

PremierBlue Report

A Newsletter for
Professional Providers and
their Staff Members

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Questions:

Contact your Professional Relations Representative, or the Professional Relations Hotline in Topeka at 785-291-7060 or 1-800-432-3587.

OUR WEB ADDRESS:
<http://www.bcbsks.com>

The *Premier Blue Report* is published by your Professional Relations Department.

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Coordinator
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Premier Blue Reference Guide for the Periodic Health Examination for Pregnant Women

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Premier Blue Reference Guide for the Periodic Health Examination for Pregnant Women

The purpose of the Premier Blue Reference Guide for the Periodic Health Examination for Pregnant Women is to assist Premier Blue providers with prenatal care, and early detection and intervention of possible pregnancy complications.

The guide was first introduced with the Premier Blue Newsletter PB-04-99, in June of 1999. Several updates have been made since then, and you will find the updated guide attached to this newsletter.

Knowing the importance of prenatal care for a healthy child, we hope that this guide proves to be a useful tool for your practice. We encourage you to contact your Professional Relations Representative, or the Professional Relations Hotline in Topeka at 785-291-7060 or 1-800-432-3587 with any questions or concerns you may have.



**PREMIER BLUE REFERENCE GUIDE FOR THE PERIODIC HEALTH EXAMINATION
FOR PREGNANT WOMEN**

Interventions for the General Population

Visits generally begin in the first trimester every four weeks to the 28th week, then every two weeks to the 36th week, then weekly after 36 weeks and a postpartum visit between the 3rd and 8th weeks following delivery.

SCREENING

FIRST VISIT

H&P

Blood pressure

Assess uterine size

CBC with platelets

Hepatitis B surface antigen (HBsAg)

Syphilis screening (RPR/VDRL)

Other STD screening (Chlamydia)

Rubella serology or vaccination history

D(Rh) typing, antibody screen & give RhoGam (28 week)

Offer CVS (<13 wk)₁ or amniocentesis

(15-18 wk)₁ (age \geq 35 yr)

Offer hemoglobinopathy screening

Assess for problem or risk drinking, drug use, and smoking

Offer HIV screening₂

FOLLOW-UP VISITS

Blood pressure/weight

Check fetal heart tones (each visit)

Measure the fundus (20-40 wk)

Urine analysis for protein & glucose

Urine culture if indicated

Offer amniocentesis (15-18 wk)₁ (age \geq 35 yr)

Vaginal Rectal Group B Strep culture (35-37 wk)**

Offer multiple marker testing₁ (15-18 wk)

Offer serum α -fetoprotein₁ (15-18 wk)

Screening sonography (optional) (14-20 wk)

Glucose challenge (24-28 wk)***

COUNSELING

Tobacco cessation; effects of passive smoking

Alcohol/other drug use

Nutrition

Encourage breastfeeding

Lap/shoulder belts

Infant safety car seats

Prenatal vitamins

STD prevention: avoid high-risk sexual behavior*; use condoms*

Labor Plan

Postpartum contraception

Arranging pediatric care

CHEMOPROPHYLAXIS

Multivitamin with folic acid .4 mg

Interventions for High-Risk Populations

POPULATION

POTENTIAL INTERVENTIONS

High-risk sexual behavior

HIV screen (1st visit) & other STD screen, Chlamydia (32-36 wk)

Blood transfusion 1978-1985

HIV screen (32-36 wk)

Injection drug use

HIV screen; HbsAg (3rd trimester); advice to reduce infection risk (32-36 wk)

Unsensitized D-negative women

D(Rh) antibody testing (24-28 wk)

Prior pregnancy with neural tube defect

Offer amniocentesis₁ (15-18 wk), folic acid 4.0 mg₃

Risk factors for gestational diabetes

Glucose challenge (24-28 wk)***

₁Women with access to counseling and follow-up services, reliable standardized laboratories, skilled high-resolution ultrasound, and, for those receiving serum marker testing, amniocentesis capabilities. ₂Universal screening is recommended for areas (states, countries, or cities) with an increased prevalence of HIV infection among pregnant women. In low-prevalence areas, the choice between universal and targeted screening may depend on other considerations. ₃Beginning at least 1 mo before conception and continuing through the first trimester.

*The ability of clinician counseling to influence this behavior is unproven.

** Visit the CDC GBS Internet Site at <http://www.cdc.gov/ncidod/dbmd/gbs> for general screening based or risk based guidelines.

*** Visit the ACOG Internet Site at <http://www.acog.com> for general screening based or risk based guidelines.

The Premier Blue Reference Guide For The Periodic Health Examination For Pregnant Women is based on published literature by nationally recognized authorities in health care and the expressed opinions of participating network physicians.

U.S. Preventive Services Task Force, *Guide To Clinical Preventive Services*, 2nd ed. Baltimore: Williams & Wilkins, 1996.

American Academy of Pediatrics and The American College of Obstetricians and Gynecologists, *Guidelines for Perinatal Care*, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics and American College of Obstetricians and Gynecologists, 1997.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Prevention of perinatal group B streptococcal disease: a public health perspective. *Morbidity and Mortality Weekly Report*, May 31, 1996; Vol. 45(No. RR-7).