

Prenatal Care Guideline

Comprehensive antepartum care is vital for a successful pregnancy outcome. Children's Community Health Plan (CCHP) recommends a program that involves a coordinated approach to medical care and psychological support that optimally begins before conception and extends through the postpartum period. Health care professionals are encouraged to integrate the concept of family-centered care into the antepartum care. Preconception care includes identifying those conditions that could affect a future pregnancy but may be ameliorated by early intervention, such as hypertension, diabetes mellitus, or other metabolic and inherited disorders. Women who receive early and regular prenatal care have better outcomes.

When Children's Community Health Plan is notified of a new pregnancy, contact is made to assess member health and education needs. High risk pregnant women are referred to the Prenatal Care Coordination Program for case management assessment and this information is shared with the health care provider on an ongoing basis.

Antepartum surveillance begins with the initial prenatal visit, at which time the physician establishes a baseline obstetric record. The frequency of follow-up visits is determined by the individual needs of the woman and an assessment of her risks. The frequency of scheduled prenatal visits should be sufficient to enable the provider to accomplish the following activities:

- Monitor pregnancy progression
- Provide education, recommended screenings and interventions, as needed
- Detect medical and psychosocial complications and institute indicated interventions

Women with uncomplicated pregnancies are generally examined according to the following schedule:

- Every 4 weeks for the first 28 weeks of pregnancy
- Every 2-3 weeks until 36 weeks of gestation,
- Weekly after 36 weeks, and
- 4-6 weeks post delivery

Women with medical or obstetric problems and younger adolescents may require closer surveillance. Appropriate intervals between scheduled visits are determined by the nature and severity of identified risk factors and medical problems. The following table outlines recommended examinations and testing schedule established for routine obstetrical care based on the guidelines from the American College of Obstetrics and Gynecology (ACOG).

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Preconception Care	
Examination/Tests	Assessment/Counseling/Education
<ul style="list-style-type: none"> • History and physical exam including vital signs, height and weight • Obstetric history and medical history (and obstetric risk assessment) • Family genetic history • Carrier screening for inherited diseases (cystic fibrosis for all patients; selected screening for Tay-Sachs and Hemoglobinopathies) 	<ul style="list-style-type: none"> • Pre-existing maternal medical conditions and counseling regarding preconception and prenatal management • Counseling regarding preconceptional folic acid use (400 mcg daily) • Medication use (prescription and nonprescription) • Occupational hazards • Substance abuse including tobacco, alcohol and illicit drugs
Prenatal Care	
Examination/Tests	Assessment/Counseling/Education
<p>First Prenatal Visit</p> <ul style="list-style-type: none"> • Complete history and physical exam including blood pressure, height, weight (with BMI), breast, heart and lung, abdominal, and pelvic examinations • Evaluation of cervix, uterine size, adnexa and clinical impression of the adequacy of the pelvis. • Cervical cancer screening if due according to national guidelines • ABO/Rh type and antibody screening • Assess risk and if appropriate offer genetic screening for Cystic Fibrosis • Hematocrit or hemoglobin • Hepatitis B Surface Antigen • HIV • Rubella screening (if immunity not previously documented) • Syphilis (RPR), Gonorrhea, Chlamydia screening • Urinalysis and culture for asymptomatic bacteriuria • Documentation of gestational age/estimated date of delivery (see discussion on next page) 	<ul style="list-style-type: none"> • Medication use (prescription and nonprescription) • Cigarette and/or nicotine use • Alcohol use • Dietary habits and/or restrictions • Exercise • Environmental exposures • Current or past emotional problems or treatments • Occupational hazards
<p>Follow-up Visits</p> <ul style="list-style-type: none"> • Weight, blood pressure, presence/absence of edema • Urine protein and glucose • Fundal height, Fetal heart tones <p>Follow-up Lab</p> <ul style="list-style-type: none"> • Triple/Quad serum marker screen: offer at 15-20 wks • Glucose Challenge test: at 24- 28 weeks • Group B Strep vaginal swab: at 35 – 37 weeks • Late screening HIV (if indicated) • Consider repeat screening for STDs if high risk • Consider assessment of fetal anatomy by ultrasound between 18-20 weeks 	<ul style="list-style-type: none"> • Breast Feeding • Circumcision • Choosing the baby's doctor • Childbirth education classes • Signs and symptoms of preterm labor • Perception of fetal movement and monitoring of fetal movements between visits, leakage of fluids, vaginal bleeding & contractions

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Postpartum Care	
Examination/Tests	Assessment/Counseling/Education
<p>Postpartum Care Interim history and physical exam Vital signs and evaluation of weight Cervical cytology (as needed)</p>	<p>Family planning/contraceptive practices STD prevention Assessment for postpartum depression</p>

Management of pregnancy requires establishing an estimated date of delivery. Problems such as intrauterine growth restriction, preterm labor, and post-term pregnancy are managed most effectively when an accurate estimated date of delivery is known. Accurate gestational dating is also important for the application and interpretation of certain antepartum tests (i.e., maternal serum alpha-fetoprotein or assessment of fetal maturity). If there is a size-date discrepancy or if menstrual dates are uncertain an ultrasound examination is indicated for the purpose of dating. Such an examination is most accurate when performed before 20 weeks of gestation. Ultrasound is considered to be consistent with menstrual dates if there is gestational age agreement within 5 days by CRL measurement obtained at 10 -14 weeks, or within 7 days by the average biometric measurements obtained at 14-20 weeks' gestation. If dates are not consistent, refer to ultrasound examination results.

Identification of risk factors is critical in order to minimize maternal and neonatal morbidity and mortality. In some instances, obstetric problems require a multidisciplinary approach to antepartum care. Some conditions may require the involvement of a maternal-fetal medicine (MFM) subspecialist, geneticist, pediatrician, neonatologist, anesthesiologist, or other medical specialist in the evaluation, counseling, and care of the patient.

Children's Community Health Plan actively outreaches to all identified pregnant members to assess risk status and to assist both member and provider with managing risk factors once identified. If you have a member who would benefit from this program, please make a referral by contacting us or completing the referral form on the website (www.childrenshp.com) and faxing it to us at 414-266-4726.

Approximately 4-6 weeks after delivery, the mother should visit her physician for a postpartum review and examination. The follow-up appointment interval may be modified to meet the needs of the patient. A visit within 7-14 days of delivery may be advisable after cesarean delivery or a complicated gestation.