June 2018

Michigan Quality Improvement Consortium Guideline

Routine Prenatal and Postnatal Care

The following guideline provides recommendations for routine prenatal and postnatal care in low risk patients.

Recommendation	6-8 Weeks	14-16 Weeks	24-28 Weeks	32 Weeks	36 Weeks	38 Weeks	39 Weeks	40 Weeks	41 Weeks	3-8 Weeks Postpartum
Assessment and interventions:	X			X						X
◆ Cultural/religious beliefs ◆ Medical and OB history **[D]** ◆ History of preterm labor ◆ Genetic risk factors ◆ Childbirth education ◆ Nutritional health ◆ Sexual activity ◆ Tobacco use **[A]**, vaping ◆ Prescribed medications, OTC and supplements ◆ Alcohol and drug use, including prescription misuse ◆ Physical activity ◆ Mental health, especially depression screening ◆ Coping skills ◆ Domestic abuse (screen at least once per trimester) ◆ Safe environment ◆ Adequate social support ◆ Transportation ◆ Seat belt use **[B]** ◆ Infant car seat use **[A]** ◆ Knowledge of available resources ◆ Activities of daily living (including use of durable medical equipment) ◆ Ability to comprehend information or care provided										
Psychosocial status and update **[D]**	X	X	X	X	X	X	X	X	X	X
Education and counseling: ◆ Need for early/consistent prenatal care ◆ Healthy weight gain[1] ◆ Benefit of regular exercise ◆ Select primary care physician for newborn ◆ Safety and importance of dental care for mother and newborn, caries transmission; refer if indicated ◆ Benefits and methods of breastfeeding ◆ "Safe sleep" ◆ Assessment and referrals for ongoing parenting education and early childhood care ◆ Postpartum visit 3-8 weeks after delivery ◆ Prevention of unintended pregnancy, i.e. immediate post-partum LARC, and risks of next pregnancy within 18 months	X				X					X
General physical and pelvic exam **[D]**	X									X
Blood pressure **[B],** weight, BMI, fundal height, weeks gestation	X	X	X	X	X	X	X	X	X	X
Urine culture **[A],** confirm pregnancy by testing	X									
Confirm EDD, gestational age using ultrasound **[D]**		X *(13 wks)*								
Fetal heart tones **[D]**		X	X	X	X	X	X	X	X	
Fetal presentation **[D]**					X	X	X	X	X	
D (Rh) type, blood type, antibody screen **[A]** ***If D (Rh) negative, repeat antibody screen at 28 weeks.**	X									
Pap smear **[A]** *(If ≥ 21 years and indicated clinically prior to delivery)*	X									
HIV counseling and testing **[A]** Use rapid HIV testing during labor for women without HIV status **[C]**	X				X *(if high risk)*					
STD screening (GC, chlamydia, VDRL) **[A]**	X		X **(***If at high risk, rescreen in 3rd trimester)*							
Hepatitis B **[A],** rubella **[B],** and HCV (if high risk) screening **[D]**	X									
Hemoglobin and hematocrit **[B]** *(Repeat at 24-28 weeks if appropriate)*	X									
Screening for gestational diabetes[2]**. [A]** Test on first visit if high risk of gestational diabetes[3]**. [B]**			X							X *(6-12 weeks[2])*
Offer screening for Down Syndrome and Neural Tube Defects **[B]** *(~11-20 weeks)*		X								
Screen for short cervix using ultrasound, treat if positive		X *(18-24 weeks)*								
Elective/non-medically indicated induction prior to 39 weeks is contraindicated **[B]**							X			
Folic acid (1.0 mg daily one month prior to conception through 1st trimester) **[A]**	X	X								
Influenza vaccine **[C]** *(**Do not** use Intranasal live vaccine in pregnant women)*	X									
Tdap vaccine **[D]** *(To maximize antibody response, optimal timing is 27-36 weeks gestation)*	X									
Group B strep cultures *(vaginal and rectal) (35-37 weeks) (not indicated if prior GBS-affected infant or previously detected on urine culture)*					X					

[1]Institute of Medicine Healthy Weight Gain During Pregnancy BMI calculator

[2] If patient had gestational diabetes, then screen 6-12 weeks postpartum for persistent diabetes mellitus with 3 hour OGTT.

[3]American Diabetes Association 2018 Standards of Medical Care in Diabetes

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists standard pregnancy management steps. It is based on Guidelines for Perinatal Care, 8th Edition, 2017, by AAP Committee on Fetus and Newborn and ACOG Committee on Obstetric Practice. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Approved by MQIC Medical Directors: July 2006; June 2008, 2010, 2011, 2012, 2013, 2014, 2016, 2018