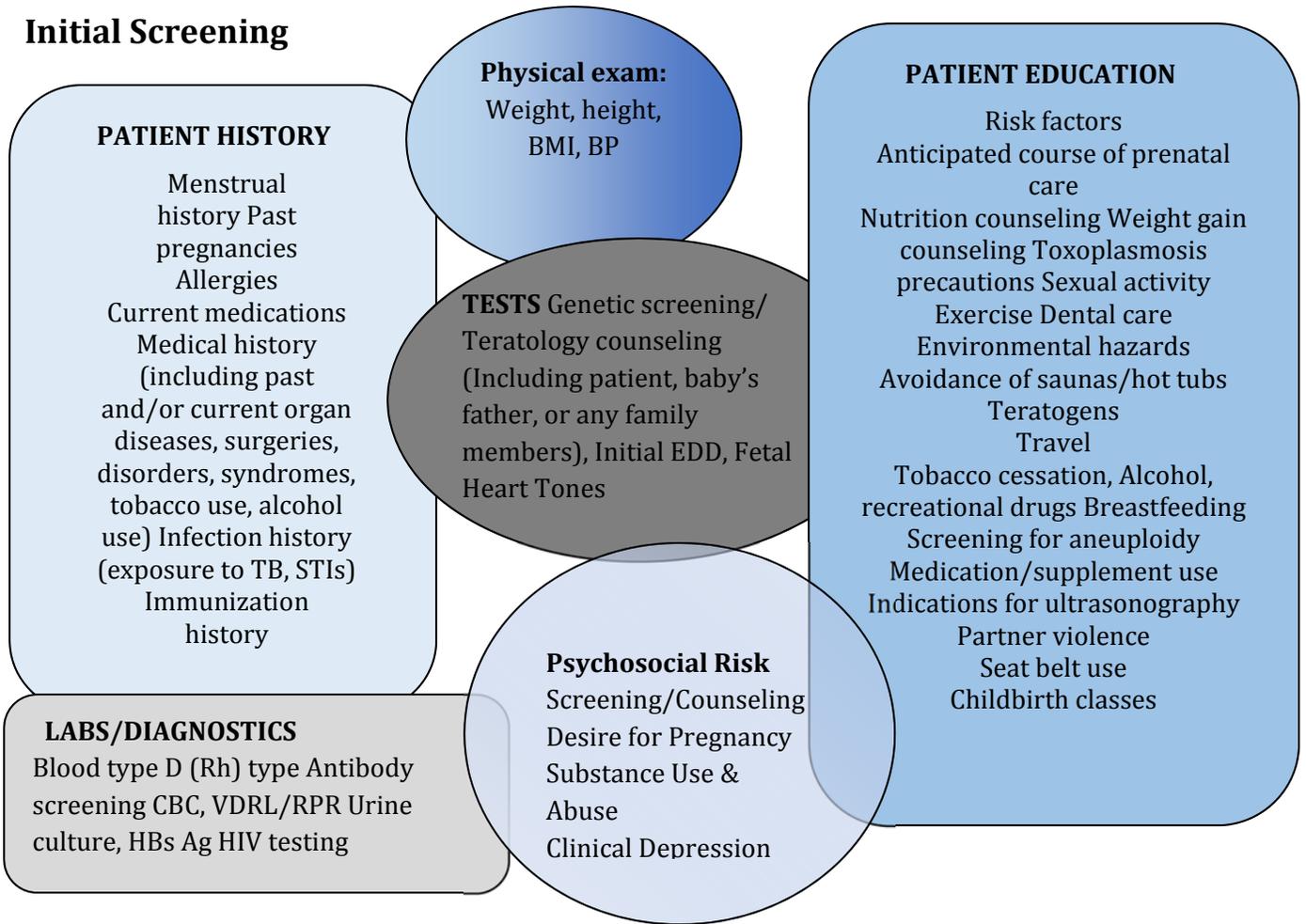
- Overall wellness assessment of the woman and her pregnancy
- Completion of the recommended health screening and review of results
- Detection of medical and psychosocial complications and indicated interventions
- Continuous, timely, and relevant prenatal education
- Providing support to the woman and her specific needs

First Trimester Recommendations

First Visit: 6-12 weeks of gestation

Upon the first visit, a thorough risk assessment and patient education are emphasized upon the initial obstetric database. The recommended format design should be capable of recording a large amount of information in a longitudinal mode.

Initial Screening



This screening is applicable to patients who have their first visit within 6-12 weeks of gestation. Changes will apply if the patient's initial visit is any time after first trimester.

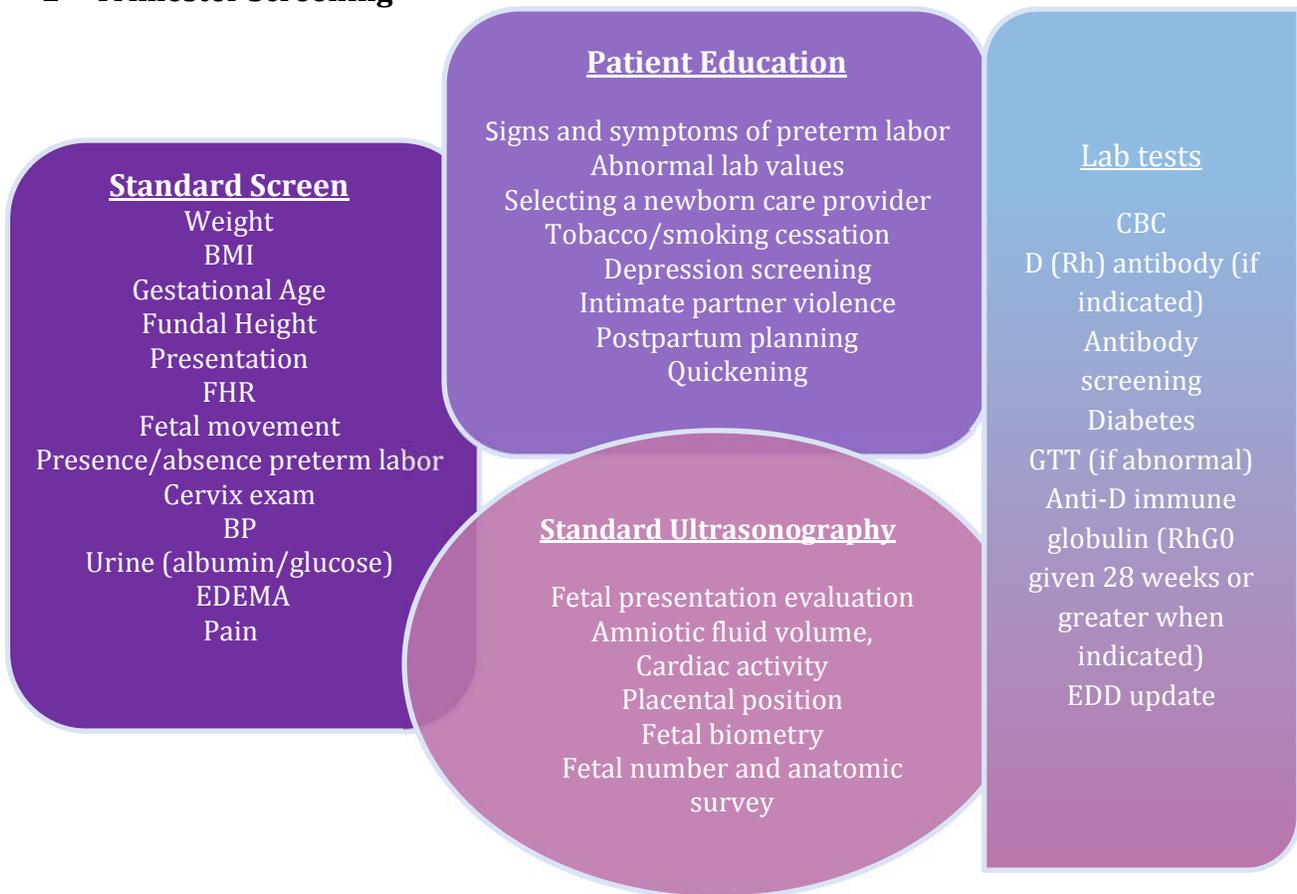
- Influenza vaccination is considered safe at any stage of pregnancy, and should be administered to all pregnant women during the influenza season.
- If indicated, vaccinations with inactivated virus, bacterial vaccines or toxoids should be administered (Tdap, hepatitis A, hepatitis B, and pneumococcal)
- It is critical for early patient education to include the scope of care, expected course of pregnancy, indications of laboratory results. Specialized counseling on topics such as nutrition, exercise, nausea and vomiting, vitamin and mineral supplementation should also be discussed. Special attention should be given to low-income patients who are financially unable to meet nutritional needs, and should be referred to federal nutrition programs.
- Patients seen early in pregnancy can be offered first-trimester aneuploidy screening or integrated aneuploidy screening, which combines first and second trimester screening.

Second Trimester Recommendations

13 – 28 weeks of gestation

Typically for an uncomplicated first pregnancy, a woman should be examined every 4 weeks for the first 28 weeks of gestation. However, frequency and regularity of visits should be individualized based upon the patient’s needs and assessment of risks. Standard visits should always include evaluation of women’s BP, weight, uterine size for progression and consistency with the EDD, and the presence of fetal heart activity at appropriate gestational ages.

2nd Trimester Screening



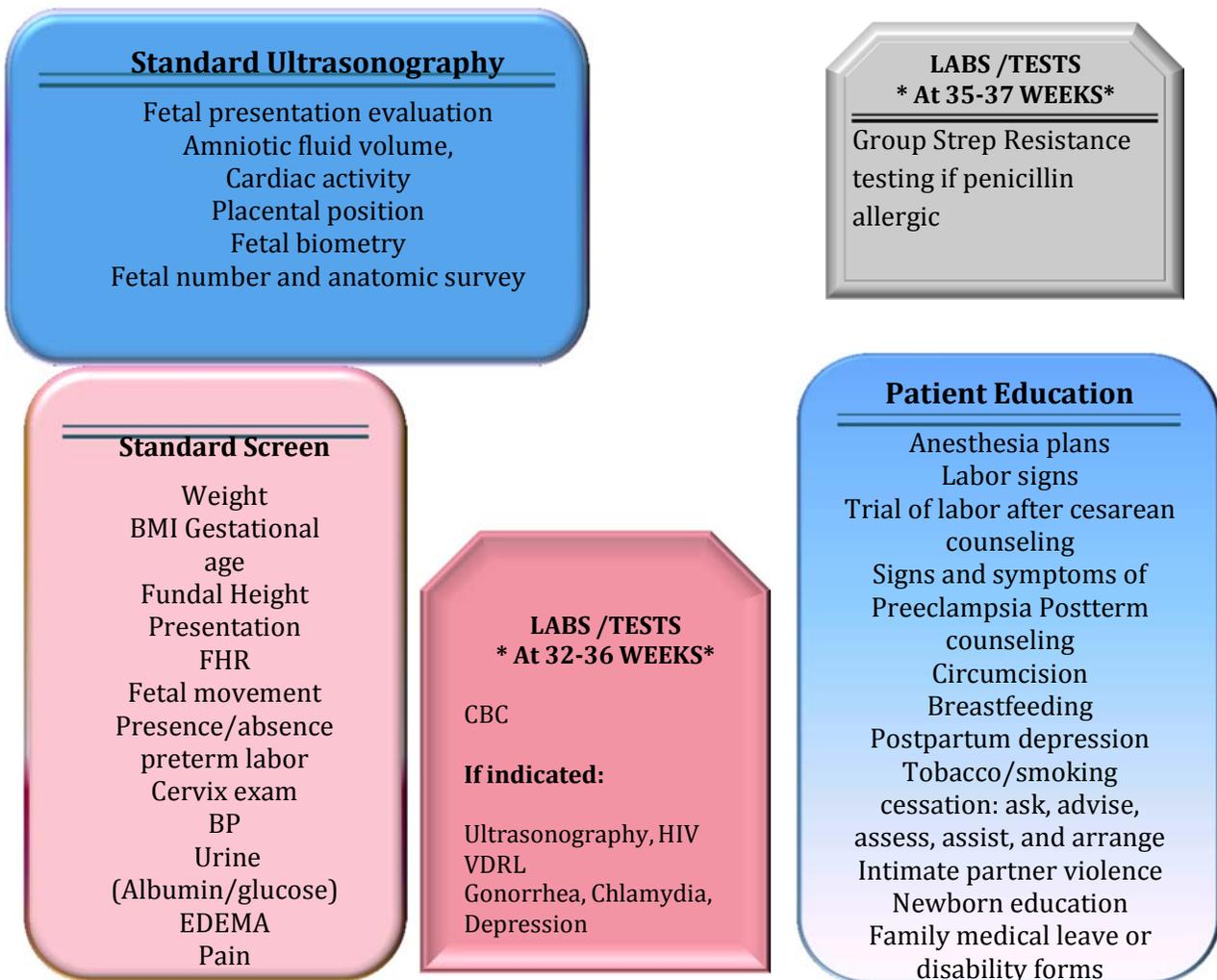
Optimal period for a patient’s first ultrasonography is at 18-20 weeks of gestation, and should only be performed by technologists or physicians specifically trained to perform the examination.

- Amniocentesis can be offered at 15-20 weeks of gestation, and is the most commonly used technique for obtaining fetal cells for genetic studies.
- An accurate EDD from proper evaluation is critical. Once consistency is found between the last menstrual period and ultrasound or early ultrasonography, the final EDD should not be altered.
- All pregnant women should be tested for gestational diabetes mellitus (GDM) usually at 24-28 weeks of gestation.

29-40 weeks of gestation

Women over 28 weeks of gestation should be seen every two weeks until they reach 36 weeks of gestation, in which she will be seen once a week until birth.

3RD Trimester Screening

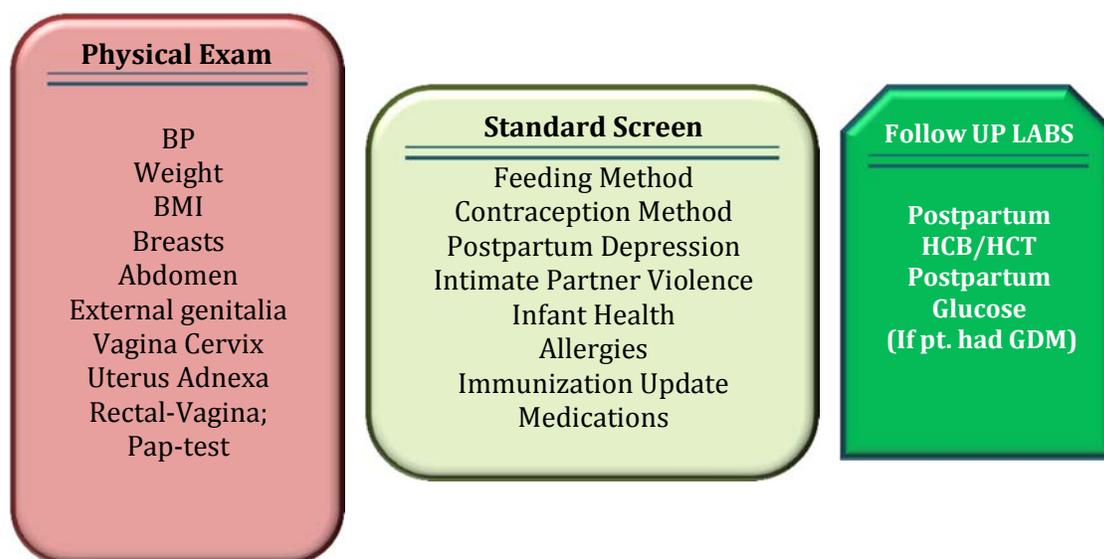


- Typically with an uncomplicated pregnancy, women can work until the onset of labor, based on the nature of their occupation.
- A newborn care provider should be determined by the patient in the third trimester. Studies have shown that childbirth education programs benefit patient experiences in labor and delivery; therefore, patients should be referred to appropriate educational classes/literature.
- At 35-37 weeks of gestation, the CDC recommends screening for group B streptococcal disease, including patients with planned cesarean deliveries to determine those who will need intrapartum antibiotic prophylaxis (CDC, 2016).
- By 36 weeks of gestation, the preregistration for labor and delivery at the hospital should be confirmed and a copy of the prenatal medical record, including the patient’s antepartum course.

Postpartum Recommendations

If the patient did not have a cesarean section or did not have any complications during pregnancy, she should schedule a postpartum examination approximately 4-6 weeks after delivery. This is an appropriate time to review adult immunizations, such as DTap, rubella, and varicella vaccinations for women who are susceptible and did not receive the vaccine immediately postpartum.

Postpartum Screening



- Women with GDM should be screened at 6-12 weeks postpartum.
- Women with tobacco, alcohol, or any substance abuse disorder should receive supportive guidance regarding prevention of relapse.
- Technically women can return to work 4-6 weeks after delivery; however, consideration should be given to mother-infant bonding.

References

American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. *Guidelines for Perinatal Care. Seventh Edition*, 2012.

CDC. (2016, May 23). Center for Disease Control and Prevention, GBS, Overview of 2010 Guidelines. Retrieved 10/03/2016 from:

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U.S. Preventive Services Task Force. (2015). Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes: U.S. Preventative Service Task Force Recommendation Statement. Retrieved on 10/03/16 from:

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/iron-deficiency-anemia-in-pregnant-women-screening-and-supplementation>