

# EL PASO HEALTH

## Routine Prenatal and Postpartum Care

The following guideline provides recommendations for routine prenatal and postpartum care.

Visit Schedule	Physical Exam to include:	Diagnostic Procedures/Labs	Education/Counseling
<p>First Prenatal Care Visit</p> <ul style="list-style-type: none"> <li>• In the first trimester OR</li> <li>• within 42 days of enrollment with El Paso Health</li> </ul>	<ul style="list-style-type: none"> <li>• Menstrual History</li> <li>• Past Pregnancies</li> <li>• Medical History</li> <li>• Immunization Status</li> <li>• Family/Genetic history</li> <li>• Risk Assessment (substance use, intimate partner violence, depression)</li> <li>• Pelvic Exam with obstetric observations</li> <li>• Auscultation for fetal heart tone</li> <li>• Measurement of fundus height</li> <li>• Estimated Date of Delivery or Last Menstrual Period</li> </ul>	<ul style="list-style-type: none"> <li>• Obstetric panel (must include hematocrit, differential WBC count, platelet count, Hep B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing)</li> <li>• TORCH antibody panel</li> <li>• Ultrasound of pregnant uterus</li> </ul>	<ul style="list-style-type: none"> <li>• Expected course of the pregnancy</li> <li>• Signs &amp; symptoms to be reported to physician</li> <li>• Practices to promote health maintenance</li> <li>• Risk counseling, including substance use and abuse</li> <li>• Psychosocial topics in pregnancy and postpartum period</li> <li>• Nutrition, exercise</li> <li>• Nausea and vomiting</li> <li>• Vitamin and mineral toxicity</li> <li>• Teratogens</li> <li>• Dental Care</li> <li>• Air Travel</li> </ul>
<p>Routine Visits: Uncomplicated:</p> <ul style="list-style-type: none"> <li>• 0-28 weeks visits should occur every 4 weeks</li> <li>• 29-36 weeks visits should occur every 2 weeks</li> <li>• 37 + weeks visits should occur weekly</li> </ul> <p>High Risk: appropriate intervals between scheduled visits are determined by nature and severity of the problems</p>	<ul style="list-style-type: none"> <li>• Blood Pressure</li> <li>• Weight</li> <li>• Uterine size for progressive growth consistency w/ EDD</li> <li>• Fetal Heart activity</li> <li>• Fetal movement</li> <li>• Ask about contractions, leakage of fluid or vaginal bleeding.</li> <li>• EDD</li> <li>• Ongoing Risk Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Urine screening, Urine culture</li> <li>• Genetic screening/Diagnostic test</li> <li>• Ultrasound at 18-20 weeks of gestation</li> <li>• High risk Pregnancy may require Ultrasounds or Fetal Magnetic Resonance Imaging as needed</li> <li>• Glucose screening at 24-28 weeks of gestation (earlier if at high risk)</li> <li>• Antibody testing repeated in un-sensitized, D negative patients at 28-29 weeks of gestation</li> <li>• Antepartum Test of Fetal Well-being (if at risk, as needed)</li> </ul> <p>Third Trimester:</p> <ul style="list-style-type: none"> <li>• Group B streptococcal at 35-37 weeks of gestation</li> <li>• Hemoglobin or Hematocrit</li> <li>• STI (if at risk)</li> </ul>	<ul style="list-style-type: none"> <li>• Working</li> <li>• Child-birth education classes</li> <li>• Choosing newborn care provider</li> <li>• Anticipating Labor</li> <li>• Preterm labor</li> <li>• Breech presentation at term</li> <li>• Trial of labor after cesarean delivery</li> <li>• Elective delivery</li> <li>• Cesarean delivery on maternal request</li> <li>• Umbilical cord blood banking</li> <li>• Breastfeeding</li> <li>• Preparation for discharge</li> <li>• Neonatal interventions</li> </ul>
<p>Postpartum Visit: 7 to 84 days after delivery</p>	<ul style="list-style-type: none"> <li>• Interval History</li> <li>• Weight, Blood Pressure, Breasts, inquire about breastfeeding, Abdomen and Pelvic Exam</li> <li>• Perineal or cesarean incision/wound check</li> <li>• Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.</li> <li>• Assess immunization status</li> <li>• Intimate partner violence screening</li> </ul>	<ul style="list-style-type: none"> <li>• Postpartum Hemoglobin/Hematocrit</li> <li>• Postpartum Glucose screening of patient had Gestational Diabetes</li> <li>• Pap smear (if needed)</li> </ul>	<ul style="list-style-type: none"> <li>• Adaptation to newborn</li> <li>• Nutrition</li> <li>• Breastfeeding</li> <li>• Infant care</li> <li>• Resumption of intercourse, birth spacing or family planning</li> <li>• Sleep/fatigue</li> <li>• Guidance on preventing substance use/abuse</li> </ul>

This guideline lists standard pregnancy management steps. It is based on American Academy of Pediatrics and The American College of Obstetricians & Gynecologists Guidelines for Perinatal Care 8th Edition, October 2017.

Individual patient considerations and advances in medical science may supersede or modify these recommendations

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