

Perinatal Care Guidelines¹

	Initial Prenatal Visit	First-Second Trimester	Third Trimester	Postpartum Visit
History & Physical Exam	<ul style="list-style-type: none"> • Medical history • Obstetric/Gynecologic history • Family history • Demographic history • Psychosocial assessment • Physical examination 	<ul style="list-style-type: none"> • Blood pressure • Weight • Fundal height • Fetal heart rate Doppler (begin 10-12 weeks) • Interim history for problems/concerns • Fetal movement, contractions, vaginal bleeding, and leakage of fluid 	<ul style="list-style-type: none"> • Blood pressure • Weight • Fundal height and clinical evaluation of fetal weight • Interim history for problems/concerns • Fetal heart rate and movement, contractions, vaginal bleeding, and leakage of fluid 	<ul style="list-style-type: none"> • Blood pressure • Weight • Breast, abdomen, and pelvic exams • Interim history • Screen women with gestational diabetes mellitus for persistent diabetes 6-12 weeks postpartum²
Testing	<ul style="list-style-type: none"> • HCT/HGB • Pap test (if indicated) • Urine culture/screen • Blood type and Rh screen • Antibody screen • VDRL and RPR • Rubella • HbsAg • HIV education and screening (recommended with patient consent) • Optional labs³ 	<ul style="list-style-type: none"> • Urine screen for sugar and protein • Nuchal fold translucency test (first trimester) <p>When indicated:</p> <ul style="list-style-type: none"> • CVS (10-12 weeks) • Amniocentesis • Multiple marker serum/MSAFP (14-20 weeks) • Ultrasound for fetal anomaly (18-20 weeks) • HCT/HGB (24-28 weeks) • D (Rh) antibody screen (26-28 weeks) • Diabetes screen (24-28 weeks) 	<ul style="list-style-type: none"> • Urine screen for sugar and protein • GBS screen (35-37 weeks)⁴ 	<p>When indicated:</p> <ul style="list-style-type: none"> • Pap smear • Other tests as indicated
Counseling	<ul style="list-style-type: none"> • Nutrition (folic acid) • Medication use • Physical and sexual activity • Avoidance of substance use • Avoidance/cessation of smoking • Expected prenatal care • Safety belts and travel • Environmental hazards • Signs and symptoms requiring physician notification • Domestic violence • Flu vaccine, if flu season 	<ul style="list-style-type: none"> • Signs and symptoms of premature labor • Medication use • Exercise and nutrition • Avoidance of substance use • Avoidance/cessation of smoking • Education courses available • Safety belts and travel • Environmental hazards • Monitoring fetal activity • Signs and symptoms requiring physician notification 	<ul style="list-style-type: none"> • Signs and symptoms of labor • Signs and symptoms of pregnancy induced hypertension • Exercise and nutrition • Avoidance/cessation of smoking • Infant care: breast or bottle feeding, infant car seat, circumcision • Identifying a pediatrician • Post-term counseling • Encourage the use of Adacel in addition to Rubella while in the hospital, post delivery, to ensure immunizations are up to date 	<ul style="list-style-type: none"> • Methods of birth control • Breastfeeding and mastitis • Postpartum depression • Restrictions and limitations • Exercise and nutrition

Visit schedule for uncomplicated pregnancy:

Every 4 weeks for week 4-28; every 2 to 3 weeks for week 29-35; every week for week 36 through delivery.

Frequency of visits may vary with individual needs and risks.

Postpartum visit: 4-6 weeks after delivery for uncomplicated delivery; visit advisable 7-14 days after delivery for complicated delivery or cesarean section.

Approved by QIC 5/2005, Approved by MAB 6/2/2005, 2007 Guidelines adopted by QIC 3/2008, Approved by QIC 4/2010, Revised summary and guidelines approved by QIC 2/2011.

¹ Summary is based on the *Guidelines for Perinatal Care, 6th Edition (2007)* developed by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG).

² ACOG Committee Opinion No. 435: postpartum screening for abnormal glucose tolerance in women who had gestational diabetes mellitus. *Obstet Gynecol.* 2009; 113(6):1419-1421.

³ Depending upon history and risk, ACOG recommends tests for hemoglobin electrophoresis, PPD, sexually transmitted diseases or genetic screening tests.

⁴ See [CDC Prevention of Group B Streptococcal Disease \(2010\)](#) for new recommendations, endorsed by ACOG, AAP and other organizations.