









		Western N	lew York Collaborative Pren	atal Management Guidelines	I IDEED GARE	
Event	Preconception Visit	Initial Visit (<i>visit should occur</i> <13 weeks)	Subsequent Visits 0-28 Weeks (visits should occur every 4 week	29-36 Weeks s) (visits should occur every 2-3 weeks)	37+ Weeks (visits should occurweekly)	Post-Partum Visits (<i>within first</i> 21 days then a comprehensive visit by 12 weeks post-delivery)
History & Physical	Risk profile including hx of previous spontaneous preterm delivery Risk assessment for lead exposure Height/Weight (BMI) Blood pressure Breast and pelvic exam Immunization status Family/OB/menstrual/ medical/surgical/psychiatric/psychosocial/genetic (maternal and paternal) history	Risk profile including hx of previous spontaneous preterm delivery Risk assessment for lead exposure Height/Weight (BMI) Blood pressure Breast and pelvic exam Immunization status Family/OB/menstrual/medical/surgical/psychiatric/psychosocial/genetic (maternal and paternal) history Oral Health Estimated date of delivery	Fundal height Fetal heart rate/tones	Risk profile induding hx of previous spontaneous preterm delivery Weight Blood pressure Fundal height Fetal heart rate/tones	Risk profile including hx of previous spontaneous preterm delivery Weight Blood pressure Fundal height Fetal heart rate/tones Confirm fetal position/presentation Check cervix	Uterine involution Delivery history Weight Blood pressure Pelvic exam Breast exam
Diagnostic Procedures	Screening for: Rubella, Varicella, PPD, Hepatitis B, TSH, HIV as indicated: Genetic screening Chlamydia/Gonorrhea Pap Smear Lead U/A; C & S Chlamydia	U/A; C&S Universal Screen: Substance Abuse Chlamydia Screening for: Rubella Varicella Hepatitis B RPR/VDRL *HIV testing CBC ABO/D(Rh)/Ab As Indicated: Pap Smear U/S Sickle Cell Hgb Electrophoresis Genetic screening Lead screening PDD Gonorrhea TSH HPV GTT		GBS (35-37 weeks) As Indicated: Urine dipstick CBC VDRL GC/Chlamydia U/S Pap Smear *Repeat HIV testing (34-36 weeks and/or at least three months after initial testing)	*At Delivery: expedited testing of pregnant women who present for delivery without documentation of a negative HIV test (at initial visit or 3rd Trimester testing) As Indicated: Urine dipstick NST BPP CST	As Indicated: Pap smear CBC GST
Courseing & Education	Nutrition & Weight, Exercise, Folic Acid, nutritional supplements Sexual practices Family planning/pregnancy spacing Medication use Nicotine cessation/smokin Effects of medical and infectious diseases, teratogens, lead exposure genetics and behavior on future pregnancies Behavioral Health Issues: Psychosocial (substance abuse — alcohol, tobacco, recreational and illicit drugs, mental health, domestic violence) Depression Assessment PHQ2/ PHQ9 ***SBIRT	indications Medication use Risk Factors Anticipated schedule of visits Smoking cessation Body mechanics *HIV pre-test courseling	Nutrition & Weight, Exercise Quickening Lifestyle Work hazards Warning signs Fetal growth & development Physiology of pregnancy Preterm Labor S/S Childbirth classes Family issues Travel Breast/bottle feeding *HIV posttest counseling Smoking cessation Behavioral Health Issues: Psychosocial (as indicated) Depression assessment PHQ2/PHQ9 As Indicated: Rhogam Genetic counseling ****SBIRT as appropriate	Fetal kick counts/movement Exercise Warning signs Fetal growth & development Physiology of pregnancy Pretern Labor S/S VBAC/TOLAC counseling Work Hazards Family Planning Preregistration Sexuality Breast/bottle feeding Birthing options Parenting Abnormal lab values Smoking cessation Episiotomy Labor & delivery issues Selecting a pediatrician Behavioral Heath Issues: Psychosocial (as indicated) ***SBIRT as appropriate	Fetal kick counts/movement Late pregnancy symptoms S/S of labor Post term counseling Review postpartum F/U Family planning/birth spacing Postpartum vaccinations L & D update Anesthesia/Analgesia Breast/bottle feeding VBAC/TOLAC counseling Newborn education (newborn screening, jaundice, SIDS safe sleeping position, car seat, Infant CPR, circumcision) Confirmation of coordination with Pediatrician Smoking cessation FMLA/Disability forms Behavioral Health Issues: Psychosocial (as indicated) Depression PHQ2/PHQ9 /EPDS ***SBIRT as appropriate	Family planning/birth spacing Diet and exercise Feeding methods Nicotine/smoking cessation Parenting Lead prevention Behavioral Health Issues: Psychosocial (as indicated) (substance abuse, mental health, domestic violence) Postpartum Depression Edinburgh Postnatal Depression Scale (EPDS) Follow-up with PCP regarding chronic medical conditions ***SBIRT as appropriate
Immunization & Chemoprophylasis	As Indicated: HPV MMR, Hep B, Hep A, Influenza, pneumococcal, Varicella, meningococcus	As Indicated: Hep B, Hep A, Pneumococcal and Influenza COVID-19 immunization ASA 81mg	As Indicated: Rhogam (28 weeks) **TDAP and other Immunizations per CDC recommendation	As Indicated: **TDAP and other Immunizations per CDC recommendations	As Indicated: Immunizations per CDC recommendations	As Indicated: Immunizations per CDC recommendations
Referral & Sources		partment of Social Services, WIC, Substance Abuse, Nutrition, Dental, t, Parenting Support	References: ACOG/AAP Guidelines for Perinatal Care; 8 th ed. (2017), United States Preventive Services Task Force (2021) NYS Medicaid Prenatal Care Standards February 2010 *HIV guidelines for testing and management during pregnancy www.hivguidelines.org **Updated Immunization recommendations see: www.cdc.gov/ ***Screening, Brief Intervention, and Referral to Treatment https://www.samhsa.gov/sbirt			