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 precautions  Give safe medications in pregnancy  Rx PNV, nausea medications PRN  Genetic Screening education | .STCCONFIRMPREG  .STCTVUS  .STCTAUS  .STCSAFEMEDSPREG  .STCPNC | Primary Dx Z32.01 pregnancy test positive  Bill E/M code (ie 99213, 99204, etc)  CPT 76817 if Transvaginal  CPT 76815 if Transabdominal |
| 10 - 12 week Initial visit | Vitals  Confirm history  Full Exam  Depression, substance use, IPV Screening.  Create pregnancy episode  Complete dating tab | Prenatal labs +  Hep C (if not done before)  Pap  Genetic screening (if not done before)  Flu vaccine  COVID vaccine | Official Early Anatomy/NT with MFM | Add problem supervision of normal/high risk pregnancy to problem list  ASA 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 risk  Bill E/M code (ie 99213, 99204, etc)  CPT 76817 if Transvaginal  CPT 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 pregnancy  USF: 2005698/2005699  Genesis/Medicaid: 0502F  Whenever 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, FHT  IPV screen | Glucola + CBC + TDAP, Rhogam + ABSC if needed |  | Contraception (sign sterilization  consents if applicable)  Kick Counts  PTL precautions | .STCROB or .CNMROB  .STCBTL  .STCKICKCOUNTS |
| 32 week visit | Vitals, FHT | 3rd trimester STI labs + GC/C |  | Delivery Planning/Pain Control  TOLAC 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, FHT  IPV screen | GBS |  | Breast pump Rx  Labor 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 screen  IPV screen |  |  | The B’s” Blues, bonding, breast, bleeding, bottom, baby spacing, BP | .STCINCISIONCHECK  .STC2WEEKPPV or .CNM2WEEKPPV  .STCWARNINGSIGNS | Post-op f/u: 99024  PO visit: Z48.89 Postop visit |
| 6 week PP Visit | Vitals  Full Exam Depression screen | Pap if needed |  | The B’s” Blues, bonding, breast, bleeding, bottom, baby spacing, BP | .STCPPV or .CNMPPV | PPV: 0503F  Dx: 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 |