Michigan Quality Improvement Consortium

Michigan Quality Improvement Consortium Guideline

Routine Prenatal and Postnatal Care

The following guideline provides recommendations for routine prenatal and postnatal care.

Recommendation	6-8 Weeks	14-16 Weeks	24-28 Weeks	32 Weeks	36 Weeks	38 Weeks	39 Weeks	40 Weeks	41 Weeks	Postpartum 3-8 Weeks After Delivery
Social and medical history [D]	X			X						
Assessment (dental and nutritional health; physical and sexual activity; alcohol and drug abuse; tobacco use **[A];** domestic abuse; environment; genetic risk factors; medications; transportation; seatbelt use **[B];** infant car seat use **[A];** childbirth education; adequate social support; coping skills; financial resources; knowledge of available resources; mental health, especially depression screening; ability to comprehend information or care provided) *(update at 32 weeks)*	X			X						X
Assess cultural/religious beliefs; activities of daily living (including use of durable medical equipment)	X									
Education and counseling (need for early and consistent prenatal care, and postpartum visit 3-8 weeks after delivery; select primary care physician for newborn; benefits and methods of breastfeeding; "safe sleep"; assessment and referrals for ongoing parenting education and early childhood care; prevention of unintended pregnancy)	X				X					X[1]
General physical and pelvic exam	X									X
Blood pressure **[B],** weight, BMI, fundal height, weeks gestation	X	X	X	X	X	X	X	X	X	X
Routine urinalysis, culture **[A]**		X								
Urine for glucose and albumin	X	X	X	X	X	X	X	X	X	
Fetal heart tones **[D]**		X	X	X	X	X	X	X	X	
Fetal presentation **[D]**					X	X	X	X	X	
D (Rh) type, blood type, antibody screen **[A]** ***If D (Rh) negative, repeat antibody screen at 28 weeks.**	X									
Pap smear **[A]** *(If not performed in past 12 months.)*	X									
HIV counseling and testing **[C]** **If high risk, repeat at 36 weeks.*	X									
STD screening (GC, chlamydia, VDRL **[A]**) for high-risk patients (e.g., new or multiple sexual partners, history of sexually transmitted diseases, not using condoms consistently or correctly) **If at continued risk, rescreen in third trimester.*	X		X *(28-36 weeks+)*							
Hepatitis B **[A]** and rubella screening **[B]**	X									
Hemoglobin and hematocrit **[B]** *(Evaluate for hemoglobinopathy if appropriate.)*	X				X					
Maternal serum alpha fetoprotein or multiple marker screening **[B]** (16-20 weeks)		X								
Screening for gestational diabetes[2, 3] *(Test earlier if previous history of gestational diabetes.)*			X							6 weeks[3]
Influenza vaccine **[C]** (intranasal vaccine not for use in pregnant women)	X									
Group B strep cultures *(vaginal and rectal)*					X *(35-37 weeks)*					
Folic acid (0.4 - 0.8 mg one month prior to conception through 1st trimester) **[A]**	X	X								

[1] Education and counseling for prevention of unintended pregnancy

[2] Screening may be omitted for women younger than 25 who are not members of a racial or ethnic group with high prevalence of diabetes (e.g., Hispanic, African, Native American, South or East Asian, or Pacific Islands ancestry), are not obese, have no history of abnormal glucose tolerance, no previous history of adverse pregnancy outcomes usually associated with GDM, no known type 2 diabetes in first-degree relatives.

[3] Screen at 6 weeks for diabetes mellitus postpartum if patient had gestational diabetes.

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists standard pregnancy management steps. It is based on several sources, including: Routine Prenatal Care, Institute for Clinical Systems Improvement, 2009 (www.icsi.org); and The American Academy of Pediatrics and American College of Obstetricians and Gynecologist; Guidelines for Perinatal Care, Sixth Edition, October, 2007. Individual patient considerations and advances in medical science may supersede or modify these recommendations.