

**2009-2010 VIRGINIA PREMIER HEALTH PLAN, INC.  
 PRENATAL HEALTH GUIDELINES FOR NORMAL PREGNANCY**

*These are guidelines for uncomplicated pregnancies. Frequency of visits and care rendered should be determined by a woman's individual needs and risks*

Procedure	First trimester (week 0-14)	Second trimester (weeks 15-28)	Third trimester (weeks 29-42)	Postpartum (4-8 weeks after delivery)
Obstetrical Evaluations	<p>By 6 to 8 weeks: Initial evaluation which includes:</p> <ul style="list-style-type: none"> <li>• Medical Psychiatric, family (w/ attention to genetic d/o) &amp; social hx (w/ attention to substance use and domestic violence)</li> <li>• History of current pregnancy</li> <li>• Voluntary, informed genetic screening (e.g.,cystic fibrosis)</li> <li>• Infection history</li> <li>• Physical exam including height, weight and blood pressure</li> <li>• HIV counseling and testing with consent</li> <li>• Labwork –blood type and Rh, antibody screen, hemoglobin, hematocrit, urinalysis, hepatitis B surface antigen, syphilis screening; Pap smear, rubella titre, GC/Chlamydia, hemoglobin electrophoresis (as indicated)</li> <li>• Urine C &amp; S</li> <li>• History Prior Pregnancy/Compl.</li> <li>• Flu shot (if anticipates pregnancy)</li> <li>• PPD (for at risk patients)</li> <li>• Androploid Screening</li> </ul> <p>At 8-12 weeks: offer CVS or early amniocentesis (as indicated)</p>	<p>Between 15-18 weeks:</p> <p>Tetra screen (includes <b>AFP</b>)</p> <p>Offer genetics referral and amniocentesis or fetal scan if age 35 or &gt; at EDC, or as clinically indicated</p> <p>At 17-22 weeks: Ultrasound, earlier if indicated</p> <p>At 24-28 weeks: Gestational diabetes screening</p> <p>At 28 weeks:</p> <ul style="list-style-type: none"> <li>-if Rh negative unsensitized woman, repeat antibody testing and if still unsensitized, should received D (Rho[D]) immune globulin</li> <li>-hemoglobin and hematocrit</li> <li>-repeat syphilis screening (as indicated)</li> <li>-repeat HIV screening</li> </ul>	<ul style="list-style-type: none"> <li>• 35-37 weeks: Group B Strep culture (if not using clinical risk factor prevention strategy)</li> </ul>	



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Routine Office Visits	<p>Every 4 weeks: Blood pressure, weight, fundal height, fetal heart rate, and urine protein and glucose</p> <p>After quickening, evaluation for fetal movement, preterm labor, leakage of fluid/vaginal bleeding</p>		<p>Every 2-3 weeks until 36 weeks, then weekly until delivery: Blood pressure, weight, fundal height, fetal heart rate and presentation, urine protein and glucose, evaluation for fetal movement, preterm labor, leakage of fluid/vaginal bleeding.</p>	<p><b>4-6 weeks after delivery:</b>            Physical exam including weight and blood pressure            Or other as needed.</p>
Patient Education	<ul style="list-style-type: none"> <li>• Nutrition, exercise, sexual activity, work activities, environmental hazards</li> <li>• Tobacco, alcohol and drug restriction</li> <li>• Toxoplasmosis precautions</li> <li>• Travel</li> <li>• Dental health</li> <li>• Prescription for prenatal vitamins with folate</li> </ul>	<ul style="list-style-type: none"> <li>• Childbirth classes</li> <li>• Breast feeding versus bottle-feeding</li> <li>• Post partum/Birth Control (sign at 28 weeks)</li> <li>• Sign form if indicated (for Medicaid at 28 weeks for sterilization)</li> </ul>	<ul style="list-style-type: none"> <li>• Admission, labor, delivery and anesthesia planning</li> <li>• Infant feeding, lactation support services</li> <li>• Post partum birth control</li> <li>• Labor onset, rupture of membranes, abnormal bleeding</li> <li>• Preparation for discharge including newborn car seat.</li> <li>• Newborn care, including circumcision</li> <li>• Encourage patient to choose pediatrician early or newborn</li> </ul>	<ul style="list-style-type: none"> <li>• Family planing</li> <li>• Reproductive health promotion</li> </ul>

*Amended from: American Academy of Pediatrics and American College of Obstetricians and Gynecologists, Guides for Prenatal Care.1<sup>st</sup>- 5<sup>th</sup> Edition  
 Based Primarily on the US Preventive Services Task Force: Guide to Clinical Preventive Services*