

# 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>•Menstrual History</li> <li>•Past Pregnancies</li> <li>•Medical History</li> <li>•Assess Immunization Status</li> <li>•Family/Genetic history</li> <li>•Risk Assessment (substance use, intimate partner violence, depression)</li> <li>•Pelvic Exam</li> <li>•Estimated Date of Delivery (EDD)</li> </ul>	<ul style="list-style-type: none"> <li>•Blood type</li> <li>•D (Rh) type</li> <li>•Antibody testing</li> <li>•Complete blood count (Hematocrit/hemoglobin/MCV/and platelets)</li> <li>•VDRL/RDR</li> <li>•Baseline urine screen for urine protein content, urine culture</li> <li>•HIV</li> <li>•Hepatitis B</li> <li>•Syphilis, Chlamydia, Gonorrhea</li> <li>•TB</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 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"> <li>•Interval History</li> <li>• Weight, Blood Pressure, Breasts, inquire about breastfeeding, Abdomen and Pelvic Exam</li> <li>•Assess immunization status</li> <li>•Postpartum depression screening</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>•Contraception</li> <li>•Postpartum depression</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 7th Edition, October 2012.

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