# PRENATAL WORK-FLOW

## VISIT SCHEDULE

<table>
<thead>
<tr>
<th>Wks</th>
<th>Schedule</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-28</td>
<td>Every four weeks</td>
<td>Increase frequency of visits if prenatal care began late to comply with Medicaid.</td>
</tr>
<tr>
<td>28-36</td>
<td>Every two weeks</td>
<td></td>
</tr>
<tr>
<td>&gt;36</td>
<td>Every week.</td>
<td></td>
</tr>
</tbody>
</table>

## ULTRASOUNDS

- If dates are unknown: Schedule an ultrasound for dating between 8-12 wks.
- If dates are known by LMP: Schedule ultrasound between 18-20 wks for anatomy
- Baby weight ultrasound at 26-28 wks
- Additional ultrasounds only if medically necessary

## DOCUMENT EVERY VISIT

- Urinalysis
- Fundal height (20wks+), vitals, weight
- Fetal heart rate (12wks+)
- Patient education & counseling
- Risk factors (social, medical, etc.)

## COUNSELING

### First Trimester (1-12 Wks)
- HIV and routine prenatal test, risk factors, anticipated course, nutrition and weight, toxoplasmosis precautions (cats/raw meat), sexual activity, exercise, influenza vaccine, smoking, environmental/work hazards, travel, alcohol, drugs, medications, indications for ultrasound, domestic violence, seat belt use, childbirth classes, hospital facilities.

### Second Trimester (13-28 Wks)
- Signs and symptoms of preterm labor, abnormal lab values, Influenza vaccine, selecting a newborn care provider, smoking counseling, domestic violence, postpartum family planning.

### Third Trimester (29-40 Wks)
- Analgesia plans, fetal movement monitoring, labor signs, VBAC counseling, signs and symptoms of gestational HTN, influenza vaccine & Tdap vaccine, breast/bottle feeding, postpartum depression, smoking, domestic violence, newborn education, circumcision, jaundice, SIDS, car seat, medical leave or disability.

Document under "Education" tab in correlating trimester.

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Kimberlynn Bush, Clinical Care Coordinator (434-5024)  Amy Adams, CRNP, MOMCare Coordinator (405-5171)

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### Positive Pregnancy Test

- All patients will see MOMCare, as scheduled by Kimberlynn. At this visit, their prenatal care site/provider is selected & social risk status is determined (referrals are made PRN)
- If the pt will be using USAFMC for care, Amy Adams will 1) order their routine prenatal labs ("Prenatal Lab Initial USA"-283252 which includes ABO & Rh typing, antibody screen, CBC, HBsAg, rubella antibodies, RPR w reflex, HIV w reflex, and urine cx), 2) order Hgb electrophoresis, PRN, 3) schedule OB Intake visit with physician, 4) schedule ultrasound for dating, PRN, 5) send the OB care provider an intake notice

### MOMCare

- Pap smear according to ASCCP guidelines
- GC/Chlamydia screening (all positive STDs must be treated and TOC done)
- Review prenatal lab results and document in "Prenatal Detail" tab.
- Prescribe prenatal vitamins and FeSO4 if needed
- May give inactivated flu vaccine any time during pregnancy (if in season, give now)

### 1st Visit/ OB intake

- Genetic counseling & consent for all patients (sample must be taken 15 to 19 wks +6). Document in appropriate location under “Prenatal Detail” tab (if declined testing, document “declined” in the “Prenatal Detail”.
- Schedule ultrasound for fetal anatomy (18-20 wks)

### 15-20 Weeks

- Re-check antibody screen to see if Rhogam indicated. If Rh (-), refer to OB to administer. Rhogam is to be administered at 28 weeks. (Patient will return to us to continue routine prenatal care. Document rhogam was received in “Prenatal Detail”).
- Diabetes Screen - 1 hr GTT (102277) -->normal<140. If results are abnormal, patient will need a 3 hr GTT (102004)
- Discuss patient’s postpartum contraceptive plans. IF she desires BTL and is eligible, obtain electronic consent (one copy to patient, one copy on chart).
- Schedule ultrasound for fetal weight (26-28 wks)
- Tdap needs administered with every pregnancy (ideal time 27-36 wks)

### 24-28 Weeks

- GBS cx (188132) MUST be repeated every 4 weeks. If PCN allergy, order GBS w C&S (188139)
- Repeat H&H, GC/Chlamydia & VDRL (If indicated)
- Start Valtrex prophylaxis if indicated for genital herpes

### 35-37 Weeks

- NST
- Discuss pt with OB attending regarding management plan

### Delivery/ Postpartum

- Patient needs to follow up less than 60 days for postpartum care. The patient may have more than one postpartum visit (MOMCare Coordinator will schedule PP visit).
- At each PP visit: family planning, physical exam, breast feeding status, and smoking status must be documented. If smoker, must offer smoking cessation.
- If she signed BTL papers during the pregnancy (must be signed 30 days prior to procedure) refer her to OB if not already done so.

Notify Kimberlynn if the patient is sent to high risk for a consult or for transfer of care. MOMCare also needs to be notified when delivery occurs (SVD, C/S, SAB, or EAB). Medicaid REQUIRES the patient to be seen for care coordination visits at a minimum of 4 instances during pregnancy. The # of visits depends on risk status.

(Rev 1/16)