STANDARD OF CARE PROTOCOL FOR PRENATAL CARE RETURN VISIT

DIAGNOSIS (ICD-9): V22.1 - Normal Pregnancy

PROBLEM CLASSIFICATION (Omaha): Antepartum

PERSONNEL: R. N.

SUPPORTIVE DATA: HRS CPHU Guidebook; Technical Assistance Guidelines, Maternal 5.

CONDITION: Subsequent prenatal visit of a woman expecting a normal pregnancy and birth.

ETIOLOGY: N/A

CLINICAL FEATURES: Continuing pregnancy.

COMPLICATIONS: Complications involve mother and/or fetus. Refer to a maternal health text of *the **local CHD's choice.***

EVALUATION/OUTCOMES: Healthy mother and baby of normal weight and gestation at birth.

NURSING PRACTICE:

SUBJECTIVE: Obtain interim history. Include changes in risk factors, medication , problems, or concerns since the last visit.

OBJECTIVE:

A. **Physical Examination**:
1. Brief exam as indicated by history, signs/symptoms.
2. Measurement of weight and blood pressure.
3. Evaluation of edema.
4. Estimation of gestational age
5. Fundal height measurement with a flexible (not stretch) tape from the notch of the symphysis pubis over the top of the fundus.
6. Auscultation of fetal heart tones; heart rate.
7. Palpate fetal position as pregnancy advances.
8. Update PRA at 28 weeks.
9. Check CVA tenderness.

B. **Laboratory Studies Needed**:

TEST	INTERVAL/GESTATIONAL AGE			
	BLOOD			
	Initial Visit	**Weeks**	**32-36 wks.**	**Every visit as indicated**
Type	X			
RH	X			
Antibody	X	28 weeks If Rh Neg	36 weeks if client is Rh negative and did not receive Rhogam at 28 weeks	
Hgb/Hct	X	24-28 weeks as indicated	X	As indicated
RPR	X	28-32 wks.	36 weeks if indicated	If reactive or a history of positive must have a Treponemal Test **Monthly. Notify STD Control**
HIV	X	28-32 wks		
Rubella	X			
Sickle Cell	X			
HbsAg	X	28-32 weeks if initially negative		
Glucose Challenge	Hi Risk for gestational Diabetes and less than 24 weeks	24-28 wks.		See Page 3
3 Hour GTT				If Glucose Challenge is abnormal. See page 3
Alpha-Feto Protein Tri-Screen		15-20 weeks		See page 4
Tays-Sachs				If client is of Jewish Descent
	URINE			
Nitrate	X			Every Visit (Multi-stix)
Protein	X			Every Visit (Multi-stix)
Glucose	X			Every Visit (Multi-stix)
Leukocytes	X			Every Visit (Multi-stix)
Ketone	X			Every Visit (Multi-stix)
Culture/Sensitivity	X			As Indicated
Drug Screen	X			Every Visit If Indicated
	OTHER			
GBS		35-37 weeks		See Page 4
Gonorrhea	X	28-32 wks		As indicated
Chlamydia	X	28-32 wks.		As indicated
Pap Smear	X			As indicated
Ultrasound				As indicated
Wet Mount/KOH	X	26-32 wks.	As indicated	As indicated

PPD	HIV Positive, Hi Risk and those progressing to Hi Risk. Not routine for all clients.	See Page 5

OBEJECTIVE CONTINUED:

B. Laboratory Studies Continued

1. **Diabetic Screening High Risk Client**
   High Risk Category for Gestational Diabetes (applies to those women meeting any **one** of the following criteria) Criteria at the initial visit
   a. Personal history of gestational diabetes.
   b. Family history of diabetes, especially in a first degree relative (mother, father, sister , brother).
   c. Previous adverse pregnancy outcome including a previous stillborn.
   d. Overweight > or = 120% overweight or BMI >.
   e. Glycosuria
   f. Previous macosomia

2. **Glucose Challenge (1Hr. Post Prandial Glucose test):**
   a. Client should drink 50 Gms. of a standard glucose solution within 10 minutes.
   b. Client should not eat, drink (except water), chew gum, or smoke until after the one (1) hour blood sample is drawn.
   c. The **serum** blood sample should be taken one (1) hour after the glucose solution is taken.
   d. If Glucose Challenge level is between 140 - 200 mg./dl., a Glucose Tolerance Test (GTT) should be ordered.
   e. **If Glucose Challenge is 200 mg. or above, refer to the Women's Health Center for an A.M. fasting blood sugar appointment.**

3. **Fasting Blood Sugar (FBS):**
   The client should not eat or drink anything except water after midnight including chewing any kind of gum until all necessary blood work has been completed.

4. **Glucose Tolerance Test:**
   a. No food or liquids, except water, should by consumed after 8:00 P.M. on the night before the A.M. test.
   b. Client should not eat, drink (except water), chew gum, or smoke until after all blood samples (1, 2, and 3 hour) are drawn.
   c. Criteria for gestational diabetes is usually made if two or more of the following plasma glucose concentrations are met or exceeded:

      Fasting: 95mg./dl.
      1 hour: 180mg./dl.
      2 hour: 155mg./dl.
      3 hour: 140mg./dl.

d. If previous GTT results are normal earlier in pregnancy, repeat GTT at 28 weeks.

OBJECTIVE CONTINUED:

B. Laboratory Studies Continued:

5. **Group B Streptococcal (GBS) Prophylaxis:**
   a. Vaginal and rectal screening cultures for GBS colonization should be done at 35-37 weeks for **ALL** pregnant women with no history of GBS or a previous infant with invasive GBS disease.
   b. If the client has a history of positive GBS in this pregnancy (i.e. GBS bactiuria) **or** a previous infant with invasive GBS disease , screening cultures at 35-37 weeks gestation ARE **NOT NECESSARY.**
   In this case mark the record "**FOR GBS PROPHYLAXIS IN LABOR".**

6. **Drug Screening (Urine):**
   a. All prenatal clients will have a drug screen on the first prenatal visit. Subsequent drug screens may be done whenever indicated.
   b. This urine drug test is a non-quantitative screening process and is not to be used as evidence in court but may be included as part of the patient medical history.

7. **HIV Test Refusal**
   If client objects to test, after the appropriate pre-test counseling and documentation, reasonable steps should be taken to have the client sign a written Statement Of Objection. Statement should be placed in the record. Testing should be offered at each subsequent visit.

8. **Alpha-Feto Protein Tri-Screen:**
   a. All prenatal clients are to be offered the Genetics Screening (Triple Screen or Tri-screen) if the pregnancy gestation is less than 22 weeks.
   b. The brochure should be given to the prenatal client prior to discussing the test with her.
   c. The consent **MUST be signed prior to** drawing the client's blood for the test **or signed if she refuses the test.**
   d. Screening should be done (less than 22 weeks) Ideal time is between 15-19 weeks of gestation.
   e. If initial tri-screen is abnormal an obstetrical ultrasound should be ordered to confirm gestational dating and possible need for tri-screen recalculation.

9. **Other Genetic Screening as indicated (See Guidebook TA Maternal 5 page 5**

OBJECTIVE CONTINUED:

C. Other Diagnostic Procedures

1. **Ultrasound**
   a. Current standard of obstetrical care is not to order an ultrasound routinely on all maternal clients.
   b. Prenatal ultrasound should be done on an as indicated basis for medical reasons noting same in the client's record.

2. **PPD Skin Testing**
   a. TB Skin test **only those who are in the following high-risk categories**.
      01. Recent contact to TB disease.
      02. HIV-positive individuals or those at high risk for HIV infection
      03. Fibrotic changes on chest-xray consistent with prior TB
      04. Organ transplant recipients and other immunosuppressed persons
      05. Recent immigrants, within the last five years, from a high TB prevalence country.
      06. Injection drug users.
      07. Residents/employees of high risk congregate settings; (jails,nursing homes,hospitals).
      08. Mycobacteriology laboratory employees.
      09. Children under 4 years or infants, children and adolescents exposed to adults at high risk for TB disease.
      10. Persons with one or more of the following medical conditions: silicosis, diabetes mellitus, chronis renal failure, leukemia, lymphomas, cancer of the head, neck or lung, weight loss of 10% or more of ideal body weight, gastrectomy or jejunoileal bypass.

   b. TB Testing Prophylaxis for HIV Positive Pregnant Women.
      01. All pregnant HIV positive women should routinely receive a tuberculin skin test as part of their prenatal care.
      02. All HIV positive pregnant women with a positive tuberculin skin test (5 mm or more) but without active TB, should be treated for latent TB using Isoniazid.
      IMPORTANT: Pregnant women with a positive PPD **must receive a chest x-ray (with shielding) during the third trimester prior to delivery.**

ASSESSMENT:

A. Check record for completed Healthy Start form #3134, follow-up, or refusal.
B. Note any special concerns or conditions of this pregnancy.
C. Every prenatal care return clinic visit should include the following:
   1. Question regarding any problems today or since last clinic visit.
   2. Note progress of pregnancy
      a. Blood pressure and weight; record weight on the weight grid.
      b. Urinalysis for glucose, protein, nitrite, leukocytes, and ketones.
      c. Auscultation of the fetal heart tones with a Doptone or fetoscope.
      d. Measurement of uterine fundus and compare to calculated gestational age.
      e. Position and presentation of fetus at each visit after 28 weeks; ecord same.
      f. Determination of the position and presentation of fetus at each visit after 28 weeks.
      g. Notation of fetal movement after quickening.
      h. Examination for edema
D. Review of previous laboratory results to determine if any laboratory studies or follow up is needed, e.g., R.H. Negative.
E. Review problem list, PE, and progress notes for special conditions.
F. Educational//counseling related to problems, concerns, prenatal, prenatal developmental level, and risk factors.
G. Note changes in nutritional assessment including WIC status.
H. Assess for signs of Domestic Violence

PLAN

A. TREATMENT/INTERVENTION:

1. **Prenatal Vitamins:** Take one daily; should contain 30 mg. or more of iron and 0.8 mg. of folic acid. Make certain that she is not currently taking any over the counter multi-vitamins, prenatal vitamins, or folic acid
2. **HBsAG Positive:** Refer to ARNP/MD; supervisors will make referral to the Immunization Program for follow-up. **IF Negative: Hepatitis B vaccine may be considered for susceptible pregnant women who are at risk of Hepatitis.** See Immunization Guidelines for Hepatitis B Prevention.
3. **Rh. Negative**: **Antibody screening must be done prior to giving Rh immune globulin (Rhogam);** may be administered with written orders as follows:
   a. Maternal antibody screening is negative at 28 weeks (can be given up to 40 weeks if not given at 28 or 32 weeks).
   b. Within 72 hours of a Rh incompatible, spontaneous or induced abortion of 8 weeks or more when:
      01. Father is Rh positive or unknown.
      02. Rh of fetus is unknown or cannot be determined.
   c. Within 72 hours following an ectopic pregnancy
   d. Following amniocentesis.

4. **Anemia:** When the initial hemoglobin is low:
   a. Determine high risk status for sickle cell anemia.
   b. One extra Fe tablet per day of at least 30 mg. of elemental iron may be added along with the baseline supplement if hemoglobin is less than 11 or Hematocrit less than 33.
   c. Obtain blood sample for hemoglobin after one month and check finger stick sample for immediate results.
      01 If hemoglobin remains below the standard, add a second iron supplement and recheck hemoglobin in one month.
      02 If blood levels fall below the limits after two months of supplementation, refer the client to the physician or ARNP.

5. **Constipation:** The following suggestions may be made:
   a. Increase fresh fruit and vegetables to the diet such as apples, broccoli, cabbage, and other greens.
   b. Increase exercise like walking.
   c. In stubborn cases Milk Of Magnesia may be suggested.
   (Check with ARNP or MD regarding the dosage.)

6. **Colds :** Drink plenty of juice; may take Tylenol.

PLAN

A. TREATMENT/INTERVENTION CONTINUED:

7. **Cough.** May use plain Robitussin.

8. **Diarrhea.** The following suggestions may be made:
   a. Clear fluids such as ginger ale, 7 UP, soups (no juices)
   b. Dry crackers or plain toast
   c. Kaopectate, Immodium AD as directed by the ARNP/MD.
   d. If symptoms persist, obtain stool specimens for intestinal ova and parasites, enteric pathogens, and or fetal leukocytes.

9. **Headaches:** May offer Tylenol if not related to high blood pressure.

10. **Heartburn**: May suggest the following:
    a. Mylanta, Tums, or Pepsid AC taken as directed by ARNP/MD.
    b. Decrease/eliminate certain foods such as spicy foods, milk, and greasy foods that cause more discomfort.
    c. Eat smaller, more frequent meals.
    d. Elevate head with pillows before taking a nap or sleeping at night.

11. **Hemorrhoids.** Tucks pads or ice compresses may be suggested.

12. **Nausea and Vomiting:** Dry saltine crackers and/or clear fluids may be suggested.

13. **Morning Sickness**
    a. Upon awakening and without getting up the client should eat a dry ccracker and stay flat in bed for 10-15 minutes.
    b. Eat frequent small meals.
    c. Avoid fats, spicy foods, milk, and greasy foods.
    d. Eat fresh fruits and vegetables; boneless fish and chicken.
    e. Vitamin B6 10-25mg.,three times a day..
    f. Drink Gatorade. Take Ginger 250 mg. Orally every 6 hours.

14. **Folic Acid Supplementation:** See Education/Counseling on Page 11.

15. **Tetanus Toxoid (Td):**
    a. Previously vaccinated pregnant women who have not received Td within the last ten years should receive a booster dose.

PRECAUTION: Wait until the second trimester of pregnancy to administer in order to minimize any tetrogenic reaction.

b. Pregnant women who are not immunized or partially immunized should **complete the primary series** in the second trimester or later.

PLAN

A. TREATMENT/INTERVENTION CONTINUED:

16. Influenza

Routine influenza vaccination is recommended for healthy women **beyond the first trimester of pregnancy (³ 14 weeks of gestation)** during influenza season (usually December t0 March in the United States).

17. Management of the HIV Positive Client

a. **HIV positive pregnant women require early intervention to improve maternal and neonatal outcomes. Collaborative efforts between the Prenatal Clinic, the STD Program, the Women's Health Center, and the Patient Care (HIV) Clinic** will insure successful care management with each HIV positive pregnant client.

b. When a pregnant woman is identified as HIV positive by the STD Program in any of the **Prenatal Clinics** she will be referred to:

01. The **Women's Health Center in Winter Haven** for prenatal management
02. The **Patient Care Clinic in Bartow** for HIV medical management.

c. The following labs will be obtained by the **Prenatal Clinic** and the lab results be made available prior to the **Patient Care Clinic** appointment.

01. Hepatitis Profile (HepBsAb, HepBcAb, HepBsAg, HepA Total, HepCAb)
02. SMAC and CBC
03. CD4 (Lymphocyte subsets) and HIV viral load
04. RPR
05. PPD result, if available
06. Past Chest-X-rays if available.

d. Appointments

01. If the pregnant woman is known to be HIV positive at the **first** Prenatal Clinic visit, the STD Program needs to be notified. Schedule the **appointments for the Women's Health Center (first) and for the Patient Care Clinic (second) during the same week, when possible (see above regarding the lab test results being available).**
02. If the pregnant woman is determined to be HIV positive following the lab test at her first Prenatal Clinic appointment **the STD Program will notify the ARNP/MD at the Prenatal Clinic and** schedule the **appointments for the Women's Health Center (first) and for Patient Care Clinic (second) within the next two weeks following**

the post test counseling. Schedule the appointment **in advance** to insure that all the **lab value results** have been placed in her record **PRIOR** her **Patient Care Clinic** appointment

PLAN

A. TREATMENT/INTERVENTION CONTINUED:

17. Management of the HIV Positive Client Continued

d. Appointments continued
 03. The HIV positive lab **MUST** be in the client's record for the client to receive ADAP assistance (HIV medication source that is for unfunded clients). STD Program will provide Patient Care Clinic with a copy of the original lab test result.

e. The **Patient Care Clinic** will notify the **Women's Health Center**:
 01. Of any future **appointments** in their clinic and of any **referral appointments** that are made and
 02. Of any **significant changes** in the **condition** of the client.

f. **The Patient Care Clinic** will **notify** the **STD Program of any missed appointments.**

g. **The Women's Health Center** will:
 01. Obtain all CD4s and viral loads as determined by **the Patient Care Clinic**.
 02. **Will send all flow sheets and current labs** to the **Patient Care Clinic PRIOR** to the next scheduled appointment.

h. **The Prenatal Clinic** will refer all HIV positive prenatal clients to the **HEALTHY START** program for care coordination. Both the **Women's Health Center** and **the Patient Care Clinic** will encourage and explain the benefits for the client when participating in the program.

i. **The Patient Care Clinic** will initiate and will make any changes in the HIV medications and notify the STD Program. If time is critical **when HIV medication changes** are needed when client is at the **Women's Health Center, Patient Care Clinic should be consulted.**

j. The client's HIV medication schedule will be discussed at each **Women's Health Center** and each **Patient Care Clinic** appointment and adherence will be strongly emphasized to the client.

k. **Healthy Start Program** will be notified of missed appointments.

l. **Anti Retroviral Pregnancy Registry:**
 01. The procedures regarding placement of the client in the Registry will be followed by the **Patient Care Clinic**.
 02. **Women's Health Center** will fill out part 1-2.2 of the registration form and forward form to the **Patient Care Clinic** for completion of the form needed for placement in the registry.

03. **The STD Program will follow the client during pregnancy and** after delivery to ensure the testing of the newborn and completion of the registry follow-up form.

PLAN

B. EDUCATION/COUNSELING:

Individualized education and counseling should be provided according to client's prenatal developmental level. Prenatal education should span the entire pregnancy NOT just at the initial visit. Information may be given to the client as needed:

1. Iron Supplementation:

a. If iron supplementation causes gastrointestinal distress, tablets may be crushed and added to food or liquid to improve tolerance.
b. Iron tablets should not be taken with milk products, tea, or coffee.
c. May be taken with Vitamin C rich juices or water.
d. Bowel movements may be darker than normal due to iron intake.

2. Folic Acid Supplementation:

a. Folic Acid supplementation is recommended routinely.
b. Folic Acid exceeding RDA 400mg. In Prenatal Vitamins will be prescribed by the M.D./A.R.N.P. based on medical recommendations
c. Client should be advised that folic acid supplementation may reduce the risk of neural tube recurrence. (All women of childbearing age should receive information regarding folic acid supplementation and should seek medical
care and direction **PRIOR** to the pregnancy.

3. Childbirth Education:

Class information should include availability, location, schedules, cost, and how to register.

4. Smoking Cessation Education:

Class information should include availability, location, schedules, cost, and how to register. Individual education may be given, if desired.

PLAN

B. EDUCATION/COUNSELING:

5. **Handbook "Healthy Pregnancy, Healthy Baby"; see DH form #3142, p5. Use this booklet and other available literature to review information such as the following with the expectant mother and others in family, as appropriate:**
   a. Basics of prenatal care including nutrition, exercise, etc.
   b. Anatomy and physiology of pregnancy, fetal development, and managing common discomforts of pregnancy, labor and delivery.
   c. Preterm labor, danger signs of pregnancy.
   d. Benefits of breastfeeding, including local resources.
   e. Appropriate weight gain during pregnancy.
   f. Diet information/counseling when glucose blood level is elevated including reducing quantity of concentrated sugars (sodas, candy, cookies, cakes, and pies).
   g. Information on vaginal birth after cesarean section (VBAC).
   h. Parenting information, including care of newborn and abuse prevention.
   i. Healthy behaviors such as:
      01. Seat belt use.
      02. Information on all forms of substance abuse, including the dangers of illegal drugs, alcohol, prescription and over the counter medication and tobacco and the effect on unborn baby.
      03. Prevention and control of sexually transmitted diseases, including HIV infection.
   j. Postpartum and all methods of family planning:
      The following must be followed for all clients who wish to have tubal ligation surgery(permanent method):
      01. Clients must receive counseling and sign a consent form.
      02. DO NOT COUNSEL CLIENTS UNDER THE AGE OF 21 .
      03. Clients should receive explanation that form will remain at the PCHD for 30 days after day signed.
      04. Form is good for 180 days from date of signature (do not have client sign form under 17 weeks gestation).
      05. Clients who have signed consent form more than 180 days prior to date of desired tubal ligation, must sign another form and wait for 30 days following date of signature for the procedure.

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PLAN

C. CONSULTATION/REFERRAL:

1. Refer client to the ARNP/MD as indicated:
   a. Anemia- under criteria previously mentioned
   b. Positive PPD
   c. Reactive HbsAg if there has been no previous positive screen
   d. Positive HIV test results
   e. Previous history of delivering a child with a neural tubal defect
   f. Reactive RPR, reactive RPR with a negative IGG-EIA
   g. Positive Chlamydia, Gonorrhea test esults
2. Client will be referred by ARNP/MD to a HIGH RISK OB MD/CLINIC.

D. FOLLOW-UP:

1. Visits should be based on individual needs, risk factors and weeks of gestation.
   a. Every four weeks during the first 28 weeks of pregnancy unless gestational age needs to be determined.
   b. Every two weeks until 36 weeks.
   c. Weekly thereafter
2. Client is to receive the return appointment prior to leaving the clinic.

E. DOCUMENTATION:

1. Immunoglobulin: Identify by the following:
   a. Place immunoglobulin Rh candidate label on:
      01. Chart cover.
      02. Upper left hand corner of the maternity flow sheet.
   b. Record RH Negative assessment on:
      01. Problem list.
      02. Laboratory sheet.
   c. Record the following information on the laboratory and medication sheets:
      01. Lot number and number of vials given.
      02. Date and time given.
      03. Injection site.
      04. Signature and title of person administering immunoglobulin.
   c. Note on the progress notes, patient has been advised of the following:
      01. Nature of medication and reason for giving it.
      02. The following reaction to immunoglobin may occur:
         (a) Low grade fever.

(b) Soreness at the injection site.

e. Document in the progress notes and on the labels if client refuses immunoglobulin and the reason.

2. Document all client information on appropriate DH forms including plotting weight on the Prenatal Weight Gain Grid.

PLAN

E. DOCUMENTATION CONTINUED:

3. Document post test counseling (POTC) of positive test and provider notification IN THE PROGRES NOTES.
4. Document "NO SHOW" and follow-up for the client who has not kept her appointment.
5. Prior to prenatal records being copied and sent to other providers of care for our clients during labor and delivery, records must be reviewed and any information should be recorded.
6. When a lab test is performed write results in the space provided. **Blank spaces and phrases such as "see report" should be avoided.**
   a. For example Rubella testing should be written immune or non-immune.
   b. This will remove any doubt regarding possible missing lab results.
7. When vital signs are normal, record them in the progress notes with other documentation regarding the clinic visit. This will allow more space for any professional staff to write on that day's visit.
8. If there are more than a couple of lines required n the flow sheets, and notes must be written on the progress notes by the ARNP/MD/CNM, they should place a COPY Post it Flag on that page so that progress notes can be copied and included with the record,
9. Prescriptions are to be written on the progress notes **not on the flow sheet.**
10. Document client's response and understanding of education and counseling received.
11. Document all information on the Prenatal Recod DH 3142
12. Documentation should include, but not limited to, physical, psychsocial, and environmental factors.
13. Document as appropriate on the following forms.

DH 3142 (pp. 1,2,3,4,5)	Prenatal Medical Record
DH 3056	Progress Notes
DH 3115	Problem List
DH 3116	Medication Profile
DH 3134	Healthy Start Prenatal Risk Screening Form
DH 3113	Adult and Adolescent Health History
DH 3137	Adult and Adolescent Physical Examination
DH 3161	Statement of Objection to HIV Testing Form

APPROVED:

______________________________	______________________
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MARY F. HAAS , R.N.;B.S.N **INTERIM COMMUNITY HEALTH** **NURSING DIRECTOR**	**DATE**
JEFFREY M. SCHWARTZ, M.D. **POLK COUNTY HEALTH DEPARTMENT**	**DATE**
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