

## Exams

**Initial visit:** as early in pregnancy as possible; **Routine visits:** every four to five weeks through 28 weeks; every two to three weeks until 36 weeks; every week after 36 weeks

### Initial visit includes:

- Family and social history
- For high-risk patients: identification and intervention for hepatitis A, B and C; tuberculosis; sickle-cell anemia; cystic fibrosis; or sexually transmitted diseases (STDs)
- Medical and pregnancy history
- Physical examination
- Psychiatric and substance abuse history, including preexisting and recent onset depression
- Screening for diabetes for all women with type 2 risk factors
- Screening for hepatitis B virus (HBV) infection

### Screenings/Tests

#### First Trimester (0–13 weeks)

- Genetic risk assessment, maternal metabolic disorder and birth defect counseling
- Lab work (hemoglobin and hematocrit to screen for iron deficiency anemia, urinalysis, Pap smear)
- Offer genetic counseling and either chorionic villus sampling (by 13 weeks) or amniocentesis in the second trimester (15–18 weeks) to women with an increased risk of having a baby with Down syndrome
- Offer screenings for Down syndrome by Nuchal translucency and a blood test for maternal serum markers
- Risk assessment for gestational diabetes during first visit; glucose testing for high-risk women
- Screening for fetal abnormalities when medically necessary
- Screenings for hepatitis B surface antigen, blood groups and CDE (Rh) type, and Rh Factor Antibody
- Screenings for rubella, syphilis, gonorrhea, chlamydia and HIV
- Urine culture (12–16 weeks)

#### Second Trimester (14–26 weeks)

- Alpha-fetoprotein screening (15–18 weeks)
- Rh Antibody tests repeated in unsensitized, D-negative patient at 24–28 weeks, unless the biological father is known to be Rh(d) negative
- Screening for gestational diabetes (approximately 24–28 weeks); 75-gram oral glucose tolerance test (OGTT), 50-gram glucose screening and three-hour OGTT if screen is abnormal

### Each visit your doctor assesses:

- Fetal heart rate (after 12 weeks) and baby's growth
- Signs of bleeding, leakage or other concerns
- Signs and symptoms of depression
- Your height, weight, blood pressure and Body Mass Index
- Your urine for glucose and protein

#### Third Trimester (27–42 weeks)

- Blood test (hemoglobin and hematocrit)
- Check fetal position
- Evaluation for syphilis, gonorrhea and chlamydia if indicated (32–36 weeks); second HIV test recommended for women receiving health care in areas with elevated incidence of HIV and AIDS among women between 15–45 years old (includes DE, MD and PA)
- Group B strep screening (35–37 weeks); women at risk or with positive screening results to receive an intrapartum antibiotic prophylaxis
- HSV (Herpes Simplex Virus) counseling for exposed women with consideration of antiviral medication

#### Postpartum

*Four to six weeks after delivery (seven to 14 days may be encouraged after a C-section or complicated pregnancy)*

- Check for signs and symptoms of depression
- Complete physical exam
- Interventions to support breastfeeding
- Nutritional counseling, including breast-feeding
- Preconceptional counseling
- Screen women with gestational diabetes mellitus six to 12 weeks postpartum for diabetes



### Health

- Scope of care provided by your doctor(s), as well as anticipated schedule of visits
- Asthmatics: take medication in lowest dose possible; monitor women with moderate to severe asthma for fetal growth and signs of pre-term labor
- Expected course of the pregnancy
- Childbirth classes
- Signs and symptoms to report
- Anesthesia plans/analgesia plans
- Physical activity
- Signs of labor
- Depression
- Toxoplasmosis precautions
- Nutrition and healthy lifestyle
- Vaginal birth after cesarean section
- Use of over-the-counter items, including herbal products
- Explain recommendations for prenatal weight gain:
  - 25–35 lbs. for women of normal weight;
  - 28–40 lbs. for underweight women;
  - 15–25 lbs. for overweight women;
  - and 15 lbs. for obese women
- Daily supplement containing 0.4-0.8 mg of folic acid

### Injury Prevention

- Newborn car seat
- Environmental/work hazards

### Sexual Practices

- Sexual activity
- Birth control after the baby is born
- Tubal sterilization

### Substance Abuse

- Alcohol and drug misuse
- Tobacco/smoking cessation

### Other

- Planning for hospital discharge
- Travel
- Breast/bottle feeding/structured breastfeeding education and behavior counseling to promote benefits
- Availability of resources and referrals, as necessary
- Selection of pediatrician while pregnant
- Circumcision
- Counsel about domestic violence
- Avoiding HIV infection
- Placing healthy infants on their backs when being put to sleep

### Immunization Recommendations for Normal Pregnancy:

- **Human Papillomavirus (HPV):** not recommended during pregnancy; if a woman becomes pregnant after initiating the vaccination series, delay remainder of the series until after the pregnancy
- **MMR (Measles, Mumps, Rubella) and Varicella (Chickenpox):** do not vaccinate women who are or might become pregnant within four weeks of receiving the vaccine; recommended for women with no evidence of immunity in the postpartum period
- **Pneumococcal, hepatitis A or B, and meningococcal vaccines:** safe for use if needed based on risk factors
- **Polio (IPV):** administer to high-risk women in accordance with recommended schedule for adults
- **Seasonal influenza:** inactivated influenza vaccine recommended in any trimester during influenza season
  - Consider antiviral medications for women who are pregnant or 2 weeks postpartum who have had close contact with someone with influenza
- **Tetanus, Diphtheria, Pertussis (Td/Tdap):** Td vaccination in second or third trimesters if last vaccination was more than 10 years ago, a single dose of Tdap may be given postpartum to replace next Td booster
  - Those who are not immunized or only partially immunized against tetanus should complete the primary series; if women don't complete the three-dose series during pregnancy, they should receive follow-up after delivery

**See previous page for important information on screenings and exams**



Guidelines were created based on information from organizations such as the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP) and the American Academy of Pediatrics (AAP).

Screening, immunization and counseling guidelines are recommendations only. Members should follow their providers' medical judgment. Recommendations may not be covered benefits under all BCBSD plans. Please consult your benefits material.

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