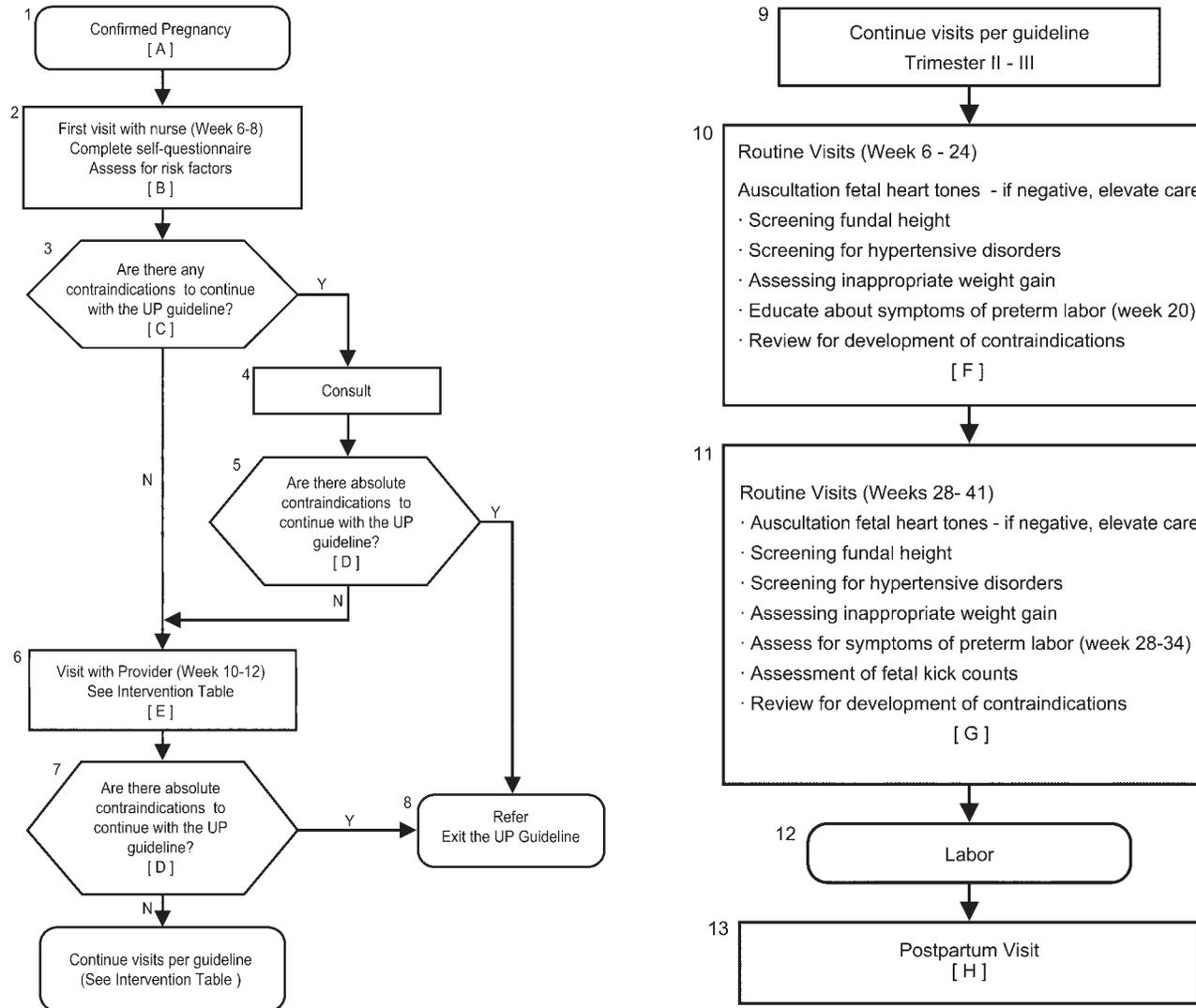


VA/DoD Clinical Practice Guideline for Management of Uncomplicated Pregnancy

ALGORITHM



VA/DoD Clinical Practice Guideline for Management of Uncomplicated Pregnancy

KEY POINTS

- **Standardized prenatal care for low risk patients to minimize variation.**
- **Standardized care plan to improve overall patient satisfaction with prenatal care.**
- **Explicit, evidence-based interventions for screening and management.**
- **Standardized education of patients and providers.**
- **Standardized counseling for antenatal diagnostic screening.**
- **Standardized prenatal screen to identify women with high risk pregnancies.**
- **Accompanying tool kit to empower implementation.**



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PLANNED INTERVENTIONS

Risk	Questionnaire (see Appendix A)	History Taking	Physical Exam (First Visit with Provider)	LAB
Past OB history - If prior macrosomia or prior gestational diabetes mellitus (GDM)	√			Glucose for GDM
Drug use/alcohol use/smoking	√	√		
Prescription, over-the-counter, and herbal medications	√	√		
Thyroid disorders	√		√	
Gastrointestinal disorders	√	√		
Hypertension	√	√	√	
Cardiovascular diseases - pulmonary	√			
Diabetes mellitus (DM) – Type 1 or 2 - Family history of DM in first or second degree relative	√	√		Glucose for GDM
Renal disorder	√			
Autoimmune disorder (AIDS)/ Lupus	√			
Blood disorders	√			
Sexually transmitted disease (STD)	√	√	√	√
Human immunodeficiency virus (HIV)	√			√
Tuberculosis	√	√		
Cancer	√			
Transplant	√			
Surgery/cesarean/breast/gynecology	√			
Mental disease	√			
Uterine abnormality	√			
Genetic disease/family history of genetic disease	√			
Religion		√		
Language barrier		√		
Diet restriction	√			
Eating disorder	√	√		
Body mass index (BMI) - If >29			√	Glucose for GDM
Age (<16 or >40)	√			
Vital signs			√	
Domestic violence	√	√	√	
Homelessness		√		
Blood pressure			√	
Cardiac abnormality	√		√	
Vaginal bleeding	√	√	√	
Pelvic exam			√	Cervical smear
Dating criteria	√	√	√	
Complete blood count (CBC)				√
(ABO Rh) blood typing				√
Rapid plasma reagent (RPR)				√
Rubella test				√
Hepatitis B surface antigen test				√
Gonorrhea and chlamydia test				√
Urinalysis and culture				√
Antibody screen				√

Initial OB labs should be reviewed and documented at the following visit.

Each intervention should be completed by the indicated week.

First Visit With Nurse		WEEK	6-8	10-12
I-1	Screening for hypertensive disorders		√	
I-2	Breastfeeding education		√	
I-3	Exercise during pregnancy		√	
I-4	Influenza vaccine (* season-related)		√	
I-5	Screening for tobacco use - offer cessation		√	
I-6	Screening for alcohol use - offer cessation		√	
I-7	Screening for drug abuse - offer treatment		√	
I-8	Screening for domestic abuse		√	
I-9	Screening for Rh status		√	
I-10	Screening for rubella		√	
I-11	Screening for varicella		√	
I-12	Screening for hepatitis B		√	
I-13	Screening for syphilis rapid plasma reagin		√	
I-14	Screening for asymptomatic bacteriuria		√	
I-15	Screening for HIV - counsel		√	
I-16	Immunization - Td booster (first trimester)		√	
I-17	Immunization - hepatitis B (first trimester)		√	

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PLANNED INTERVENTIONS

First Visit With Provider			
	WEEK	6-8	10-12
I-18	Assessing weight gain (inappropriate)		√
I-19	Auscultation fetal heart tones		√
I-20	Screening fundal height		√
I-21	Screening for gonorrhea		√
I-22	Screening for chlamydia		√
I-23	Screening for cervical cancer		√
I-24	Counseling for cystic fibrosis screening		√

Visit During Second Trimester			
	WEEK	16-20	24
I-1	Screening for hypertensive disorders	√	√
I-2	Breastfeeding education	√	√
I-3	Exercise during pregnancy	√	√
I-4	Influenza vaccine (* season-related)	√	√
I-18	Assessing weight gain (inappropriate)	√	√
I-19	Auscultation fetal heart tones	√	√
I-20	Screening fundal height	√	√
I-25	Maternal serum analyte screening	√	
I-26	Routine ultrasound	√	
I-27	Counseling for family planning	√	
I-8	Screening for domestic abuse		√
I-28	Educate regarding preterm labor	√	√

Visits During Third Trimester					
	WEEK	28	32	36	37
I-1	Screening for hypertensive disorders	√	√	√	√
I-2	Breastfeeding education	√	√	√	√
I-3	Exercise during pregnancy	√	√	√	√
I-4	Influenza vaccine (* season-related)	√	√	√	√
I-18	Assessing weight gain (inappropriate)	√	√	√	√
I-19	Auscultation fetal heart tones	√	√	√	√
I-20	Screening fundal height	√	√	√	√
I-8	Screening for domestic abuse		√		
I-29	Assess for preterm labor	√	√	√	
I-30	Daily fetal movement counts	√	√	√	√
I-31	Screening for gestation diabetes	√			
I-32	Iron supplementation	√			
I-33	Anti-D prophylaxis for Rh-negative women	√			
I-34	Screening for Group B Streptococcus (GBS)			√	
I-35	Assessment of fetal presentation			√	√

Visits During Post-Date					
	Week	38	39	40	41
I-1	Screening for hypertensive disorders	√	√	√	√
I-2	Breastfeeding education	√	√	√	√
I-3	Exercise during pregnancy	√	√	√	√
I-4	Influenza vaccine (* season-related)	√	√	√	√
I-18	Assessing weight gain (inappropriate)	√	√	√	√
I-19	Auscultation fetal heart tones	√	√	√	√
I-20	Screening fundal height	√	√	√	√
I-30	Daily fetal movement counts	√	√	√	√
I-36	Weekly cervical check (stripping/sweeping)	√	√	√	√
I-37	Post-dates antenatal fetal testing	√	√	√	√



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Antepartum Care Matrix

Visits	6-8 Weeks	10-12 Weeks	16-20 Weeks	24 Weeks	28 Weeks	32 Weeks	36 Weeks	38-41 Weeks
Goals	Exchange information and identify risk factors that may impact the pregnancy.	Determine current health status and work towards a healthy pregnancy.	Work towards a comfortable and safe pregnancy.	Prevent pre-term labor for a safe and healthy baby.	Monitor baby and maternal progress and learn to count fetal movements	Prepare for baby's arrival.	Begin preparations for hospital experience.	Prepare for the delivery and baby's arrival at home.
Assess	Prenatal screen, history & eligibility for CPG Screening: tobacco, alcohol & illicit drugs, domestic abuse* & risk factors for pre-term labor (PTL)	History and physical exam to include breast and pelvic	Fetal growth, maternal well-being F/U on CF testing if done. Counseling and referral if needed Risk factor for PTL	Fetal growth, maternal well-being Signs & symptoms of domestic abuse*	Fetal growth, maternal well-being Signs & symptoms of PTL	Fetal growth, maternal well-being Signs & symptoms of PTL & domestic abuse*	Fetal growth, maternal well-being Signs & symptoms of PTL	Fetal growth, maternal well-being
Labs/ Procedures	CBC, UA, C&S, RPR, Hepatitis B, sickle cell (as indicated) Consent/screen for Cystic Fibrosis Carrier & HIV immunizations as needed	Pap Smear, GC & Chlamydia. Consent/schedule & counseling for CF (if desired) Consent/schedule for Triple Screen (15-20 weeks)	Ultrasound Triple Screen if desired	Schedule Diabetes screen, ABS, Hct & other labs as indicated	Diabetes screen If RH negative: Rh antibody screen & D-Immunoglobulin if needed Other lab work as needed		GBS	Cervical check and stripping beginning at 38 weeks until delivery. Starting at week 41: Amniotic fluid index weekly; Non-stress testing twice weekly.
Monitor	BP, BMI, weight gain & exercise	BP, fundal height, fetal heart rate, weight gain & exercise	BP, fundal height, fetal heart rate, weight gain & exercise	BP, fundal height, fetal heart rate, weight gain & exercise	BP, fundal height, fetal heart rate, weight gain & exercise	BP, fundal height, fetal heart rate, weight gain & exercise	BP, fundal height, fetal heart rate, fetal presentation, weight gain & exercise, fetal movement count	BP, fundal height, fetal heart rate, fetal presentation, weight gain & exercise, fetal movement count
Psycho/Social	Social Services/ domestic abuse, "Is your home SAFE* for you?"	Emotional status	Discuss birth control planning	Domestic abuse, "Is your home SAFE* for you?"	Child care options	Domestic abuse, "Is your home SAFE* for you?"	Apprehension as delivery approaches	Parenting issues
Patient Education	Cystic Fibrosis screening, breastfeeding, nutrition, substance abuse & cessation, exercise, discomforts & safe medications, Use of pregnancy binder	Breastfeeding, nutrition, exercise Danger signs to report	Breastfeeding, nutrition, exercise Danger signs to report True vs. false labor	Breastfeeding, nutrition, exercise Pre-term labor (PTL) signs & symptoms	Breastfeeding, nutrition, exercise Fetal movement count PTL signs & symptoms	Birth control, breastfeeding, nutrition, exercise, childbirth classes, birth plan, fetal movement count PTL signs and symptoms	Labor & Delivery Fetal movement count PTL signs & symptoms	Fetal movement count Post-date pregnancy plan Labor and Delivery

* See mnemonic on next page.

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SAFE MNEMONIC

S	Inquire about Stress and Safety .
A	Ask if she is Afraid and Abused .
F	Inquire about Friends and Family .
E	Inquire about an Emergency Plan.

Source: "Screening for Domestic Violence," MEDWAY, January 2002

INTERVENTIONS NOT RECOMMENDED DURING PREGNANCY FOR ASYMPTOMATIC (UNCOMPLICATED) PREGNANCY

1. Screening for preterm birth with Fetal Fibronectin test
2. Cervical Examination to screen for preterm birth prevention in low risk asymptomatic pregnant women.
3. Antenatal Pelvimetry (clinical or radiographic) in routine prenatal care.
4. Routine Urine Dipstick Test: Use of urine dipstick testing for protein and glucose during prenatal visits (the appropriate screening test for gestational diabetes is the one-hour glucola).
5. Routine Edema Evaluation in pregnancy
6. Routine Screening for Cytomegalovirus (CMV)
7. Routine Screening for Parvovirus
8. Routine Screening for Toxoplasmosis
9. Routine Screening for Bacterial Vaginosis
10. Routine Vitamin Supplementation
Pregnant women taking nutritional supplements for a medical condition should continue that supplementation throughout pregnancy. Multivitamin supplements taken one month pre-conceptually should be continued through the first trimester.
11. Routine Immunization - measles/mumps/rubella (MMR)
12. Routine Immunization - Varicella
Recommend seriological testing early in pregnancy for all pregnant women with a negative or uncertain history.
13. Routine Ultrasound (US) Evaluation of Cervical Length At Week 24
14. Repeat Screening for Anemia, Syphilis, and Isoimmunization
15. Screening for Hypothyroidism in Pregnancy



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ABSOLUTE CONTRAINDICATIONS to the Uncomplicated Pregnancy Guideline:

Pregnant women identified as having any of the following conditions should exit the Uncomplicated Pregnancy Guideline.

- Pre-existing diabetes
- Gestational Diabetes Mellitus (GDM)
- Fetal anomaly or abnormal presentation (>36 weeks)
- Multiple gestation
- Placenta previa
- Chronic hypertension
- Systemic disease that requires ongoing care (e.g., severe asthma, lupus, and inflammatory bowel disease)
- Drug abuse
- HIV (or abnormal screen)

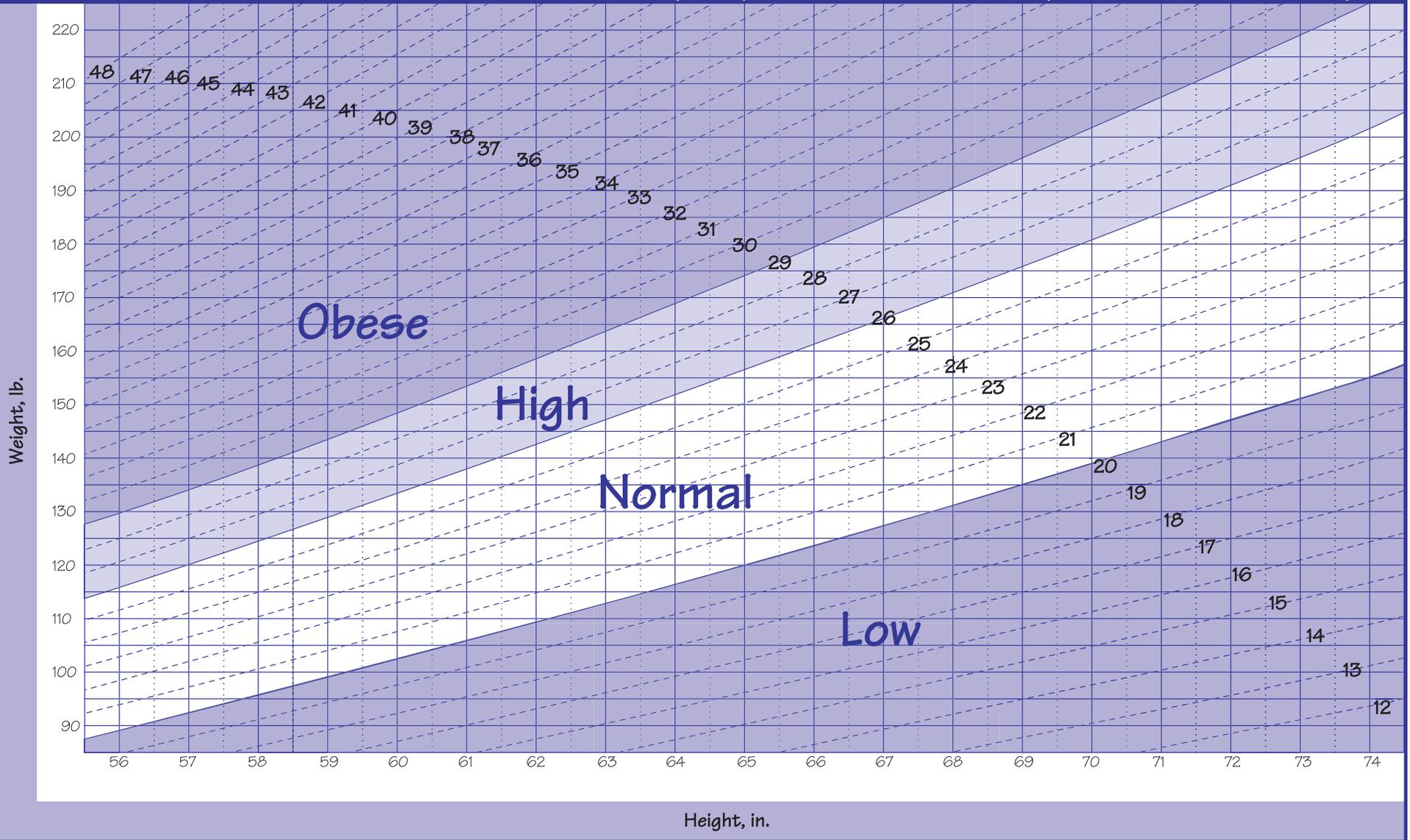
RELATIVE CONTRAINDICATIONS to the Uncomplicated Pregnancy Guideline:

Pregnant women identified as having one or more of the following conditions should be evaluated by a healthcare provider (experienced in obstetrics) to determine the risk of continuing with the Uncomplicated Pregnancy Guideline.

- Age (<16 or >40 years at delivery)
- Past complicated pregnancy
- Prior preterm delivery (<37 weeks)
- Prior preterm labor requiring admission (e.g., early cervical change)
- Intrauterine fetal demise (IUFD)
 - 10 weeks after cardiac activity was first noted
- Prior cervical/uterine surgery
- Fetal anatomic abnormality (e.g., open neural tube defects in prior child or first degree relative)
- Abnormal fetal growth
- Preterm labor requiring admission (i.e., regular uterine contractions and cervical change)
- Abnormal amniotic fluid
- Second or third trimester bleeding
- Relative BMI <16.5
- Hematologic disorders
- Severe anemia (<24 percent hematocrit)
- Cancer
- Seizure disorders
- Recurrent urinary tract infection/stones
- Substance use disorders (alcohol/tobacco and illicit drugs)
- Eating disorders
- Surgery
- Abnormal screen
 - antibody, hepatitis, syphilis, and Papanicolaou (PAP)
- Abnormal maternal serum analyte test
- Current mental illness requiring medical therapy

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Chart for Estimating Body Mass Index (BMI) Category and BMI (Pounds and Inches)



Directions:

To find BMI category (e.g., obese), find the point where the woman's height and weight intersect.

To estimate BMI, read the bold number on the dashed line that is closest to this point.

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Va/DoD website: <http://www.oqp.med.va.gov/cpg/cpg.htm>
<http://www.qmo.amedd.army.mil>

VA/DoD Clinical Practice Guideline for Management of Uncomplicated Pregnancy

SECTION 1 - UNCOMPLICATED PREGNANCY (ICD-9-CM V Codes)

FIRST PREGNANCY, PRENATAL CARE	V 22.0
SUBSEQUENT PREGNANCY, PRENATAL CARE	V 22.1

SECTION 2 - EDUCATION (E & M Code)

OFFICE OR OTHER OUTPATIENT VISIT (FOR NURSE VISIT)	99211
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SECTION 3 - IMMUNIZATIONS (CPT Codes)

INFLUENZA *	90659
HEPATITIS B *	90746
TETANUS DIPHTHERIA *	90718
RHO (D) IMMUNE GLOBULIN *	90384

* To report the administration of a vaccine/toxoid, one of the above codes must be accompanied by one of the Immunization Administration Codes (See below).

IMMUNIZATION ADMINISTRATION CODES

Immunization administration of single or combination vaccine/ toxoid	90471
Each additional single or combination vaccine/toxoid	90472

SECTION 4 - PROCEDURES (CPT Codes)

OBSTETRIC ULTRASOUND	76805
FETAL NON-STRESS TEST	59025



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UNCOMPLICATED PREGNANCY QUALITY TARGETS

METRICS

- **AVERAGE NUMBER OF PRENATAL VISITS PER PATIENT UNDERGOING AN UNCOMPLICATED PREGNANCY. (ICD-9-CM V22.0 OR V22.1 VISITS PER DRG 373)**
- **NUMBER OF VAGINAL DELIVERIES WITHOUT COMPLICATING DIAGNOSIS <37 WEEKS.(DRG 373 AND ICD-9-CM CODE 644.21)**
- **NUMBER OF UNCOMPLICATED PREGNANCY DELIVERIES > 42 WEEKS. (DRG 373 AND ICD-9-CM CODE 645.21)**
- **NUMBER OF BABIES DELIVERED TO MOMS UNDERGOING AN UNCOMPLICATED PREGNANCY WHO ARE DIAGNOSED WITH GROUP B STREPTOCOCCUS SEPSIS [ICD-9-CM CODE 771.8 (OTHER INFECTIONS SPECIFIC TO THE PERINATAL PERIOD) AND ICD-9-CM CODE 041.02 (STREPTOCOCCUS, GROUP B)]**

INPATIENT DRG DIAGNOSTIC CODES

- **DRG 373 VAGINAL DELIVERIES WITHOUT COMPLICATING DIAGNOSES**
- **DRG 374 VAGINAL DELIVERIES WITH STERILIZATION AND/OR D&C**
- **DRG 372 VAGINAL DELIVERIES WITH COMPLICATING DIAGNOSES**
- **DRG 371 CAESAREAN SECTION WITHOUT COMPLICATING CONDITION**
- **DRG 370 CAESAREAN SECTION WITH COMPLICATING CONDITION**