Prenatal Care Guidelines for Average Risk Patients

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|  | H&P | Labs | Imaging | Education | SMARTPHRASE | Billing |
| > 6 week Confirmation visit with Nurse educator | Full History added to chart | Prenatal labs + Hep C Genetic screening | Official US | Ectopic and bleeding precautionsGive safe medications in pregnancyRx PNV, nausea medications PRNGenetic Screening education | .STCCONFIRMPREG.STCTVUS.STCTAUS.STCSAFEMEDSPREG.STCPNC | Primary Dx Z32.01 pregnancy test positiveBill E/M code (ie 99213, 99204, etc)CPT 76817 if TransvaginalCPT 76815 if Transabdominal |
| 10 - 12 week Initial visit | VitalsConfirm historyFull Exam Depression, substance use, IPV Screening.Create pregnancy episodeComplete dating tab | Prenatal labs + Hep C (if not done before)Pap Genetic screening (if not done before)Flu vaccineCOVID vaccine | Official Early Anatomy/NT with MFM | Add problem supervision of normal/high risk pregnancy to problem listASA checklist | .STCNEWOB or .CNMNEWOB.STCPNC.STCTVUS.STCTAUS | Primary Dx supervision of normal (or high) risk pregnancy - If the pt has any problems they are considered high riskBill E/M code (ie 99213, 99204, etc)CPT 76817 if TransvaginalCPT 76815 if Transabdominal |
| 16 week Visit | Vitals, FHT | MSAFP or Quad |  | Exercise in Pregnancy Newborn clinician  | .STCROB or .CNMROB | Primary Dx supervision of normal (or high) risk pregnancyUSF: 2005698/2005699Genesis/Medicaid: 0502FWhenever possible use O code (anemia in pregnancy, not iron deficiency anemia) |
| 20 week visit | Vitals, FHT |  | Anatomy Scan | Directions to TGH Encourage Childbirth classes | .STCROB or .CNMROB |
| 26 - 28 week Visit | Vitals, FHTIPV screen | Glucola + CBC + TDAP, Rhogam + ABSC if needed |  | Contraception (sign sterilizationconsents if applicable)Kick CountsPTL precautions | .STCROB or .CNMROB.STCBTL.STCKICKCOUNTS |
| 32 week visit | Vitals, FHT | 3rd trimester STI labs + GC/C |  | Delivery Planning/Pain ControlTOLAC consult | .STCROB or .CNMROB.DOULAS.STCTOLAC |
| 34 week visit | Vitals, FHT |  |  | **PreE precautions/BP log****Rx BP cuff - $30 at TGH Pharmacy** | .STCROB or .CNMROB |
| 36 week visit | Vitals, FHTIPV screen | GBS |  | Breast pump RxLabor precautions | .STCROB or .CNMROB |
| 38 week visit | Vitals, FHT |  |  | Schedule IOL Self-care postpartum | .STCROB or .CNMROB |
| 39-40 week visit | Vitals, FHT, Membrane sweep |  |  | Schedule IOL if not done | .STCROB or .CNMROB |
| 2 week PP Visit | Vitals, incision check if needed Depression screenIPV screen |  |  | The B’s” Blues, bonding, breast, bleeding, bottom, baby spacing, BP | .STCINCISIONCHECK.STC2WEEKPPV or .CNM2WEEKPPV.STCWARNINGSIGNS | Post-op f/u: 99024PO visit: Z48.89 Postop visit |
| 6 week PP Visit | VitalsFull Exam Depression screen | Pap if needed |  | The B’s” Blues, bonding, breast, bleeding, bottom, baby spacing, BP | .STCPPV or .CNMPPV | PPV: 0503FDx: Z39.2 Encounter for postpartum visit (after 6 weeks use annual codes) |

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| Who should have the Average-Risk Schedule* AMA (BP with antenatal testing in 3rd tri, order BP cuff)
* Asthma mild intermittent and mild persistent
* CHTN on no meds (with home BP monitoring, order BP cuff)
* Cholestasis (with antenatal testing weekly)
* Diet controlled GDM (Encourage MyChart glucose submission)
* Hepatitis B or Hepatitis C
* Hx of FGR
* Hx of PreE (Give BP cuff)
* Hx of Preterm Delivery – add in any CL or Makena as needed
* Hyperthyroidism – with MFM consult
* Hypothyroidism
* Isolated structural fetal anomalies (e.g. VSD, club foot, cleft lip) with no FGR or multiple issues – With MFM consult
* Obesity (BP with antenatal testing in 3rd tri if BMI >40)
* Previa not bleeding
* Previous c-section
* s/p Bariatric Surgery
* Stable Rheumatoid Arthritis after MFM consult
* Stable seizure disorder (No seizure in greater than 12 months)
* Stable UC or Chron’s – with MFM consult
* Thrombophilia requiring anticoagulation
* Uncomplicated di/di twins with normal concurrent growth (BP with antenatal testing in 3rd tri)
* Sickle Cell Trait
 | Who should have High-Risk visit Schedule * Anyone who qualifies for High risk Generalist Clinic or Fellows clinic
* Multiple medical co-morbidies (E.g. CHTN + DM + AMA) or deemed needing high risk schedule by MFM
* Accreta spectrum
* Active maternal cancer
* Active Seizure Disorder
* Antiphospholipid antibody syndrome
* Asthma moderate persistent or higher
* Chronic abruption
* Chronic Kidney disease
* CHTN on meds or not able to get BP cuff
* Cirrhosis
* CVA/stroke (recent)
* DVT/PE in pregnancy
* Fetal cardiac issues
* FGR
* GDM on meds
* GHTN/PreE
* HIV
* Hx of stroke or heart attack
* Lupus
* Maternal heart disease
* Methadone/Suboxone maintenance/Polysubstance abuse
* Mo/Di twins
* Multiple complex maternal diseases
* Multiple fetal Abnormalities
* Sickle cell Disease
* Spinal cord injury
* Transplant
* Type 1 DM or Type 2 DM
* Unstable thyroid disease
* Vasa previa
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