

AlohaCare

Clinical Practice Guideline: Routine Prenatal and Postpartum Care	
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INTRODUCTION

With the assistance of our AlohaCare obstetrical providers, AlohaCare has developed guidelines for Routine Prenatal and Postpartum Care. Please be aware that these are minimum requirements. Care should be individualized based upon the patient's needs.

RECOMMENDATIONS

Period	Screening Maneuvers	Counseling & Education	Immunization & Chemoprophylaxis
Initial Visit 6-12 Weeks	<ul style="list-style-type: none"> • History <ul style="list-style-type: none"> - Current Medications - Allergies - Health Problems - Date of last menstrual period - Alcohol, tobacco and drug use - Prior pregnancies, miscarriages, abortions - Family history of birth defects • Physical examination <ul style="list-style-type: none"> - Height - Weight - Blood pressure - Pelvic Exam - Fetal Heart Tones - Body Mass Index (BMI) • Estimation of due date • Tests <ul style="list-style-type: none"> - Blood type - D (formerly Rh) blood typing and antibody screening at their first prenatal visit. - Anemia - Past German Measles (Rubella) - Hepatitis B - Syphilis - Urine albumin & glucose - Pap test - HIV testing discussion - Chorionic Villus sampling (if indicated at 10-12 weeks) - Further testing based on physician discretion - Hep C - high risk pregnant women - Abnormal glucose tolerance if significant risk for undiagnosed type 2 diabetes mellitus. - Urine-Screen for asymptomatic bacteruria • Domestic abuse screening • Diabetes Mellitus The American Diabetes Association (ADA) has recommended that women found to have 	<ul style="list-style-type: none"> • Lifestyle • Substance abuse • Nutrition • Weight gain • Warning signs • Course of care • Fetal growth • Breast feeding • Body mechanics • Review lab results • Occupational Hazards • Risk assessment. • Fetal aneuploidy screening • Pregnancy after bariatric surgery • Referral to a nutritionist (ACOG) • Referred to a perinatologist for consultation (ICSI) 	<ul style="list-style-type: none"> • Nutritional supplements • Influenza: all pregnant women should receive the influenza vaccination during the influenza season (ACOG Comm. Opinion No. 468, October 2010). • Tetanus/pertussis: If no urgent need arises, Td immunization should be delayed until the postpartum period.

	<p>diabetes mellitus at their initial prenatal visit by standard criteria, should be diagnosed with type 2 diabetes, not gestational diabetes mellitus (ADA, 2010)</p> <ul style="list-style-type: none"> • Smoking Cessation Cessation of tobacco use, prevention of secondhand smoke exposure and prevention of relapse to smoking are key clinical intervention strategies during pregnancy. (ACOG Committee Opinion No. 471, Nov. 2010) • Down Syndrome Integrated and Sequential Screening tests 		
Monthly Visits to 28 weeks	<ul style="list-style-type: none"> • Physical examination <ul style="list-style-type: none"> - Weight - Blood pressure - Fetal heart tones - Fetal activity - Fundal height • TESTS <ul style="list-style-type: none"> - Urine albumin & glucose - Quad screen at 15-18 weeks - OB ultrasound (if indicated) - Amniocentesis(if indicated at 14-18 weeks) - Screen for Gestational Diabetes Mellitus 	<ul style="list-style-type: none"> • Secondary trimester growth • Quickening • Lifestyle • Physiology of pregnancy • Preterm labor signs • Childbirth classes • Family issues • Length of stay • Rhogam 	
28 weeks	<ul style="list-style-type: none"> • Physical examination <ul style="list-style-type: none"> - Weight - Blood pressure - Fetal heart tones - Fetal activity - Fundal height • Tests <ul style="list-style-type: none"> - Urine albumin & glucose - Hemoglobin - Gestational Diabetes screening - Infectious disease testing - Repeat D antibody testing for all unsensitized-D negative women. 	<ul style="list-style-type: none"> • Work • Physiology of pregnancy • Pre-registration • Fetal growth • Awareness of fetal movement, Kick count • Preterm labor symptoms • Birthing options • Baby feeding 	<ul style="list-style-type: none"> • Rhogam (if indicated) • Influenza (optional)
Visits every 2 weeks to 36 weeks	<ul style="list-style-type: none"> • Physical examination <ul style="list-style-type: none"> - Weight - Blood pressure - Edema - Fetal heart tones - Fetal activity & position - Fundal height • Tests <ul style="list-style-type: none"> - Urine albumin & glucose - Quad Screen if presents late in prenatal care and has missed the 1st trimester screening window. - NOTE: It is not recommended that <u>both</u> IS/SS and QS be done. 	<ul style="list-style-type: none"> • Travel • Sexuality • Pediatric care • Circumcision • Episiotomy • Labor & Delivery issues • Warning signs 	<ul style="list-style-type: none"> • Td booster (if indicated)
Weekly visits 36 weeks to delivery	<ul style="list-style-type: none"> • Physical examination <ul style="list-style-type: none"> - Weight - Blood pressure 	<ul style="list-style-type: none"> • Postpartum care • Postpartum vaccinations • Management of late 	

	<ul style="list-style-type: none"> - Edema - Fetal heart tones - Fetal activity & position - Fundal height - Check cervix(if indicated) • Tests <ul style="list-style-type: none"> - Urine albumin & glucose - Anogenital Group B Streptococcus (GBS) colonization. 	<p>pregnancy symptoms</p> <ul style="list-style-type: none"> • Contraception • Labor signs & symptoms • When to call the doctor • Post-term management • Importance of postpartum follow-up exam 	
Postpartum 21-56 days after delivery	<ul style="list-style-type: none"> • Physical examination <ul style="list-style-type: none"> - Weight - Blood pressure - Breast exam - Abdominal exam - Pelvic exam • Tests Screen if has gestational diabetes mellitus (ACOG Committee Opinion No. 435, June 2009). 	<ul style="list-style-type: none"> • Postpartum depression • Birth control • Breastfeeding (if applicable) • Pelvic floor muscle exercises (Kegel's) 	All postpartum women who have not received Td or Tdap in the last two years should receive Tdap prior to discharge after delivery.

* Patients should be referred to an obstetrician or certified nurse midwife at the initial visit at which pregnancy is determined.

** Women who seek initial prenatal care after the first trimester will require completion of the items listed under Initial visit at the time of the first visit.

*** High risk pregnancies are managed per physician discretion.

References

American College of Obstetrics and Gynecology (ACOG), 2007

ACOG Committee Opinion No. 471, Nov. 2010

ACOG Committee Opinion No. 435, June 2009

ACOG Committee Opinion No. 468, October 2001

Institute for Clinical Systems Improvement, Fourteenth Edition, July 2010

American Diabetes Association (ADA, 2010)