

SENTARA HEALTH PLANS CLINICAL PRACTICE GUIDELINE:

PRENATAL AND POSTPARTUM CARE

Guideline History

Date Approved	*06/96*
Date Revised	07/96, 07/97, 03/99, 12/00, 10/02, 02/03 , 06/03, 10/04, 03/05, 07/07, 7/09, 06/11 07/13, 07/15, 07/19, 7/21, 9/23
Date Reviewed	9/2025
Next Review Date	9/2027

These Guidelines are promulgated by Sentara Health as recommendations for the clinical Management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The Sentara Health Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

Guideline Change Summary

Date	Description
9/2025	Review and Recommendations provided by Dr. Kara Dalke for presentation to Committee 11/2025. Recommended updates include adding the following ACOG Practice Advisory Updates: Vaccinations recommended during Pregnancy, Duration of Breastfeeding, Maternal Respiratory Syncytial Virus Vaccination, Screening for Syphilis, Influenza Vaccine, Acetaminophen Use in Pregnancy and Neurodevelopmental Outcomes, Cannabis Use During Pregnancy and Lactation

ACOG: 2023 Updates

Vaccinations Needed During Pregnancy

The table below shows which vaccinations you may or may not need during your pregnancy.

Yes

Maybe

No

Vaccine	Do you need it during your pregnancy?
COVID-19	**Yes!** All adults, including those who are pregnant and people who have had COVID-19 illness, are recommended to be up to date with COVID-19 vaccinations. It's safe to get the vaccine at any time during your pregnancy.
Influenza (Flu)	**Yes!** You need a flu shot every fall or winter for your protection and for the protection of your baby. It's safe to get the vaccine at any time during your pregnancy.
Tetanus, diphtheria, and whooping cough (Tdap; Td)	**Yes!** Everyone who is pregnant is recommended to get a dose of Tdap vaccine (the adult whooping cough vaccine) during ***each*** pregnancy, preferably in the early part of the third trimester. Tdap vaccine during pregnancy will help protect your baby from whooping cough in the first few months after birth. Consult your healthcare professional if you haven't had at least 3 tetanus- and diphtheria-toxoid containing shots sometime in your life or if you have a deep or dirty wound.
Hepatitis B (HepB)	**Yes!** All adults younger than 60 years, including those who are pregnant, should get HepB vaccine if they are not already immune. If vaccination is needed during pregnancy, Engerix-B, Recombivax HB, or Twinrix (combination with hepatitis A vaccine) may be used. Any HepB vaccine may be used while breastfeeding. A screening blood test for hepatitis B infection is recommended during every pregnancy, regardless of vaccination status.
Respiratory Syncytial Virus (RSV)	**Yes!** To prevent serious RSV illness in infants, either the Pfizer RSV vaccine (Abrysvo) should be given between 32 weeks, 0 days and 36 weeks and 6 days of pregnancy **OR** a dose of nirsevimab (RSV preventive antibody) should be given to the infant after birth. RSV vaccination during pregnancy is generally offered only between September and the end of January.
Pneumococcal PPSV23; PCV15; PCV20	**Maybe.** If you are at increased risk of severe illness from pneumococcal disease, your healthcare professional might recommend pneumococcal vaccination during pregnancy or recommend waiting until after pregnancy. If you inadvertently get a pneumococcal vaccine during your pregnancy, this is not a cause for concern.
Hepatitis A (HepA)	**Maybe.** You need this vaccine if you have a specific risk factor for hepatitis A.* The vaccine is usually given in 2 doses, 6–18 months apart. If you need to get or continue the HepA vaccine series, it's safe to do so during pregnancy.
Haemophilus influenzae type b (Hib)	**Maybe.** Some adults with certain high-risk conditions,* for example, lack of a functioning spleen, need vaccination with Hib. If you need to get Hib vaccine, it's safe to receive it at any time during your pregnancy.
Meningococcal ACWY (MenACWY)	**Maybe.** You need MenACWY if you are a first-year college student living in a residence hall and (1) you have not had a dose since turning 16, or (2) it has been more than 5 years since your last dose. Anyone age 19 through 21 can have a catch-up dose if they have not had one since turning 16. You may also need MenACWY vaccine if you have one of several health conditions,* for example, if you don't have a spleen. During pregnancy, if you need MenACWY, it is safe to get it.
Meningococcal B (MenB)	**Maybe.** You need MenB if you have one of several health conditions,* for example, if you do not have a functioning spleen. You may also get MenB vaccine if you are age 23 or younger (even if you don't have a high-risk medical condition) after a discussion with your healthcare professional. Because no studies have been conducted on MenB vaccine in pregnancy, talk with your healthcare professional to determine if the benefits of vaccination outweigh the potential risks.
Human papillomavirus (HPV)	**No.** This vaccine is not recommended to be given during pregnancy, but if you inadvertently receive it, this is not a cause for concern. HPV vaccine is recommended for all people age 26 or younger, so if you are in this age group, make sure you are vaccinated before or after your pregnancy. People age 27 through 45 may also be vaccinated against HPV after a discussion with their healthcare professional. The vaccine is given in 2 or 3 doses (depending on the age at which the first dose is given) over a 6-month period.
Measles, mumps, rubella (MMR)	**No.** MMR vaccine is not recommended during pregnancy, but if you inadvertently get it, this is not a cause for concern. At least 1 dose of MMR is recommended for you if you were born in 1957 or later. (And you may need a 2nd dose.*) During your prenatal care, your healthcare professional will test your blood to assess your need for MMR following your delivery. It's best for you (and any future baby) to get the protection vaccination provides before trying to become pregnant.
Chickenpox (Varicella; Var)	**No.** Varicella vaccine is not recommended to be given during pregnancy, but if you inadvertently get it, this is not a cause for concern. If you've never had chickenpox, never were vaccinated, or were vaccinated but got only 1 dose, it's best for you (and any future baby) to be protected with the vaccine before trying to become pregnant, or after you've completed your pregnancy. The vaccine is given in 2 doses 4–8 weeks apart.
Zoster (Shingles)	**No.** If you are age 50 or older or, if you are age 19–49 years and immunocompromised, you are recommended to get the 2-dose series of the Shingrix brand of shingles vaccine. But, since the safety of Shingrix vaccine during pregnancy is unknown, talk with your healthcare professional to determine if the benefits of Shingrix vaccination during pregnancy outweigh the potential risks.

*Consult your healthcare professional to determine your level of risk for infection and your need for this vaccine.

Immunize.org

ACOG
The American College of Obstetricians and Gynecologists

FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

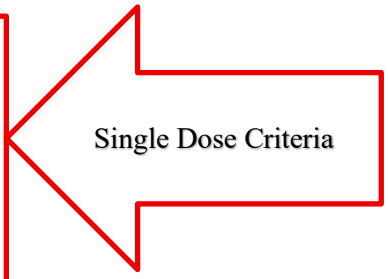
www.immunize.org/catg.d/p4040.pdf
Item #P4040 (11/3/2023)

- **Practice Advisory to Update the Duration of Breastfeeding, February 2023**

ACOG supports continued breastfeeding while complementary foods are introduced, as long as mutually desired by the lactating parent and child for two years or beyond, in alignment with the American Academy of Pediatrics and the World Health Organization.

- **Practice Advisory: Maternal Respiratory Syncytial Virus Vaccination, September 2023 (last update September 2025)**

- The American College of Obstetricians and Gynecologists recommends a single dose of Pfizer's bivalent RSVpreF vaccine (Abrysvo) using seasonal administration, to prevent RSV lower respiratory tract infection (LRTI) in infants for eligible pregnant individuals meeting the following criteria:
  - are between 32 0/7 and 36 6/7 weeks of gestation,
  - do not have a planned delivery within 2 weeks,
  - did not receive the maternal RSV vaccine during a previous pregnancy, and
  - are not planning to have their infant receive a monoclonal antibody, nirsevimab or clesrovimab.



ACOG: 2024 Updates

- **Practice Advisory: Screening for Syphilis in Pregnancy, April 2024**

The American College of Obstetricians and Gynecologists (ACOG) continues to endorse the Centers for Disease Control and Prevention (CDC) Sexually Transmitted Infection Treatment Guidelines, 2021 [1] . However, in the context of the rapidly increasing rates of congenital syphilis, obstetrician–gynecologists and other obstetric care professionals should screen all pregnant individuals serologically for syphilis at the first prenatal care visit, followed by universal rescreening during the third trimester and at birth, rather than use a risk-based approach to testing.

ACOG: 2025 Updates

- **Practice Advisory: Influenza in Pregnancy Prevention and Treatment, August 2025**

(ACOG) reinforces the importance of recommending and providing the influenza vaccine to all patients who will be pregnant during the respiratory illness season. The new live-attenuated, intranasally administered influenza vaccine, which has recently been approved for home self-administration after having been exclusively prescribed and administered in a medical setting or a pharmacy, is not approved for use in pregnant individuals. However, it is approved for use in otherwise healthy individuals over the age of 2 and could be used for postpartum patients, including those who are lactating, who are averse to needle-based vaccines or prefer intranasal vaccine administration. For additional information regarding

- **Practice Advisory: Acetaminophen Use in Pregnancy and Neurodevelopmental Outcomes, September 2025**

ACOG reaffirms that acetaminophen remains the analgesic and antipyretic of choice during pregnancy. Judicious use at the lowest effective dose for the shortest necessary duration, in consultation with an obstetrician–gynecologist or other obstetric care professional, remains consistent with best practice.

The current weight of evidence does not support a causal link between prenatal acetaminophen use and neurodevelopmental disorders. At this time, no change in clinical practice is warranted based on new publications and ACOG's recommendations for the use of acetaminophen for specific indications **1** **2** remain current.

- **Practice Advisory: Cannabis Use During Pregnancy and Lactation, October 2025**

Cannabis refers to all products derived from the plants *Cannabis sativa, Cannabis indica, and Cannabis ruderalis* and is the most commonly used illicit drug under U.S. federal law. With increasing social acceptability, accessibility, and legalization in many states, the prevalence of cannabis use among pregnant and lactating individuals has increased significantly. Substance use in pregnancy, including cannabis use, has been associated with adverse outcomes such as spontaneous preterm birth, low birth weight, and developmental delay. Obstetrician–gynecologists and other obstetric health care professionals should be aware of the possibility of pregnant and lactating patients' use of cannabis and be prepared to counsel and screen all patients and use evidence-based strategies to reduce cannabis use.

Prenatal & Postpartum Care Supplement

	Weeks 1-8	Weeks 8-12	Weeks 12-16	Weeks 16-20	Weeks20-24	Weeks 24-28	Weeks 28-32	Weeks 32-36	Weeks 36-40	Weeks 40-Del	Postpartum
PCP	MD,NP,CNM	MD,NP,CNM	MD,NP,CNM	MD,NP,CNM	MD,NP,CNM	MD,NP,CNM	MD,NP,CNM	MD,NP,CNM	MD,NP,CNM	MD,NP,CNM	MD,NP,CNM
Consults as needed	Case Manager	Case Manager	Case Manager	Case Manager	Case Manager Lactation Counselor	Case Manager	Case Manager	Case Manager	Case Manager	Case Manager	Case Manager
Procedure/ Tests	Physical Exam Psychosocial database (includes screening for domestic violence, Substance Use Disorder, tobacco use, alcohol use, SDOH needs, and perinatal depression) *Patients should be screened for depression at least once during the perinatal period using a standardized screening tool.* HH, Rubella, VDRL, Hep B suiface antigen, Type & Screen, PAP (as indicated), breast exam HIV (recommend to all) GC & Chlamydia (annually) Sickle cell (if indicated) Urinalysis, Urine Culture, Vitamin D level (MFM) *Zika Screening* *All patients who are considering pregnancy or are already pregnant, regardless of screening strategy and ethnicity, should be offered carrier screening for cystic fibrosis and spinal muscular atrophy a complete blood count and screening for thalassemias and hemoglobinopathies.* *Carrier Screening for Cystic Fibrosis does not need to be performed with every pregnancy*	Urinalysis Hemoglobin Genetic counseling as indicated Offer first trimester combined screening **NT** (nuchal translucency) screening NIPT(Noninvasive Prenatal Testing) 1s'Trimester Assessment Consider screening for premature labor in at-risk women. *ACOG recommends all pregnant women be offered prenatal genetic screening or diagnostic testing. • "'Early screening for Diabetes for the at-risk population: previous hx of gestational diabetes, obesity, hx of chronic HTN should be screened• at 12 weeks and again at 28 weeks	Urinalysis MSAFP/ Quad screen to be done in weeks 15- 21 I st Trimester Assessment Consider screening for premature labor in at-risk women. 'ACOG has adopted the NIDDK/ ADA guidance on screening for diabetes and prediabetes which considers not only previous pregnancy • history but also risk factors associated with type 2 diabetes. Screen early in pregnancy if: -Patient is overweight with **BM!** of25 (23 in Asian Americans), *and* one of the following physical inactivity, known impaired glucose metabolism, previous history of GDM, macrosomia, or stillbirth -HTN (140/90mmHg or being treated for **HTN)** -HDL cholesterol< 35 mg/di, Fasting triglyceride::'.250 mg/dL,PCOS, acanthosis nigricans, nonalcoholic steatohepatitis, morbid obesity and other conditions associated with insulin resistance, Hgb A IC 2: 5.7%, impaired glucose tolerance or impaired fasting glucose, CVD, Family hx of diabetes-1s'degree relative, Ethnicity of African American, American Indian, Asian American, Hispanic, Latina;j?r Pacific Islander	Urinalysis U/S to be done in weeks 18-22	Urinalysis Consider screening for premature labor in at-risk women. Diabetes Screen	Urinalysis Diabetes Screen RH antibody screen Repeat domestic violence screen	Urinalysis H&H 32 weeks Repeat VDRL (For high risk) Fetal Ultrasound to screen for Feta] Growth Restriction (FGR)	Urinalysis GBS culture 35-37 wks. Culture all patients. lfthe patient is in labor and the culture is unavailable, the patient should be treated. (If PCN allergic, order sensitivities for appropriate treatment)	Urinalysis	Urinalysis	Physical exam (includes pelvic and breast)

				Aneuploidy Testing-Second trimester optimal screen time 16-18 weeks.							
Patient/ Family Education	Give pregnancy journal Prenatal infonnation on pregnancy in general, medications to avoid, risk behaviors, routine office process, emergency contact, nutrition information, physical activity Give pre-registration hospital forms Counsel about 1st Trimester assessment	Discuss S & S of pregnancy; VBAC counseling as indicated. Prenatal classes available	Lifestyle assessment Depression Screening	Refer to childbirth education classes	Discuss warning signs and symptoms of preterm labor Breast- or bottle-feeding education; LC consult if needed.	DiscussL& D anesthesia/pain management options	Schedule hospital tour Schedule pediatrician interviews BTL and TOLAC (Trial of Labor after caesarean) consent fonns Operative vaginal delivery counseling and consent	S&S of Labor Baby care Circumcision Car seats	*The American College of Obstetricians and Gynecologists recommend that women with active recurrent genital HSY infection be offered suppressive viral therapy with acyclovir or valacyclovir at or beyond 36 weeks of gestation. *		*The American College of Obstetricians and Gynecologists (the College) recommends that obstetrician-gynecologists and other obstetric care providers screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. It is recommended that all obstetrician-gynecologists and other obstetric care providers complete a full assessment of mood and emotional well-being (including screening for postpartum depression and anxiety with a validated instrument) during the comprehensive postpartum visit for each patient. If a patient is screened for depression and anxiety during pregnancy, additional screening should then occur during the comprehensive postpartum visit.*
Routine Visits	Monthly until 32 weeks: more frequently as indicated							Every 2 weeks	Weekly until delivery		NSVD 4-6 weeks C/S 2-6 weeks as indicated
Meds	PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4 Rhogam 28 weeks if RH negative PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4	Rhogam prn Rubella prn
Other	Flu (any trimester during flu season) *Complete OB assessment Ifpatient refuses HIV testing they must sign a waiver Patient should be given information on the birth injury fund and infonned of whether or not the practitioner participates		*The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia. * *Local Maternal Fetal Medicine recommends 2 baby aspirins per day for women at high risk for pre-eclampsia*	Re-evaluate Dietary patterns Register for childbirth classes Register for breastfeeding and infant care classes	• ACIP recommends vaccination of adolescents and adults who have or anticipate contact w/an infant less than 12 months of age who previously did not receive Tdap should receive a single dose 2 weeks prior contact w/infant. *	Tdap during pregnancy preferably between 27 weeks and 36 weeks gestation		Select pediatrician or family care doctor	PP birth control methods		

Prenatal & Postpartum Care Supplement

Prenatal visit(s)

- A prenatal visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization and gaps in enrollment duringthe pregnancy.

Prenatal care visit to an OBIGYN practitioner or midwife, family practitioner or other PCP. For visits to a *family practitioner or PCP,* a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of *one* of the following.

- A basic physical obstetrical examination that includes auscultation for fetal heart tone, ***or*** pelvic exam with obstetric observations, ***or*** measurement of fundus height (a standardized prenatal flow sheet may be used)
- Evidence that a prenatal care procedure was performed, such as:
  - Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis Bsurface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh[D] and ABO blood typing), ***or***
  - TORCH antibody panel alone ***or***
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, ***or***
  - Ultrasound of a pregnant uterus
- Documentation of LMP, EDD or gestational age in conjunction with *either* of the following.
  - Prenatal risk assessment and counseling/education, ***or***
  - Complete obstetrical history

Postpartum visit

- A postpartum visit for a pelvic exam or postpartum care on or between 7 and 84 days after delivery.

Postpartum visit to an OBIGYN or other prenatal care practitioner, or PCP on or between 7and 84 days after delivery. Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and *one* of the following.

- Pelvic exam, ***or***
- Evaluation of weight, BP, breasts and abdomen, ***or***
  - Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component
- Notation of postpartum care, including but not limited to the following:
  - Notation of "postpartum care," "PP care," "PP check," "6-week check"

    A preprinted "Postpartum Care" form in which information was documented during the visit.
- Perinea) or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance abuse disorder, or preexisting mental health disorders.

- Glucose screening for women with gestational diabetes
- Documentation of any of the following topics:
  - Infant care or breastfeeding
  - Resumption of intercourse, birth spacing or family planning
  - Sleep/fatigue
  - Resumption of physical activity and attainment of healthy weight.

Source: National Committee for Quality Assurance (NCQA), HEDJS Measurement Year 2020 & Measurement Year 2021 Technical Specifications, for Health Plans Volume 2, Pages 421-427. For more information please refer to the current HEDJS® publication.

UPDATE: 9/15/2023

- CDC recommends TB testing in the first trimester for women at high risk: known HIB infection, close contact with individuals known or suspected to have TB, Medical risk factors known to increase the risk of disease if infected such as diabetes, lupus, cancer, alcoholism, and drug addiction, birth in or emigration from high-prevalent countries, being medically under-served, homeless, living or working in long-term care facilities such as correctional institutions, mental health institutions, and nursing homes. Currently, CDC recommends getting flu vaccine by end of October and Tdap between weeks 27-36. Covid-19 vaccine and booster is recommended in pregnancy and breastfeeding.

- Other vaccines that may be recommended by a provider depending on particular patient health status.

- Live-virus vaccines are contraindicated in pregnancy (MMR-Measles-mumps-rubella, varicella)

References

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