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
Date Reviewed	9/23
Next Review Date	9/25

Prenatal & Postpartum Care Supplement

	Weeks 1-8	Weeks 8-12	Weeks 12-16	Weeks 16-20	Weeks 20-24	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 surface 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) 1st 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 1st 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 BMI of 25 (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/dl, Fasting triglyceride ≥ 250 mg/dL,PCOS, acanthosis nigricans, nonalcoholic steatohepatitis, morbid obesity and other conditions associated with insulin resistance, Hgb A1C ≥ 5.7%, impaired glucose tolerance or impaired fasting glucose, CVD, Family hx of diabetes-1st degree relative, Ethnicity of African American, American Indian, Asian American, Hispanic, Latina or 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 Fetal Growth Restriction (FGR)	Urinalysis GBS culture 35-37 wks. Culture all patients. If the 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 information 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.	Discuss L & D anesthesia/pain management options	Schedule hospital tour Schedule pediatrician interviews BTL and TOLAC (Trial of Labor after caesarean) consent forms 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 HSV 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 If patient refuses HIV testing they must sign a waiver Patient should be given information on the birth injury fund and informed 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		

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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 during the pregnancy.

Prenatal care visit to an OB/GYN 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 B surface 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 OB/GYN 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.
- Perineal 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), HEDIS Measurement Year 2020 & Measurement Year 2021 Technical Specifications, for Health Plans Volume 2, Pages 421-427. For more information please refer to the current HEDIS® 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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4. National Committee for Quality Assurance (NCQA), *HEDIS Measurement year 2020 & Measurement Year 2021 Technical Specifications* for Health Plans Volume 2, Pages 421-427.

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