

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
First Prenatal Care Visit	<ul style="list-style-type: none"> •Menstrual History •Past Pregnancies •Medical History •Assess Immunization Status •Family/Genetic history •Risk Assessment (substance use, intimate partner violence, depression) •Pelvic Exam •Estimated Date of Delivery (EDD) 	<ul style="list-style-type: none"> •Blood type •D (Rh) type •Antibody testing •Complete blood count (Hematocrit/hemoglobin/MCV/and platelets) •VDRL/RDR •Baseline urine screen for urine protein content, urine culture •HIV •Hepatitis B •Syphilis, Chlamydia, Gonorrhea •TB 	<ul style="list-style-type: none"> •Expected course of the pregnancy •Signs & symptoms to be reported to physician •Practices to promote health maintenance •Risk counseling, including substance use and abuse •Psychosocial topics in pregnancy and postpartum period •Nutrition, exercise •Nausea and vomiting •Vitamin and mineral toxicity •Teratogens •Dental Care •Air Travel
<p>Routine Visits: Uncomplicated:</p> <ul style="list-style-type: none"> •0-28 weeks visits should occur every 4 weeks •29-36 weeks visits should occur every 2 weeks •37 + weeks visits should occur weekly <p>High Risk: appropriate intervals between scheduled visits are determined by nature and severity of the problems</p>	<ul style="list-style-type: none"> •Blood Pressure •Weight •Uterine size for progressive growth consistency w/ EDD •Fetal Heart activity •Fetal movement •Ask about contractions, leakage of fluid or vaginal bleeding. •EDD •Ongoing Risk Assessment 	<ul style="list-style-type: none"> •Urine screening, Urine culture •Genetic screening/Diagnostic test •Ultrasound at 18-20 weeks of gestation •High risk Pregnancy may require Ultrasounds or Fetal Magnetic Resonance Imaging as needed •Glucose screening at 24-28 weeks of gestation (earlier if at high risk) •Antibody testing repeated in un-sensitized, D negative patients at 28-29 weeks of gestation •Antepartum Test of Fetal Well-being (if at risk, as needed) <p>Third Trimester:</p> <ul style="list-style-type: none"> •Group B streptococcal at 35-37 weeks of gestation •Hemoglobin or Hematocrit •STI (if at risk) 	<ul style="list-style-type: none"> •Working •Child-birth education classes •Choosing newborn care provider •Anticipating Labor •Preterm labor •Breech presentation at term •Trial of labor after cesarean delivery •Elective delivery •Cesarean delivery on maternal request •umbilical cord blood banking •Breastfeeding •Preparation for discharge •Neonatal interventions
<p>Postpartum Visit 21 to 56 days following delivery</p> <p>(a visit within 7-14 days of delivery may be advisable after a cesarean delivery or a complicated gestation, but must still be seen 21-56 days after delivery)</p>	<ul style="list-style-type: none"> •Interval History • Weight, Blood Pressure, Breasts, inquire about breastfeeding, Abdomen and Pelvic Exam •Assess immunization status •Postpartum depression screening •Intimate partner violence screening 	<ul style="list-style-type: none"> •Postpartum Hemoglobin/Hematocrit •Postpartum Glucose screening of patient had Gestational Diabetes •Pap smear (if needed) 	<ul style="list-style-type: none"> •Adaptation to newborn •Nutrition •Breastfeeding •Contraception •Postpartum depression •Guidance on preventing substance use/abuse

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 7th Edition, October 2012.

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