



Prenatal Care

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UnitedHealthcare Community Plan

United Healthcare

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Disclosure

I have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.

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Learning Objectives

At the end of this presentation, you should:

- Understand the major elements of Prenatal Care
 - Risk Assessment
 - Health promotion and education
 - Therapeutic intervention
- Be aware of case management programs available through TX C&S

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Pre-questions

1. The goal(s) of Prenatal care is:
 - a. Risk Assessment
 - b. Health Promotion and Education
 - c. Therapeutic intervention
 - d. All of the above
 - e. None of the above
2. Prenatal Care can
 - a. Prevent maternal and fetal complications
 - b. Complications of pregnancy and childbirth are the leading cause of illness and death in females of child-bearing age
 - c. May result in maintaining physical, mental, social and cultural normality
 - d. A and C
 - e. All of the above
3. Choose the incorrect statement: The recommended time for the initial fetal ultrasound is
 - a. The first trimester
 - b. The second trimester
 - c. When a complication arises
 - d. 24 weeks of gestational age
 - e. Anytime
4. Recommended labs for all pregnant women include
 - a. Rapid Test for urine infection
 - b. Urine culture
 - c. CBC
 - d. Aneuploidy screening
 - e. Syphilis
5. True or False: HIV testing can be obtained without the member consenting
 - a. True
 - b. False

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Complications

- High-quality prenatal care can prevent or recognize and treat maternal and fetal complications
- Complications of pregnancy and childbirth are the leading cause of illness and death in females of childbearing age

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Goals

- Early and accurate estimate of gestational age
- Identification of pregnancies with increased risk of maternal and fetal illness and death
- Ongoing evaluation of maternal and fetal status
- Anticipation of problems with possible interventions to decrease morbidity
- Health, promotion, education, support and decision-making

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Positive Pregnancy Experience

- Maintaining physical, social and cultural normality
- A Healthy pregnancy with appropriate interventions
- Labor being positive and having a positive birthing experience
- Achieving a positive mothering experience
 - Building self-esteem
 - Competence
 - Autonomy

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Special Assistance & Support

- Emotional support
- Tangible support
 - Direct assistance
 - Home visits
- Informational support
- May have favorable results
 - Low birth weight and early gestation
 - Postnatal depression

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Types of Prenatal Visits

- One-on one and Group visits similar outcomes
- Midwifery

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Timing

- Should be started in the first trimester
- Ideally started by 10 weeks
- Helps to establish gestational age and early baseline measurements, lab evaluation of members with chronic diseases
- Establish early social service support and intervention
- Only 57% of federally funded health centers met the Healthy People 2020 baseline goal of 78% for patients starting prenatal care in the first trimester varies by region

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Care Provider

- Standard one-on-one care (midwives, OB/Gyn family Medicine and maternal-fetal medicine (MFM))
- Group prenatal care
 - Care provided to participants with the same month of delivery
 - Majority of care in group setting
 - Private – initial, privacy issues, cervical assessment
 - Involves facilitated group discussions, education, skills building prenatal care, childbirth preparation and postpartum and parenting roles
 - Equivalent outcomes and high levels of patient satisfaction

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Care Provider

- Subspecialty Care- MFM
- Multidisciplinary care
 - Members with comorbidities

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Initial Visit

- History
- Physical Examination
- Laboratory evaluation

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History

- Questionnaire detailing medical, obstetric and family histories
- Past Medical History - ectopic pregnancy, previous adverse outcomes (premature deliveries, ectopic pregnancies, placental abruptions)
- Personal medical history- allergies, medications, immunizations, heritable diseases, substance usage, nonmedical use of medications, infection exposure and toxin exposure.
- History, Signs and symptoms of cardiac diseases of substance usage, PKU, heritable diseases

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History

- Past surgical history-including bariatric
- Menstrual and GYN
- Pregnancy history
- Travel to endemic areas-TB, Zika, malaria
- Exposure to potentially toxic environmental agents
 - Anti neoplastic drugs
 - Air pollutants, including cigarette smoke
 - Heavy metals (lead, mercury and cadmium)
 - Radiation
 - Chemicals

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History

- Psychosocial
 - Planned or unplanned pregnancy
 - Potential barriers to care- cognitive impairment, physical disability, communication, transportation, lack of childcare, economic constraints, and work schedule
 - Housing and food security
 - Family Violence/ History of Sexual Trauma
 - Increased low birth weight and homicide with pregnancy and 42 days post partum exceeds maternal mortality from hemorrhage, hypertensive disorders or infection.

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Estimated date of pregnancy

- Accurate dating is crucial
- Sonographic estimation of the EDD before 20 weeks of gestation

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Physical Examination

- Baseline blood pressure, weight, height, BMI
- Complete Physical Examination with special attention to uterine size and shape and the evaluation of the adnexa
 - Fruits
 - Plum 6-8 weeks
 - Orange 8-10 weeks
 - Grapefruit 10-12 weeks
 - Fetal cardiac activity
 - Doppler by 12 weeks
 - Transvaginal ultrasound 5.5 weeks

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Ultrasound

- First semester for gestational age
- Before 20 weeks a better estimation
- Congenital abnormalities
 - Limited by the small size of the uterus
 - A second trimester re-survey may be necessary for accuracy

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Screening & testing for genetic abnormalities

- Aneuploidy Screening tests
 - Cell-free DNA- trisomy 21, trisomy 18, trisomy 13 and sex chromosomes
 - Assessment of maternal fetal levels of specific biochemical markers- trisomy 21, trisomy 18
- Informed choice
- Other genetic screens have not been recommended

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Carrier Screening

- Cystic Fibrosis
- Spinal muscular atrophy
- Hemoglobinopathies- alpha and beta thalassemia, hemoglobin S, C, D or E
- CBC – all pregnant women
 - MCV less than 80fL
- Genetic diseases more common in Ashkenazi Jews and/or other ethnic groups
- Consanguinity

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Laboratory tests

- Pregnancy test- in lack of other evidence
- ABO and RhD type
- CBC
 - Anemia Hg less than 11/ HCT less than 33
- Ferritin-iron
- Rubella immunity- not needed with previous testing
- Varicella- documented vaccination, history of disease or lab
- Urine protein baseline

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Laboratory tests

- Urine culture-untreated asymptomatic bacteriuria
 - Rapid test- inadequate sensitivity and specificity
 - Treatment per stand protocols
 - Some treat group B strep for cultures of 100,000 or more
 - Repeat culture generally recommended
- Cervical cancer screening
- HIV
- Syphilis
- Hepatitis B
- Hepatitis C

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Laboratory

- Chlamydia
 - Less than 25
 - Over 25 with high-risk behavior or a history of a sexually transmitted infection
 - Treat and retest after 3-4 weeks
- Lead level
 - Blood level < 5 no follow-up needed

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Selective Screening

- Thyroid Function- signs or symptoms
- Type 2 Diabetes both ADA and ACOG recommend
- Testing for members with risk factors

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ADA Risk Factors for Type2 Diabetes

- Gestational Diabetes in previous pregnancy
- A1C > 5.6
- First degree relatives with diabetes
- High risk ethnic group- African, Latin X, Native American, Asian or Pacific Islander
- History of cardiovascular disease
- Hypertension (> 140/ 90 on Rhad treatment)
- HDL < 35 and or triglyceride > 250
- Polycystic ovary syndrome
- Physical Inactivity
- Insulin resistance-severe obesity or acanthosis nigricans

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DM Diagnosis

- Fasting plasma > 126
- A1C > 6.4
- Random glucose > 199

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Infection

- Hepatitis A
- Measles
- Gonorrhea
- Tuberculosis(TB)
- Toxoplasmosis
- Bacterial Vaginosis
- Trichomonas Vaginalis
- Herpes Simplex
- Cytomegalovirus
- COVID 19
- Chagas Disease
- Zika

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Referrals

- Maternal- Medicine Fetal
- Registered Dietician
- Social Services/ Case Management
- Genetic Counselor
- Dental Services

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THANK YOU !!



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