December 10, 2013

Memorandum

To: Family Physicians, General Internists, Obstetricians/Gynecologists, Nurse Practitioners, Nurse Midwives

From: Grant Greenberg MD, MA, MHSA, Guidelines Clinical Lead
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Subject: **UMHS Clinical Care Guideline: Prenatal Care**

**What's New!**


- Standard criteria for estimating due date. Standard UMHS criteria are detailed on page 13.
- Progesterone therapy. Offer to patients with history of prior spontaneous preterm birth.
- Cervical length screening. Perform for all patients at the time of the fetal anatomical survey for all patients.
- Diabetes testing/screening. Protocols for diagnosis have been modified
  - High risk patients – diabetes. At the 1st prenatal visit test women with signs/symptoms of diabetes or history of gestational diabetes. Use fasting plasma glucose and A1c. (See Page 8 for details.)
  - All patients – gestational diabetes. At 24-28 weeks screen all patients without a diagnosis of diabetes for gestational diabetes. Use a 50 g Glucose Challenge Test. A result ≥ 135 mg/dl is considered abnormal. (See Page 9 for details.)
- Tdap vaccination. Offer Tdap vaccination to all pregnant women. Performing this vaccination at 27-36 weeks optimizes passive immunization of newborns for pertussis.
- STD testing. In addition to testing all women for sexually transmissible infections including HIV, in patients at risk for STDs during pregnancy testing should be repeated in the third trimester.

**Key Aspects.**

- Prenatal care summary. Table 1 summarizes main aspects of prenatal care (history & examination, testing & treatment, and education & planning) from preconception through delivery based on gestational age.
  - Initial visits. For average risk women: an intake at 6-8 weeks, with a follow-up office visit with a provider at 10-12 weeks.
  - Subsequent visits. Every 4-6 weeks until 34 weeks, then every 2 weeks until 37 weeks, then weekly.
- Assess risk factors for adverse pregnancy outcome. Counsel, test or refer as indicated.
  - Fetal surveillance. Common indications and protocols for antepartum fetal surveillance are presented in Table 2.
  - Referral. Selected indications for referral are summarized in Table 3.
- Elective birth only ≥ 39 weeks. Elective birth before 39 weeks' gestation is contraindicated.

**Patient education material.**

Available via the Patient Education Clearinghouse