



Routine Prenatal Care

Purpose

To identify and promote the most important contributors to improved clinical outcomes for pregnant women and their newborns.

Major Recommendations

- Provide each patient with visit-specific screening, education and immunizations.
- Counsel appropriate patients regarding the different screening options and the limitations and benefits of each.
- Inform patients who have had a previous Cesarean delivery about the risks and benefits associated with vaginal birth after Cesarean (VBAC).
- Conduct a comprehensive risk assessment and provide appropriate treatment to all patients as it relates to risks for preterm labor, relevant infectious diseases and genetic disorders.
- Conduct a postpartum visit or a phone call within 2 weeks after delivery. Conduct a postpartum visit 4-6 weeks after delivery.
- All pregnant women should get one dose of Tdap during the third trimester or late second trimester (after 20 weeks gestation). If not administered during pregnancy, Tdap should be administered immediately postpartum. Family and friends who will be in contact with the baby should be education on receiving a Tdap vaccination.

	Preconception	Initial Visit	Subsequent visits 0-28 wks. (visits should occur every 4 wks.)	29-36 wks. (visits should occur every 2-3 wks.)	37 + wks. (visits should occur wkly)	Immediate Post-Partum	Post-Partum visits (3-8 wks. after delivery)
History and Physical	Risk profile Ht/Wt. (BMI) Blood pressure Breast exam Pelvic exam Family/OB hx Psycho/Social hx Prescription drugs, herbal Supplements/ vitamins Exposure to lead/other Environment/occupational hazards Domestic violence Depression* Substance abuse Zika virus risk	Risk profile Ht/Wt. (BMI) Blood pressure Pelvic exam Exposure to lead, environmental & occupational hazards Breast exam Family/OB hx Estimated date of delivery Psycho/Social hx Language/cultural issues Domestic violence Depression* Substance abuse Oral health and refer as needed Unstable housing	Risk profile Weight Blood pressure Fundal height Fetal heart rate/ton	Risk profile Weight Blood pressure Fundal height Fetal heart rate/tones	Risk profile Weight Blood pressure Fundal height Fetal heart rate/tones Confirm fetal position/presentation Check cervix		Uterine involution Delivery history Weight Blood pressure Pelvic exam Breast exam Medical, dental, psychosocial needs Postpartum depression*
Diagnostic Procedures	Pap smear Screening for: Rubella Varicella PPD Hepatitis B & C if indicated+ TSH if indicated HIV Zika virus if indicated +if risk factors for Hep C present, per ACOG and CDC	Pap Smear (USPSTF/CDC): U/A; C & S GC/Chlamydia Screening for: Rubella Varicella Hepatitis B RPR/VDRL HIV testing HCT/HGB [†] ABO/D (Rh)/Ab Lead screening Offer genetic screening for common aneuploidies	As indicated: Sickle Cell Hgb Electroph PPD TSH If obese (BMI>30), GTT – (required by NYS Medicaid program) Zika virus PTB risk & Medical risk assessment referral Preeclampsia risk assessment: Consider low-dose ASA therapy	Urine dipstick ** Sonogram (16-20 wks.) If woman obese (BMI>30), GTT at 1st visit or 1st trimester Average risk patients, GTT 24-28 wks.) MSAFP (quad screen or AFP) HCT/HGB Repeat RPR/VDRL Offer DNA testing As indicated: D (Rh) antibody screen Genetic testing Zika virus	Urine dipstick GBS Repeat HIV testing (34-36 wks. and/or at least three months after initial testing.) *** As indicated: HCT/HGB VDRL GC/Chlam Ultrasound	Urine dipstick As indicated: NST BPP Zika virus Do NOT schedule non-medically indicated inductions or cesarean deliveries before 39 weeks 0 days gestational age.	Rescreen for GDM at 6–12 wks. (2-h 75-g OGTT or 1-h 50-g non fasting screen followed by a 3-h 100-g OGTT for those who screen positive) As indicated: Pap smear HCT/HGB Zika virus
Genetic Screening		Cystic Fibrosis Ashkenazi Jewish population SMA Sickle Cell	Screening: NIPT Diagnostic: CVS or Amnio				

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.

Counseling & Education	Nutrition & wt. Exercise Folic Acid Sexual practices Medical record Menstrual hx Smoking cessation Seatbelt use	Patient's Bill of Rights Nutrition & wt. Nausea & vomiting Physical activity Lifestyle Folic Acid Warning signs Fetal growth & development Info about Cystic Fibrosis screening Physiology of pregnancy Risk factors Smoking cessation Body mechanics HIV pre-test counseling Oral health Prevent/Eliminate lead exposure Occupational/Environmental Concerns Avoid harmful activity Seat belt use	Nutrition Folic acid thru first trimester Quickenig Exercise Lifestyle Warning signs Fetal growth & develop Physiology of pregnancy PTL S/S Childbirth classes Family issues Travel Breast/bottle feeding HIV post-test counseling As indicated: Genetic counseling Rhogam	Nutrition Fetal kick counts Exercise Work hazards Warning signs Fetal growth & development Physiology of pregnancy PTL S/S Pre-registration Sexuality Breast/bottle feeding Birthing options Relaxation techniques Parenting Episiotomy Labor & delivery issues Selecting a pediatrician Encourage family members & caregivers to get Tdap & flu vaccine (& Herpes Zoster vaccine if needed) before meeting the baby	Nutrition Fetal kick counts Late pregnancy symptoms S/S of labor Post term counseling Review postpartum F/U Contraception/Family planning Postpartum vaccinations L & D update Anesthesia/Analgesia VBAC counseling Parenting Infant feeding choices Infant CPR Newborn car seat Circumcision FMLA/Disability forms Discussion of postpartum depression	Contraception/Family planning Optimal interval for pregnancy Diet & exercise Smoking cessation Parenting Anticipatory guidance for lead poisoning prevention Feeding choices Refer for infant preventive services &/or special needs. Arrange for postpartum home visit as needed Discussion of postpartum depression Encourage family members & caregivers to get Tdap & flu vaccine (& Herpes Zoster vaccine if needed) before meeting the baby	
Immunization & Prophylaxis	As indicated: Nutritional supplements MMR Varicella. Hep B Influenza, COVID 19 vaccine and booster	As indicated: Nutritional supplements Influenza	As indicated: Tdap (ideally between 27 and 36 weeks) Rhogam (28 wks.) Influenza	As indicated: Tdap (ideally between 27 and 36 wks.) Influenza	As indicated: Tdap (ideally between 27 and 36) Influenza	As indicated: Tdap (if not administered in late 2 nd or 3 rd trimester) MMR Rhogam Influenza	As indicated: Immunizations Tdap (if not administered in late 2 nd or 3 rd trimester) Influenza

Depression Two Question Assessment: During the last month have you been bothered by (1) little interest or pleasure in doing enjoyable things? and/or (2) feeling down, depressed or hopeless? If yes to either, question, consider administering the self-assessment tool or *Edinburgh Postnatal Depression Scale*. **Grade A for screening for asymptomatic bacteriuria for pregnant women @ 12-16 weeks or first prenatal visit if later (USPSTF). ***New York State Medicaid Update notes that a repeat third trimester test should be routinely recommended to all pregnant women who tested negative early in prenatal care.

Measures Commonly Used by National Organizations

- Prenatal care: Screening for HIV- Percentage of Patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit. (CMS Meaningful Use)
- Prenatal care: Anti-D Immune Globulin - Percentage of D (Rh) negative non-sensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation. (CMS Meaningful Use)
- Educate patients whose previous child was delivered by Caesarean section of risks and benefits of VBAC. (ICSI) Current guidelines do not utilize race in the decision to have VBAC.
- Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization. (NCQA)
- Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. (NCQA)

1. "Rethinking Race in Medicine: ACOG Removes a Race-Based Cutoff for Anemia in Pregnancy." Health Affairs. Available from: <https://www.healthaffairs.org/doi/10.1377/forefront.20210816.198602/full/>

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.

High Risk Populations/Disparities

- In 2018, the rate of severe maternal morbidity for Black women delivering was 447 per 10,000 deliveries — 2.3 times higher than among white women, for whom the rate was 191 per 10,000 deliveries. The rate for Hispanic women was approximately 1.7 times the rate for white women; the rate for Asian women was approximately 1.5 times higher than the rate for white women.²
- With established links between historical redlining practices and racial disparities in outcomes for Black patients seeking obstetric care, preterm births occurred in higher percentages in zip codes labeled “hazardous” – 12.38% of total preterm births – versus the lower percentage in “best” or “still desirable” zip codes (7.55%) in comparing 9 counties in the Finger Lakes region from 2005 to 2018.^{3, 4, 5}
- Across the Finger Lakes region, infant mortality rates for African-Americans and Latinos are consistently much higher than the rate for White infants. For the 3 years ending 2017, the African-American rate – 14.8 per 1000 live births - was nearly 3 times the White rate of 5.3 per 1000 live births⁶.
- Adding a doula to a patient’s care team can improve outcomes, especially since doulas can play critical roles in advocating for the birth parent’s care and autonomy and helping to combat racism and discrimination that Black parents experience during pre- and post-natal care. (HealthConnect One and HBN.)

2. “Complications of Childbirth: Racial & Ethnic Disparities in Severe Maternal Morbidity in New York State.” NY Health Foundation. Available from: <https://nyhealthfoundation.org/resource/complications-of-childbirth-racial-ethnic-disparities-in-severe-maternal-morbidity-in-new-york-state/>

3. Healthy Start Centers, Healthy Baby Network. Available from: <https://www.healthy-baby.net/resources/directory/3017/healthy-start-center-3/>

4. Monroe County, County/Zip Code Perinatal Data Profile – 2016-2018. Available from: <https://www.health.ny.gov/statistics/chac/perinatal/county/2016-2018/monroe.htm>

5. “Undoing Racism to Improve Birth Outcomes in Rochester.” HealthConnect One, November 2021. Available from: <https://www.healthconnectone.org/category/projects/rochester-black-doula-collaborative/>

6. https://www.health.ny.gov/statistics/vital_statistics/2017/

Resources for Physicians

American College of Obstetrics and Gynecology

- [Professional resources online bookstore](#)

New York State Perinatal Quality Collaborative

An initiative of the New York State Department of Health that aims to provide the best and safest care for women and infants by preventing and minimizing harm through the use of evidence-based practice interventions.

Healthy Baby Network (formerly known as Perinatal Network of Monroe County)

- Information and resources for physicians and their patients.
- Includes information about the Black Doula Collaborative.

Project TEACH

Online Vaginal Birth After Cesarean (VBAC) calculator.

- The VBAC has recently eliminated “race” in the algorithm.

Resources for Patients

American College of Obstetrics and Gynecology

- [Frequently Asked Questions](#)
- [Tips for Moms and Moms 2 Be](#) - Free text messages every week to help during pregnancy.

Centers for Disease Control

- [Maternal Health](#)

Healthy Baby Network (formerly known as Perinatal Network of Monroe County)

- [Healthy Babies Roc](#) – Resources for health insurance and support services

Monroe County Health Department

- [Women, Infants and Children’s Program \(WIC\)](#) – The WIC Program is a supplemental food and nutrition education program that serves pregnant, breastfeeding, postpartum women. (To be eligible, the applicant must be a resident of New York State and have a household income of less than 185% of the poverty level.)

The Black Doula Collaborative.

- **Doulas can provide multifaceted support to patients both during and after pregnancy and are effective care team members whose interventions have been effective in improvements in Black maternal mortality and morbidity.**

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.

References

- American Academy of Pediatrics and the American College of Obstetricians and Gynecologists (AAP/ACOG). *Guidelines for Perinatal Care*, Seventh Edition. October 2012. <http://www.acog.org/>
- The American College of Obstetricians and Gynecologists. Immunizations for Women <http://www.immunizationforwomen.org/>
- Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices (CDC/ACIP). *Guidelines for Vaccinating Pregnant Women*. <http://www.cdc.gov/vaccines/pregnancy/hcp/guidelines.html>
- Centers for Disease Control and Prevention/Zika Virus Home/For Healthcare Providers <https://www.cdc.gov/zika/hc-providers/index.html>
- Centers for Medicare & Medicaid Services Meaningful Use Quality Measure. <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/>
- Gruber KJ, Cupito SH, Dobson CF. Impact of doulas on healthy birth outcomes. *Journal of Perinatal Education*. 2013;22(1):49-58. doi:10.1891/1058-1243.22.1.49 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/?te=1&nl=in-her-words&emc=edit_gn_20200802
- Hollenbach SJ, Thornburg LL, Glantz JC, Hill E. Associations Between Historically Redlined Districts and Racial Disparities in Current Obstetric Outcomes. *JAMA Netw Open*. 2021;4(9):e2126707. doi:10.1001/jamanetworkopen.2021.26707 <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2784593>
- Institute for Clinical Systems Improvement (ICSI) (a non-profit independent quality improvement organization in Minnesota). *Guidelines for Routine Prenatal Care*, Fifteenth Edition, January 2012. https://www.icsi.org/guidelines_more/
- Michigan Quality Improvement Consortium Guideline. *Routine Prenatal and Postnatal Care*, June 2016 <http://mqic.org/guidelines.htm>
- New York Health Foundation. *Complications of Childbirth: Racial & Ethnic Disparities in Severe Maternal Morbidity in New York State*, August 2020. <https://nyhealthfoundation.org/resource/complications-of-childbirth-racial-ethnic-disparities-in-severe-maternal-morbidity-in-new-york-state/>
- New York Medicaid Prenatal Care Guidelines. http://www.health.ny.gov/health_care/medicaid/standards/prenatal_care/
- Thomas, MP., Ammann, G., Brazier, E. *et al.* Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population. *Maternal and Child Health Journal* 21, 59–64 (2017). <https://doi.org/10.1007/s10995-017-2402-0>
- USPSTF A-Z Topic Guide. U.S. Preventive Services Task Force. <http://www.uspreventiveservicestaskforce.org/uspsttopics.htm>
- Vaginal Birth After Cesarean (VBAC) Online Calculator. <https://mfmunetwork.bsc.gwu.edu/web/mfmunetwork/vaginal-birth-after-cesarean-calculator>

