

**2009-2010 VIRGINIA PREMIER HEALTH PLAN, INC.  
PREVENTIVE PRENATAL GUIDELINES FOR HIGH RISK POPULATION (Definition/Intervention)**

<b>Population at Risk</b>	<b>Definition of Population</b>	<b>Interventions</b>
High Risk sexual behavior	<b>Risk Factors:</b> (also consider local epidemiology) 1. Under age 25 2. New or multiple sex partners 3. Partners have or have had multiple sex partners 4. Exchange sex for money or drugs 5. History of STDs	Chlamydia & Gonorrhea (1 <sup>st</sup> visit) Repeat in 3 <sup>rd</sup> trimester if at continued risk or if + screen first trimester
	<b>Risk Factors:</b> 1. History of bisexual or homosexual behavior by self or partner 2. Exchange sex for money or drugs 3. Current or past history of HIV positive partner 4. Current STD or past STD 5. New or multiple sex partners Also consider if universal screening not done due to low HIV prevalence	HIV screen with consent Repeat HIV in 3 <sup>rd</sup> trimester if at increased risk
	<b>Women who are initially HbsAg negative at high risk due to:</b> 1. Injection drug use 2. Suspected exposure to Hep. B 3. Multiple sex partners 4. History of STDs in current pregnancy 5. Exchange sex for money or drugs	HbsAg (3 <sup>rd</sup> trimester)
	<b>Risk Factors:</b> 1. Exchange sex for money or drugs 2. Currently have other STDs (including HIV) 3. Sexual contacts with persons with active syphilis 4. New or multiple sex partners Also consider local epidemiology/ recommendations	RPR/VDRL (3 <sup>rd</sup> trimester)
Blood transfusion 1978-1985		HIV screen, Hep C, HbsAg (1 <sup>st</sup> visit)
Illicit drug use	Exchange sex for money or drugs. Current or past history of illicit drug use.	HIV screen, Hep C HbsAg (3 <sup>rd</sup> trimester) Advice to reduce infection Urine drug screen (1 <sup>st</sup> prenatal exam with consent)
Unsensitized D-negative women		D (Rh) antibody testing at 24-28wk or with accident or trauma or abuse; if D Neg, administer Rhogam

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Risk factors for Down Syndrome	Risk Factors: 1. Prior pregnancy affected by Down Syndrome 2. Advance maternal age > 35 at Estimated Date of Confinement (EDC) 3. Known carrier of chromosome rearrangement 4. Abnormal maternal serum screening	Offer CVS (1 <sup>st</sup> trimester) amniocentesis (15-18 wk)
History pregnancy with neural tube defect		Offer amniocentesis (15-18 wk), folic acid 4.0 mg.
<p><b>The risk factors as listed in the reference:</b></p> <p><b>HR1</b>= Women with history of STD or new multiple sex partners. Clinicians should also consider local epidemiology. Chlamydia screen should be repeated in 3<sup>rd</sup> trimester if at continued risk.</p> <p><b>HR2</b> = Women under age 25 with two or more sex partners in the last year, or whose sex partner has multiple sexual contacts; women who exchange sex for money or drugs; and women with a history or repeated episodes of gonorrhea. Clinicians should also consider local epidemiology. Gonorrhea screen should be repeated in the 3<sup>rd</sup> trimester if at continued risk.</p> <p><b>HR3</b> = In areas where universal screening is not performed due to low prevalence of HIV infection, pregnant women with the following individual risk factors should be screened; past or present injection drug use; women who exchange sex for money or drugs; injection drug-using, bisexual, or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs.</p> <p><b>HR4</b> = Women who are initially HbsAg negative who are at high risk due to injection drug use, suspected exposure to hepatitis B during pregnancy, multiple sex partners.</p> <p><b>HR5</b> = Women who exchange sex for money or drugs, women with other STDs (including HIV), and sexual contacts or persons with active syphilis. Clinicians should also consider local epidemiology.</p> <p><b>HR6</b> = Women who continue to inject drugs.</p> <p><b>HR7</b> = Unsensitized D-negative women.</p> <p><b>HR8</b> = Prior pregnancy affected by Down syndrome, advanced maternal age &gt;35 yr.), known carriage of chromosome rearrangement.</p> <p><b>HR9</b> = Women with previous pregnancy affected by neural tube defect.</p>		

*Amended from: American Academy of Pediatrics and American College of Obstetricians and Gynecologists, Guides for Perinatal Care*