

Counseling/Discussion

- Signs and symptoms of preterm labor
- Develop plan for possible urgent/emergent medical needs (transportation to hospital, child care, etc.)
- Other suggested topic
 - investigating insurance-coverage options for baby

28 to 35 weeks

Laboratory Evaluation

- Hemoglobin/hematocrit
- Antibody testing for Rh-negative patients (administer Rh immune globulin as indicated)
- Syphilis, chlamydia, gonorrhea, or other sexually transmitted infections in at risk populations
- Re-test HIV (unless declined)

Repeat full psychosocial assessment at least once more before delivery

Counseling/Discussion

- Birth planning (preferences and concerns about birthing, pain control, others to be present)
- Signs and symptoms of preterm labor, preeclampsia (nausea, vomiting, visual changes, headaches, epigastric pain, or malaise), preterm premature rupture of membrane, and other potential danger signs that require patient to call clinician immediately
- Signs and symptoms of labor
- What to expect in the hospital, including length of stay
- Plans and methods of feeding baby: Benefits of breastfeeding; refer to lactation consultant as necessary
- Getting a car seat for the baby
- Circumcision: preferences, what to expect
- Travel restrictions
- Episiotomy
- Sexuality
- Family planning after delivery
- Other suggested topic
 - Choosing a clinician for the baby and scheduling a prenatal visit, if desired. Be aware of insurance-coverage issues

36 to 40 weeks

Laboratory Evaluation

Group B streptococcus culture (35 to 37 weeks)

Counseling/Discussion

- Awareness of fetal movements and calling clinician if less movement than usual
- Signs and symptoms of labor and when to call clinician
- Revisit delivery options based on any previous birthing experience
- 39-40 weeks: possibility of passing due date, and options in this situation
- Review of preparation for admission to hospital: transportation plans, child care, etc.
- Anesthesia: pain-control issues and options
- Returning to work and/or other activities and related issues, including mental/ physical health and disability
- Benefits of breastfeeding for infant and mother and available supports (lactation consultants, community, etc.)
- Signs and symptoms of postpartum depression; the need to contact clinician
- Notifying baby's clinician for anticipated neonatal complications, if applicable
- Importance of visits to baby's clinician
- Other suggested topics
 - Importance and timing of postpartum visit
 - Postpartum vaccinations
 - Infant CPR

Post Due Date

(40 to 42 weeks)

Assess condition of patient and baby

- Cervical exam
- Assessment of fetal well-being
- Counsel patient to be aware of fetal movements and to call clinician if less movement than usual
- Discuss what will happen if patient does not go into labor (i.e., induction)

Postpartum Visit

(Four to six weeks after delivery)

Note: Full postpartum visit is still needed by patients who visit early for a brief check

Interval History

- Bleeding, symptoms of infection (e.g., mastitis, endometritis), resumption of menstruation
- Diabetic screening if GDM diagnosed
- Chronic disease status in high-risk patients
- Bowel and urinary incontinence
- Medication use (including herbal and alternative medicines), allergies, etc.
- Confirmation of rubella immunization (for non-immune mothers)

Physical Examination

- Episiotomy repair and healing as indicated, uterine involution, and breast exam
- Pap smear if needed

Repeat Full Psychosocial Assessment

- Screen for postpartum depression and adaptation to new baby

Counseling/Discussion

- Ask how long patient plans to breastfeed. Emphasize ACOG/AAP/AAFP recommendation of exclusive breastfeeding for at least six months. Discuss related issues, such as returning to work while breastfeeding, safe medications for breastfeeding, etc.
- Promoting health (e.g., diet, exercise, preventive health measures; losing weight gained during pregnancy, plus additional weight loss if initial BMI >25)
- Resuming sexual activity
- Family planning and birth control
- Preconception counseling and risk factors for future pregnancies
- Plans to address other health issues identified during pregnancy. Link patient with PCP as needed
- Importance of visits to baby's clinician

Perinatal Care Recommendations

These recommendations represent a core set of clinical guidelines for average-risk patients from the general population. The guidelines should not supplant clinical judgment or the needs of individual patients. These guidelines are intended as quality-practice recommendations and are not intended as a description of benefits, conditions of payment, or any other legal requirements of any particular health plan or payor. Each health plan or payor makes its own determination of coverage and benefits. In the event that these practice recommendations are inconsistent with any applicable laws or regulations, such laws or regulations take precedence.

First Prenatal Visit

(Six to 12 weeks)

Note: If patient's first visit is before the eighth week, make every effort to at least schedule a "mini-visit" for blood work before 12 weeks

Initial History

- Document last menstrual period and establish estimated delivery date
- Race, ethnicity, country of origin, primary language, marital/committed-relationship status, education, line of work
- Current and past health problems/treatments, past pregnancies and previous delivery experience, medication allergies, surgical history, family history, genetic history, sexually transmitted infections, gynecological conditions
- Current or past emotional problems and treatments
- Medication use (illicit, prescribed, over-the-counter, dietary/herbal supplements)
- Cigarette and/or nicotine (e.g., gum, patch) use in past three months
- Environmental exposures: smoke, seafood, etc.
- Exercise, hobbies, household pets
- Dietary habits and/or restrictions
- Varicella antibody status (consider testing if indicated)
- Check tetanus status; provide booster or refer as needed

Physical Examination

Perform complete physical exam, including blood pressure, height, and weight, with calculation of body mass index (BMI); and breast, heart and lung, abdominal, and pelvic examinations.

Laboratory Evaluation

- Hemoglobin/hematocrit
- Hemoglobin electrophoresis (at-risk populations)
- Blood type and antibody screen
- Rubella (if immunity not previously documented)
- Syphilis (RPR)
- Hepatitis B surface antigen
- HIV (unless declined)

- Urine culture
- Urine dipstick for protein and glucose determination as indicated
- Pap smear with reflex HPV testing (if not normal within previous three months)
- Test for chlamydia and gonorrhea as indicated
- TB test for at-risk populations (May delay until 15 to 20 weeks)

Genetic screening (offer population-based screening as indicated; offer CF and Down Syndrome screening to all; document but do not repeat screening for hereditary conditions if individual has been screened previously)

Review perinatal visit schedule

Psychosocial Assessment

Current Living Situation

- Do you have any problems that prevent you from keeping your health care appointments?
- How many times have you moved in the past 12 months?
- Do you or does any member of your household go to bed hungry?
- How do you rate your current stress level?
- If you could change the timing of this pregnancy would you want it earlier, later, not at all, or no change?
- Are there any barriers for you to be able to care for yourself and your baby (homelessness, financial concerns, etc.)?
- Do you have family or friends who can provide help and support during your pregnancy and after your baby is born?

Safety and Well-Being

- Have you ever been hurt or threatened by your partner, or anyone else (e.g., ex-partner, other family member)?
- Do you ever feel afraid, controlled, or isolated by your partner or anyone else?

Health Literacy – How confident are you filling out medical forms by yourself?

Depression*

- Over the past two weeks, have you felt sad, down, depressed, or hopeless?
- Over the past two weeks, have you felt little interest or pleasure in doing things?

Alcohol and Drug Use*

- Did any of your parents have a problem with alcohol/drug use?
- Do any of your friends have problems with alcohol/drug use?
- Does your partner have a problem with alcohol/drug use?
- Before you knew you were pregnant, did you drink any beer, wine, or liquor, or use drugs?
- In the past month, have you drunk any beer, wine, or liquor, or used drugs?

* Consider behavioral health referral if indicated

Counseling/Discussion

- Not using tobacco, alcohol, other drugs
- Asking clinician before using any medications or treatments (prescribed, over-the-counter, herbal/dietary supplements, alternative)
- Folic acid and iron
- Proper nutrition, exercise, weight management (review goal gestational weight gain, based on patient's BMI)
- Safe physical activities, using seat belts
- Benefits of breastfeeding for infant and mother
- Risk factors for HIV and other sexually transmitted infections; HIV testing
- Genetic counseling and potential need for testing those at risk (based on genetic risks/diseases as appropriate to age, family history, and race/ethnicity)
- Foods to avoid or limit
- Environmental/occupational exposures, such as contact with cat feces and high temperatures (saunas/hot tubs, etc.), second-hand smoke
- Personal care and hygiene with attention to specific cultural/ethnic practices
- Registering for childbirth, breastfeeding, and infant CPR education classes

These recommendations are for informational purposes only. Please see detailed note on the cover.

At Each Subsequent Prenatal Visit

Record gestational age

Assess well being of mother and fetus

Request urine sample for urine protein and glucose determination as appropriate

Perform physical exam, including blood pressure, weight, and cervical exam as indicated by clinical history

Listen for fetal heart tones (as indicated)

Check and record uterine size

Check fetal position (as indicated)

Flu vaccine — Recommend for women who will be pregnant during flu season

Ask About

- Any pain
- Any nausea
- Exposure to second-hand smoke
- Stress level, depression, physical and emotional well-being
- Beginning at 20 weeks (or when fetal movement is first noted): fetal movements, contractions, bleeding, leaking fluid

13 to 27 weeks

Laboratory and Additional Testing

(10 to 24 weeks)

- Offer multiple marker screen (blood test) for spinal-cord abnormalities and Down syndrome
- Offer fetal-survey ultrasound as indicated for fetal age, growth, and/or anatomy
- Recommend genetic screening as indicated
- Perform TB testing in at-risk populations (if not done previously) with follow-up as indicated
- Screening for gestational diabetes (24 to 28 weeks)

Education – Discuss childbirth options, benefits of breastfeeding. Encourage registration for childbirth, breast feeding, infant CPR classes

Repeat full psychosocial assessment