El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

MEDICAID

ROUTINE PRENATAL AND POSTPARTUM CARE

The following guideline provides recommendations for routine prenatal and postpartum care.

Visit Schedule	Physical Exam to include:	Diagnostic Procedures/Labs	Education/Counseling
First Prenatal Care Visit: • In the first trimester OR • Within 42 days of enrollment with El Paso Health	• Menstrual History • Past Pregnancies • Medical History • Immunization Status • Family/Genetic history • Risk Assessment (substance use, intimate partner violence, depression) • Pelvic Exam with obstetric observations • Auscultation for fetal heart tone • Measurement of fundus height Menstrual Period	• Obstetric panel (must include hematocrit, differential WBC count, platelet count, Hep B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing) • TORCH antibody panel • Ultrasound of pregnant uterus	• Expected course of the pregnancy • Signs & symptoms to be reported to physician • Practices to promote health maintenance • Risk counseling, including substance use and abuse • Psychosocial topics in pregnancy and postpartum period • Nutrition, exercise • Nausea and vomiting • Vitamin and mineral toxicity • Teratogens • Dental Care • Air Travel
Routine Visits: Uncomplicated: • 0-28 weeks visits should occur every 4 weeks • 29-36 weeks visits should occur every 2 weeks • 37 + weeks visits should occur weekly High Risk: appropriate intervals between scheduled visits are determined by nature and severity of the problems	• Blood Pressure • Weight • Uterine size for progressive growth consistency w/ EDD • Fetal Heart activity • Fetal movement • Ask about contractions, leakage of fluid or vaginal bleeding. • EDD • Ongoing Risk Assessment	• Urine screening, Urine culture • Genetic screening/Diagnostic test • High risk Pregnancy may require Imaging as needed • Glucose screening at 24-28 weeks of gestation (earlier if at high risk) • Antibody testing repeated in un-sensitized, D negative patients at 28-29 weeks of gestation • Antepartum Test of Fetal Well-being (if at risk, as needed) **Third Trimester:** • Group B streptococcal at 35-37 weeks of gestation • Hemoglobin or Hematocrit • STI (if at risk)	• Working • Child-birth education classes • Choosing newborn care provider • Anticipating Labor • Preterm labor • Breech presentation at term • Trial of labor after cesarean delivery • Elective delivery • Cesarean delivery on maternal request • Umbilical cord blood banking • Breastfeeding • Preparation for discharge • Neonatal interventions

Visit Schedule	Physical Exam to include:		
Postpartum Visit:	• Interval History • Weight, Blood Pressure, Breasts, and Pelvic Exam • Perineal or cesarean incision/wound check • Screening for depression, anxiety, tobacco use, substance use disorder or use/abuse	• Postpartum Hemoglobin/Hematocrit • Postpartum Glucose screening if patient had Gestational Diabetes • Pap smear (if needed)	• Infant care, spacing or family planning

This guideline lists standard pregnancy management steps. It is based on American Academy of Pediatrics and The American College of Obstetricians & Gynecologists Guidelines for Perinatal Care 8th Edition, October 2017. HEDIS 2026 specifications. Individual patient considerations and advances in medical science may supersede or modify these recommendations.