Michigan Quality Improvement Consortium Guideline

Routine Prenatal and Postnatal Care

The following guideline provides recommendations for routine prenatal and postnatal care in low ris k patientts.

Recommendation	6-8 Weeks	14-16 Weeks	24-28 Weeks	28-32 Weeks	36 Weeks	38 Weeks	39 Weeks	40 Weeks	41 Weeks	3-12 Weeks Postpartum
Blood pressure [B], weight, BMI, fundal height, weeks' gestation	X	X	X	X	X	X	X	X	X	X
Psychosocial status and update **[D]**	X	X	X	X	X	X	X	X	X	X
Offer genetic carrier screening if not previously performed, e.g., cystic fibrosis, SMA	X									
Urine culture [A], confirm pregnancy by testing	X									
Pap smear **[A]** *(If ≥ 21 years and indicated clinically prior to delivery)*	X									
Influenza and COVID vaccine **[B]** *(**Do not** use Intranasal live vaccine in pregnant patients)*	X									
Tdap vaccine **[D]** *(To maximize antibody response, optimal timing is 27-36 weeks gestation)* RSV (RSVPreF) to maximize response, optimal timing is 32-36 6/7 weeks gestation, September through January[3]	X X									
Confirm EDD, gestational age using ultrasound [D]	X (7-14 wks)									
D (Rh) type, blood type, antibody screen **[A],** Rubella **[B]** *	X		**X** *(If D (Rh) negative, repeat antibody screen at 28 weeks)*							
Hemoglobin and hematocrit **[B]**	X		X							
Assessment and interventions:	X			X						X

- Cultural/religious beliefs[1]
- Medical and OB history **[D]**
- History of preterm labor
- Genetic risk factors
- Childbirth education
- Coping skills
- Sexual activity
- Tobacco use **[A]**, vaping
- Prescribed medications, OTC and supplements
- Alcohol and drug use, including prescription misuse
- Domestic abuse (screen at least once per trimester)
- Mental health screening[4], especially depression
- Physical activity
- Social determinants of health[1] (safe environment)
- Nutritional health
- Adequate social support
- Transportation
- Seat belt use **[B]**
- Infant car seat use **[A]**
- Knowledge of available resources
- Activities of daily living (including use of durable medical equipment)
- Ability to comprehend information or care provided

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HIV counseling and testing **[A]** Use rapid HIV testing during labor for women without HIV status **[C]**	X				X if high risk					
Screening for GC, Chlamydia **[A] and Hepatitis C [B]**	X			X *(If high risk, rescreen 3rd trimester)*						
Screening for Hepatitis B[6] **[1C]** Triple-panel testing (HBsAg, antibody to HBsAg [anti-HBs], and total antibody to hepatitis B core antigen [total anti-HBc]) at the initial prenatal visit if not previously documented. At risk population, HBsAg on admission for delivery**. [1B]** Syphilis **[B]** Recommend testing at delivery too. Screening is non risked based.	X X			X 28-36wks						
Education and counseling: Need for early/consistent prenatal care should be emphasized	X				X					X

- Healthy weight gain[2]
- Benefit of regular exercise
- Safety and importance of dental care for patient and newborn, caries; refer if indicated
- Select primary care physician for newborn
- Benefits and methods of breastfeeding
- Assessment and referrals for ongoing parenting education and early childhood care, pediatric vaccination information
- "Safe sleep"
- Postpartum visit 3-12 weeks after delivery
- Prevention of unintended pregnancy, i.e., immediate post-partum LARC, and risks of next pregnancy within 18 months
- Doula Support

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General physical and pelvic exam **[D]**	X									X
Fetal heart tones [D]		X	X	X	X	X	X	X	X	
Offer screening for Down Syndrome and Neural Tube Defects **[B]** *(~9-21 weeks)*		X								
Ultrasound for fetal anatomy survey; including screen for short cervix, treat if positive		X *(18-22 weeks)*								
Screening for gestational diabetes.[3] **[A]** Test on first visit if high risk of gestational diabetes.[5] **[B]**			X							X *(4-12 weeks [5]) or immediate PP*
Group B strep cultures *(vaginal and rectal) (36-37 6/7 weeks) (not indicated if prior GBS-affected infant or previously detected on urine culture)*					X					

Fetal presentation [D]					X	X	X	X	X	
Elective/non-medically indicated induction prior to 39 weeks is contraindicated **[B]**							X			

1 ACOG Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care
2 Institute of Medicine Healthy Weight Gain During Pregnancy BMI calculator
3 Obstetrics &Gynecology Vol 143, NO 3, March 2024, "What U.S. Obstetricians Need to Know About Respiratory Syncytial Virus
4 Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum (Obstetric Gynecology 2023;141:1232-61) May 18, 2023;Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum (Obstetric Gynecology 2023;141:1262-88) (Practice Advisory) May 18, 2023
5 ACOG Clinical Practice Update July 2024. Screening for Gestational Diabetes and Pregestational DM in Pregnancy and Postpartum.
6 Society for Maternal-Fetal Medicine Consult Series #69: Hepatitis B in pregnancy: updated guidelines

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists standard pregnancy management steps. It is based on Guidelines for Perinatal Care, 8th Edition, 2017, by AAP Committee on Fetus and Newborn and ACOG Committee on Obstetric Practice. ACOG clinical practice bulletins and Committee Opinions. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Approved by MQIC Medical Directors: July 2006; June 2008, 2010, 2011, 2012, 2013, 2014, 2016, 2018, 2020, 2022: August 2024