

**Prenatal Visits:** all pregnant females should receive timely prenatal visit in the first trimester and throughout pregnancy.

- **First Trimester** (0 to 13 weeks of pregnancy) Prenatal appointment scheduled.
- **Second Trimester** (14 to 27 weeks of pregnancy) Monthly appointments scheduled.
- **Third Trimester** (28 to 36 weeks of pregnancy) Appointments scheduled every two weeks.  
(36-40 weeks of pregnancy) Appointments scheduled weekly.

**Postpartum Visits:** within **21 to 56 days (3 to 8 weeks)** after delivery.

Immunizations/ Vaccines	Guidelines (Not a Guarantee of Benefit Coverage)
<b>Td/Tdap</b> (Tetanus, diphtheria, pertussis)	In pregnancy, when indicated, give Td in 2 <sup>nd</sup> or 3 <sup>rd</sup> Trimester. If not administered during pregnancy, give Tdap in immediate postpartum period.
<b>HepB (Hepatitis B)</b>	All pregnant females should be tested for HBsAg during first trimester. Pregnant women who are identified as being at risk for infection during pregnancy (e.g., having more than one sex partner during the previous 6 months, been evaluated or treated for an STD, recent or current injection drug use, or having had an HBsAg-positive sex partner) should be vaccinated.
<b>Influenza (Flu)</b>	Annually during flu season. Inactivated influenza vaccine (TIV) is recommended for pregnant women. For additional influenza vaccination information, visit CDC website: <a href="http://www.cdc.gov/vaccines/vpd-vac/flu/default.htm">http://www.cdc.gov/vaccines/vpd-vac/flu/default.htm</a>

Screenings & Testing	Guidelines (Not a Guarantee of Benefit Coverage)
<b>HIV Testing</b>	For all pregnant women during first prenatal visit
<b>Chlamydia, Gonorrhea, Syphilis Screenings</b>	For all pregnant women during first prenatal visit.
<b>Diabetes Screening</b>	For pregnant women during 24 and 28 weeks of pregnancy.
<b>Bacteriuria, Asymptomatic</b>	Screen for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks of gestation or at the first prenatal visit.
<b>Iron Deficiency Anemia</b>	Routine screening for iron deficiency anemia in asymptomatic pregnant women.
<b>Rh (D) Incompatibility</b>	Rh(D) blood typing and antibody testing for all pregnant women during their first prenatal visit. Repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24-28 weeks of gestation.
<b>Screening, Education and Counseling</b>	Alcohol misuse and tobacco use screening and counseling during prenatal visits; Breastfeeding education during prenatal and postpartum visits.

Molina's Preventive Health Guidelines are adopted from the CDC, Department of Health and Human Services, National Center for Immunization and Respiratory Disease, the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists and the 2011 HEDIS<sup>®</sup> Guidelines.

Molina recommends that clinical judgments be applied and that the treatments provided to members deviate from the guidelines when individual patient considerations and specific clinical situations dictate. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication; however they should be used with the clear understanding that continued research may result in new knowledge and recommendations. We recommend that the medical records contain appropriate documentation for clinical decisions. This Preventive Health Guideline is also available on the Molina website at: [www.molinahealthcare.com](http://www.molinahealthcare.com).