

## Recommended Prenatal and Postpartum Healthcare Guidelines

Recommended Visit Schedule	First Prenatal Visit	Every 4 weeks for 1 <sup>st</sup> 28 weeks			Every 2-3 Weeks		Weekly Visits					Post Partum
		6-8 weeks	14-16 weeks	24-28 weeks	32 weeks	36 weeks	37 weeks	38 weeks	39 weeks	40 weeks	41 weeks	
Estimated Date of Delivery	X											
Genetic History of Parents	X											
History/Risk Assessment (update at each visit)	X	X	X	X	X	X	X	X	X	X	X	X
General Physical Exam	X	X										X
Pelvic Exam	X	X										X
Blood Pressure, Weight, UA Dipstick	X	X	X	X	X	X	X	X	X	X	X	X
Cervical Exam	X	X										X
Fundal Height		X		X	X	X	X	X	X	X	X	
Fetal Heart tones			X	X	X	X	X	X	X	X	X	
Initial Lab Tests to include: ABO/Rh//Ab, H ematocrit/Hemoglobin, Pap Smear, Sc reen for Syphilis, Gonorrhea, Chlamydia, HIV , Hepatitis, Rubella and Var icella Ti ters	X											
Screen for Tobacco/Alcohol/Drug Use	X	X	X	X	X	X	X	X	X	X	X	X
Multiple Maternal Serum (MMS)			16-20 weeks									
UA Culture	X		12-16 weeks									
Diabetes Screen				X								
Offer Td Vaccine	Anytime			2nd OR 3rd Trimester (ACIP)								
Offer Injectable Flu Vaccine			X									
Group B Strep Cultures Vaginal and Rectal						35-37 weeks						
Folic Acid		X	X									

This guideline is a combination of recommendations from the Centers for Disease Control; ACIP; American College of Obstetricians and Gynecologists. Guidelines for Prenatal Care, Fifth Edition 2002; AAP/ACOG; ICSI Guidelines for Routine Prenatal Care 2006; ACOG Committee on Practice Bulletins. A COG Practice Bulletin no. 77. National Committee for Quality Assurance, HEDIS 2009, Effectiveness of Care Measure: Timeliness of Prenatal Care and Check-Ups After Delivery.