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

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.

Sent to: PB Family Practitioners and OBGYN
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) or amniocentesis (15-18 wk) (age ≥35 yr)
Offer hemoglobinopathy screening
Assess for problem or risk drinking, drug use, and smoking
Offer HIV screening

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) (age ≥35 yr)
Vaginal Rectal Group B Strep culture (35-37 wk)**
Offer multiple marker testing1 (15-18 wk)
Offer serum a-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

High-risk sexual behavior
Blood transfusion 1978-1985
Injection drug use
Unsensitized D-negative women
Prior pregnancy with neural tube defect
Risk factors for gestational diabetes

POTENTIAL INTERVENTIONS

HIV screen (1st visit) & other STD screen,
Chlamydia (32-36 wk)
HIV screen (32-36 wk)
HIV screen; HbsAg (3rd trimester); advice to reduce infection risk (32-36 wk)
D(Rh) antibody testing (24-28 wk)
Offer amniocentesis1 (15-18 wk), folic acid 4.0 mg3
Glucose challenge (24-28 wk)***

*Women with access to counseling and follow-up services, reliable standardized laboratories, skilled high-resolution ultrasound, and, for those receiving serum marker testing, amniocentesis capabilities. 
**Universal 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. 
***Beginning 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/dhmd/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.


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