

## Prenatal/Postnatal Preventive Health Guidelines

These guidelines are minimal requirements for pregnant women. Women in “high-risk” categories or with specific medical problems may require more frequent evaluations and tests. These guidelines in no way represent the level of health care benefits covered by HealthPlus. It is the responsibility of the treating practitioner to provide preventive health services to meet the particular health needs of each patient.



Recommendation	First Visit (6-8 weeks gestation)	Additional Visits (10-12 weeks, 16-18 weeks, 22 weeks, 28 weeks, 32 weeks, 36 weeks, 38 weeks, 39 weeks, 40 weeks, 41 weeks)	Postpartum Visit (3-8 weeks after delivery)
<b>Social and Medical History</b>	<b>X</b>	Update as necessary at each visit	<b>X</b>
<p><b>Risk Assessment:</b> nutritional and dental health, weight, physical and sexual activity, alcohol and drug abuse, tobacco use, domestic abuse, environment, genetic risk factors, medications, transportation, adequate social support, coping skills, mental health (especially depression screening), financial resources, ability to comprehend information or care provided, knowledge of available resources</p> <p><b>Education/Counseling:</b> prenatal lifestyle and education, including physiology of pregnancy, preterm labor education and prevention, smoking cessation, physical activity, nutrition, benefits and methods of breastfeeding, seat belt use, infant car seat use, childbirth education, safe sleep, selecting primary care physician for newborn, parenting education, prevention of unintended pregnancy, postpartum depression, assessment and referrals for ongoing parenting education, and early childhood care</p>	At every visit	<p><b>X</b></p> <p>(focus on prevention of unintended pregnancy, breastfeeding, and postpartum depression)</p>	
<b>General Physical Exam</b>	<b>X</b>		<b>X</b>
<b>Pap Test</b> (if not performed in last 12 months) <b>and pelvic exam</b>	<b>X</b>		<b>X</b> (pelvic exam only)
<b>Blood Pressure, Weight, BMI</b>	<b>X</b>	At every visit	<b>X</b>
<b>Fundal Height</b>		At every visit beginning at 16-18 weeks	
<b>Urine for Glucose and Albumin</b>	<b>X</b>	At every visit	
<b>Routine Urinalysis</b>	<b>X</b>	At 10-12 weeks	
<b>Fetal Heart Tones/Fetal Position</b>		Fetal heart tones at every visit beginning at 10-12 weeks Fetal position at every visit beginning at 32 weeks	
<b>D (Rh) Blood Typing and Antibody Testing</b>	<b>X</b>		
<b>HIV Counseling/Testing</b>	<b>X</b>		
<b>Chlamydia Screening</b>	<b>X</b> (if age 25 or younger or older at high-risk)		
<b>Syphilis Screening</b>	<b>X</b>		
<b>Hepatitis B and Rubella Screening</b>	<b>X</b>		
<b>Varicella</b>		Assess for evidence of immunity. If no immunity, administer first dose of vaccine upon completion/termination of pregnancy and before discharge from health care facility.	Administer second dose 4-8 weeks after first dose
<b>Hemoglobin/Hematocrit</b>	<b>X</b>	At 28 weeks and 36 weeks	
<b>Chromosomal Abnormalities Screening</b>		Offer at 10-18 weeks*	
<b>Screening for Gestational Diabetes</b>		At 28 weeks (or earlier if patient has a history of gestational diabetes)	Screen at 6 weeks postpartum if patient had gestational diabetes
<b>Influenza Vaccination</b>	<b>X</b> (if in 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester during flu season)	If not administered earlier and if 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester will occur in flu season	
<b>Group B Strep Cultures (vaginal and rectal)</b>		At 35-37 weeks	
<b>Folic Acid Supplementation</b>	Daily one month prior to conception through first trimester	Daily through first trimester	

\* Nuchal translucency (NT) and blood test at 10 weeks. Women at increased risk should be offered genetic counseling and CVS or amniocentesis. Neural tube defect screening should be offered to women who elect only 1st trimester screening for Down syndrome.