HIGHMARK NORTHEASTERN NEW YORK

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# 2022 Prenatal/Perinatal Care Preventive Health Guidelines

Highmark is committed to promoting and providing quality prenatal/perinatal care in order to ensure the well being of the expectant mother and the unborn child. The following guidelines are to be used in the care of the maternity patient with the understanding that additional services should be rendered based on the special needs of the individual patient.

The Patient Protection and Affordable Care Act (PPACA, P.L. 111-148, March 23, 2010, as amended) requires, among other things, coverage of all A and B Recommendations as promulgated by the United States Preventive Services Task Force (USPSTF). Recommendations can be found at http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

| Initial Evaluation | Up to Week 28 | 28 - 36 weeks | 36+ weeks |
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| The FIRST VISIT should be within the first 12 weeks of pregnancy. | Patient should be seen every four weeks | Patient should be seen every two to three weeks | Patient should be seen weekly |
| ***PHYSICAL EXAM SHOULD INCLUDE:***<br>- Nutritional status<br>- Height<br>- Weight<br>- Blood pressure<br>- Exam of head<br>- Thyroid<br>- Breasts<br>- Heart<br>- Lungs<br>- Abdomen<br>- Extremities<br>- Pelvis<br>Uterine size<br>Capacity of pelvis | ***PHYSICAL EXAM SHOULD INCLUDE:***<br>- Blood pressure<br>- Weight<br>- Fundal height<br>- Fetal heart rate | ***PHYSICAL EXAM SHOULD INCLUDE:***<br>- Blood pressure<br>- Weight<br>- Fundal height<br>- Fetal heart rate<br>- Assess for edema<br><br>***Discussion:***<br>Family Planning Choices<br>First time parents:<br>Choosing the baby's clinician<br>Communication of any relevant information to the baby's clinician<br>Preparing for the arrival of the baby<br>Breast feeding support (during pregnancy and after birth) USPSTF B Recommendation | ***PHYSICAL EXAM SHOULD INCLUDE:***<br>- Blood pressure<br>- Weight<br>- Fundal height<br>- Fetal heart rate<br>- Assess for edema<br>- Fetal presentation<br><br>***Discussion:***<br>- Long distance travel is not recommended after 36 weeks. |

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| | | Immunizations<br>Preparing the home, safety issues, sleeping arrangements/crib, car seat, help at home | |
| ***COMPLETE FAMILY HISTORY INCLUDING FATHER OF BABY***<br><br>- Metabolic disorders<br>- Genetic and congenital abnormalities<br>- Mental retardation<br>- Multiple births<br>- History of depression<br>- History of substance abuse | Assessed at the first visit | Assessed at the first visit | Assessed at the first visit |
| ***HEALTH HISTORY***<br>- Menstrual history<br>- Family planning/birth control methods<br>- Detailed record of past pregnancies<br>Blood type, Rh type and if Rho(D) immunoglobin given<br>Premature deliveries<br>Abortions, spontaneous and induced<br>Number of living children<br>Spacing of previous pregnancies<br>Length of each gestation<br>Hx of depression<br>Stillborn<br>Genetic diseases<br>Substance Abuse<br>Group B Strep<br>Route of each delivery<br>Sex and weight of each newborn<br>- Current pregnancy information<br>Estimate date of delivery<br>Evaluate risk factors:<br>Maternal age | Assessed at the first visit | Assessed at the first visit | Assessed at the first visit |

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| Vaginal bleeding<br>Urinary infections<br>- Exposure to radiation and chemicals<br>- Use of alcohol - USPSTF recommends screening and behavioral counseling interventions to reduce alcohol misuse by pregnant women at the time of the physical exam. B Recommendation<br><br>Pregnant women: The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. A Recommendation 2015<br><br>- Sexual history and discussion of HIV<br>- Asthma<br>- Medications<br>- Herbs and supplements<br>- Drug sensitivity<br>- Allergies<br>- Past surgeries<br>- Blood transfusions<br>- Diabetes and other metabolic diseases<br>- Vascular problems<br>- Hypertension<br>- Sexually transmitted diseases, including syphilis and genital herpes<br>- Convulsive disorders<br>- Gynecologic abnormalities<br>- Serious injuries<br>- Environmental and occupational exposures<br>- Immunity and immunization status, including influenza immunization for the patient who will be pregnant during the flu season. (CDC 2006)<br>- Health-care personnel should administer a dose of Tdap during each pregnancy irrespective of the patient's prior history of receiving Tdap. (CDC 2012) | | | |

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| - Discussion of domestic violence<br>- Discussion of benefits of breastfeeding<br>- Discussion of preventing CMV (cytomegalovirus)<br>- Counseling for Dental and Periodontal Disease<br>- Pregnant members may have access to an additional cleaning under their dental plan.<br><br>Note: AGOG encourages Ob-Gyns to screen women for depression during and after pregnancy<br><br>The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia. B Recommendation<br><br>The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. B Recommendation 2016<br><br>Bright Futures – screening postpartum during pediatrician visits – frequency per Bright Futures chart 2018<br><br>The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions. B Recommendation 2019<br>The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure (BP) measurements throughout pregnancy. B Recommendation 2017 | | | |

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| The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. A Recommendation 2017<br><br>The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy. B Recommendation May 2021 | | | |

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| ***LAB TESTS***<br>-The USPSTF recommends screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation. B Recommendation (USPSTF 2014 Update)<br>- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for iron deficiency anemia in pregnant women to prevent adverse maternal health and birth outcomes. I Recommendation (2015 update)<br>- The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons. B Recommendation 2019 update<br>- Blood group<br>- Rh type - USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. A Recommendation<br><br>USPSTF also recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative. B Recommendation<br>- Rubella antibody titer<br>- Syphilis screen. USPSTF – A Recommendation<br>- Cervical cytology<br>- The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. A recommendation updated July 2019. | ***LAB TESTS***<br>- Between weeks 24 - 28, patient should be tested for gestational diabetes as indicated.<br>- Urine dip stick for protein and glucose. | ***LAB TESTS***<br>Urine dipstick for protein and glucose.<br>At week 28<br>- Repeat antibody test if unsensitized, RH negative, and prophylactic Rho(D) immunoglobulin should be given | ***LAB TESTS***<br>- Urine dipstick for protein and glucose.<br>- Group B Strep screen (35-37 weeks)<br>- As indicated for high risk factors:<br>Gonorrhea screen<br>Chlamydia screen<br>Repeat syphilis screen<br>Repeat HIV screen |

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| - Ultrasound at 16 - 20 weeks gestation, as indicated<br>- Chlamydia<br>Routine screening for all pregnant women aged 24 and younger and for older pregnant women at risk. USPSTF – B Recommendation<br>- Gonorrhea if at high risk of infection. USPSTF – B Recommendation<br><br>- The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown. A recommendation updated June 2019.<br><br>NY Public Health Law, Article 27-F, section 2781-A requires that every individual age 13 and older be offered an HIV test at least once as part of routine health care.<br><br>All pregnant women in NYS must be offered HIV testing as a clinical recommendation as early as possible during pregnancy. Third trimester testing is recommended for all pregnant women in NYS who tested negative for HIV earlier in their pregnancy.<br><br>- Multiple Marker Screening<br>- Discussion of prenatal screening to determine anatomic and chromosomal abnormalities<br>- Offer Cystic Fibrosis screening | | | |

| ***Additional lab tests and services to be conducted based on history*** **(This list is not all-inclusive)**<br>- Screening for diabetes "as indicated"<br>- Examination for sickle cell<br>- Skin test for tuberculosis<br>- Urine drug screen<br>- Annual Influenza vaccine as indicated by the CDC | | | |
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| Time of Delivery | Post-partum |
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| | Visit 4 - 6 weeks after delivery |
| ***LAB TESTS***<br>- Hemoglobin and hematocrit, type and screen when indicated<br>- Urine drug screen, as indicated, at time of presentation for delivery to advise the pediatrician of positive results<br>- Syphilis screen at delivery if no prenatal care<br>- Hepatitis B surface antigen screen, if no prenatal care<br>- Entire screen, if no prenatal care<br><br>***IMMUNIZATION***<br>- Immunization against rubella (MMR), if indicated,-at time of discharge after delivery.<br>- Administration of Rho(D) immunoglobulin if indicated, at time of discharge after delivery.<br>- Varicella, at time of discharge after delivery, (only if there is no provider documented history of chickenpox or a negative antibody titre for past infection) | ***VISIT SHOULD INCLUDE:***<br>● Interval history<br>● Physical Exam<br>Breasts<br>Abdomen<br>External and internal genitalia<br>Discussion of Pap smear follow-up as indicated<br>● Review of family planning/birth control methods.<br>● Screen for domestic violence<br>● Screen for depression: Bright Futures – screening postpartum during pediatrician visits – frequency per Bright Futures chart 2018<br><br>NYS: To the extent this policy or contract provides coverage for maternal depression screening and requires the designation of a PCP, it must not limit an insured's direct access to screening and referral for maternal depression, as defined in § 2500-k of the Public Health Law, from a provider |

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| | of obstetrical, gynecologic, or pediatric services of her choice; provided that the insured's access to such services, coverage, and choice of provider is otherwise subject to the terms and conditions of the contract or policy under which the insured is covered. However, if the infant is covered under a different policy than the mother and the screening and referral are performed by a provider of pediatric services, coverage for the screening and referral shall also be provided under the policy in which the infant is covered.<br><br>NYS: Comprehensive lactation support services, including breastfeeding equipment and supplies, must be provided without cost-sharing through the duration of breast feeding. This coverage includes the cost of renting or purchasing one (1) breast pump per pregnancy in conjunction with childbirth.<br><br>***IMMUNIZATION***<br>Recommend Varicella (only if there is no provider documented history of chickenpox or a negative antibody titer for past infection), Hepatitis B, Human papillomavirus vaccine, if appropriate, per CDC recommendations. |

# References


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