



2015 PERINATAL CARE PRACTICE GUIDELINES

PURPOSE:

Optimal perinatal care will result in improved fetal, maternal, infant, and family well-being.

OVERVIEW:

These guidelines are meant to represent the standard of care for **normal** pregnancies. They are not meant to imply that additional care should not be provided when complications of pregnancy arise.

PREVIOUS GUIDELINE:

This guideline was updated and adapted from the 2012 recommendations of the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP).

EDITORIAL NOTE:

These Perinatal Guidelines are adapted from the recommendations of the American College of Obstetricians and Gynecologists (ACOG, www.acog.org) and the American Academy of Pediatrics (AAP) as presented in Guidelines for Perinatal Care, 7th edition, October 2012, (“the Guidelines”). The most recent version of the US Preventative Services Task Force recommendations was also reviewed.

Summary recommendations for prenatal care, intrapartum care and the postpartum period are presented.

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Component of Care	Targeted Population	Timing of Delivery	Notes
History			
Medical/Psychosocial/Obstetrical History	All	First visit	Should include family/genetic history
Update History	All	All visits	
Tobacco Use	All	First visit	
Domestic Violence	All	First visit	
Illicit Drug Use	All	First visit	
Postpartum Depression Risk	All	First visit	Consider screening for postpartum depression risk factors
Physical Exam			
General Physical Exam	All	1 st or 2nd visit	
Blood Pressure	All	All visits	
Height/Weight /BMI	All	1 st or 2nd visit	Pre pregnancy BMI greater than 30kg/m is a risk factor for GDM
Weight	All	All visits	
Pelvic Exam/Pelvimetry	All	First visit	
Breast Exam	All	1 st or 2nd visit	
Fundal Height	All	> 20 weeks	By tape measure from symphysis pubis to apex of fundus
Fetal Assessment /Ht. rate Doppler		10 th week +	
Fetal lie	All	>36 weeks	
	All		
Cervical Exam	All	>40 weeks	
Laboratory and Imaging Tests			
Hemoglobin or Hematocrit	All	First visit; repeat at 24-28 and 36 weeks	
Blood Type Rh Status, RBC antibody screen	All	First visit	
RBC antibody Screen	All	At 28 weeks if Rh negative	
Pap Smear	All	1 st or 2nd visit	If not up to date with regular screening
Urine Dipstick for Protein/Glucose	All	Every visit	
Urine Culture	All	1 st or 2nd visit	
Rubella Titer	All	1 st or 2nd visit if not already documented.	
Syphilis Screen	All	1 st or 2nd; repeat at 36 weeks	
Gonococcal Screen	All	1 st or 2nd visit;	

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Component of Care	Targeted Population	Timing of Delivery	Notes
Chlamydia Screen	All	1 st or 2nd visit.	
Hepatitis B Surface Antigen	All	1 st or 2nd visit	
HIV	All	Offered 1 st or 2nd visit	Consider repeat in third trimester based on risk factors
Nuchal translucency with PAPP-A and hCG	All	Offered prior to 13 weeks	
Multiple Marker Screening for Neural Tube Defects and Trisomy	All	Offered 15-20 weeks	
Diabetic Screening	All	24-28 weeks	At first visit for patients with the following risk factors: <ul style="list-style-type: none"> • pre- pregnancy BMI of greater than 30kg/m. • Personal Hx. of GDM • Known impaired glucose metabolism
Group B Strep Screen	All	35-37 weeks	GBS antibiotic sensitivity testing if patient has penicillin-associated anaphylactic symptom history. Antibiotic therapy at delivery if known +GBS or mother's GBS status unknown except for Cesarean.
PPD	Social or medical risk factor for tuberculosis	1 st or 2nd visit	
Cystic fibrosis screening	All	Offered in 1 st trimester	.
Amniocentesis	Elevated risk of fetal aneuploidy or single gene defects	Offered at 15-20 weeks	Requires discussion of indication, utility, limitations and risks of amniocentesis
HgB Electrophoresis	Women of African, Southeast Asian, Middle Eastern, or Mediterranean descent	Offered in 1 st trimester	Contingent testing of father of pregnancy.

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Component of Care	Targeted Population	Timing of Delivery	Notes
Preventive Care			
Influenza Vaccine	Women who pregnant during flu season (Oct. - May)	Anytime during pregnancy	
Anti-D Immunoglobulin	All Rh-negative, antibody negative women with partner Rh+ or status unknown.	28 weeks	
Counseling			
First Trimester			
HIV and other routine prenatal tests	All	1 st trimester	
Risk factors identified by prenatal history	All	1 st trimester	
Anticipated course of prenatal care	All	1 st trimester	
Nutrition and weight gain	All	1 st trimester	
Toxoplasmosis precautions (cats/raw meat)	All	1 st trimester	
Sexual activity	All	1 st trimester	
Exercise	All	1 st trimester	
Environmental/work hazards	All	1 st trimester	
Travel	All	1 st trimester	
Tobacco, alcohol, illicit drugs (ask, advise, assess, assist, and arrange)	All	1 st trimester	
Use of any medications (supplements, vitamins, herbs, or OTC drugs)	All	1 st trimester	
Indications for an ultrasound	All	1 st trimester	
Domestic violence	All	1 st trimester	
Seat belt use	All	1 st trimester	
Childbirth classes/hospital facilities	All	1 st trimester	
Influenza vaccine	All	1 st trimester	
Second Trimester			
Signs and symptoms of preterm labor	All	2 nd trimester	
Abnormal lab values	All	2 nd trimester	
Influenza vaccine	All	2 nd trimester	

Component of Care	Targeted Population	Timing of Delivery	Notes
Selecting a pediatrician	All	2 nd trimester	
Postpartum family planning/tubal sterilization	All	2 nd trimester	
Third Trimester			
Anesthesia/analgesia plans	All	3 rd trimester	
Fetal movement monitoring	All	3 rd trimester	
Labor signs	All	3 rd trimester	
VBAC counseling	All	3 rd trimester	
Signs and symptoms of pregnancy-induced hypertension	All	3 rd trimester	
Post-term counseling	All	3 rd trimester	
Circumcision	All	3 rd trimester	
Breast or bottle feeding	All	3 rd trimester	
Postpartum depression	All	3 rd trimester	
Newborn car seat	All	3 rd trimester	
Influenza Vaccine	All	3 rd trimester	
Family medical leave or disability forms	All	3 rd trimester	
Refer:			
Genetic counseling	Patients with teratogen exposure or known or suspected genetic, chromosomal or syndromic reproductive risks.	First trimester	

INTRAPARTUM CARE

The details of appropriate management of the intrapartum care or complications of labor are beyond the scope of these Guidelines, but are available in the current recommendations of the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP).

POSTPARTUM CARE:

1. Facility Discharge:
 - a. Medication Reconciliation
 - b. Referral for follow up of disorders newly discovered or suspected during pregnancy care, such as diabetes, HIV, chronic hepatitis B or C, and/or cervical dysplasia.
 - c. Exercise, Nutrition and any Restrictions or limitations
 - d. Discussion of future pregnancy plans/birth control methods

2. Postpartum Visit: Between 21 days and 56 days after delivery:
 - a. Pelvic, Abdomen and Breast Exam
 - b. Weight and Blood Pressure
 - c. Screen for Postpartum Depression
 - d. Review method of contraception
 - e. Review exercise and nutrition
 - f. Women with GDM should be screened for persistent diabetes 6-12 weeks postpartum.

IMPLEMENTATION CONSIDERATIONS:

Members may self-refer for prenatal care. Obstetricians are advised to notify the Plan at the diagnosis or first prenatal visit so that we may enroll members in our voluntary education/high-risk management programs. Select genetic services are non-covered.

MONITORING:

The plan will monitor perinatal care using the “Prenatal and Post-partum Care (PPC)” HEDIS measure and the Frequency of Ongoing Prenatal Care (FPC) utilization measure for HEDIS.

REFERENCE/SOURCE:

Guidelines for Perinatal Care, 7th Edition, October 2012 , American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP)

Prevention of Perinatal Group B Streptococcal Disease, The Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), August 16, 2002, Volume 51, No. RR-11.

Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008 Morbidity and Mortality Weekly Report (MMWR) Recom Rep 2008; 57 (RR-7): 1-60.

Public Health Service Expert Panel on the Content of Prenatal Care, Caring for Our Future: The Content of Prenatal Care, Public Health Service, Washington DC, 1989

REVIEWS AND APPROVALS:

Medical Peer Review Committee Dates: 01/08/97, 06/02/99, 05/02/01, 04/02/03, 4/6/05, 4/4/07, 4/1/09, 5/18/11, 3/20/13

Professional Advisory Committee (PAC) Date: 3/18/15