

Routine Prenatal and Postnatal Care

The following guideline provides recommendations for routine prenatal and postnatal care.

Recommendation	6-8 Weeks	14-16 Weeks	24-28 Weeks	32 Weeks	36 Weeks	38 Weeks	39 Weeks	40 Weeks	41 Weeks	Postpartum 3-8 Weeks After Delivery
Social and medical history (<i>update at each visit</i>)	X	X	X	X	X	X	X	X	X	X
Assessment (dental and nutritional health; physical and sexual activity; alcohol and drug abuse; tobacco use [A]; domestic abuse; environment; genetic risk factors; medications; transportation; seatbelt use [B]; infant car seat use [A]; childbirth education; adequate social support; coping skills; financial resources; knowledge of available resources; mental health, especially depression screening; ability to comprehend information or care provided) (<i>update at each visit</i>)	X	X	X	X	X	X	X	X	X	X
Assess cultural/religious beliefs; activities of daily living (including use of durable medical equipment)	X									
Education and counseling (need for early [first trimester] and consistent prenatal care; prevention of unintended pregnancy; benefits and methods of breastfeeding; assessment and referrals for ongoing parenting education and early childhood care)	X				X					X ¹
Education and counseling on "safe sleep;" select primary care physician for newborn				X	X	X	X	X	X	X
General physical exam	X									X
Pelvic exam	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]		X								
Urine for glucose and albumin	X	X	X	X	X	X	X	X	X	
Fetal position, fetal heart tones		X	X	X	X	X	X	X	X	
D (Rh) type, blood type, antibody screen [A]	X									
Pap smear [A] (<i>if not performed in past 12 months</i>)	X									
HIV counseling and testing [C] <i>*Repeat at 36 weeks if previous negative test in prenatal care or women who have never been tested</i>	X				X					
STD screening (GC, chlamydia, VDRL [A]) for high-risk patients (e.g., new or multiple sexual partners, history of sexually transmitted diseases, not using condoms consistently or correctly) <i>*Rescreen in third trimester if at continued risk.</i>	X		X (28-36 weeks+)							
Hepatitis B [A] and rubella screening [B]	X									
Hemoglobin and hematocrit [B] (<i>Evaluate for hemoglobinopathy if appropriate.</i>)	X		X		X					
Maternal serum alpha fetoprotein or multiple marker screening [B]		X (16-20 weeks)								
Screening for gestational diabetes ^{2,3} (<i>Test earlier if previous history of gestational diabetes.</i>)			X							6 weeks ³
Influenza vaccine (<i>second or third trimester during flu season</i>)			X							
Group B strep cultures (<i>vaginal and rectal</i>)					X (35-37 weeks)					
Folic acid (0.4 - 0.8 mg one month prior to conception through 1st trimester) [A]	X	X								

¹ Education and counseling for prevention of unintended pregnancy

² Screening may be omitted for women younger than 25 who are not members of a racial or ethnic group with high prevalence of diabetes (e.g., Hispanic, African, Native American, South or East Asian, or Pacific Islands ancestry), are not obese, have no history of abnormal glucose tolerance, no previous history of adverse pregnancy outcomes usually associated with GDM, no known type 2 diabetes in first-degree relatives.

³ Screen at 6 weeks for diabetes mellitus postpartum if patient had gestational 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, 2007 (www.icsi.org), individual patient considerations and advances in medical science may supersede or modify these recommendations.