



**Community Health Network of Connecticut, Inc.
2009 Obstetrical Care Recommendations**

First Prenatal Visit Components (Ideally at Six to 12 Weeks Gestation)	Initial History	<ul style="list-style-type: none"> • Medical, Obstetrical, Family, Social histories. Particular attention directed to previous pregnancies, surgical history, gynecological conditions, sexually transmitted disease, dietary habits, cigarette and/or nicotine use. • Documentation of LMP and establishment of EDC • Documentation of medication allergies • Medication use since pregnant (illicit, prescribed, OTC, dietary/herbal supplements) • Environmental exposures • Race, ethnicity (self-reported) • Marital Status (self-reported at the time of registration) – include committed relationship with significant other
	Physical Examination	Complete physical examination, including blood pressure, height and weight (and calc. of BMI); and breast, heart and lung, abdominal and pelvic examination.
	Laboratory Evaluation	Initial prenatal lab screenings should include: <ul style="list-style-type: none"> • Hemoglobin/Hematocrit • Hemoglobin electrophoresis (at risk populations) • Blood type and antibody screen (if not previously done) • Rubella (if immunity not previously documented) • Urine culture • Urine dipstick for protein and glucose determination • Syphilis (RPR) • Hepatitis B surface antigen • Hepatitis C screen • Varicella antibody testing (if no history or unclear and testing not previously done) • HIV (offered) • Pap smear (if not normal within previous 3 months) • Cervical cultures for chlamydia and gonorrhea as indicated • TB in at risk populations (may delay until 15-20 weeks)* • Genetic screening (as indicated)

These guidelines represent a compilation of recommendations from national organizations, including the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). Adapted from “Massachusetts Health Quality Partners, 2006/7 Perinatal Care Recommendations” issued 2007. Massachusetts Health Quality Partners, 100 Talcott Avenue, Watertown, MA 02472.

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	<p>Psychosocial Assessment (to be conducted during each trimester)</p>	<p>Screen and refer as appropriate, based on following queries as guide:</p> <ol style="list-style-type: none"> 1. Do you have any problems that prevent you from keeping your health care appointments? 2. How many times have you moved in the past 12 months? 3. Do you feel unsafe where you live? 4. Do you or any member of your household go to bed hungry? 5. In the past 2 months, have you used drugs or alcohol (including beer, wine or mixed drinks)? 6. In the past year, has anyone hit you or tried to hurt you? 7. Do you ever feel afraid or controlled or isolated by your partner? 8. How do you rate your current stress level? low or high? 9. If you could change the timing of this pregnancy, would you want it earlier, later, not at all or no change? <p>Note: Alternatively, assess for depression with use of Patient Health Questionnaire-9 (PHQ-9)</p>
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	<p>Counseling</p>	<p>Discuss/advise</p> <ul style="list-style-type: none"> • Smoking, alcohol use • Medications/Drugs: Illicit, Prescribed, OTC, Dietary/Herbal supplements; consult with clinician before using any medications or undergoing treatments • Need for prescription for folic acid and iron supplementation (and provide prescriptions) • Domestic violence • Proper nutrition & weight management • HIV counseling, including information on testing, risk factors for HIV and other sexually transmitted diseases • Exercise (body temperature and exhaustion) • Environmental/occupational exposures to avoid, such as contact with cat feces and high temperature (saunas/hot tubs, etc.) • Dental examination recommendation • Seat belts use • Benefits of breast-feeding • Genetic counseling for at risk, over 35 or with family history • Advice on when to call obstetrical care provider • Assessment of attitudes toward pregnancy • Depression • Personal care and hygiene issues (with attention to specific cultural/ethnic practices) • Support systems available for assistance during pregnancy • Barriers to self-care (homelessness, financial concerns) • Access to health care services
<p>At Each Subsequent Prenatal Visit</p>	<p>Record in Medical Chart</p>	<ul style="list-style-type: none"> • Gestational age of fetus • Physical Assessment • Blood Pressure • Weight • Urine protein and glucose determination as appropriate • Uterine size • Fetal heart tones (after 12-14 weeks, as indicated) • Cervical exam as indicated by clinical history • Fetal position (as indicated) • Interval history of smoking, ETOH and other drug use (see recommendations for 1st prenatal visit) • Ask about the following beginning at 20 weeks:

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		<ol style="list-style-type: none"> 1. Fetal movement 2. Contractions 3. Bleeding 4. Leaking fluid
Additional Content at Subsequent Visits	13-27 Weeks	Laboratory Testing <ul style="list-style-type: none"> • Gestational diabetes screening (24 to 28 weeks) • Offer quad screen AFP and multiple-marker screen • Genetic screening as indicated (amniocentesis, etc) • Fetal survey ultrasound as indicated for fetal age, growth, and/or anatomy • TB testing of at risk populations (if not done previously) with follow-up as indicated
		Discuss signs and symptoms of preterm labor
		Flu vaccine recommended seasonally
		Childbirth education
		Repeat Psychosocial Assessment
28 to 35 Weeks	Send to CHNCT at 26-28 weeks updated risk assessment form, with referral to High Risk Pregnancy case management as appropriate	
	Laboratory Testing <ul style="list-style-type: none"> • Hemoglobin/Hematocrit • Antibody testing of Rh-negative patient and administer Rh immune globulin as indicated • Repeat screening for sexually transmitted diseases in high-risk patients (including Hepatitis B, RPR, HIV, gonorrhea and chlamydia) • Re-test HIV (unless declined) 	
		Counseling <ul style="list-style-type: none"> • Signs/symptoms preterm labor, signs/symptoms of pre-eclampsia, PROM, labor, other third trimester complications • Hospital length of stay • Feeding the baby, breast-feeding & assessment of breast-feeding issues. Refer to lactation consultant for identified problems (e.g. flat or inverted nipples) • Encourage to contact clinician's office (for baby's care) and to schedule prenatal visit • Choose car seat • Travel restrictions • Family planning after delivery

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		Repeat Psychosocial Assessment (between 28 weeks and delivery)
	36-40 Weeks	<p>Laboratory Testing</p> <ul style="list-style-type: none"> • Group B Beta Hemolytic Streptococcus <p>Counseling</p> <ul style="list-style-type: none"> • Signs and symptoms of labor and when to call clinician • Labor and delivery • Anesthesia and pain control issues and options • Benefits of breast-feeding • Family planning • Postpartum depression/Psychosis • Assess postpartum supports • Returning to work and other external activities • Timing and necessity for postpartum visit <p>Communication Issues</p> <ul style="list-style-type: none"> • Prenatal records transferred to labor and delivery • Notification of pediatrician/other clinicians for anticipated neonatal complications
	Post Due-Date 40-42 Weeks	<p>Assessment</p> <ul style="list-style-type: none"> • Cervical exam • FHR testing (NST or CST) • Ultrasound for biophysical profile and/or amniotic fluid volume • Expectant management vs. induction

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Postpartum Visit (Scheduled 4-6 weeks after delivery)	Assessment	<ul style="list-style-type: none"> • Interval history Bleeding, symptoms of infection, incontinence, medication use, etc. • Physical examination including: <ol style="list-style-type: none"> 1. Episiotomy repair and healing as indicated 2. Uterine involution 3. Breast exam • Pap smear if needed • Evaluation of emotional status, psychosocial support and adaptation to the new baby. Provide appropriate counseling or referral. Note: Alternatively, screen for depression with use of Patient Health Questionnaire-9 (PHQ-9) • Confirmation of rubella immunization (for non-immune mothers) • <i>Assess for depression with Patient Health Questionnaire-9 (PHQ-9); alternatively screen for depression verbally and if positive, use PHQ-9</i>
	Counseling re: mother	<ul style="list-style-type: none"> • Discussion of breastfeeding • Health promotion and preventive health measures, e.g., diet, exercise, etc. • Resuming sexual activity • Family planning, birth control, future pregnancies • Safe medications for a breast-feeding mother • Schedule for subsequent periodic examinations • Plan to address other health issues identified during pregnancy
	Counseling re: baby	<ul style="list-style-type: none"> • Stressing of importance of, and documentation of care with, baby's clinician • Importance of immunizations

These guidelines are consistent with those published by ACOG.

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