

First Prenatal Visit

Physicians should encourage plan members who suspect they are pregnant to come in for an initial prenatal care visit early in the first trimester. The initial visit should include the following:

Initial history, including: current health problems or treatments; drug allergies; surgical history; family history; past pregnancies, if any; gynecological conditions; sexually transmitted disease; dietary/exercise habits; tobacco, alcohol, and drug use; postpartum depression; and domestic violence.

Physical examination, including: blood pressure; height and weight; head and neck; breasts; heart and lungs; abdomen; extremities; pelvic examination for size and shape of uterus and adnexal areas, as well as the configuration and capacity of bony pelvis; and assessment for unexplained injuries.

INITIAL PRENATAL LAB SCREENING:

- Pregnancy test, if pregnancy has not been confirmed
- Pap smear, unless a normal screening has been reported within the past six months
- Blood type and D (Rh) type
- Antibody screen
- HCT/HGB (CBC)
- Rubella
- VDRL
- Urine culture/screen
- HBsAg
- HIV counseling/screening, with consent

PRENATAL PLANS/EDUCATION:

- Toxoplasmosis precautions (cats/raw meat)
- Childbirth classes
- Notation of fetal activity
- Physical/sexual activity
- VBAC counseling, if appropriate to patient
- Nutrition counseling
- Environmental/work hazards
- Travel/seatbelt use
- Lifestyle, tobacco, alcohol
- Use of any medications
- Signs of labor/danger signals which require immediate physician notification

OPTIONAL LABS:

- HGB Electrophoresis
- PPD
- Chlamydia
- GC

Subsequent Antepartum Care

“The frequency of subsequent antepartum office visits is determined by the individual needs of the woman and the assessment of her risks,” according to ACOG guidelines. For an uncomplicated pregnancy, the ACOG guidelines suggest the following frequency of office visits:

- Monthly office visits from the initial prenatal visit until 29 weeks of pregnancy
- Office visits every two to three weeks from 29 weeks to 36 weeks of pregnancy
- Weekly office visits from 36 weeks until delivery

SUBSEQUENT ANTEPARTUM OFFICE VISITS SHOULD INCLUDE:

- Blood pressure
- Weight
- Urine for sugar and albuminuria
- Fundal height
- Fetal heart tones beginning at 10-12 weeks by doppler

SUBSEQUENT PRENATAL PLANS/EDUCATION:

- Anesthesia
- Breast or bottle feeding
- Select PCP for newborn
- Newborn car seat
- Tubal sterilization
- Circumcision
- Limitations or restrictions

8-18 WEEK LABS: (when indicated/elected)

- Ultrasound
- MSAFP/Multiple Markers
- Amnio/CVS
 - Karyotype
 - Amniotic Fluid (AFP)

24-28 WEEK LABS: (when indicated)

- HCT/HGB (CBC)
- Diabetes Screen
- GTT (if screen abnormal)
- D (Rh) Antibody Screen
- D Immune Globulin (RhIG) Given (28 weeks)

32-36 WEEK LABS: (when indicated)

- HCT/HGB (CBC) (recommended)
- Ultrasound
- VDRL
- GC
- Chlamydia
- Group B Strep (35-37 weeks)

Postpartum Care



**BlueCross BlueShield
of Texas**

These are suggested guidelines for asymptomatic, low-risk persons, unless indicated otherwise. These suggestions should not be used as a substitute for the medical care and advice of your physician. Benefit plans may not cover these services.

Prior to Discharge: Physicians should encourage an appointment for a postpartum examination within 42 days after delivery for a woman having a routine uncomplicated delivery. Postpartum Plans/Education:

- Method of birth control
- Limitations and restrictions
- Assessment for postpartum depression

Blue Cross and Blue Shield of Texas (BCBSTX) follows the guidelines of the American College of Obstetricians and Gynecologists (ACOG), their recommended schedule for prenatal care visits, as well as for the care that expectant mothers should receive at the initial and subsequent visits. BCBSTX has also included routine uncomplicated prenatal care assessments. Each prenatal care plan should be individualized.