Optima Health

2017

Prenatal & Postpartum Supplement

Guideline History

Original Approve Date	06/96
Review/ Revise Dates	07/96, 07/97, 03/99, 12/00, 10/02, 02/03, 06/03, 10/04, 03/05, 07/07, 7/09, 06/11, 07/13, 07/15
Next Review Date	07/19

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	Weeks 1-8	Weeks 8-12	Weeks 12-16	Weeks 16-20	Weeks 20-24	Weeks 24-28	Weeks 28-32	Weeks 32-36	Weeks 36-40	Weeks 40-Del	Postpartum
PCP	MD, NP, CNM	MD,NP,CNM	MD ,NP, CNM	MD, NP, CNM	MD,NP, CNM	MD, NP, CNM	MD, NP, CNM	MD, NP, CNM	MD, NP, CNM	MD, NP, CNM	MD,NP, CNM
Consults as needed	Case Manager	Case Manager	Case Manager	Case Manager	Case Manager Lactation Counselor	Case Manager	Case Manager	Case Manager	Case Manager	Case Manager	Case Manager
Procedure/ Tests	Physical Exam Psychosocial data base (include domestic violence screen) HH, Rubella, VDRL, Hep B surface antigen, Type & Screen, PAP (as indicated), breast exam HIV (recommend to all) GC & Chlamydia (annually) Sickle cell (if indicated) Urinalysis, Urine Culture, Vitamin D level (MFM) *Zika Screening*	Urinalysis Hemoglobin Genetic counseling as indicated Offer first trimester combined screening "NT" screening 1st Trimester Assessment Consider screening for premature labor in at-risk women.	Urinalysis MSAFP/ Quad screen to be done in weeks 15-21 1st Trimester Assessment Consider screening for premature labor in at-risk women.	Urinalysis U/S to be done in weeks 18-22 Early screen for Diabetes for At Risk Population *Aneuploidy testing-Second trimester optimal screen time 16-18 weeks. *	Urinalysis Consider screening for premature labor in at-risk women. Diabetes Screen	Urinalysis Diabetes screen RH antibody screen Repeat domestic violence screen	Urinalysis H&H 32 weeks Repeat VDRL (For high risk)	Urinalysis GBS culture 35-37 wks. Culture all patients. If the patient is in labor and the culture is unavailable, the patient should be treated. (If PCN allergic, order sensitivities for appropriate treatment)	Urinalysis	Urinalysis	Physical exam (includes pelvic and breast)
Patient/ Family Education	Give pregnancy journal Prenatal information on pregnancy in general, medications to avoid, risk behaviors, routine office process, emergency contact, nutrition information, physical activity Give pre-registration hospital forms Counsel about 1st Trimester assessment	Discuss S & S of pregnancy; VBAC counseling as indicated. Prenatal classes available	Lifestyle assessment Depression Screening	Refer to childbirth education classes	Discuss warning signs and symptoms of preterm labor. Breast or bottle feeding education; LC consult if needed.	Discuss L & D anesthesia/pain management options	Schedule hospital tour Schedule pediatrician interviews BTL and VBAC consent form Operative vaginal delivery counseling and consent	S&S of Labor Baby care Circumcision Car seats	*The American College of Obstetricians and Gynecologists recommend that women with active recurrent genital HSV infection be offered suppressive viral therapy with acyclovir or valacyclovir at or beyond 36 weeks of gestation.*		Care of self, Care of infant, Family planning Diabetes screen if necessary Depression screening
Routine Visits	Monthly until 32 weeks: more frequently as indicated							Every 2 weeks	Weekly until delivery		NSVD 4-6 wks C/S 2-6 wks as indicated
Meds	PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4 Rhogam 28 weeks if RH neg PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4	PNV, FeSo-4	Rhogam prn Rubella prn
Other	Flu (any trimester during flu season) *Complete OB assessment If patient refuses HIV testing they must sign a waiver Patient should be given information on the birth injury fund and informed of whether or not the practitioner participates		*The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia. *	Re-evaluate Dietary patterns Register for childbirth classes Register for breastfeeding and infant care classes	*ACIP recommends vaccination of adolescents and adults who have or anticipate contact w/an infant less than 12 months of age who previously did not receive Tdap should receive a single dose 2 weeks prior contact w/infant.*	Tdap during pregnancy preferably between 27 weeks and 36 weeks gestation		Select pediatrician or family care doctor	PP birth control methods		

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A **prenatal visit(s)

- A prenatal visit in the first trimester or within 42 days of enrollment, depending on the date of enrollment in the organization and gaps in enrollment during the pregnancy. Include only visits that occurred while the member was enrolled.

Prenatal care visit to an OB/GYN practitioner or midwife, family practitioner or other PCP. For visits to a *family practitioner or PCP*, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of *one* of the following.

- A basic physical obstetrical examination that includes auscultation for fetal heart tone, ***or*** pelvic exam with obstetric observations, ***or*** measurement of fundus height (a standardized prenatal flow sheet may be used)
- Evidence that a prenatal care procedure was performed, such as:
  - Screening test in the form of an obstetric panel (e.g., hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh[D] and ABO blood typing), ***or***
  - TORCH antibody panel alone ***or***
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, ***or***
  - Echography of a pregnant uterus
- Documentation of LMP or EDD in conjunction with *either* of the following.
  - Prenatal risk assessment and counseling/education, ***or***
  - Complete obstetrical history

Postpartum visit

- A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery, as documented through either administrative data or medical record review.

Medical record

Postpartum visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery. Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and *one* of the following.

- Pelvic exam, ***or***
- Evaluation of weight, BP, breasts and abdomen, ***or***
  - Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component
- Notation of postpartum care, including but not limited to the following:
  - Notation of "postpartum care," "PP care," "PP check," "6-week check"
  - A preprinted "Postpartum Care" form in which information was documented during the visit.

Source: National Committee for Quality Assurance (NCQA), *HEDIS 2017 Technical Specifications*, Volume 2, Pages 262-269. For more information Please refer to the current HEDIS® publication.

References

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4. National Committee for Quality Assurance (NCQA), *HEDIS 2017 Technical Specifications*, Volume 2, Pages 262-269.

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7. The American College of Obstetricians and Gynecologists. “Committee Opinion No. 566: Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination.” Obstetrics & Gynecology. 2013; 121(6):1411–1414.

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10. Puritz, Holly MD FACOG (2017). Personal Communication July 17, 2017.