Complete Summary

GUIDELINE TITLE

Routine prenatal and postnatal care.

BIBLIOGRAPHIC SOURCE(S)

Michigan Quality Improvement Consortium. Routine prenatal and postnatal care. Southfield (MI): Michigan Quality Improvement Consortium; 2008 Jun. 1 p.

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Michigan Quality Improvement Consortium. Routine prenatal and postnatal care. Southfield (MI): Michigan Quality Improvement Consortium; 2006 Jul. 1 p.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Pregnancy and postpartum

GUIDELINE CATEGORY

Counseling
Evaluation
Prevention
Screening

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Nursing
Obstetrics and Gynecology
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Health Plans
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

- To achieve significant, measurable improvements in the management of routine prenatal and postnatal care through the development and implementation of common evidence-based clinical practice guidelines
- To design concise guidelines that are focused on key management components of routine prenatal and postnatal care to improve outcomes

TARGET POPULATION

- Pregnant women
- Post partum women (3 to 8 weeks after delivery)

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation/Screening

1. Social and medical history
    - General and nutritional health
    - Mental health
    - Support system
    - Risk factors

2. Cultural, religious beliefs
3. Physical examination, including pelvic examination
4. Fetal position, heart tones
5. Laboratory tests: blood and urine
6. Screening
    - Antibody
    - Depression
    - Sexually transmitted diseases
    - Gestational diabetes
    - Pap smear
    - Alpha fetoprotein or multiple marker
    - Hepatitis B
    - Rubella
    - Group B strep

Prevention

1. Childbirth education
    - Prenatal care
    - Breastfeeding
    - Unintended pregnancy prevention

2. Influenza vaccine
3. Folic acid supplementation

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The Michigan Quality Improvement Consortium (MQIC) project leader conducts a search of current literature in support of the guideline topic. Computer database searches are used to identify published studies, existing protocols and/or national guidelines on the selected topic developed by organizations such as the American Diabetes Association, American Heart Association, American Academy of Pediatrics, etc. If available, clinical practice guidelines from participating MQIC health plans and Michigan health systems are also used to develop a framework for the new guideline.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

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

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Using information obtained from literature searches and available health plan guidelines on the designated topic, the Michigan Quality Improvement Consortium (MQIC) project leader prepares a draft guideline to be reviewed by the medical directors' committee at one of their scheduled meetings. Priority is given to recommendations with [A] and [B] levels of evidence (see "Rating Scheme for the Strength of the Evidence" field).

The initial draft guideline is reviewed, evaluated, and revised by the committee resulting in draft two of the guideline. Additionally, the Michigan Academy of Family Physicians participates in guideline development at the onset of the process and throughout the guideline development procedure. The MQIC guideline feedback form and draft two of the guideline are distributed to the medical directors, as well as the MQIC measurement and implementation group members, for review and comments. Feedback from members is collected by the MQIC project leader and prepared for review by the medical directors' committee at their next scheduled meeting. The review, evaluation, and revision process with several iterations of the guideline may be repeated over several meetings before consensus is reached on a final draft guideline.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

When consensus is reached on the final draft guideline, the medical directors approve the guideline for external distribution to practitioners with review and comments requested via the Michigan Quality Improvement Consortium (MQIC)

health plans (project leader distributes final draft to medical directors' committee, measurement and implementation groups to solicit feedback).

The MQIC project leader also forwards the approved guideline draft to appropriate state medical specialty societies for their input. After all feedback is received from external reviews, it is presented for discussion at the next scheduled committee meeting. Based on feedback, subsequent guideline review, evaluation, and revision may be required prior to final guideline approval.

The MQIC Medical Directors approved this guideline in June 2008.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The level of evidence grades (A-D) are provided for the most significant recommendations and are defined at the end of the "Major Recommendations" field.

Routine Prenatal and Postnatal Care

Recommendation	6-8 weeks	14-16 weeks	24-28 weeks	32 weeks	36 weeks	38 weeks	39 weeks	40 weeks	41 weeks	Post partum 3-8 weeks after delivery
Social and medical history (*update at each visit*)	X	X	X	X	X	X	X	X	X	X
Assessment (dental and nutritional health, physical and sexual activity, alcohol and drug abuse, tobacco use **[A]**, domestic abuse, environment, genetic risk factors, medications, transportation, seatbelt use **[B]**, infant car seat use **[A]**, childbirth education, adequate social support, coping skills, financial	X	X	X	X	X	X	X	X	X	X

Recommendation	6-8 weeks	14-16 weeks	24-28 weeks	32 weeks	36 weeks	38 weeks	39 weeks	40 weeks	41 weeks	Post partum 3-8 weeks after delivery
resources, knowledge of available resources, mental health, especially depression screening, ability to comprehend information or care provided) *(update at each visit)*										
Assess cultural/religious beliefs; activities of daily living (including use of durable medical equipment)	X									
Education and counseling (need for early [first trimester] and consistent prenatal care; prevention of unintended pregnancy; benefits and methods of breastfeeding; assessment and referrals for ongoing parenting education and early childhood care)	X				X					X[1]
Education and counseling on "safe sleep;" select primary care physician for newborn				X	X	X	X	X	X	X
General physical exam	X									X
Pelvic exam	X									X
Blood pressure **[B]**, weight, body	X	X	X	X	X	X	X	X	X	X

Recommendation	6-8 weeks	14-16 weeks	24-28 weeks	32 weeks	36 weeks	38 weeks	39 weeks	40 weeks	41 weeks	Post partum 3-8 weeks after delivery
mass index (BMI), fundal height, weeks gestation										
Routine urinalysis, culture **[A]**		X								
Urine for glucose and albumin	X	X	X	X	X	X	X	X	X	
Fetal position, fetal heart tones		X	X	X	X	X	X	X	X	
D (Rh) type, blood type, antibody screen **[A]**	X									
Pap smear **[A]** *(if not performed in past 12 months)*	X									
Human immunodeficiency virus (HIV) counseling and testing **[C]** **Repeat at 36 weeks if previous negative test in prenatal care or women who have never been tested*	X				X					
Sexually transmitted diseases (STD) screening (gonorrhea [GC], chlamydia, Venereal Disease Research Laboratory [VDRL] **[A]**) for high-risk patients (e.g., new or multiple sexual partners, history of sexually transmitted diseases, not using condoms consistently or correctly) **Rescreen in third*	X		X (28-36 weeks+)							

Recommendation	6-8 weeks	14-16 weeks	24-28 weeks	32 weeks	36 weeks	38 weeks	39 weeks	40 weeks	41 weeks	Post partum 3-8 weeks after delivery
trimester if at continued risk.										
Hepatitis B **[A]** and rubella screening **[B]**	X									
Hemoglobin and hematocrit **[B]** *(evaluate for hemoglobinopathy if appropriate.)*	X		X		X					
Maternal serum alpha fetoprotein or multiple marker screening **[B]**		X (16-20 weeks)								
Screening for gestational diabetes[2,3] *(test earlier if previous history of gestational diabetes)*			X							6 weeks[3]
Influenza vaccine *(second or third trimester during flu season)*		X								
Group B strep cultures *(vaginal and rectal)*					X (35-37 weeks)					
Folic acid (0.4 to 0.8 mg one month prior to conception through 1st trimester) **[A]**	X	X								

[1] Education and counseling for prevention of unintended pregnancy

[2] Screening may be omitted for women younger than 25 who are not members of a racial or ethnic group with high prevalence of diabetes (e.g., Hispanic, African, Native American, South or East Asian, or Pacific Islands ancestry), are not obese, have no history of abnormal glucose tolerance, no previous history of adverse pregnancy outcomes usually associated with gestational diabetes mellitus (GDM), no known type 2 diabetes in first-degree relatives.

[3] Screen at 6 weeks for diabetes mellitus postpartum if patient had gestational diabetes.

Definitions:

Levels of Evidence for the Most Significant Recommendation

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is provided for the most significant recommendations (see "Major Recommendations" field).

This guideline is based on several sources, including: Routine Prenatal Care, Institute for Clinical Systems Improvement, 2007 (www.icsi.org).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Through a collaborative approach to developing and implementing common clinical practice guidelines and performance measures for routine prenatal and postnatal care, Michigan health plans will achieve consistent delivery of evidence-based services and better health outcomes. This approach also will augment the practice environment for physicians by reducing the administrative burdens imposed by compliance with diverse health plan guidelines and associated requirements.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This guideline lists standard pregnancy management steps. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Approved Michigan Quality Improvement Consortium (MQIC) guidelines are disseminated through email, U.S. mail, and websites.

The MQIC project leader prepares approved guidelines for distribution. Portable Document Format (PDF) versions of the guidelines are used for distribution.

The MQIC project leader distributes approved guidelines to MQIC membership via email.

The MQIC project leader submits request to website vendor to post approved guidelines to MQIC website (www.mqic.org).

The MQIC project leader completes a statewide mailing of the comprehensive set of approved guidelines and educational tools annually. The guidelines and tools are distributed in February of each year to physicians in the following medical specialties:

- Family Practice
- General Practice
- Internal Medicine
- Other Specialists for which the guideline is applicable (e.g., endocrinologists, allergists, pediatricians, cardiologists)

The statewide mailing list is derived from the Blue Cross Blue Shield of Michigan (BCBSM) provider database. Approximately 95% of the state's M.D.'s and 96% of the state's D.O.'s are included in the database.

The MQIC project leader submits request to the National Guideline Clearinghouse (NGC) to post approved guidelines to NGC website (www.guideline.gov).

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms
Patient Resources
Tool Kits

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

This guideline is based on several sources, including: Routine Prenatal Care, Institute for Clinical Systems Improvement, 2007 (www.icsi.org).

DATE RELEASED

2006 Jul (revised 2008 Jun)

GUIDELINE DEVELOPER(S)

Michigan Quality Improvement Consortium - Professional Association

SOURCE(S) OF FUNDING

Michigan Quality Improvement Consortium

GUIDELINE COMMITTEE

Michigan Quality Improvement Consortium Medical Director's Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Physician representatives from participating Michigan Quality Improvement Consortium health plans, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health and Michigan Peer Review Organization

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Standard disclosure is requested from all individuals participating in the Michigan Quality Improvement Consortium (MQIC) guideline development process, including those parties who are solicited for guideline feedback (e.g., health plans, medical specialty societies). Additionally, members of the MQIC Medical Directors' Committee are asked to disclose all commercial relationships as well.

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Michigan Quality Improvement Consortium. Routine prenatal and postnatal care. Southfield (MI): Michigan Quality Improvement Consortium; 2006 Jul. 1 p.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Preconception screening and counseling list. Electronic copies: Available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.
- Preventing unintended pregnancy in adults provider toolkit. Available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.

PATIENT RESOURCES

The following is available:

- Patient fact sheets. Available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This NGC summary was completed by ECRI on October 16, 2006. The information was verified by the guideline developer on November 3, 2006. This NGC summary was updated by ECRI Institute on December 15, 2008. The updated information was verified by the guideline developer on December 17, 2008.

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