CLINICAL PRACTICE GUIDELINES FOR NORMAL PRENATAL CARE

Adapted: 12/1998
Revised/Approved: 12/1999, 3/1999, 12/2000, 2/2001, 4/2003, 2/2005, 2/2007, 2/2009, 12/2011, 7/2013, 7/2015, 6/2017
Next Review Date: 6/2019

Purpose:

Scott & White Health Plan's (SWHP) Normal Prenatal Care Guideline is designed to assist clinicians by providing an analytical framework for the evaluation of pregnant and postpartum patients. These recommendations are not intended as a substitute for the reasonable exercise of independent clinical judgement by providers.

Scope:

All pregnant and postpartum women

Guideline:

Obstetrical Observations

I. First Trimester (Weeks 0 to 13)

A. An initial evaluation should be performed prior to 13 weeks including:
   1. Comprehensive health history, including previous history of depression and/or postpartum depression*
   2. Family & Social history
   3. Pregnancy history
   4. Genetics screening and counseling about testing options, including information about optional aneuploidy, cystic fibrosis, hemoglobinopathy screening and additional genetic carrier screening based on ethnic background
   5. Physical exam, including height, weight, & blood pressure
   6. Ultrasonography to confirm or establish gestational dating if indicated, twin gestation to establish chronicity and nuchal translucency screening if desired
   7. Screening for gestational diabetes if patient is at high risk (and repeat late 2nd trimester (TM) if negative during first TM)
   8. Advise ideal weight gain in pregnancy for patient's BMI
   9. Psychosocial screening
   10. Tobacco cessation management plan if indicated

B. Education Information:
   1. Nutrition, exercise, sexual activity, work activity
   2. Nausea and vomiting
   3. Dental care
   4. Air travel

5. Tobacco, alcohol, and drug restriction
6. Postpartum Depression

II. Second Trimester (Weeks 14-28)

A. Between 15-20 weeks: perform maternal serum screening for aneuploidy and or neural tube defect if desired
B. Between 18-20 weeks: ultrasound (recommended for detailed anatomic survey)
C. Between 24-28 weeks: glucose tolerance screening (unless no risk factors). Third trimester HIV and H/H may be combined with glucose testing for patient convenience if sent >26 weeks
D. At 28 weeks: if patient is Rh negative and unsensitized and Rh of baby's father is positive or unknown, repeat antibody testing and administer Rhogam
E. Education information:
    1. Preparation for childbirth (Refer to classes)
    2. Vaginal Birth After Cesarean (if indicated by patient's history)
    3. Breast feeding versus bottle-feeding
    4. Family Planning

Note: Lab work to be obtained and reviewed by early second trimester: urine culture, complete blood count, blood type & Rh, antibody screen, hepatitis B surface antigen, rubella titer, syphilis screening, cervical cytology, hemoglobinopathy screening (if indicated), gonorrhea & chlamydia screening (unless considered extremely low risk), HIV testing (offered with counseling & explanation of possible consequences and benefits) and TB screening in high risk patients**

-Multiparous patients do not require repeat rubella titer if previously documented as immune, or repeat blood type & Rh

III. Third Trimester (Weeks 29 to 42)

A. At 35-37 weeks: vaginal culture for group B streptococcus and HIV test
B. Administer Tdap vaccine during 3rd TM (regardless of patient's prior vaccination history)

Note: Upon admission for delivery, routine laboratory evaluation with inclusion of hepatitis B surface antigen and syphilis screening (State of Texas requirement)

Routine Office Visits

I. First Trimester (Weeks 0 to 13) and Second Trimester (Weeks 14 to 28)

A. Every 4 to 6 weeks: Blood pressure, weight, screen for significant edema, fundal height, documentation of fetal heart activity (after approximately 10 weeks), and urine dipstick for albumin and glucose***
B. All women who will be pregnant during the influenza season (Oct – May) should be vaccinated, regardless of trimester.

II. Third Trimester (Weeks 29 to 42)

A. Visits every 2 to 4 weeks until 36 weeks gestation, then weekly until delivery:

1. Blood pressure, weight, screen for significant edema, fundal height, documentation of fetal heart activity and fetal presentation, urine dipstick for albumin and glucose***

B. Education information:
   1. Breast feeding
   2. Preterm labor
   3. Onset of labor, rupture of membranes, abnormal bleeding
   4. Fetal activity
   5. Choosing a newborn provider

III. Postpartum (3 to 8 Weeks after delivery)

A. Follow-up on or between 21 and 56 days after delivery with an evaluation of:
   1. Weight and blood pressure
   2. Breasts
   3. Abdomen
   4. Pelvic

B. Screening for postpartum depression*

C. Education information:
   1. Review Family Planning
   2. Nutrition and exercise
   3. Anticipatory guidance

*See also the Post Natal Depression Prevention Program Guideline
**Patients considered high risk for TB: HIV infection, close contact with individuals known to have TB, medical risk factors known to increase risk of disease if infected (diabetes, lupus, cancer, alcoholism and drug addiction), birth or immigration from high risk countries, medically underserved, homelessness and living and working in long-term care facilities (correctional institutions, nursing homes and mental health institutions
***Baseline screen for urine protein content to assess renal status is recommended. In the absence of risk factors for urinary tract infections, renal disease, preeclampsia, diabetes, hypertension and autoimmune disorders and in the absence of symptoms of a urinary tract infection, hypertension or unusual edema there is no benefit to routine urine dipstick testing during routine prenatal care for low risk women

Reviewing Physician: Michael Hawkins, MD (OB physician, VP Medical Director, SWHP)

Sources: Schedule is based on recommendations from: American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care