



**Community Health Network of Connecticut, Inc.  
2010 Obstetrical Care Recommendations**

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

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QIC (7/21/10)



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

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

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

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

These guidelines are consistent with those published by ACOG.

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