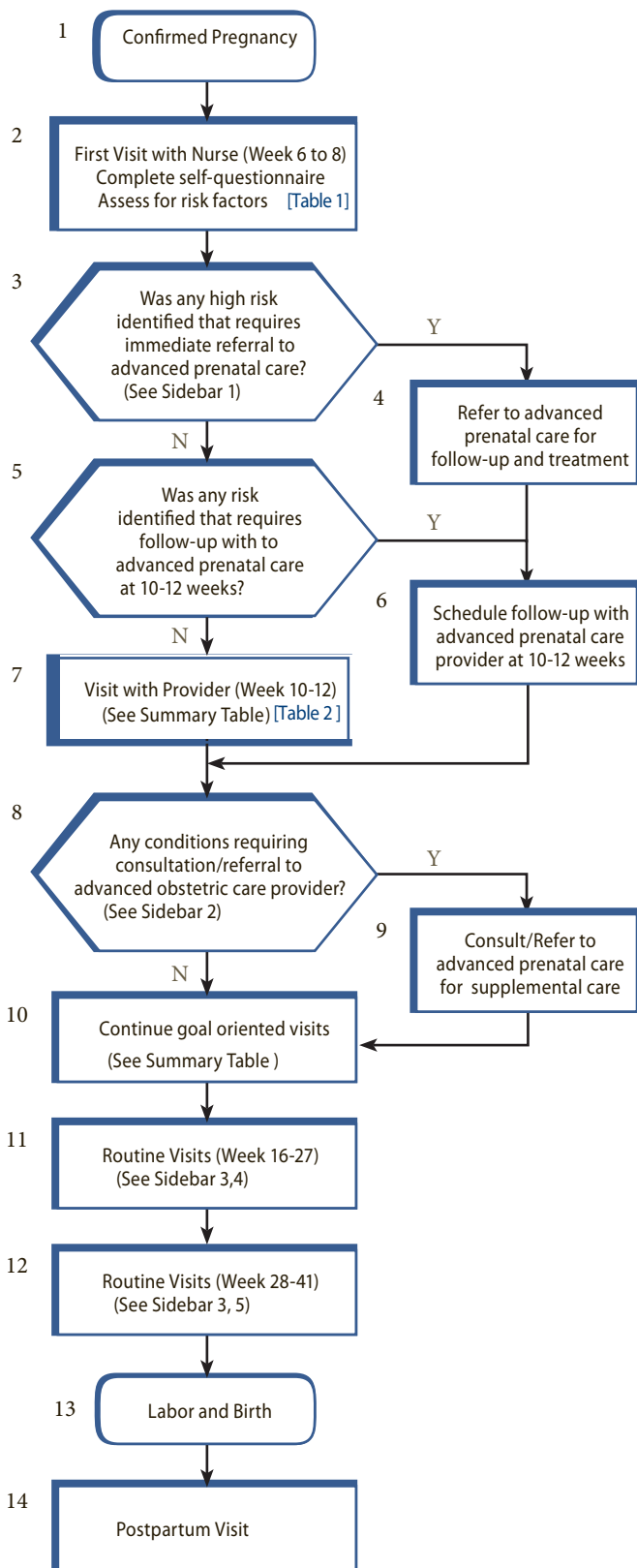


VA/DoD CLINICAL PRACTICE GUIDELINE

Management of Pregnancy

Access to full guideline and tools:

<https://www.qmo.amedd.army.mil>



Sidebar 1: Indication for Immediate Referral

- | | |
|---|---|
| <ul style="list-style-type: none">● Recurrent pregnancy loss● Ectopic pregnancy risk● Vaginal bleeding● Uncontrolled hypertension● Significant abdominal pain/cramping● Severe pelvic infections● Cardiovascular diseases● Cardiac abnormality | <ul style="list-style-type: none">● Pregestational Diabetes (Type 1 or 2)● Renal disorder● Transplant● Moderate-Severe Depression● Suicidal● HIV● Known Teratogen Exposure● History of Genetic Disease |
|---|---|

Sidebar 2: Indications for Advanced Obstetric Care Following 10-12 Weeks

- | | |
|---|--|
| <ul style="list-style-type: none">● Prior macrosomia or GDM● Severe pelvic infections● Second trimester pregnancy loss● Cervical; surgery (LEEP, cone biopsy)● Bariatric surgery within the past 18 months● Uterine abnormality● Drug use/alcohol use/smoking● Current cancer● Transplant on medication● Cardiac abnormality | <p>Current Infection</p> <ul style="list-style-type: none">● Positive Gonorrhea● Positive Chlamydia● Hepatitis B● Genital Herpes● HIV <p>Pre-Existing Conditions</p> <ul style="list-style-type: none">● Abnormal pap-smear● Mild asthma● Controlled hypothyroidism● Previous gastric bypass● Depression● At risk for Diabetes <p>OBGYN Conditions</p> <ul style="list-style-type: none">● At risk for preterm birth● Prior caesarean section |
|---|--|

Sidebar 3: Interventions at ALL Routine Visits

- Screening for hypertensive disorders
- Breast feeding education
- Exercise during pregnancy
- Influenza vaccine (season-related)

Sidebar 4: Routine Visit Week 16 –27

- Auscultate fetal heart tones
- Screen fundal height
- Assess weight gain
- Educate about symptoms of preterm labor (week 20)

Sidebar 5: Routine Visit Week 28 –41

- Auscultate fetal heart tones
- Screen fundal height
- Assess weight gain
- Assess for symptoms of preterm labor (week 28)
- Assess fetal kick counts

*For Specific Intervention
See Summary Table
page 26*

Table 1. Prenatal Risk Assessment by Nurse - Checklist

Risk Assessed by Nurse	Questionnaire	Laboratory tests	Immediate referral to advanced care	Consult with advanced	Follow-up visit 10-12
Uncertain dating criteria	√	Ultrasound		√	
Late presentation	√	Ultrasound		√	
Past OB history:					
Recurrent pregnancy loss	√		√		
Ectopic pregnancy risk (prior hx of ectopic, prior tubal surgery, current IUD, hx of tubal infertility, hx PID)	√	Quantitative HCG/ US	√		
Prior macrosomia or prior gestational diabetes mellitus (GDM)	√	Glucola for GDM			
Preterm birth	√			√	
Second-trimester pregnancy loss	√	Ultrasound		√	
Cervical surgery (LEEP, cone biopsy)	√			√	
Bariatric surgery (less than 18 months)	√			√	
Current Problems:					
Vaginal bleeding (current)	√		√		
Significant abdominal pain/cramping (current)	√		√		
Prescription, over-the-counter, and herbal medications	√			√	
Drug/alcohol use	√				√
Smoking	√				√
Medical Conditions:					
Cardiovascular diseases	√		√		√
Cardiac abnormality	√		√		
Diabetes mellitus (DM) – Type 1 or 2	√	Hgb A1c	√		√
Renal disorder (includes pyelonephritis)	√		√		
Hypertension	√		Un-controlled	√	
Thyroid disorders	√	Thyroid function		√	
Gastrointestinal disorders on medications	√			√	
Pulmonary disease	√			√	
Family history of DM in first relative	√	Glucola for GDM			
Neurological disorder	√			√	
Autoimmune disorder/Lupus	√			√	√
Major mental illness	√			√	
Blood disorders	√			√	
Hepatitis	√	Hepatitis panel		√	
Sexually transmitted disease (STD)	√	√			

Risk Assessed by Nurse	Questionnaire	Laboratory tests	Immediate referral to advanced care	Consult with advanced	Follow-up visit 10-12
Tuberculosis	√			√	
Human immunodeficiency virus (HIV)	√	√		√	√
Rash or viral illness	√			√	
Radiation/toxic chemical exposure since becoming pregnant	√			√	
Cancer	√			√	
Transplant	√		√		√
Hx of genetic disease or family history of genetic disease	√		√		
Dental complaint	√		To Dentistry		
Screen for MDD	√		To Behavior Health if suicidal or moderate or severe MDD		
Occupational hazards	√		To Public Health		
Homeless	√		To Social Services		
Domestic violence	√		To Social Work if unsafe		
Hx of infertility	√	Transvaginal US		√	
Hx of mental illness on medications	√			√	
Diet restriction	√		To Nutrition Counsel	√	
Eating disorder	√			√	
Body mass index (BMI) > 29 kg/m ²	√	Glucola for GDM		√	
BMI < 20 kg/m ²	√			√	
Age (<16 or >35)	√			√	
Routine Lab Tests:					
Human immunodeficiency virus (HIV)		√			
Complete blood count (CBC)		√			
(ABO Rh) blood typing		√			
Antibody screen		√			
Rapid plasma reagent (RPR)		√			
Hepatitis B surface antigen test		√			
Rubella test		√			
Urinalysis and culture		√			

Additional Information:	
Religion	√
Language barrier	√
Currently or previously deployed or family member	√
Born outside the United States	√
Lives with cats	√
Wears seat belts	√
Planned pregnancy	√
Highest level of education	√

The First Provider Visit:

At the first provider visit, a complete medical history and physical examination (including thyroid, breast and pelvic examination) should be obtained.

Information from the previous visit(s) and laboratory studies should be reviewed and significant problems/risks should be assessed.

At the first provider visit, the provider should outline an individualized plan of prenatal care that includes guideline-based routine prenatal care and consultation with advanced prenatal care providers or other medical specialty care services if needed.

The following are among conditions that require supplemental prenatal care or consultation with or referral to an advanced prenatal care provider ([Table 2](#)):

- a. General
 - Body mass index (BMI) <16.5 or >30
 - Age (<16 or > 34 years at delivery)
 - At risk for diabetes
- b. Infections:
 - Hepatitis B or C
 - Human Immunodeficiency virus (HIV)
 - Syphilis (positive RPR)
 - Cytomegalovirus (CMV)
 - Toxoplasmosis
 - Primary Herpes
 - Rubella
 - Parvovirus
 - Positive gonorrhea (see I-29)
 - Positive Chlamydia (see I-30)
 - Genital herpes (see I-32)
 - Recurrent urinary tract infections/stones

- c. Pre-existing medical conditions:
- Abnormal pap smear
 - Controlled hypothyroidism
 - Previous gastric bypass/bariatric surgery
 - Mild depression
 - Cardiovascular disease
 - High blood pressure
 - Familial hyperlipidemia
 - Pregestational diabetes
 - Kidney disease (including pyelonephritis)
 - Inflammatory bowel disease
 - Bronchio pulmonary disease including asthma
 - Autoimmune diseases including Anticardiolipin Antibody Syndrome, and Systemic Lupus Erythematosus
 - Thromboembolic disease, current or historical
 - Cancer
 - Seizure disorders
 - Hematologic disorders (including anemia, thrombocytopenia)
 - Genetic disease with known effect on pregnancy
- d. Obstetric conditions:
- Vaginal bleeding
 - Isoimmunization
 - Placenta previa—symptomatic or present beyond 28 weeks
 - Placental abruption
 - At risk for preterm birth "
 - Prior cesarean section "
 - Previous uterine or cervical surgery
 - Intrauterine fetal demise
 - Preterm labor
 - Preterm ruptured membranes
 - Recurrent pregnancy loss
 - Suspected or documented fetal growth abnormalities (intrauterine growth restriction [IUGR] or "macrosomia)
 - Abnormalities of amniotic fluid including oligohydramnios, polyhydramnios
 - Fetal anomaly(s)
 - Multiple gestation
 - Surgical condition during pregnancy (e.g., appendectomy, ovarian cystectomy, cerclage)

Table 2. Conditions Requiring Supplemental Care

Risk Assessed by Routine Prenatal Care Provider	Referral or Consult with Advanced Prenatal Care Provider	Consider Referral or Consult with Advanced Prenatal Care Provider
GENERAL CONDITIONS		
Genetic condition potentially affecting fetus	√	
Body Mass Index (BMI < 16.5 or >30)		√
Age < 16 or > 34		√
Genetic condition affecting patient or spouse		√
OBSTETRIC CONDITIONS (current or historical)		
Recurrent pregnancy loss	√	
Ectopic pregnancy	√	
Significant abdominal pain/cramping	√	
Vaginal bleeding	√	
Second-trimester pregnancy loss	√	
Preterm labor (current) or birth (history)	√	
Cervical surgery (LEEP, cone biopsy)	√	
Uterine abnormality	√	
Short (<2.5 cm) cervix (< 36 weeks)	√	
Pregnancy induced hypertensive disorders	√	
Gestational diabetes mellitus (GDM)	√	
Malpresentation (> 36 weeks)	√	
Placenta Previa (symptomatic or beyond 28 weeks)	√	
Abnormal amniotic fluid: oligo/poly hydramnios	√	
Preterm ruptured membranes	√	
Fetal growth abnormality (<10, >90 %tile)	√	
Known or suspected fetal anomaly	√	
Multiple gestation	√	
Isoimmunization	√	
Abnormal prenatal screening result (aneuploidy risk)	√	
Abnormal prenatal screening result (ONTD risk)	√	
Intrauterine fetal demise	√	
Teratogenic exposure including drugs or radiation		√
Placental abruption		√
Prior cesarean section		√
Intrapartum complications		√
GYNECOLOGIC, MEDICAL, SURGICAL CONDITIONS		
Current need for surgery	√	
Bariatric surgery (< 18, > 36 months ago)	√	
Diabetes mellitus (DM) – Type 1 or 2	√	
Hematalogic disorders (except mild anemia)	√	
Gastrointestinal disorders on medication	√	
Chronic hypertension	√	
Cardiovascular disease	√	
Pulmonary disease including asthma	√	
Cancer (current or recent)	√	
Neurological disorders including epilepsy	√	

Risk Assessed by Routine Prenatal Care Provider	Referral or Consult with Advanced Prenatal Care Provider	Consider Referral or Consult with Advanced Prenatal Care Provider
Renal, urinary tract disorder	√	
Autoimmune disorder including Lupus	√	
Antiphospholipid syndrome	√	
Hyperlipidemia prior to pregnancy	√	
Transplant	√	
Abnormal pap smear		√
Breast abnormality		√
Pelvic surgery for infertility or infection		√
Illicit drug, alcohol, or tobacco use		√
Thyroid disorders		√
INFECTIOUS DISEASES		
Severe pelvic infections	√	
Hepatitis	√	
Tuberculosis	√	
HIV	√	
TORCH infection	√	
Sexually transmitted disease (STD)		√
PSYCHOSOCIAL CONDITIONS		
Major depressive disorder (MDD)	To Mental Health if suicidal or moderate or severe MDD	√
Domestic violence	To Social Work if unsafe environment	√
Homeless	To Social Service	√

Summary Table: Prenatal Care Interventions

During First Trimester:

INTERVENTION	Week:	6-8	10-12
I-1	Screening for hypertensive disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-2	Breastfeeding education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-3	Exercise during pregnancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-4	Influenza vaccine (season-related)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-5	Screening for tobacco use - offer cessation	<input checked="" type="checkbox"/>	
I-6	Screening for alcohol use - offer cessation	<input checked="" type="checkbox"/>	
I-7	Screening for drug abuse - offer cessation	<input checked="" type="checkbox"/>	
I-8	Screening for Rh status	<input checked="" type="checkbox"/>	
I-9	Screening for rubella	<input checked="" type="checkbox"/>	
I-10	Screening for varicella	<input checked="" type="checkbox"/>	
I-11	Screening for hepatitis B	<input checked="" type="checkbox"/>	
I-13	Screening for syphilis (Rapid Plasma Reagin)	<input checked="" type="checkbox"/>	
I-14	Screening for asymptomatic bacteriuria	<input checked="" type="checkbox"/>	
I-15	Screening for tuberculosis	<input checked="" type="checkbox"/>	
I-16	Screening for HIV – counsel	<input checked="" type="checkbox"/>	
I-17	Immunization – Td booster (first trimester)	<input checked="" type="checkbox"/>	
I-18	Screening for anemia	<input checked="" type="checkbox"/>	
I-19	Screening for hemoglobinopathies *	<input checked="" type="checkbox"/>	
I-20	Screening for domestic abuse	<input checked="" type="checkbox"/>	
I-21	Screening for depression	<input checked="" type="checkbox"/>	
I-22	Establishing the gestational age		<input checked="" type="checkbox"/>
I-23	Auscultation fetal heart tones		<input checked="" type="checkbox"/>
I-24	Screening fundal height		<input checked="" type="checkbox"/>
I-25	Assessing weight gain (inappropriate)		<input checked="" type="checkbox"/>
I-26	Nutritional supplement		<input checked="" type="checkbox"/>
I-27	Management of obesity *		<input checked="" type="checkbox"/>
I-28	Gastric bypass consideration *		<input checked="" type="checkbox"/>
I-29	Screening for gonorrhea		<input checked="" type="checkbox"/>
I-30	Screening for Chlamydia		<input checked="" type="checkbox"/>
I-31	Screening for cervical cancer		<input checked="" type="checkbox"/>
I-32	Screening for HSV and prophylaxis		<input checked="" type="checkbox"/>
I-33	Counseling for cystic fibrosis screening		<input checked="" type="checkbox"/>
I-34	Management of depression *		<input checked="" type="checkbox"/>
I-35	Assessment of periodontal disease		<input checked="" type="checkbox"/>
I-36	Education about Prenatal Screening	<input checked="" type="checkbox"/>	
	- Screening test 1 st trimester		<input checked="" type="checkbox"/>

During Second Trimester:

INTERVENTION	Week:	16-20	24
I-1	Screening for hypertensive disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-2	Breastfeeding education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-3	Exercise during pregnancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-4	Influenza vaccine (season-related)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-23	Auscultation fetal heart tones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-24	Screening fundal height	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-25	Assessing weight gain (inappropriate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-36	Education about Prenatal Screening - Counseling and test 2 nd trimester	<input checked="" type="checkbox"/>	
I-37	Obstetric ultrasound	<input checked="" type="checkbox"/>	
I-38	Education about preterm labor		<input checked="" type="checkbox"/>
I-39	Counseling for trial of labor *		<input checked="" type="checkbox"/>















During Second Trimester:

INTERVENTION	Week:	28	32	36
I-1	Screening for hypertensive disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-2	Breastfeeding education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-3	Exercise during pregnancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-4	Influenza vaccine (season-related)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-12	Treatment for hepatitis B *			<input checked="" type="checkbox"/>
I-20	Screening for domestic abuse	<input checked="" type="checkbox"/>		
I-21	Screening for depression	<input checked="" type="checkbox"/>		
I-23	Auscultation fetal heart tones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-24	Screening fundal height	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-25	Assessing weight gain (inappropriate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-34	Management of depression *	<input checked="" type="checkbox"/>		
I-40	Screening for gestational diabetes	<input checked="" type="checkbox"/>		
I-41	Iron supplementation *	<input checked="" type="checkbox"/>		
I-42	Anti-D prophylaxis for Rh-negative women *	<input checked="" type="checkbox"/>		
I-43	Assess for preterm labor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
I-44	Daily fetal movement counts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I-45	Counseling for family planning		<input checked="" type="checkbox"/>	
I-46	Screening for Group B Streptococcal (GBS)			<input checked="" type="checkbox"/>
I-47	Assessment of fetal presentation			<input checked="" type="checkbox"/>

During Post Date

INTERVENTION	Trimester:	Post Date	Post-partum
	Week:	38-41	PP
I-1 Screening for hypertensive disorders		<input checked="" type="checkbox"/>	
I-2 Breastfeeding education		<input checked="" type="checkbox"/>	
I-3 Exercise during pregnancy		<input checked="" type="checkbox"/>	
I-4 Influenza vaccine (season-related)		<input checked="" type="checkbox"/>	
I-12 Treatment for hepatitis B *		<input checked="" type="checkbox"/>	
I-20 Screening for domestic abuse			<input checked="" type="checkbox"/>
I-21 Screening for depression			<input checked="" type="checkbox"/>
I-22 Establishing the gestational age			
I-23 Auscultation fetal heart tones		<input checked="" type="checkbox"/>	
I-24 Screening fundal height		<input checked="" type="checkbox"/>	
I-25 Assessing weight gain (inappropriate)		<input checked="" type="checkbox"/>	
I-34 Management of depression *			<input checked="" type="checkbox"/>
I-44 Daily fetal movement counts		<input checked="" type="checkbox"/>	
I-47 Assessment of fetal presentation		<input checked="" type="checkbox"/>	
I-48 Consider Weekly cervical check/stripping		<input checked="" type="checkbox"/>	
I-49 Term management		<input checked="" type="checkbox"/>	
I-50 Immunization HPV vaccine *			<input checked="" type="checkbox"/>
I-51 Education on Shaken Baby Syndrome			<input checked="" type="checkbox"/>

Interventions Not Recommended In Routine Prenatal Care (All Weeks)

I-52	Screening with fetal fibronectin	
I-53	Cervical examination	
I-54	Antenatal pelvimetry	
I-55	Urine dipstick test	
I-56	Edema evaluation	
I-57	Screening for cytomegalovirus (CMV)	
I-58	Screening for parvovirus	
I-59	Screening for toxoplasmosis	
I-60	Screening for bacterial vaginosis	
I-61	Immunization – MMR	
I-62	Immunization – Varicella	
I-63	Ultrasound (US) evaluation of cervical length at week 24	
I-64	Repeat screening for anemia, syphilis, and isoimmunization	
I-65	Screening for hypothyroidism	

A. Evaluation Of Known Or Suspected Complications Of Pregnancy:

- confirm intrauterine pregnancy
- suspected ectopic pregnancy
- vaginal bleeding
- abdominal and pelvic pain
- maternal pelvic or adnexal masses
- uterine abnormalities
- cervical insufficiency
- suspected amniotic fluid abnormalities
- suspected placental abruption
- premature rupture of membranes
- premature labor
- suspected placenta previa
- suspected hydatidiform mole
- evaluate abdominal / pelvic pain or mass
-

B. Pregnancy Dating:

- uncertain gestational age
- assigned gestational age and clinical size discrepancy
- evaluation of suspected multiples

C. As Component of Screening For Fetal Aneuploidy:

- abnormal biochemical markers
- history of previous congenital anomaly
- to assess findings that may increase or decrease the risk of aneuploidy
- family, environmental or maternal history increasing the risk for fetal anomalies
- to screen for fetal anomalies

D. Evaluation of Fetal Growth and Well Being:

- confirm cardiac activity
- suspected fetal death
- determine fetal presentation
- fetal condition in late registrants for prenatal care
- medical conditions posing high risk of fetal growth abnormalities
- signs of fetal growth abnormality
- follow up of known fetal anomaly

E. As adjunct For Procedures:

- amniocentesis, chorionic villus sampling or fetal surgery
- external cephalic version
- cervical cerclage placement/evaluation
- embryo transfer, or localization and removal of an intrauterine device
-