



Michigan Quality Improvement Consortium Guideline

Routine Prenatal and Postnatal Care

The following guideline provides recommendations for routine prenatal and postnatal care in low risk patients.

Recommendation	6-8 Weeks	14-16 Weeks	24-28 Weeks	32 Weeks	36 Weeks	38 Weeks	39 Weeks	40 Weeks	41 Weeks	3-8 Weeks Postpartum
Assessment and interventions:	X			X						X
<ul style="list-style-type: none"> Cultural/religious beliefs Medical and OB history [D] History of preterm labor Nutritional health Childbirth education Genetic risk factors 										
<ul style="list-style-type: none"> Medications Alcohol and drug abuse Tobacco use [A] Physical and sexual activity Mental health, especially depression screening Domestic abuse (screen once per trimester) 										
<ul style="list-style-type: none"> Transportation Seatbelt use [B] Infant car seat use [A] Adequate social support Coping skills Knowledge of available resources 										
<ul style="list-style-type: none"> Ability to comprehend information or care provided Activities of daily living (including use of durable medical equipment) Environment 										
Psychosocial status and update [D]	X	X	X	X	X	X	X	X	X	X
Education and counseling:	X				X					X
<ul style="list-style-type: none"> Need for early/consistent prenatal care Healthy weight gain¹ Benefit of regular exercise Select primary care physician for newborn 										
<ul style="list-style-type: none"> Safety and importance of dental care for mother and newborn, caries transmission; refer if indicated Benefits and methods of breastfeeding "Safe sleep" 										
<ul style="list-style-type: none"> Assessment and referrals for ongoing parenting education and early childhood care Postpartum visit 3-8 weeks after delivery 										
<ul style="list-style-type: none"> Prevention of unintended pregnancy, i.e. immediate post-partum LARC, and risks of next pregnancy within 18 months 										
General physical and pelvic exam [D]	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], confirm pregnancy by testing	X									
Confirm EDD, gestational age using ultrasound [D]		X (13 wks)								
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 ≥ 21 years and indicated clinically prior to delivery)	X									
HIV counseling and testing [D]. Use rapid HIV testing during labor for women without HIV status. Anti-retrovirals if HIV positive.	X		X (26-28 weeks)		X					
STD screening (GC, chlamydia, VDRL [A])	X		X (If at high risk, rescreen in 3rd trimester)				X (VDRL only)			
Hepatitis B [A], rubella[B], and HCV (if high risk) screening [D]	X									
Hemoglobin and hematocrit [B] (Repeat at 24-28 weeks if appropriate)	X		X		X					
Screening for gestational diabetes ² [A]. Test on first visit if high risk of Type 2 diabetes ³ [B].			X							X (6-12 weeks ²)
Offer screening for Down Syndrome and Neural Tube Defects [B] (~11-20 weeks)		X								
Screen for short cervix using ultrasound, treat if positive		X (18-24 weeks)								
Elective/non-medically indicated induction prior to 39 weeks is contraindicated [B]							X			
Folic acid (1.0 mg daily one month prior to conception through 1st trimester) [A]	X	X								
Influenza vaccine [C] (Intranasal vaccine not for use in pregnant women)	X									
Tdap vaccine [D] (To maximize antibody response, optimal timing is 27-36 weeks gestation)	X									
Group B strep cultures (vaginal and rectal) (35-37 weeks)					X					

¹Institute of Medicine [Healthy Weight Gain During Pregnancy BMI calculator](#)

² If patient had gestational diabetes, then screen 6-12 weeks postpartum for persistent diabetes mellitus with 3 hour OGTT.

³American Diabetes Association [2016 Standards of Medical Care in 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, July 2012 (www.icsi.org); and The American Academy of Pediatrics and American College of Obstetricians and Gynecologists; Guidelines for Perinatal Care, 7th ed. October, 2012. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Approved by MQIC Medical Directors: July 2006; June 2008, 2010, 2011, 2012, 2013, 2014, 2016

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