



## Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Routine Prenatal and Postnatal Care](#)

Released: June 2016

Refer to [guideline](#) for timeline of screening/recommendations

### Updated recommendations:

#### Assessment and Interventions:

- Medical and OB history
- History of preterm labor

Psychosocial status and update

#### Education and counseling:

- Safety and importance of dental care for mother and newborn, caries transmission; refer if indicated
- Prevention of unintended pregnancy, e.g. immediate post-partum LARC, and risks of next pregnancy within 18 months

#### Other:

Routine urinalysis, culture, confirm pregnancy by testing

Confirm expected delivery date (EDD), gestational age using ultrasound

HIV counseling and testing. Use rapid HIV testing during labor for women without HIV status. Anti-retrovirals if HIV positive.

STD screening (GC, Chlamydia, VDRL)

Hepatitis B, rubella, and HCV (if high risk) screening

Screening for gestational diabetes<sup>1</sup>. Test on first visit if high risk of Type 2 diabetes<sup>2</sup>.

Screen for short cervix using ultrasound, treat if positive

Elective/non-medically indicated induction prior to 39 weeks is contraindicated

<sup>1</sup>If patient had gestational diabetes, then screen 6-12 weeks postpartum for persistent diabetes mellitus with 3 hour OGTT

<sup>2</sup>American Diabetes Association [2016 Standards of Medical Care in Diabetes](#)