



Routine Prenatal and Postnatal Care

The following guideline provides recommendations for routine prenatal and postnatal care in low risk patients.

Recommendation	6-8 Weeks	14-16 Weeks	24-28 Weeks	28-32 Weeks	36 Weeks	38 Weeks	39 Weeks	40 Weeks	41 Weeks	3-8 Weeks Postpartum
Blood pressure [B], weight, BMI, fundal height, weeks gestation	X	X	X	X	X	X	X	X	X	X
Psychosocial status and update [D]	X	X	X	X	X	X	X	X	X	X
Offer genetic screening if not previously performed, e.g., cystic fibrosis, SMA	X									
Urine culture [A], confirm pregnancy by testing	X									
Pap smear [A] (If ≥ 21 years and indicated clinically prior to delivery)	X									
Influenza and COVID vaccine [B] (Do not use Intranasal live vaccine in pregnant patients)	X									
Tdap vaccine [D] (To maximize antibody response, optimal timing is 27-36 weeks gestation)	X									
Confirm EDD, gestational age using ultrasound [D]	X (7-14 wks)									
D (Rh) type, blood type, antibody screen [A], Rubella [B] *	X		X (If D (Rh) negative, repeat antibody screen at 28 weeks)							
Hemoglobin and hematocrit [B]	X		X							
Assessment and interventions:	X			X						X
<ul style="list-style-type: none"> ♦ Cultural/religious beliefs¹ ♦ Medical and OB history [D] ♦ History of preterm labor ♦ Genetic risk factors ♦ Childbirth education ♦ Coping skills 		<ul style="list-style-type: none"> ♦ Sexual activity ♦ Tobacco use [A], vaping ♦ Prescribed medications, OTC and supplements ♦ Alcohol and drug use, including prescription misuse ♦ Domestic abuse (screen at least once per trimester) ♦ Mental health, especially depression screening 		<ul style="list-style-type: none"> ♦ Physical activity ♦ Social determinants of health¹ (safe environment) ♦ Nutritional health ♦ Adequate social support ♦ Transportation ♦ Seat belt use [B] 		<ul style="list-style-type: none"> ♦ Infant car seat use [A] ♦ Knowledge of available resources ♦ Activities of daily living (including use of durable medical equipment) ♦ Ability to comprehend information or care provided 				
HIV counseling and testing [A] Use rapid HIV testing during labor for women without HIV status [C]	X			X						
Screening for GC, Chlamydia [A] and Hepatitis C [B]	X			X (If high risk, rescreen 3rd trimester)						
Screening for Hepatitis B [A] and Syphilis [B]	X			X						
Education and counseling: Need for early/consistent prenatal care should be emphasized	X				X					X
<ul style="list-style-type: none"> ♦ Healthy weight gain² ♦ Benefit of regular exercise ♦ Safety and importance of dental care for patient and newborn, caries; refer if indicated 		<ul style="list-style-type: none"> ♦ Select primary care physician for newborn ♦ Benefits and methods of breastfeeding ♦ Assessment and referrals for ongoing parenting education and early childhood care 		<ul style="list-style-type: none"> ♦ “Safe sleep” ♦ Postpartum visit 3-8 weeks after delivery ♦ Prevention of unintended pregnancy, i.e., immediate post-partum LARC, and risks of next pregnancy within 18 months 						
General physical and pelvic exam [D]	X									X
Fetal heart tones [D]		X	X	X	X	X	X	X	X	
Offer screening for Down Syndrome and Neural Tube Defects [B] (~9-21 weeks)		X								
Ultrasound for fetal anatomy survey; including screen for short cervix, treat if positive			X (18-22 weeks)							
Screening for gestational diabetes. ³ [A] Test on first visit if high risk of gestational diabetes. ⁴ [B]			X							X (6-12 weeks ²)
Group B strep cultures (vaginal and rectal) (35-37 weeks) (not indicated if prior GBS-affected infant or previously detected on urine culture)					X					
Fetal presentation [D]					X	X	X	X	X	
Elective/non-medically indicated induction prior to 39 weeks is contraindicated [B]							X			

1 [ACOG Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care](#)
 2 Institute of Medicine [Healthy Weight Gain During Pregnancy BMI calculator](#)

3 If patient had gestational diabetes, then screen 6-12 weeks postpartum for persistent diabetes mellitus with 2 hour OGTT.
 4 [American Diabetes Association Management of Diabetes in Pregnancy: Standards of Medical Care in Diabetes-2020](#)

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists standard pregnancy management steps. It is based on Guidelines for Perinatal Care, 8th Edition, 2017, by AAP Committee on Fetus and Newborn and ACOG Committee on Obstetric Practice. Individual patient considerations and advances in medical science may supersede or modify these recommendations.