

# Prenatal Care

## Clinical Practice Guidelines

The following information was adapted from the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics with the intent of providing OB/GYN and primary care providers guidance in treating females during pregnancy to ensure the best possible health and outcomes for mother and baby. These guidelines are not intended to represent an exclusive course of treatment.

Assessment	
Initial Prenatal Visit	Confirmation of delivery date
	Drug allergies
	Genetic screening
	Infection history
	Medical history
	Menstrual history
	Past pregnancies
	Physical exam

Labwork/Screening	
Initial Prenatal Visit	Routine lab work: <ul style="list-style-type: none"> <li>• Antibody screen</li> <li>• Blood type &amp; Rh (type)</li> <li>• Chlamydia screen</li> <li>• Gestational diabetes screening</li> <li>• HBsAG</li> <li>• Hemoglobin/hematocrit</li> <li>• HIV testing</li> <li>• Pap smear</li> <li>• Titers (Rubella/Varicella)</li> <li>• Urinalysis with microscopic examination</li> <li>• VDRL</li> </ul>
	Optional lab work if indicated: <ul style="list-style-type: none"> <li>• Cystic fibrosis testing</li> <li>• Familial dysautonomia testing</li> <li>• Genetic screening</li> <li>• Hemoglobin electrophoresis</li> <li>• PPD testing</li> <li>• STD testing</li> <li>• Tay Sachs testing</li> </ul>
Screening/Lab Work	

<b>Initial Prenatal Visit (con't)</b>	1 <sup>st</sup> trimester aneuploidy risk assessment
	2 <sup>nd</sup> trimester serum screening
	Amniocentesis/CVS
	Anti-D immune globulin if indicated
	Fetal ultrasound
	MSAFP/multiple markers
<b>24-28 week labs</b>	Anti-D immune globulin at 28 weeks if indicated
	Diabetes screening, oral glucose tolerance test if indicated
	Hemoglobin/hematocrit
	Rh antibody screen
<b>32-36 week labs</b>	Gonorrhea &/or Chlamydia when indicated
	Group B strep
	Hemoglobin/hematocrit
	HIV when indicated
	VDRL when indicated

<b>Education</b>	
<b>Initial Prenatal Visit</b>	Air travel during pregnancy
	Anticipated schedule of visits
	Environmental hazards
	Exercise
	Expected course of pregnancy
	Health Promotion
	Isoimmunization in pregnancy
	Medications/supplements
	Nausea & vomiting
	Nutrition during pregnancy, including folic acid
	Out-of-pocket prenatal/delivery costs
	Physician coverage of labor and delivery
	Sauna/hot tub usage
	Seatbelt use
	Sexual activity
	Signs and symptoms to report to physician: <ul style="list-style-type: none"> <li>• Calf pain or swelling</li> <li>• Chest pain</li> <li>• Decreased fetal movement</li> <li>• Dizziness</li> <li>• Headache</li> <li>• Muscle weakness</li> <li>• Preterm labor</li> <li>• Ruptured membranes/leakage of fluid</li> <li>• Uterine contractions</li> <li>• Vaginal bleeding</li> </ul>

Education	
<b>Initial Prenatal Visit (con't)</b>	Substance use & abuse
	Use of safety restraints
	Vaginal birth after cesarean delivery if indicated
	Vitamin & mineral toxicity
	Travel
	Tobacco use
	Toxoplasmosis precautions
	Anesthesia plan
<b>Throughout Pregnancy</b>	Anticipating labor
	Breast or bottle feeding
	Breech presentation
	Childbirth education classes
	Childcare
	Choosing a pediatrician
	Circumcision
	Dental care in pregnancy
	Domestic violence/counseling
	Hospital discharge
	Influenza vaccine
	Newborn education
	Newborn screening
	Post-partum contraception
	Post-partum depression
	Psychosocial services
	Umbilical cord banking

To access patient educational resources, go to: <http://www.acog.org/Patients>

**Reference:**

AAP/ACOG Guidelines for Perinatal Care 2007, 6<sup>th</sup> Edition

**Guideline approved by:**

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Medical Management Committee: August 17, 2015