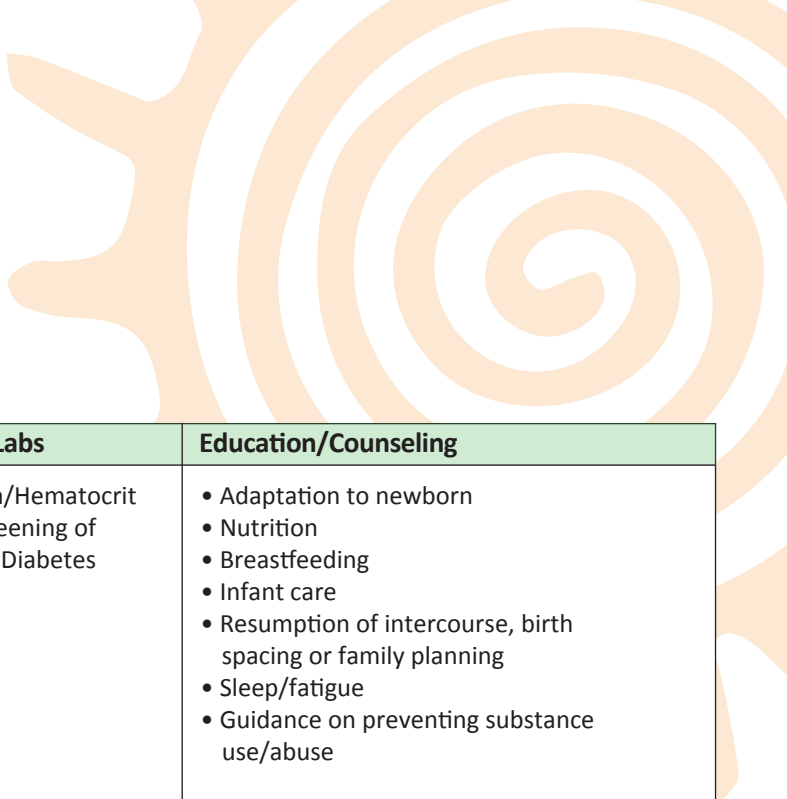




ROUTINE PRENATAL AND POSTPARTUM CARE

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"> • In the first trimester OR • Within 42 days of enrollment with El Paso Health 	<ul style="list-style-type: none"> • Menstrual History • Past Pregnancies • Medical History • Immunization Status • Family/Genetic history • Risk Assessment (substance use, intimate partner violence, depression) • Pelvic Exam with obstetric observations • Auscultation for fetal heart tone • Measurement of fundus height • Estimated Date of Delivery or Last Menstrual Period 	<ul style="list-style-type: none"> • 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) • TORCH antibody panel • Ultrasound of pregnant uterus 	<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



Visit Schedule	Physical Exam to include:	Diagnostic Procedures/Labs	Education/Counseling
Postpartum Visit: • 7 to 84 days after delivery	<ul style="list-style-type: none"> • Interval History • Weight, Blood Pressure, Breasts, inquire about breastfeeding, Abdomen and Pelvic Exam • Perineal or cesarean incision/wound check • Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders. • Assess immunization status • 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 • Infant care • Resumption of intercourse, birth spacing or family planning • Sleep/fatigue • 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 8th Edition, October 2017. Individual patient considerations and advances in medical science may supersede or modify these recommendations

QIC Approved July 25, 2019