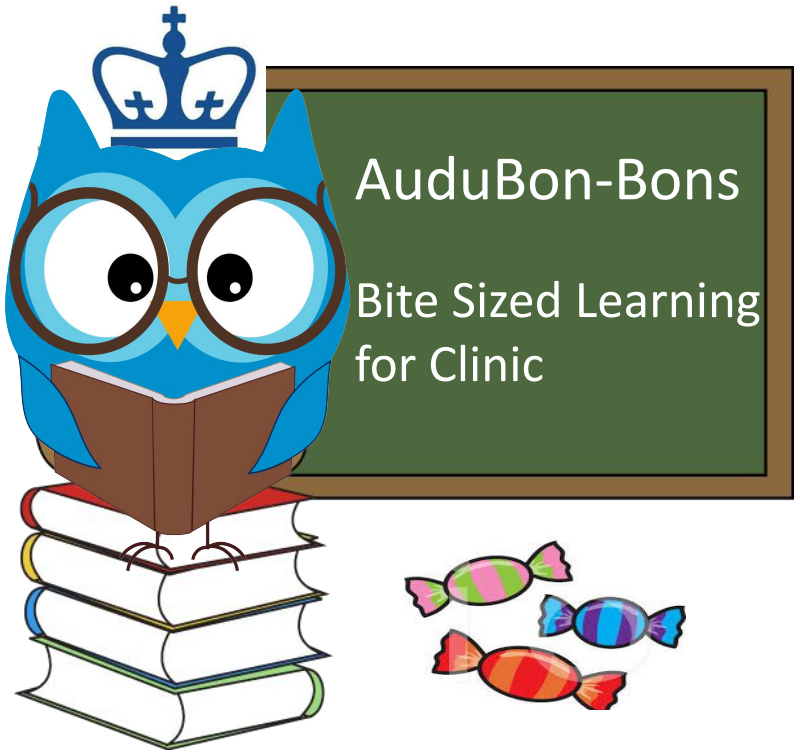
# NEW OB VISIT – ANTEPARTUM CARE TIMELINE
## Week 11

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Reading Assignment:
Download **Guidelines for Perinatal Care.**
https://www.acog.org/Clinical-Guidance-and-Publications/Guidelines-for-Perinatal-Care
Read Chapter 6, sections on Prenatal Care Visits (pg 150) and Routine Antepartum Care (pg 154)

# LEARNING OBJECTIVES

- To provide a general overview of what encompasses routine antepartum care
- To understand the timing of examinations
- To understand the importance of risk assessment at the new OB visit

# CASE VIGNETTE

- Ms. Nelly Parous, a 28 y.o. G1P0 woman, presents to clinic desiring to initiate prenatal care.

# FOCUSED HISTORY

- What elements of the patient's history are most important?
  - OBHx: Primigravid
  - GynHx: Regular menses, q28d x 5d, LMP ~ 8 weeks ago, + h/o genital HSV
  - PMHx: Depression, asthma
  - PSHx: Denies
  - Meds: PNV, albuterol prn
  - All: PCN – hives, rash
  - SocHx: Married, lives with her husband only, denies IPV, denies toxic habits, works at hair salon, accepts blood products
  - FamHx: Older sister affect by Down Syndrome, both parents with T2DM

# PERTINENT PHYSICAL EXAM FINDINGS

- What elements of the patient's physical exam are most important?
  - VS: BP 118/76, BMI 32
  - CVS: S1S2, RRR
  - Lungs: CTAB
  - Breast: Symmetric, non-tender, no masses, skin changes, nipple changes or LN
  - Abdomen: Non-distended, soft, non-tender
  - Pelvic: NEFG, normal vagina and cervix, no lesions or discharge, uterus enlarged to 8 week size, non-tender, no adnexal masses or tenderness
  - Fetus: FHR 150bpm

# PRENATAL VISITS

- Ideally, initial encounter at 6 – 8 weeks followed by office visit at 8 – 12 weeks
- Frequency of visits
  - Individualized
  - Every 4 weeks through 28 weeks
  - Every 2 weeks between 28 – 36 weeks
  - Every week after 37 weeks until delivery

# EVALUATION: PRECONCEPTION – 12 WEEKS

- History and Examination
  - Full history
  - Full physical exam
  - Current pregnancy symptoms

# EVALUATION: PRECONCEPTION – 12 WEEKS

- Testing and Treatment
  - Blood work
    - Blood type and antibody screen
    - CBC
    - Rubella/measles/varicella titers (vaccinate before conception vs PP)
    - HBsAg
    - HIV
    - STI screening (GCCT, RPR)
    - Urine culture
    - Cervical cancer screening
    - Genetic carrier screening
    - Hemoglobin electrophoresis
    - ± Diabetes testing
  - Tuberculosis testing

# EVALUATION: PRECONCEPTION – 12 WEEKS

- Education and Planning
  - Counseling
    - Significant positive findings
    - Test results if available
    - Dating
  - Discuss
    - Nutrition
    - Weight gain
    - Exercise
    - Work related exposures or risks
    - Recent or planned travel
    - Breastfeeding
    - Dental care
    - ± Mode of delivery

# EVALUATION: 12 – 16 WEEKS

- History and Examination
  - Current pregnancy symptoms
  - Interim medical, psychosocial, nutritional evaluation
  - Weight and blood pressure
  - Fetal heart rate
- Testing and Treatment
  - Aneuploidy screening
- Education and Planning
  - Review test results

# EVALUATION: 16 – 23 WEEKS

- History and Examination
  - Current pregnancy symptoms
  - Interim medical, psychosocial, nutritional evaluation
  - Weight and blood pressure
  - Fetal assessment (FHR, FH)
- Testing and Treatment
  - Aneuploidy screening
  - Ultrasound
  - ± Progesterone
  - ± ASA
- Education and Planning
  - Review test results

# EVALUATION: 24 – 28 WEEKS

- History and Examination
  - Current pregnancy symptoms
  - Interim medical, psychosocial, nutritional evaluation
  - Weight and blood pressure
  - Fetal assessment (FHR, FH)

- Testing and Treatment
  - Diabetes screening
  - CBC
  - Antibody screening in Rh negative women
  - ± Rhogam
  - Tdap vaccination
- Education and Planning
  - Review test results
  - Signs/symptoms of PTL, PEC
  - Parental and infant classes

# EVALUATION: 29 – 36 WEEKS

- History and Examination
  - Current pregnancy symptoms
  - Interim medical, psychosocial, nutritional evaluation
  - Depression screen
  - IPV screen
  - Weight and blood pressure
  - Fetal assessment (FHR, FH, lie)
- Testing and Treatment
  - Catch up for vaccines
  - Initiate antepartum surveillance
  - GBS @ 35-37 weeks
  - HIV, STI screening
  - ± Acyclovir

# EVALUATION: 37 – 42 WEEKS

- History and Examination
  - Current pregnancy symptoms
  - Interim medical, psychosocial, nutritional evaluation
  - Weight and blood pressure
  - Fetal assessment (FHR, FH)
- Testing and Treatment
  - Antepartum surveillance
  - Delivery by 41-42 weeks unless medically indicated
  - Postdates NST
- Education and Planning
  - Review test results
  - Review signs of labor

# EVALUATION: POSTPARTUM VISIT

- History and Examination
  - BP
  - Depression and IPV screen
  - Breastfeeding
  - Bleeding
  - Laceration healing
  - Pelvic floor recovery
- Testing and Treatment
  - MMR and varicella vaccinations
  - ± Gardasil vaccination
  - Cervical cancer screening
  - ± Diabetes test

# SOCIAL DETERMINANTS OF HEALTH

Disparities in pregnancy outcome, maternal outcome and obstetrical care, by race/ethnicity.

| | American Indian/ Alaska Native | Asian/ Pacific Islander | Black | Hispanic |
|---|---|---|---|---|
| **Pregnancy Outcomes** | | | | |
| Congenital Abnormalities | ↔ | ↔ | ↔ | ↑ (neural tube defects) |
| Fetal Demise | ‹ › | ‹ › | ↑ | ‹ › |
| Preterm Birth | ↑ | ↔ | ↑ | ↑ (Puerto Ricans) |
| Fetal Growth Restriction | ↔ | ↔ | ↑ | ↔ |
| **Maternal Outcomes** | | | | |
| Mortality | ↔ | ↔ | ↑ | ↔ |
| Hypertensive Disorders | ↔ | ↔ | ↑ | ↔ |
| Diabetes | ↑ | ↑ | ↑ | ↑ |
| Obesity | ↑ | ↑ | ↑ | ↑ |
| **Obstetrical Care** | | | | |
| Prenatal care entry after 1st trimester | ↑ | ‹ › | ↑ | ↑ |
| 1° Cesarean Delivery | ↓ | ↓ | ↑ | ↔ |
| Major Perineal Laceration | ↔ | ↑ | ↓ | ↔ |

White women are the reference group. ↑ = higher risk, ↓ = lower risk; ↔ = available data do not support higher or lower risk.

Bryant A.S., Worjoloh A., Caughey A.B., et al. Racial/Ethnic Disparities in Obstetrical Outcomes and Care: Prevalence and Determinants. *Am J Obstet Gynecol.* 2010 April ; 202(4): 335–343. doi:10.1016/j.ajog.2009.10.864.

**Late entry into or no prenatal care increases the risk for adverse pregnancy outcomes and are more likely in non-White individuals.**

**Contributors to late entry include:**

- Lack of education
- Lack of insurance coverage
- Unintended pregnancy
- Ambivalence toward the pregnancy
- Lower income
- Negative perception of HCP and staff

Healthcare policies and quality improvement efforts are needed to broaden access and elevate quality of obstetrical care to ALL women.

# Epic .phrase

**BBonAPCareTimeline**

Description: Plan for the New OB Visit

- Results of FTS reviewed with patient
- Routine intake labs today
- CF/FX/SMA today
- RN visit today
- Referral to nutrition given today
- Referral to SW today***
- Referral for anatomy ultrasound given today to be performed at ~ 18 weeks
- Orientation to practice performed
- Healthy weight gain goals reviewed
- NYP/CUMC OB Initial OB folder provided to patient
- Continue PNV
- Bleeding precautions given
- Frequency of visits discussed today
- RTC in 4 weeks

# CODING AND BILLING

- Diagnostic Codes (ICD-10)
  - Z34.00 Encounter for supervision of normal first pregnancy
    - Z34.01 Encounter for supervision of other normal pregnancy
  - O09.90 Encounter for supervision of; unspecified high risk pregnancy
  - F33.40 Major depressive disorder, recurrent, in remission, unspecified
  - J45.20 Mild intermittent asthma, uncomplicated
- Procedure Codes (CPT): New OB Visit
  - 99204 Office/outpt visit of a **NEW** pt with 3 key components (comprehensive history, comprehensive examination, medical decision making of moderate complexity), counseling, typically 45 minutes spent face-to-face
- Procedure Codes (CPT): Subsequent OB Visits
  - 99212 Office/outpt visit for an ESTABLISHED pt with 3 key components (problem focused history, problem focused exam, straightforward medical decision making), counseling, typically 10 minutes spent face-to-face
  - 99213 Office/outpt visit for an ESTABLISHED pt with 3 key components (expanded problem focused history, expanded problem focused exam, medical decision making of low complexity, counseling, typically 15 minutes spent face-to-face

# EVIDENCE

References


- ACOGs Clinical Guidelines. http://www.acog.org/Resources-And-Publications/Guidelines-for-Perinatal-Care (Accessed on May 21, 2019).
- American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care, Eighth Edition. Washington, DC: American College of Obstetricians and Gynecologists; 2017.
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- The Pregnancy Management Working Group. VA/DoD Practice Guideline for Pregnancy Management. Washington DC: US Department of Veterans Affairs and Department of Defense, 2009.
- UMHS Prenatal Care Guidelines, September 2018. www.uofmhealth.org/provider/clinical-care-guidelines (Accessed on May 21, 2019).