2021

Perinatal Care Guidelines

About the MHQP Perinatal Care Guidelines

MHQP's 2021 guidelines were developed by a collaborative group of Massachusetts healthcare organizations. These are recommendations for providing perinatal care to pregnant persons 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 payer. Each health plan or payer 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)

If a 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.

Social Determinants of Health (SDoH)

- Review a completed SDoH screening tool and incorporate into the plan of care
- Develop action plan at each visit with information available
  - Make sure that social determinants that are being targeted for recommendations are modifiable, like food insecurity, homelessness, lack of transportation, or inaccessibility to quality education
  - Unmodifiable social determinants, like race, should be subject to increased screenings as indicated
- Refer patients to additional team members for education, resources, and referrals as needed
- Black and LatinX individuals have higher rates of maternal morbidity and mortality than people of other ethnicities. And, while Black, LatinX, Alaska Native, and American Indian individuals are all at risk for late entry into and inadequate quality of prenatal care, Black individuals alone are at significantly higher risk for maternal death.

Screening Tools: Social Needs Screening Tool | Develop an Action Plan

Community Resources: 1 Degree | 2-1-1 | Aunt Bertha | HelpSteps

General Resources: The EveryONE Project Toolkit | THRIVE | Short Assessment of Health Literacy–Spanish and English (SAHL-S&E)

Initial Medical History

- Review last menstrual period and estimated delivery date.
- Ask about and record race, ethnicity, country of origin, primary language, marital/committed relationship status, education, employment status, and occupation.
- Discuss current and past health problems/treatments, past pregnancies and previous delivery experiences, medication allergies, surgical history, family history, genetic history, sexually transmitted infections, HIV, and gynecological conditions.
- Review current and past alcohol use, cigarette and/or nicotine use (e.g. gum, patch, e-cigarettes), marijuana use, opioid use, caffeine use, and illicit drug use.
- Discuss the use of medications, supplements, and complementary remedies.
- Discuss any history of past mental illness or postpartum depression, including any medication taken or treatments received.
- Discuss additional topics such as environmental exposures (smoke, seafood, chemicals, etc), recent travel, exercise routine, hobbies, and household pets, along with dietary habits and/or restrictions.

DEFINITION OF THE SOCIAL DETERMINANTS OF HEALTH FOR MHQP'S GUIDELINES PROGRAM:

Social Determinants of Health (SDoH) are the conditions under which people are born, grow, live, work, and age. SDoH can either help a patient's health (like living in a low crime neighborhood), or adversely affect it (such as living in a neighborhood with poor air quality and pollutants). Conditions can be modifiable, like food insecurity or homelessness, or unmodifiable, like race. (AAFP, WHO)

- Ask people with a BMI ≥ 30 about snoring, excessive daytime sleepiness, or witnessed apneas. If symptoms are present, refer patient for sleep evaluation.

Mental Health Resources: Massachusetts Child Psychiatry Access Project for Moms | EPDS

Psychosocial Assessment

Discuss the patient's ability to provide care for a child and self-care by asking about the following topics. Consider a behavioral health referral or other follow-up if warranted.

WELL-BEING AND SAFETY

- Do you have any concerns that prevent you from keeping your health care appointments?
- Do you or does any member of your household go to bed hungry?
- Do you have family/friends who can provide help and support during your pregnancy and after your baby is born?
- How many times have you moved in the past 12 months?
- 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.)?
- 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?

Resource: Domestic Violence Programs

DEPRESSION

- Administer the EPDS or other validated screening tool to screen for maternal depression.
- Provide or refer pregnant persons who are at increased risk of perinatal depression to counseling interventions.

Screening Tools: EPDS | PHQ-2 | PHQ-9

Resource: Massachusetts Child Psychiatry Access Project for Moms

RISK FACTORS Race (Black), ethnicity (LatinX), low socioeconomic status, previous history of depression or anxiety, family history of depression, severe premenstrual syndrome (PMS), life stress, being aged 13-19 years old, reduced social support, sexual violence, poor partner relationship, smoking.

ALCOHOL AND DRUG USE

- Do you currently drink or use any drugs?
- Did either of your parents have a problem 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 any drugs?
- In the past month, did you drink any beer, wine, or liquor, or use drugs?

Resources: Massachusetts Substance Abuse Information and Education Helpline | Massachusetts Child Psychiatry Access Project for Moms | Massachusetts Substance Abuse Treatment Centers

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.

- Note that the BMI should be used in conjunction with other clinical assessments before making a diagnosis of obesity and overweight. The correlation between BMI and percentage body fat is fairly strong; however, two people with the same BMI may have different percentages of body fat based on differences in skeletal and muscle mass.

Immunizations

- Check immunizations status (e.g., MMR, Tetanus, Varicella (or history of disease), Hepatitis A, Hepatitis B).

Resources: Immunizations and Pregnancy | Guidelines for Vaccinating Pregnant Women

Laboratory Evaluation and Additional Testing

The following tests should be completed:

- Hemoglobin/hematocrit
- Hemoglobin electrophoresis (at-risk populations)
- Blood type and antibody screen
- Rubella (if immunity not previously documented)
- Syphilis
- Hepatitis B surface antigen
- HIV
  - Repeat HIV testing in the third trimester, preferably before 36 weeks of gestation for pregnant people with initial negative HIV antibody tests who are known to be at high risk of acquiring HIV infection
- Genetic testing, as discussed by provider and patient
- Urine culture (12 to 16 weeks or at the first prenatal visit)
- Urine dipstick for protein and glucose determination, as indicated
- Pap smear for cervical cancer if due for screening
- Test for chlamydia and gonorrhea, as indicated
  - Note ACOG recommends universal testing for chlamydia, with re-testing later in pregnancy for those <25 years or at high risk
- TB test for at-risk populations (may delay until 15 to 20 weeks)
- Offer 1 ultrasound, as indicated, between 10-12 weeks to establish due date and viability.
- Glucose tolerance screen for patients at high risk for gestational diabetes (BMI ≥ 30, known impaired glucose metabolism, or prior history of gestational diabetes).

Genetic Counseling, Screening, and Testing

- Discuss the benefits and risks of screening and diagnostic tests for genetic and structural abnormalities.
- Review risk factors that may influence the likelihood of genetic abnormalities (e.g., maternal age, family history).
- Discuss testing as appropriate for patient's ethnicity and family history (e.g. Tay-Sachs for Ashkenazi Jewish, Cajun or French Canadian descent; Canavan's disease and familial dysautonomia for Ashkenazi Jewish descent; hemoglobin electrophoresis for Asian, African, Caribbean or Mediterranean descent).
- Offer testing for cystic fibrosis with discussion of sensitivity of the test in different populations.
- Offer information on aneuploidy screening and neural tube defect screening.
- Document all testing discussions, decisions, and results; do not repeat screening for heritable conditions if individual has been screened previously.

Preeclampsia

- Recommend the use of low-dose aspirin (81 mg/dl) as preventive medication after 12 weeks of gestation for thosewho are at high risk for preeclampsia.
- Consider the use of low-dose aspirin (81 mg/d) for those with more than one moderate risk factor.

HIGH RISK FACTORS FOR PREECLAMPSIA Previous preeclampsia, chronic hypertension, chronic renal disease, multifetal pregnancy, type 1 or type 2 diabetes mellitus, autoimmune disease.

MODERATE RISK FACTORS FOR PREECLAMPSIA First pregnancy, age >= 35, BMI >30, Mother or sister with hx preeclampsia, race (Black), low socioeconomic status, or personal hx LBW/SGA baby, previous adverse pregnancy outcome, >10 yr pregnancy interval.

Preeclamspia Resource: Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality from Preeclampsia

General Counseling/Discussion

- Review perinatal visit schedule and ask if there are any potential barriers to accessing care.
- Recommend breastfeeding as the best feeding method for most infants for the first 6 months of life.
- Discuss registering for childbirth, breastfeeding, and infant CPR classes.
- Counsel on proper nutrition,and weight management (review gestational weight-gain goal, based on patient's BMI).
- Refer to SNAP, WIC or other food assistance as indicated
- Counsel on exercise (30 minutes of moderate activity per day),
- Recommend the use of folic acid (0.4 to 0.8 mg) daily supplements.
- Discuss the use of iron supplements.
- Discuss foods to avoid or limit during pregnancy.

- Ask about oral health status. If last dental visit took place more than six months prior, or if any issues are identified, advise to schedule an appointment with a dentist.
- Discuss not using tobacco, nicotine, marijuana, alcohol, other drugs, and limiting exposure to second-hand smoke.
- Discuss lung illnesses associated with use of vaping products and urge patients who vape to stop.
- Review the use of any medications or treatments (prescribed, over-the-counter, herbal/dietary supplements, alternative), and the need to discuss with a clinician before starting any regimen.
- Review risk factors for sexually transmitted infections.
- Discuss HIV prevention for mother and baby.
- Use shared decision making for pregnant patients who are considering starting or continuing PrEP during pregnancy.
- Recommend HIV test for father of baby and any other sexual partners.
- Counsel to avoid activities with high risk of falling or abdominal trauma.
- Stress the continued use of seat belts during pregnancy.
- Counsel on environmental/occupational exposure, such as contact with cat feces, high temperatures (saunas/hot tubs, etc.), second-hand smoke.
- Review personal care and hygiene with attention to specific cultural/ethnic practices.
- Assess health literacy by asking "How confident are you filling out medical forms by yourself?"
- Suggest registering for Text4Baby, a free text-messaging service for pregnant patients and new parents
- Counsel patients about the potential increased risk of severe illness associated with COVID-19 infection during pregnancy
- Emphasize the importance of taking precautions to prevent infection with COVID-19 when counseling pregnant patients and their families, with particular attention to advocating for protection measures for individuals with increased risk of exposure and infection due to occupation

At Each Subsequent Prenatal Visit

- Record gestational age; assess well-being of mother and fetus; review presence of any pain, nausea, or depression; and ask patient about stress level/emotional well-being.
- Check urine protein in patients at risk for preeclampsia.
- Perform physical exam, including blood pressure and weight.
- Listen for fetal heart tones, check and record uterine size, check fetal position, and perform cervical exam, as indicated.
- Beginning at 20 weeks (or when fetal movement is first noted), ask about fetal movements, contractions, bleeding, and leaking fluid.

13 to 35 Weeks

Immunizations

- Administer Tdap vaccine during each pregnancy between 27 and 36 weeks.
- Recommend flu vaccine to patients who will be pregnant during flu season, regardless of stage of pregnancy

Laboratory and Additional Testing

- Revisit results from genetic screenings (if performed), and discuss the benefits and risks of any recommended follow-up tests.
- Offer 1 ultrasound between 18-22 weeks to screen for fetal growth, placenta location, umbilical cord vessels, and baby's general health and anatomy, including neural tube defects. Limit additional ultrasounds to those considered high risk or who have a suspected fetal abnormality.
- Offer maternal serum AFP for neural tube defect screening if high quality second trimester ultrasound is not available.

- Perform TB testing in at-risk populations (if not done previously) with follow-up, as indicated.
- HIV test in third trimester in patients at high risk or not previously tested.

TB RISK FACTORS Born in or resident of a country with high rates of TB, live in or have lived in communities where prevalence of TB is high (prisons, shelters, migrant farm settings), immunosuppressed (HIV +, immunosuppressing drugs), contacts of patients with active TB, workers exposed to high risk populations, and patients with silicosis.

24 to 28 weeks

Labs

- Hemoglobin/hematocrit.
- Perform antibody testing for Rh-negative patients, and administer Rh immune globulin as indicated.
- Screen for gestational diabetes.
- Screen for chlamydia, gonorrhea, HIV, syphilis, and other sexually transmitted infections (STIs) in at-risk populations.
- Repeat HIV test in third trimester in pregnant persons who tested negative earlier in pregnancy but are at increased risk for acquisition.

STIs RISK FACTORS Inconsistent use of condoms, new or multiple sex partners, history of and/or current STIs, history of alcohol or recreational drug use, partner who has other sexual partner(s), exchanging sex for money or drugs.

Counseling/Education

- Screen for depression using EPDS at 24-28 weeks.
- Consider psychosocial re-assessment, if warranted.
- Screen for physical and behavioral signs of intimate partner abuse.
- Provide or refer pregnant persons who are at increased risk of perinatal depression to counseling interventions.

Mental Health Resources: MCPAP for Moms Toolkit | EPDS | Domestic Violence Programs

GETTING READY FOR BABY

- Discuss childbirth options. Counsel on risk of early elective pre-term delivery.
- Encourage registration for childbirth, breastfeeding, and infant CPR classes.
- Discuss postpartum contraception.
- Review travel restrictions during pregnancy, including avoiding travel to an area with active Zika virus transmission. The CDC provides steps you should take to try to protect yourself from getting Zika.
- Discuss umbilical cord blood banking.
- Recommend prophylactic ocular topical medication for all newborns to prevent gonococcal opthalmia neonatorum.

Travel Restriction Resources: CDC Travelers' Health | Zika Virus | Medical Eligibility Criteria for Contraceptive Use

PLANS FOR LABOR AND DELIVERY

- Develop a plan for possible urgent/emergent medical needs (e.g., transportation to hospital, child care).
- Review signs and symptoms of preterm labor, preeclampsia (nausea, vomiting, visual changes, headaches, epigastric pain, or malaise), premature rupture of membrane, and other potential danger signs that require patient to call clinician immediately.
- Discuss signs and symptoms of labor.
- Discuss birth plan (preferences and concerns about birthing, pain control, others to be present), and what to expect in the hospital, including length of stay.
- Review plans and methods of feeding baby, including the benefits of breastfeeding and the availability of a referral to lactation consultant, if necessary.

KEEPING BABY HEALTHY AND SAFE

- Recommend Tdap vaccine to be administered to any person who has not been previously vaccinated and who will have close contact with baby aged ≤ 12 months.
- Discuss the need for a car seat for the baby.
- Review choosing a clinician for the baby, and consider scheduling a visit with baby's clinician
- Discuss circumcision, including preferences and what to expect.

- Discuss need for insurance coverage for baby.
- Discuss safe sleep practices.

Prescription Medication Safety Resource: EOHHS Mass. Drug Drop Box Locations

Car Seat Resources: Seatcheck.org | MA Child Passenger Safety

Safe Sleep Resource: Parent's Guide to Safe Sleep

POST-BIRTH HEALTH

- Counsel on postpartum depression, or "baby blues."
- Review contraception after delivery.
- Discuss the possibility of perineal laceration and treatment.

Resource: Medical Eligibility Criteria for Contraceptive Use

36 to 42 Weeks

Laboratory Evaluation (36 to 38 weeks)

- Group B streptococcus culture

Counseling/Discussion

PREPARING FOR LABOR AND DELIVERY

- Discuss awareness of fetal movements and calling clinician if patterns of movement change.
- Discuss signs and symptoms of labor and when to call clinician.
- Revisit childbirth plan.
- 39-40 weeks, discuss possibility of passing due date, and options in this situation.
- Discuss preparation for admission to hospital/birthing center: transportation plans, child care, etc.
- Review anesthesia, pain-control issues, and options.
- Discuss benefits of breastfeeding for infant and mother and available supports (lactation consultants, community, etc.).

POST DUE DATE

- Assess fetal well-being.
- Counsel patient to be aware of fetal movements and to call clinician if patterns of movement change.

KEEPING BABY HEALTHY AND SAFE

- Review discharge from hospital, need newborn car seat and clothing, home health services options, and notifying baby's clinician of anticipated neonatal complications, if applicable.
- Discuss importance of safe sleep practices.
- Recommend scheduling first visit to baby's clinician at 3-5 days.
- Discuss importance of learning infant CPR.
- Refer to WIC if indicated

POST-BIRTH HEALTH

- Discuss timing of and readiness for returning to work and/or other activities and related issues post-childbirth, including mental/physical health and disability.
- Counsel on signs and symptoms of postpartum depression, and the need to contact clinician.
  - Note that postpartum depression treatment levels are low for low-income patients, with particularly low treatment initiation rates for Black and LatinX patients.
- Review signs and symptoms of postpartum depression with partner, or other support person.
- Review the need for postpartum visits and vaccinations.

Postpartum Visit

INITIAL CONTACT WITHIN 3 WEEKS OF DELIVERY

Initial Contact within 3 weeks of delivery. Comprehensive visit at 4-8 weeks, timing and frequency determined by the individual needs of the patient. Note: Consider post-partum care as an ongoing process that is individualized and patient centered rather than a single visit.

Interval History

- Counsel on bleeding, symptoms of infection (e.g., mastitis, endometritis), and resumption of menstruation.
- Confirm that patient has received rubella immunization (for non-immune mothers).
- Review the need for diabetic screening if patient was diagnosed with gestational diabetes mellitus (GDM) during pregnancy.
- Ask about bowel and urinary incontinence.
- Ask about medication use (including herbal and alternative medicines), allergies, etc. with attention to how this might affect breastfeeding mothers.

- Discuss chronic disease status in high-risk patients.
- Assess patient's physical, social, and psychological well-being at every visit.

Physical Examination

- Perform complete check of vital signs (height, weight, BMI, blood pressure).
- Assess uterine involution, and perineal and vaginal care as indicated.
- Consider performing breast exam, especially for those who are breastfeeding.

Psychosocial Assessment

- Perform psychosocial assessment, if warranted.
- Screen for postpartum depression and adaptation to new baby.
- Administer EPDS or other validated assessment tool to screen for postpartum depression.
- Provide or refer postpartum persons who are at increased risk of perinatal depression to counseling interventions.

Resource: Postpartum Support: Massachusetts | MCPAP for Moms Toolkit | EPDS

Counseling/Discussion

- Discuss breastfeeding and recommend lactation support if needed. 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.
- Discuss diet and exercise, including losing weight gained during pregnancy, plus additional weight loss if initial BMI >25.
- Refer to SNAP, WIC or other food assistance as indicated
- Counsel on continued use of prenatal vitamins or folic acid.
- Counsel patients with preterm birth, gestational diabetes, preeclampsia, or hypertensive disorder of pregnancy that these disorders are associated with a higher lifetime risk of maternal cardiometabolic disease.
- Counsel patients with chronic medical conditions, such as hypertensive disorders, obesity, diabetes, thyroid disorders, renal disease, mood disorders, and substance use disorders regarding the importance of timely follow-up with their obstetrician–gynecologists or primary care providers for ongoing coordination of care.
- Discuss resuming sexual activity, family planning, and contraception.
- Provide preconception counseling and risk factors for future pregnancies.
- Discuss reproductive planning and pregnancy spacing.
- Counsel that an interpregnancy interval of less than 6 months is associated with a higher incidence of low birth weight and preterm delivery.
- Ask about smoking, use of tobacco and nicotine products, and exposure to secondhand smoke. Counsel not to resume use of tobacco products.
- Discuss lung illnesses associated with use of vaping products and urge people who vape to stop.
- Screen for domestic violence.
- Encourage infant well visits and immunizations.

Resources: La Leche League of MA (Spanish)| WIC | Medical Eligibility Criteria for Contraceptive Use

PREGNANCY AND NEONATAL LOSS

- Provide emotional support and counseling in the setting of pregnancy or neonatal loss. While there is no clear evidence to support any specific counseling approach, it is generally agreed that physician, family and social supports are all needed.
- Refer patient and family to organizations that can help connect to support groups and other resources.
- Reassure patient that early pregnancy loss is not usually indicative of future fertility problems or repeat pregnancy loss.
- Encourage patient involvement in decision making around spontaneous abortion management.
  - With spontaneous abortion, newer data suggest that it is reasonable to counsel a couple that may try to get pregnant as soon as they feel ready.
- Assist with understanding cause of late pregnancy loss or neonatal death if possible.

Resources: The Compassionate Friends | Share Pregnancy & Infant Loss Support | Hope After Loss