

Obstetrical care guidelines comprise services normally provided in uncomplicated obstetric care. **Women with medical or obstetric problems may require closer surveillance; the appropriate intervals between visits are determined by the nature and severity of the problems.**

Obstetrical Guidelines

Frequency of visits

The frequency of follow-up visits is determined by the individual needs of the woman and the assessment of her risks.

Generally, a woman with an uncomplicated pregnancy is examined every 4 weeks for the first 32 weeks of gestation, every 2-3 weeks until 36 weeks of gestation and weekly from 37 weeks until delivery.

Recommended intervals for routine tests and tests indicated as medically necessary for individual patients during pregnancy:		
Time (in weeks)	Assessments	
Initial visit, as early as possible	<ul style="list-style-type: none"> + History and risk assessment; obtain obstetric database that contains information regarding the patient's: <ul style="list-style-type: none"> * Last menstrual period * Current pregnancy and past obstetric outcomes * Medical and social history * Dietary assessment * Physical findings * Estimated date of delivery (EDD) * Laboratory tests (including HIV screening) * Risk assessment (SCDHHS Pregnancy Form 204[P]) 	<ul style="list-style-type: none"> + Hemoglobin or hematocrit measurement + Hemoglobin electrophoresis for African American or Asian patients + Urine culture + Blood group and Rh type determinations + Antibody screen + Rubella antibody titer measurement + Syphilis screen + Cervical cytology + Hepatitis B virus screen + Testing for sexually transmitted disease and HIV + Cystic Fibrosis
Subsequent prenatal visits	<ul style="list-style-type: none"> + Blood pressure management + Urinalysis for glucose/albumin + Weight measurement and cumulative weight gain + Fetal movement 	<ul style="list-style-type: none"> + Evaluation of edema + Measurement of fundamental height + Evaluation of fetal heart tones and rate
8–18	<ul style="list-style-type: none"> + Ultrasound + Amniocentesis 	<ul style="list-style-type: none"> + Chronic villus sampling + Offer nuchal translucency screening (between 10–13 wks)
16–18	<ul style="list-style-type: none"> + Maternal serum alpha-fetoprotein after 1st trimester nuchal translucency. 	<ul style="list-style-type: none"> + Offer quad screen (if not completed in 1st trimester)
18–22	<ul style="list-style-type: none"> + Anatomy screening 	
26–28	<ul style="list-style-type: none"> + Diabetes screening 	
28	<ul style="list-style-type: none"> + Prophylactic administration of Rho(D) immune globulin for Rh Neg patients 	<ul style="list-style-type: none"> + Fetal movement counting instruction
32–36	<ul style="list-style-type: none"> + Testing for sexually transmitted disease 	<ul style="list-style-type: none"> + Repeat hemoglobin or hematocrit measurement
35-37	<ul style="list-style-type: none"> + Group B strep screening 	
Patient education and information (ongoing)	<ul style="list-style-type: none"> + Counseling is an ongoing and continuous process throughout the prenatal period. These items should be addressed as early as possible during prenatal care and continually reassessed: <ul style="list-style-type: none"> * Signs and symptoms to be reported to the physician * Timing of subsequent visits * Educational programs (childbirth education) * Analgesia and anesthetic options * Balanced nutrition, ideal caloric intake and weight gain, vitamins, folic acid and calcium intake 	<ul style="list-style-type: none"> * Use of seatbelts * Home safety * Infant safety seats * Over-the-counter drug use * Personal safety: domestic violence, psychological stress * Exercise and daily activity * Hazards of smoking, alcohol and drug consumption * Breast feeding * Postpartum care
Postpartum Care, 21–56 days following delivery	<ul style="list-style-type: none"> + Weight + Blood pressure + Breasts + Abdomen 	<ul style="list-style-type: none"> + Pelvic examination + Patient concerns + Family spacing + Signs of depression