



# **MOLINA HEALTHCARE OF TEXAS**

## **Preventive Health Guidelines: Pregnancy Vaccinations and Health Screenings GUIDELINE**

Molina Healthcare of Texas has adopted **Pregnancy Vaccinations and Health Screenings**. The guideline was reviewed and adopted by the Molina Healthcare of Texas Clinical Quality Improvement Committee on 07/27/2011, 07/24/2013.

The Preventive Health Guideline may be accessed below

Molina healthcare of Texas  
2013 PREVENTIVE HEALTH GUIDELINES:



Immunization and Screening Recommendations for healthy Children, Adults, Seniors and Pregnancy

[Pregnancy

Immunizations/Vaccines	PRENATAL VISITS:			
	First Trimester 1-12 wks	Second Trimester 13-28 wks	Third Trimester >28 wks.	POSTPARTUM VISIT**
<b>Tetanus, Diphtheria, Pertussis (Td/Tdap)</b> <sup>1</sup> : Td booster during second and third trimester if previously vaccinated ≥ 10 years; if received Td < 10 years ago, Tdap during postpartum		PD	PD	PD
<b>Influenza (Inactivated)</b> <sup>2</sup> : 1-dose to all pregnant women in any trimester	✓	✓	✓	✓
<b>Hepatitis A</b> <sup>3</sup> : is recommended if another high risk condition or other indication		PD		
<b>Hepatitis B</b> <sup>4</sup> : high risk individuals		PD		
<b>Screenings/ Laboratory Testing</b>				
<b>Birth Defect Tests:</b>				
<b>Amniocentesis</b> <sup>5</sup> : Between weeks 15 and 18 to screen for chromosomal disorders		✓		
<b>Chronic Villus Sampling (CVS)</b> <sup>6</sup> : before week 13 to screen for chromosomal disorders	✓			
<b>Maternal Serum Multiple Marker Screening (neural tube defects)</b> <sup>7</sup> : during 16-18 weeks of gestation		✓		
<b>Blood Pressure</b> <sup>8</sup> : at first prenatal visit and periodically throughout the pregnancy	✓	✓	✓	
<b>Blood Test:</b>				
<b>Anemia (iron deficiency anemia)</b> <sup>9</sup> : during first prenatal visits	✓	PD	PD	
<b>Diabetes Screening</b> <sup>10</sup> : between 24 and 28 weeks of pregnancy	PD	✓		
<b>Hepatitis B (HBsAg)</b> <sup>11</sup> : during first trimester/prenatal visit	✓	PD	PD	
<b>HIV</b> <sup>12</sup> : during first prenatal visit (and any other if at risk)	✓	PD	PD	
<b>Rh (D) Incompatibility</b> <sup>13</sup> : during first visit for all pregnant women; during 24-28 weeks of gestation for unsensitized Rh(D)- negative	✓	PD		
<b>Rubella Serology Screening</b> <sup>14</sup> : at first prenatal visit (Susceptible pregnant women vaccinated during postpartum period)	✓			PD
<b>Syphilis Screening</b> <sup>15</sup> : at first prenatal visit; repeat in third trimester and at delivery for high-risk	✓	PD	PD	
<b>Cervical Test:</b>				
<b>Chlamydia Screening</b> <sup>16</sup> : all pregnant women aged 25 years and younger and others at risk and third if at continued risk	✓		PD	
<b>Gonorrhea Screening</b> <sup>17</sup> : at first prenatal visit and at third trimester for continued risk factor	✓		PD	
<b>Group B Streptococcus (GBS)</b> <sup>18</sup> : during third trimester			✓	
<b>Ultrasound Exam</b> <sup>19</sup> : during first trimester	✓	PD	PD	
<b>Urine Test:</b>				
<b>Asymptomatic Bacteriuria (Urine Test)</b> <sup>20</sup> : at 12-16 weeks of gestation or as recommended by your doctor	✓			
<b>Counseling</b>				
Accidental Injury Prevention; Alcohol; breastfeeding; Coronary Heart Disease; Healthy diet/nutrition/vitamins and supplements (0.4-0.8mg of folic acid a day to reduce the risk of neural tube defects; STD and HIV; Car Seat Safety; Tobacco use prevention.				

PD= Per Practitioner Discretion

Postpartum visits: recommended within 21-56 days (3 to 8 weeks) following delivery.

# Molina healthcare of Texas

## 2013 PREVENTIVE HEALTH GUIDELINES:



### Immunization and Screening Recommendations for healthy Children, Adults, Seniors and Pregnancy

For additional information about vaccines, vaccine supply and contraindications for immunization, please visit the national Immunization Program Website at [www.cdc.gov/nip](http://www.cdc.gov/nip) or call the National Immunization Hotline at 800 232-2522.

Guidelines are based on U.S. Preventive Services Task Force Recommendations (2012); American Academy of Pediatrics; Recommended Immunization Schedule United States, 2013; American Academy of Pediatrics Immunization Schedule, 2013; recommended Adult Immunization Schedule United States; AAFP Summary of Policy Recommendations for Clinical Preventive Services, 2013; Guidelines for Perinatal care, American College of Obstetricians, 2011.

Adopted by Molina Healthcare of Texas Medical Advisory Committee July 2013

#### Footnotes: Recommended Immunization Schedule for Pregnancy- United States 2013

##### 1-Tetanus, Diphtheria, and Pertussis (Tdap); & Tetanus and Diphtheria (Td):

- Health-care personnel should administer a dose of Tdap during each pregnancy irrespective of the patient's prior history of receiving Tdap. To maximize the maternal antibody response and passive antibody transfer to the infant, optimal timing for Tdap administration is between 27 and 36 weeks of gestation although Tdap may be given at any time during pregnancy.
- For women not previously vaccinated with Tdap, if Tdap is not administered during pregnancy, Tdap should be administered immediately postpartum.
- Available data from... studies do not suggest any elevated frequency or unusual patterns of adverse events in pregnant women who received Tdap and that the few serious adverse events reported were unlikely to have been caused by the vaccine.
- *Wound Management:* If a Td booster is indicated for a pregnant woman, health-care providers should administer Tdap.
- *Unknown or Incomplete Tetanus Vaccination:* To ensure protection against maternal and neonatal tetanus, pregnant women who never have been vaccinated against tetanus should receive three vaccinations containing tetanus and reduced diphtheria toxoids. The recommended schedule is 0, 4 weeks and 6 through 12 months. Tdap should replace 1 dose of Td, preferably between 27 and 36 weeks gestation

##### 2-Influenza (Inactivated):

- Women in the second and third trimesters of pregnancy are at increased risk for hospitalization from influenza. Because vaccinating against **influenza before the season begins is critical, and because predicting exactly when the season will begin is impossible**, routine influenza vaccination is recommended for all women who are or will be pregnant (in any trimester) during influenza season, **which in the United States is usually early October through late March.**

##### 3-Hepatitis A:

- Hepatitis A is an inactivated vaccine, and similar to hepatitis B vaccines, is recommended if another high risk condition or other indication is present.

##### 4-Hepatitis B:

- Pregnancy is not a contraindication to vaccination. Limited data suggest that developing fetuses are not at risk for adverse events when hepatitis B vaccine is administered to pregnant women. Available vaccines contain noninfectious HBsAg and should cause no risk of infection to the fetus.
- Pregnant women who are identified as being at risk for HBV 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.

##### 5-Amniocentesis:

- Between 15 and 18 weeks of pregnancy for women ages 35 and older at risk for passing chromosomal disorders. A procedure in which a small amount of amniotic fluid and cells are withdrawn from the sac surrounding the fetus and tested

##### 6- Chronic Villus Sampling (CVS)

- CVS before week 13 women ages 35 and older at risk for passing on certain chromosomal disorders, such as Down syndrome. A procedure in which a small sample of cells from the placenta is tested.

##### 7-Maternal Serum Multiple Marker Screening (neural tube defects):

- Recommended for all pregnant women at 16-18 weeks of gestation during prenatal care. Women with elevated MSAFP levels should receive second test before 18 week of gestation. High risk pregnant women should be referred to specialized centers for appropriate diagnostic evaluation, including high-resolution ultrasound and amniocentesis. Folic acid supplementation at a dose of 4 mg/day beginning 1-3 months prior to conception and continuing through the first trimester is recommended for women planning pregnancy and was previously affected by neural tube defect. All women planning pregnancy take a daily multivitamin or multivitamin-multimineral supplement containing folic acid at a dose of 0.4-0.8 mg/day, beginning at least 1 month prior to conception and continuing through the first trimester.

##### 8- High Blood Pressure/Hypertension Screening-

- Recommended for adults aged 18 and older. Screening every 2 years with BP <120/80. Screening every year with SBP of 120-139 mmHg or DBP of 80-90 mmHg.

##### 9-Anemia

- Routine screening is recommended in asymptomatic pregnant women during first prenatal visit for iron deficiency anemia

##### 10-Diabetes Screening

- The level of sugar in your blood is measured to test for diabetes during 24 and 28 weeks of pregnancy.

##### 11-Hepatitis B:

- All pregnant women should be routinely tested for HBsAg during first trimester, even if they have been previously vaccinated or tested. Women who are HBsAg positive should be referred to an appropriate case management program to ensure that their infants receive timely post exposure prophylaxis follow-up.

##### 12- HIV

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- Screening should occur during first prenatal visit and any other time if at increased risk

**13-Rh (D) Incompatibility:**

- Rh (D) blood type and antibody testing are recommended for all pregnant women during their first visit for pregnancy-related care. All unsensitized Rh (D)-negative women at 24-28 weeks of gestation should be tested, unless the biological father is known to be Rh (D)-negative.

**14- Rubella Serology Screening<sup>1</sup>:**

- Screening for rubella susceptibility by history of vaccination or by serology is recommended for all women of childbearing age at their first clinical encounter. Vaccines should not be administered to pregnant women. Susceptible pregnant women should be vaccinated in the immediate postpartum period.

**15-Syphilis Screening:**

- All pregnant women should be tested at their first prenatal visit. For women in high-risk groups, repeat serologic testing may be necessary in the third trimester and at delivery.

**16- Chlamydia Screening:**

- All pregnant women aged 25 years and younger and other at increased risk should be screened. Screening early in the pregnancy provides improved outcome, however, screening in the third trimester may be more effective at preventing transmission of chlamydia infection to the infant during birth.

**17- Gonorrhea Screening:**

- Screening is recommended at the first prenatal visit for pregnant women who are in high risk group for gonorrhea infection. For pregnant women who are at continued risk, and for those who acquire a new risk factor, a second screening should be conducted during the third trimester

**18- Group B streptococcus (GBS):**

- Screening is done to prevent passing GBS to a baby during birth. Antibiotics can be during labor to help prevent the baby from being infected.

**19- Ultrasound exam (nuchal translucency screening):**

- The ultrasound makes an image of the fetus from sound waves to find out the age of the fetus and to check how the baby is growing or to check what may be a problem. This test is usually done in the first trimester

**20- Asymptomatic Bacteriuria (Urine Test):**

- Screening recommended to all pregnant women for asymptomatic bacteriuria using urine culture at 12-16 weeks of gestation. Asymptomatic bacteriuria with urine culture reduces symptomatic urinary tract infections, low birth weight, and preterm delivery.

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