

## 2018 Obstetric Preventive Health Guidelines

Guideline	First Trimester	Second Trimester	Third Trimester	Postpartum
<b>Initial Comprehensive Assessment (ICA)</b>				
<b>Health History</b>	<i>Completed and documented on each member</i>			N/A
<b>History of Past Pregnancies</b>	<i>Completed and documented on each member</i>			N/A
<b>Documentation of Current Pregnancy</b>	<i>Completed and documented on each member</i>			N/A
<b>Initial Physical Exam (Systems review, Pelvic Exam, and Breast Exam)</b>	<i>Completed and documented on each member</i>			N/A
<b>Initial Nutritional Assessment, Psychosocial Assessment, Health Education &amp; History of Depression</b>	<i>Completed and documented on each member at each initial visit and within each trimester</i>			N/A
<b>Individualized Care Plan (ICP) (Obstetric, nutrition, psychosocial, risk conditions, interventions, &amp; referrals)</b>	<i>Completed and documented on each member</i>			N/A
<b>Genetic Screening</b>	<i>Completed and documented on each member</i>			N/A
<b>Domestic Violence Abuse Screen</b>	<i>Offered and documented on each member (document refusal)</i>			N/A
<b>STD Assessment/Testing</b>	<i>Assess everyone &amp; test as appropriate. Must be documented for high-risk members</i>			N/A
<b>Chlamydia Screening</b>	<i>All pregnant women (CDC)</i>			
<b>HIV Testing &amp; Counseling</b>	<i>Offered and documented on each member (document refusal)</i>			N/A
<b>Alcohol Screening/Counseling</b>	<i>Offered and documented on each member during first trimester (document refusal)</i>			N/A
<b>Tobacco Screening/Counseling</b>	<i>Offered and documented on each member during first trimester (document refusal)</i>			N/A
<b>Initial Lab (Blood Type/Rh, Anitbody Screening, Rubella Titer, VDRL/RPR, Hepatitis Screen (HbsAG), and HGB/HCT)</b>	<i>Performed and documented during member's initial visit</i>			N/A
<b>Initial Pap Smear</b>	<i>Performed &amp; documented during member's initial visit</i>			N/A
<b>Initial Urinalysis</b>	<i>Performed &amp; documented during member's initial visit</i>			N/A
<b>AFP</b>	N/A	<i>Performed between 15-20 weeks gestation (document refusal)</i>	N/A	N/A
<b>Diabetic Assessment 1hr GTT</b>	N/A	<i>Completed between 24-28 weeks</i>		N/A
<b>Repeat Hgb and/or Hct</b>	N/A	N/A	<i>Performed &amp; documented during 3rd trimester</i>	N/A
<b>Td/Tdap vaccination</b>	<i>One dose to pregnant women during each pregnancy (preferred during 27-36 weeks' gestation), regardless of number of years since prior Td or Tdap vaccination. (ACIP 2013)</i>			N/A
<b>Influenza Vaccinations</b>	<i>Influenza vaccination at any point during the pregnancy.</i>			
<b>Prenatal Appointment Scheduling</b>	<i>First visit by 6 to 8th week of pregnancy, then every 4 weeks up to 28 weeks</i>		<i>Every 2-3 weeks from 29 to 36 weeks, then every week 37 weeks to delivery</i>	N/A
<b>Postpartum Assessment (including weight, blood pressure, breast exam, abdominal exam, pelvic exam, nutrition for mother &amp; infant, psychosocial and health education and screen for postpartum depression)</b>	N/A	N/A	N/A	<i>3-8 weeks after delivery</i>