



MOLINA HEALTHCARE OF CALIFORNIA

ROUTINE PRENATAL CARE HEALTH CARE GUIDELINE

The summary for Routine Prenatal Care, adapted from the Institute for Clinical Systems Improvement (ICSI) Routine Prenatal Care Health Care Guideline Thirteenth Edition August 2009 was reviewed and adopted by the Molina Healthcare of California Clinical Quality Management Committee on March 10, 2010.

The full Institute for Clinical Systems Improvement (ICSI) Routine Prenatal Care Health Care Guideline is available at:

http://www.icsi.org/guidelines_and_more/gl_os_prot/womens_health/prenatal_care_4/prenatal_care__routine__3.html

Scope and Target Population:

This guideline pertains to the care of all women who are pregnant or are considering pregnancy. All visits are outpatient/clinic based. (See the ICSI Management of Labor guideline for hospital-based care.)

Clinical Highlights for Individual Clinicians:

- Identify patients with greater potential for high-risk pregnancy and provide appropriate preconception counseling.
- Each pregnant patient and each patient planning a pregnancy should receive a comprehensive risk assessment and appropriate risk-related interventions, including risks for preterm labor, relevant infectious diseases, and relevant genetic disorders.
- Each pregnant patient should receive visit-specific screening tests, education, immunizations and chemoprophylaxis as described in the schedule of prenatal visits.
- Counseling for appropriate aneuploidy testing (screening) should be offered to all pregnant women regarding the different screening options and the limitations and benefits of each of the screening and diagnostic tests.
- For patients with previous Caesarean section, provide education of risks and benefits associated with vaginal birth after Caesarean (VBAC). Assess and document patient's desire and appropriateness for VBAC.

Priority Aims:

1. Increase the percentage of pregnant women who receive timely, comprehensive screens for risk factors.
2. Increase the percentage of pregnant women who receive timely prenatal counseling and education as outlined in the guideline.
3. Increase the number of first-trimester patients who have documentation of counseling about appropriate aneuploidy screening.
4. Increase the percentage of VBAC-eligible women who receive documented education describing risks and benefits of VBAC.
5. Increase the rate of appropriate interventions for identified change in status in women with preterm birth (PTB) risk factors.

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ROUTINE PRENATAL CARE

HEALTH CARE GUIDELINE

Adapted from the National Guideline Clearinghouse (NGC) and the Institute for Clinical Systems Improvement (ICSI).

Clinical highlights and a table for routine prenatal care follow. The reader is directed to the original guideline document for further discussion of each of the following topics:

http://www.icsi.org/guidelines_and_more/gl_os_prot/womens_health/prenatal_care_4/prenatal_care__routine__3.html

Clinical Highlights

- Identify patients with greater potential for high-risk pregnancy and provide appropriate preconception counseling (*Annotation #4; Aim #1 -- see original guideline document*).
- Each pregnant patient and each patient planning a pregnancy should receive a comprehensive risk assessment and appropriate risk-related interventions, including risks for preterm labor, relevant infectious diseases, and relevant genetic disorders. (*Annotations #2, 4; Aim #5 -- see original guideline document*)
- Each pregnant patient should receive visit-specific screening tests, education, immunizations and chemoprophylaxis as described in the schedule of prenatal visits. (*Annotation #1; Aim #2 --see original guideline document*)
- Counseling for appropriate aneuploidy testing (screening) should be offered to all pregnant women regarding the different screening options and the limitations and benefits of each of the screening and diagnostic tests (*Annotation #24; Aim #3 – see original guideline document*).
- For patients with previous Cesarean section, provide education of risks and benefits associated with vaginal birth after Cesarean (VBAC). Assess and document patients' desire and appropriateness for VBAC (*Annotation #22; Aim #4 -- see original guideline document*).

Event	Preconception Visit	Visit 1** 6–8 weeks	Visit 2 10–12 weeks	Visit 3 16–18 weeks	Visit 4 22 weeks
Screening Maneuvers	Risk profiles Height and weight/BMI Blood pressure History and physical Cholesterol and HDL Cervical cancer screening	Risk profiles GC/Chlamydia Height and weight/BMI Blood pressure History and physical* Rubella Varicella	Weight Blood pressure Fetal aneuploidy screening Fetal heart tones	Weight Blood pressure Fetal aneuploidy screening Fetal heart tones OB ultrasound (optional) Fundal height	Weight Blood pressure Depression Fetal heart tones Fundal height

Event	Preconception Visit	Visit 1** 6–8 weeks	Visit 2 10–12 weeks	Visit 3 16–18 weeks	Visit 4 22 weeks
Screening Maneuvers	Rubella/ rubeola Varicella Domestic violence Depression	Domestic violence Depression CBC ABO/Rh/Ab Syphilis Urine culture HIV [Blood lead screening] [VBAC] Viral hepatitis			
Counseling Education Intervention	Preterm labor education and prevention Substance use Nutrition and weight Domestic violence List of medications, herbal supplements, vitamins Accurate recording of menstrual dates	Preterm labor education and prevention Prenatal and lifestyle education <ul style="list-style-type: none"> • Physical activity • Nutrition • Follow-up of modifiable risk factors • Nausea and vomiting • Warning signs • Course of care • Physiology of pregnancy Discuss fetal aneuploidy screening	Preterm labor education and prevention Prenatal and lifestyle education <ul style="list-style-type: none"> • Fetal growth • Review lab results from visit 1 • Breast-feeding • Nausea and vomiting • Physiology of pregnancy • Follow-up of modifiable risk factors 	Preterm labor education and prevention Prenatal and lifestyle education <ul style="list-style-type: none"> • Follow-up of modifiable risk factors • Physiology of pregnancy • Second trimester growth • Quickening 	Preterm labor education and prevention Prenatal and lifestyle education <ul style="list-style-type: none"> • Follow-up of modifiable risk factors • Classes • Family issues • Length of stay • GDM • [RhoGAM]
Immunization and Chemoprophylaxis	Tetanus booster Rubella/MMR	Tetanus booster Nutritional supplements		[Progesterone]	

Event	Preconception Visit	Visit 1** 6–8 weeks	Visit 2 10–12 weeks	Visit 3 16–18 weeks	Visit 4 22 weeks
Immunization and Chemoprophylaxis	[Varicella/VZIG] Hepatitis B vaccine Folic acid supplement	Influenza [Varicella/VZIG]*** Pertussis			

Event	Visit 5 28 weeks	Visit 6 32 weeks	Visit 7 36 weeks	Visit 8-11 38-41 weeks
Screening Maneuvers	Preterm labor risk Weight Blood pressure Fetal heart tones Fundal height GDM Domestic abuse [Rh antibody status] [Hepatitis B surface Ag] [GC/Chlamydia]	 Weight Blood pressure Fetal heart tones Fundal height	 Weight Blood pressure Fetal heart tones Fundal height Cervix exam Confirm fetal position Culture for group B streptococcus	 Weight Blood pressure Fetal heart tones Fundal height Cervix exam
Counseling Education Intervention	Preterm labor education and prevention Prenatal and lifestyle education • Follow-up modifiable risk factors • Work • Physiology of pregnancy	Preterm labor education and prevention Prenatal and lifestyle education • Follow-up of modifiable risk factors • Travel • Contraception • Sexuality	Prenatal and lifestyle education • Follow-up of modifiable risk factors • Postpartum care • Management of late pregnancy symptoms • Contraception • When to call provider	Prenatal and lifestyle education • Follow-up of modifiable risk factors • Postpartum vaccinations • Infant CPR • Post-term management Labor and

Event	Visit 5 28 weeks	Visit 6 32 weeks	Visit 7 36 weeks	Visit 8-11 38-41 weeks
Counseling Education Intervention	<ul style="list-style-type: none"> Preregistration Fetal growth Awareness of fetal movement 	<ul style="list-style-type: none"> Pediatric care Episiotomy Labor and delivery issues <p>Warning signs/pregnancy-induced hypertension</p> <p>[VBAC]</p>	<ul style="list-style-type: none"> Discussion of postpartum depression 	delivery update
Immunization and Chemoprophylaxis	<p>[ABO/Rh/Ab]</p> <p>[RhoGAM]</p>			

[Bracketed] items refer to high risk groups only.

*It is acceptable for the history and physical and laboratory tests listed under Visit 1 to be deferred to Visit 2 with the agreement of both the patient and the provider.

** Should also include all subjects listed for the preconception visit if none occurred.

*** Administration of the varicella vaccine during pregnancy is contraindicated.

Abbreviations: Ab, antibody; Ag, antigen; ABO, blood group system; BMI, body mass index; CBC, complete blood count; CPR, cardiopulmonary resuscitation; GC, gonococci; GDM, gestational diabetes mellitus; HDL, high density lipoprotein; HIV, human immunodeficiency virus; MMR, measles/mumps/rubella; OB, obstetrics; RhoGAM, Rho(D) immune globulin; VBAC, vaginal birth after Cesarean; VZIG, varicella zoster immune globulin

BIBLIOGRAPHIC SOURCE(S)

- Institute for Clinical Systems Improvement (ICSI). Routine prenatal care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Aug. 93 p.

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