

## Practice Guidelines for Perinatal Care

MVP Health Care has adopted perinatal care practice guidelines as part of its continuing Quality Improvement Program. These practice guidelines primarily reflect the recommendations put forth in the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists (AAP/ACOG) Guidelines for Perinatal Care, Sixth Edition. October, 2007.

### First prenatal visit

The initial prenatal visit should include a comprehensive examination, risk factor assessment and the establishment of an estimated date of delivery. The information obtained from this visit should be used to develop an individualized plan of care that will allow for coordinated care during the woman's pregnancy.

### Recommended visit intervals

Ideally, the first prenatal visit should be as early in the pregnancy as possible. An uncomplicated pregnancy should be followed every four weeks for the first 28 weeks, every two to three weeks until 36 weeks and weekly from 36 weeks until delivery. Actual visit intervals should be tailored to meet the medical and obstetrical needs of the woman. Ultimately, the frequency of examinations is the individual clinician's decision. A comprehensive prenatal care program should include prenatal care office visits that allow for:

- Ongoing risk assessment and care plan development
- Patient education
- Psychosocial support with the provision of necessary adjunct services

### Postpartum visit

The post-partum visit should occur at 4-6 weeks after delivery and no later than 8 weeks following delivery (sooner for complicated gestation or delivery). The exact interval of this visit should be based on the specific obstetrical and medical needs of the woman, and should be determined by the clinician.

### Key guideline messages

Care provided should be comprehensive and should meet established evidence-based standards of care. Clinical standards of care include but are not limited to, HIV services, dental care, immunizations, lead poisoning prevention, medical indications for ultrasound, screening for genetic disorders, and other tests to determine fetal well-being. Care provided should be offered in a culturally sensitive manner. The comprehensive perinatal care record should include the development of a plan of care. The plan of care should address the following:

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- Risk assessment –A comprehensive risk assessment should be completed as early as possible in the pregnancy with review of risk at each subsequent visit. The care plan should address problems identified in the initial risk assessment and focus on conditions of high prevalence and importance with integration of psychosocial and medical care needs. The psychosocial risk assessment, which includes screening, counseling and referral should be conducted at the first visit and should be reviewed at each subsequent visit. The assessment should include a broad range of social, economic, psychological and emotional disabilities and highlight tobacco use, substance use, domestic violence and depression.
- Health Education – Health education should be provided based upon assessment of the individual woman’s needs and should address issues such as avoiding harmful behaviors (alcohol, drugs, smoking), environmental concerns/lead exposure, risk of HIV infection and other sexually transmitted diseases, labor and delivery, preparation for parenting, breastfeeding, newborn screening, and family planning.
- Nutritional needs assessment – The nutrition assessment should include screening for nutritional risk and counseling and referral as indicated. Income eligible women should be referred to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
- Appropriate weight gain during pregnancy- The weight assessment should include documentation of pre-pregnancy BMI with recommendations made for appropriate weight gain during pregnancy. Counseling regarding exercise and lifestyle changes should be provided as indicated. Special considerations should be taken for underweight and/or overweight obese women.
- All pregnant patients should be screened for gestational diabetes mellitus (GDM), whether by patient history, clinical risk factors, or a laboratory screening test to determine blood glucose levels.
- Communication and coordination of care - The care plan should facilitate the relevant exchange of information between providers and assist in facilitating access to medical, dental, nutritional, psychosocial and substance abuse services as indicated.
- Breastfeeding recommendations –Discuss the nutritional advantages of human breast milk. Exclusive breastfeeding is recommended during the baby’s first 6 months of life. Breastfeeding is not recommended for HIV positive women and may be medically contraindicated in other situations.

The AAP/ACOG guidelines are available on the ACOG website. The guidelines are free to ACOG members. Non-members and members of the public can purchase the guidelines in printed form at the online store. To access any of the ACOG practice guidelines via the Internet go to the ACOG homepage and follow the publications link to guidelines: <http://www.acog.org/>

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Recent prenatal care legislation enacted in New York State (Chapter 484 of the laws of 2009; Public Health Law and Social Services Law) eliminates PCAP designation, certification and enhanced rates and authorizes establishment of new prenatal care practice management standards for all Medicaid providers. The Office of Health Insurance Programs, in collaboration with the Division of Family Health, the New York Quality Improvement Organization (QIO) and a statewide advisory workgroup were recently charged with developing a revised set of Medicaid Prenatal Care Standards for New York State (November 2009).

All clinicians who provide care for MVP Medicaid patients should be aware of and follow the New York State Medicaid guidelines. To access the New York State Medicaid prenatal care guidelines via the internet go to: [http://www.nyhealth.gov/health\\_care/medicaid/standards/prenatal\\_care/](http://www.nyhealth.gov/health_care/medicaid/standards/prenatal_care/)

In conjunction with these guidelines, MVP Health Care offers a Case Management high-risk prenatal care program as well as a low-risk maternity Health Management program. Both programs are called “**Little Footprints**.” If you would like to refer one of your patients to either of these programs, please call the Health Care Operations Department at 1-866-942-7966.

*This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. **All treatment decisions are ultimately up to the physician.*** Where medication recommendations are made, please refer to each health plan’s formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at 1 (800) 777-4793 extension 2602.