

# 2011 Prenatal and pregnancy

Please talk to your doctor about additional screenings and immunizations that become important if you are planning a pregnancy or if you are already pregnant.

Guidelines for preconception (women)	
<b>Nutrition</b>	
<b>Folic acid supplements</b>	<p>If no previous pregnancy affected by neural tube defect: 0.4 to 0.8 mg per day of folic acid supplementation from at least one month prior to conception through the first trimester.</p> <p>If previous pregnancy affected by neural tube defect: 4 mg per day of folic acid supplementation from one to three months prior to conception through the first trimester.</p>
<b>Immunizations</b>	
<b>Rubella and Tdap</b>	Determine immunity and immunize (if indicated)
<b>Hepatitis B (HepB)</b>	For those at high risk
Guidelines for pregnancy	
<b>Prenatal exam frequency</b>	
<ul style="list-style-type: none"> <li>• As early as possible in the first trimester</li> <li>• Every four weeks for the first 28 weeks of pregnancy</li> <li>• Every two to three weeks between 28 and 36 weeks of pregnancy; weekly after 36 weeks.</li> </ul>	
<b>Prenatal clinical screenings</b>	
<b>Initial screenings</b>	<ul style="list-style-type: none"> <li>• Complete physical exam including family, medical, surgical, social and OB history; review of medications; screenings for tobacco use, alcohol/drug misuse, and family and intimate partner violence.</li> <li>• Complete blood count (CBC), urinalysis, blood type, Rh and antibody screening, Rubella titer, Hepatitis B antibody titer, VDRL serology, Pap test, if indicated.</li> <li>• As determined by the physician: group B strep, maternal serum alpha-fetoprotein, amniocentesis and chorionic villus sampling (if older than age 34 and depending on history).</li> </ul>
<b>HIV, Chlamydia, Gonorrhea, Syphilis</b>	Screen all pregnant women
<b>Influenza vaccine</b>	Administer vaccine after first trimester (14 weeks or more of gestation) if pregnant during influenza season.
<b>Ongoing clinical screenings</b>	<ul style="list-style-type: none"> <li>• Blood pressure, weight, tobacco use, alcohol misuse, urine (for protein and glucose), fundal height, fetal presentation, swelling, fetal heartbeat and activity</li> <li>• Ultrasound in second trimester (physician discretion)</li> <li>• Glucose screening up to 28th week of pregnancy, at the discretion of the physician if the patient is less than 25 years old and low risk for diabetes.</li> <li>• Urine culture at 12 to 16 weeks</li> </ul>
Follow-up care after delivery	
<b>Physical exam frequency</b>	All newborns to be evaluated within two to three days after discharge. One visit four to six weeks after delivery for maternal post partum care.
<b>Clinical screenings</b>	Weight and blood pressure, blood count (if indicated), breast exam, abdominal and pelvic exam, Pap test (if indicated)
<b>Breastfeeding</b>	Counsel women of the importance of breastfeeding for at least three months.
<b>Tetanus, diphtheria and pertussis (Tdap)</b>	One dose of Tdap before leaving the hospital (if last Td was at least 2 years ago).