



MOLINA HEALTHCARE OF CALIFORNIA

ROUTINE PRENATAL CARE HEALTH CARE GUIDELINE

Molina Healthcare of California has adopted 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 (developed from American College of Obstetricians and Gynecologists guidelines). The guideline was reviewed and adopted by the Molina Healthcare of California Clinical Quality Management Committee on March 10, 2010.

Molina Healthcare of California has adopted the summary for Routine Prenatal Care, adapted from the Institute for Clinical Systems Improvement (ICSI) Routine Prenatal Care Health Care Guideline Fourteenth Edition July 2010 (developed from American College of Obstetricians and Gynecologists guidelines). The guideline was reviewed and adopted by the Molina Healthcare of California Clinical Quality Management Committee on March 16, 2011 and March 21, 2012.

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The Clinical Practice Guideline may be accessed from:
<https://www.icsi.org/asset/13n9y4/Prenatal.pdf>

Routine Prenatal Care Guideline Key Points

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:

https://www.icsi.org/_asset/13n9y4/Prenatal-Interactive0712.pdf

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)

Aims:

1. Increase the percentage of patients pregnant or planning a pregnancy who receive timely, comprehensive screens for risk factors.
2. Increase the percentage of pregnant patients or women planning pregnancy who receive timely, prenatal counseling and education as outlines in the guideline.
3. Increase the percentage of first-trimester pregnant patients who have documentation of counseling about appropriate aneuploidy screening.
4. Increase the percentage of VBAC-eligible pregnant patients who have a collaborative conversation with their clinician about the risks and benefits of VBAC.
5. Increase the percentage of pregnant patients who have appropriate interventions for preterm birth (PTB) risk factors.

Clinical Highlights

- 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.
- Each pregnant patient should be counseled regarding the limitations and benefits of each aneuploidy test and offered the screening and diagnostic tests.
- 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.
- **ADDED:** Each Post-Partum patient should receive a Post-Partum visit between 4-6 weeks of delivery as described in the schedule of visits.

Event	Preconception Visit	Visit 1** 6-8 weeks	Visit 2 10-12 weeks	Visit 3 16-18 weeks	Visit 4 22 weeks
Screening Maneuvers	<ul style="list-style-type: none">• Risk profiles• Height and weight/BMI• Blood pressure• History and physical• Cervical cancer screening• Rubella/rubeola	<ul style="list-style-type: none">• Risk profiles• GC/Chlamydia• Height and weight/BMI• Blood pressure• History and physical*• Rubella• Varicella	<ul style="list-style-type: none">• Weight• Blood pressure• Fetal aneuploidy screening• Fetal heart tones	<ul style="list-style-type: none">• Weight• Blood pressure• Depression• Fetal aneuploidy screening• Fetal heart tones	<ul style="list-style-type: none">• Weight• Blood pressure• Fetal heart tones• Fundal height• Cervical assessment

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Event	Preconception Visit	Visit 1** 6-8 weeks	Visit 2 10-12 weeks	Visit 3 16-18 weeks	Visit 4 22 weeks
	<ul style="list-style-type: none"> Varicella Domestic violence Depression 	<ul style="list-style-type: none"> Domestic violence Depression CBC ABO/Rh/Ab Syphilis Urine culture HIV [Blood lead screening] [VBAC] Viral hepatitis 		<ul style="list-style-type: none"> OB ultrasound (optional) Fundal height Cervical assessment 	
Counseling Education Intervention	<ul style="list-style-type: none"> Preterm labor Substance abuse Nutrition and weight Domestic violence List of medications, herbal supplements, vitamins Accurate recording of menstrual dates 	Preterm labor [VBAC] 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 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 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 Gestational diabetes mellitus (GDM)
Immunization and Chemoprophylaxis	<ul style="list-style-type: none"> Tetanus booster Rubella/MMR [Varicella/VZIG] Hepatitis B vaccine Folic acid supplement 	<ul style="list-style-type: none"> Tetanus booster Nutritional supplements Influenza [Varicella/VZIG]*** Pertussis 		[Progesterone]	[RhoGam]

Event	Visit 5 28 weeks	Visit 6 32 weeks	Visit 7 36 weeks	Visit 8-11 38-41 weeks	Visit Post-Partum 4-6 weeks
Screening Maneuvers	<ul style="list-style-type: none"> Preterm labor risk Weight Blood pressure Depression Fetal heart tones Fundal height Gestational diabetes mellitus (GDM) 	<ul style="list-style-type: none"> Weight Blood pressure Fetal heart tones Fundal height 	<ul style="list-style-type: none"> Weight Blood pressure Fetal heart tones Fundal height Cervix exam as indicated Confirm fetal position 	<ul style="list-style-type: none"> Weight Blood pressure Fetal heart tones Fundal height Cervix exam as indicated 	<ul style="list-style-type: none"> Cervical cancer screening [GC/Chlamydia] Height and weight/BMI Blood pressure History and physical Domestic violence

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	<ul style="list-style-type: none"> • Domestic violence • [Rh antibody status] • [Hepatitis B Ag] • [GC/Chlamydia] 		<ul style="list-style-type: none"> • Culture for group B streptococcus 		<ul style="list-style-type: none"> • Depression • Gestational diabetes mellitus (GDM)
Counseling Education Intervention	<p>Psychosocial Risk Factors</p> <p>Preterm labor education and prevention</p> <p>Prenatal and lifestyle education</p> <ul style="list-style-type: none"> • Follow-up modifiable risk factors • Work • Physiology of pregnancy • Preregistration • Fetal growth <p>Awareness of fetal movement</p>	<p>Preterm labor education and prevention</p> <p>Prenatal and lifestyle education</p> <ul style="list-style-type: none"> • Follow-up of modifiable risk factors • Travel • Contraception • Sexuality • Pediatric Care • Episiotomy <p>Labor and delivery issues</p> <p>Warning signs/pregnancy-induced hypertension</p> <p>[VBAC]</p>	<p>Prenatal and lifestyle education</p> <ul style="list-style-type: none"> • Follow-up modifiable risk factors • Postpartum care • Management of late pregnancy symptoms • Contraception • When to call provider • Discussion of postpartum depression 	<p>Prenatal and lifestyle education</p> <ul style="list-style-type: none"> • Follow-up modifiable risk factors • Postpartum vaccinations • Infant CPR • Post-term management <p>Labor and delivery update</p> <p>Breastfeeding</p>	<ul style="list-style-type: none"> • Contraception • Discussion of postpartum depression • Breastfeeding concerns and support
Immunization and Chemoprophylaxis	<ul style="list-style-type: none"> • [ABO/Rh/Ab] • [RhoGAM] • [Hepatitis B Ag] 				<ul style="list-style-type: none"> • Tetanus/pertussis

[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); 2012 July. 116 p.

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

https://www.icsi.org/_asset/13n9y4/Prenatal-Interactive0712.pdf