

## Prenatal Management Guideline

Event	Preconception Visit	Initial Visit		Subsequent visits 0-28 weeks (visits should occur every 4 weeks)	29-36 weeks (visits should occur every 2-3 weeks)	37 + weeks (visits should occur weekly)	Post Partum visits (3-8 weeks after delivery)
<b>History and Physical</b>	Risk profile Ht/Wt (BMI) Blood Pressure Breast Exam Pelvic Exam Family/OB hx Psycho/Social hx	Risk Profile Ht/Wt (BMI) Blood Pressure Pelvic exam Breast Exam Family/OB hx Estimated date of delivery Psycho/Social hx		Risk Profile Weight Blood Pressure Fundal height Fetal heart rate/tones	Risk Profile Weight Blood Pressure Fundal height Fetal heart rate/tones	Risk Profile Weight Blood Pressure Fundal height Fetal heart rate/tones Confirm fetal position/presentation Check cervix	Uterine involution Delivery history Weight Blood Pressure Pelvic exam Breast exam
<b>Diagnostic Procedures</b>	Pap smear  <b>Screening for:</b> Rubella Varicella PPD Hepatitis TSH	Pap Smear U/A; C & S GC/Chlam <b>Screening for:</b> Rubella Varicella PPD Hepatitis RPR/VDRL HIV testing HCT/HGB ABO/D (Rh)/Ab TSH	<b>As Indicated:</b> Sickle Cell Hgb Electroph. Genetic screening Lead screening PPD	Urine dipstick Sonogram (16-20 weeks) GTT (16-28 weeks) HCT/HGB MSAFP <b>As Indicated:</b> D (Rh) antibody screen Genetic Testing Amnio	Urine dipstick GBS Repeat HIV testing (34-36 weeks and/or at least three months after initial testing.)  <b>As Indicated:</b> HCT/HGB VDRL GC/Chlam Ultrasound	<b>As Indicated:</b> NST BPP	<b>As Indicated:</b> Pap smear Hct/Hgb
<b>Counseling and Education</b>	Nutrition & Wt Exercise Folic Acid Sexual practices Medical record Menstrual hx Smoking cessation <b>Behavioral Health Issues</b> (substance abuse, mental health, domestic violence) *Depression Two Question Assessment and PHQ9 self assessment tool	Nutrition & Wt Exercise Lifestyle Warning signs Fetal growth & development Physiology of pregnancy Risk Factors Smoking cessation Body mechanics HIV pre-test counseling Seat belt use <b>Behavioral Health Issues</b> (substance abuse, mental health, domestic violence) *Depression Two Question Assessment and PHQ9 self assessment tool		Quickening Exercise Lifestyle Warning signs Fetal growth & develop Genetic counseling and associated testing, as indicated Physiology of pregnancy PTL S/S Childbirth classes Family issues Rhogam, as indicated Travel Breast/bottle feeding HIV post test counseling <b>Behavioral Health Issues</b> (as indicated)	Fetal kick counts Exercise Work hazards Warning signs Fetal growth & development Physiology of pregnancy PTL S/S Pre-registration Sexuality Breast/bottle feeding Birthing options Episiotomy Labor & delivery issues Selecting a pediatrician <b>Behavioral Health Issues</b> (as indicated)	Fetal kick counts Late pregnancy symptoms S/S of labor Post term counseling Review Postpartum F/U Contraception Postpartum vaccinations Infant CPR L & D update Anesthesia/Analgesia VBAC counseling Newborn car seat Circumcision FMLA/Disability forms <b>Behavioral Health Issues</b> Post Partum Depression * Two Question Assessment and PHQ9	Contraception Diet & exercise Feeding methods Smoking cessation <b>Behavioral Health Issues</b> (substance abuse, mental health, domestic violence) Postpartum Depression Two Question Assessment * and PHQ9 self assessment tool
<b>Immunization &amp; Chemoprophylaxis</b>	<b>As Indicated:</b> Td booster Nutritional supplements MMR Varisella Hep B Influenza	<b>As Indicated:</b> Td booster Nutritional supplements Hep B		<b>As Indicated:</b> Rhogam (28 weeks) Influenza (2 <sup>nd</sup> or 3 <sup>rd</sup> Trimester during flu season)			<b>As indicated:</b> Immunizations

\* Depression Two Question Assessment: During the last month have you been bothered by (1) little interest or pleasure in doing enjoyable things? and/or (2) feeling down, depressed or hopeless? If yes to either question, consider administering the PHQ9 self assessment tool. Reference: See Univera Guideline: Identification and Management of Adult Depression in Primary Care.

References:  
 · DoD/VA clinical practice guideline for the management of uncomplicated pregnancy. Washington (DC) : Dept. of Veteran Affairs (2002) Oct. Various p.533.  
 · American College of Obstetrics and Gynecologist (ACOG); 5<sup>th</sup> edition 2002  
 · Institute for Clinical Systems Improvement "Routine Prenatal Care"

This tool is designed to assist clinician's by providing an analytical framework for the evaluation and treatment of patients, and not intended either to replace a clinician's judgment or to establish a protocol for all patients with a particular condition. A guideline will rarely establish the only approach to a problem. Developed by the WNY Prenatal Collaborative