

UPPER PENINSULA HEALTH PLAN

Prenatal and Postpartum Care Clinical Practice Guideline

Health Assessment and Screening

These guidelines are minimal requirements for healthy women with no known medical problems. These guidelines in no way represent the extent of health care benefits that are covered by the Upper Peninsula Health Plan. Women in “high risk” categories or with specific medical problems may require more frequent evaluations and tests. It is the responsibility of the treating physician to provide preventive health services to meet the individual patient’s health needs.

WEEK	1 st Visit	8	12	16	20	24	28	30	32	34	36	37	38	39	40	PP
Complete physical, social, medical, family & genetic history	■															
Risk Assessment & Counseling, Nutritional, Substance Abuse, Domestic Violence, MSS referral if indicated.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Prenatal Visit/Exam	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Pap/Cervical Cytology	•															■
Blood Pressure/Wt.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Uterine Size	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Fetal Heart Tones	•		■	■	■	■	■	■	■	■	■	■	■	■	■	
Fetal Position								■	■	■	■	■	■	■	■	
Hgb./Hct.	■						■									
Routine Urine Culture	■															
Urinalysis for Sugar & Protein	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
RH Factor/ABO	■															
Rhogam							•									
Rh Titer	■						•	Δ								
Diabetes Screening	•						■									
Influenza Vaccination*				•	•	•	•	•	•	•	•	•	•	•	•	
TB Screening (Mantou)	•															
HIV Testing—Offered	■															
STD Testing	•								•	32-36 wks						
Group B Streptococcus										•	35-37 wks					
Hepatitis Screening	■															
Rubella Screening	■															
Chorionic Villus Sampling			•													
Maternal Serum Alpha Fetoprotein/Triple Test				•												
Sickle Cell Screening	•															
Ultrasound	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Amniocentesis				•												
Postpartum Exam Performed 4-6 weeks after delivery	To include: general physical exam including breast and abdomen assessment; advise on family planning/contraceptive devices; assessment for postpartum depression.															■
LEGEND: PP = Postpartum Recommended = ■ If indicated = • If not performed earlier = Δ																
*Women at high risk for influenza-associated complications who will be in their 2 nd or 3 rd trimester of pregnancy and during the influenza season should be offered the influenza vaccination.																
ACOG Guidelines for Perinatal Care – 5 th Edition – 2002 US Dept. of Health & Human Services, Clinician’s Handbook of Preventative Services – 2 nd Edition – 1998 Current Obstetric & Gynecologic Diagnosis & Treatment - 9 th Edition – 2003																