

INDIANA PRENATAL CARE GUIDE

The Life Course Perspective to Prenatal Care

Prenatal care has been a cornerstone strategy for improving pregnancy outcomes, yet racial disparities in birth outcomes persist. The life course perspective represents an innovative and holistic approach to women's and perinatal health, which may play an important role in addressing long-troubling health disparities and poor birth outcomes.

This perspective views health as the product of risk behaviors, protective factors, and environmental forces that arise throughout the life span and have cumulative, additive, and multiplicative impacts on specific outcomes. It suggests that:

- Racial/ethnic differences arise over a woman's life course, not simply during her current pregnancy;
- Life course events are the more important risk factors for understanding poor birth outcomes;
- The current pregnancy-focused single risk factor model needs to be reevaluated within a longitudinal context; &
- Eliminating disparities in birth outcomes requires interventions, policy development, and new research that are longitudinally and contextually integrated (Kotelchuck, 2003).

This perspective provides a framework for interpreting how peoples' experiences in their early years influence their later health and functioning (Lu, 2006). It holds that past behaviors, particularly during periods of risk, may affect future reproductive success to a similar, if not greater, extent as current behavior. To expect prenatal care, in less than nine months, to reverse the impact of early life programming and cumulative burden on reproductive health may be unrealistic (Lu & Halfon, 2003). Exposure to risk and protective factors occur not only during pregnancy, but also over the life course of a woman.

Emerging research has shown that some of the most powerful influences on pregnancy outcome occur long before pregnancy begins, such as past nutritional status (Misra, Guyer & Allston, 2003), past socioeconomic status (Lu & Halfon, 2003) and previous episodes of depression. (Zayas, Jankowski & McKee, 2005)

While the life course perspective requires thinking outside traditional biomedical approaches to women's health, it represents a promising and innovative approach to improving individual and community care, and may play an important role in addressing long-troubling health disparities and poor birth outcomes. By approaching prenatal care from a life course perspective, our goal is to improve outcomes for women in all periods and aspects of reproductive potential, which in turn might enhance outcomes for their offspring, both at birth and beyond.

References

Kotelchuck, M. (2003). Building on a life-course perspective in maternal and child health. *Maternal and Child Health Journal*, 7(1), 5-11

Lu, M.C., & Halfon, N. (2003). Racial and ethnic disparities in birth outcomes: A life course perspective. *Maternal and Child Health Journal*, 7(1), 13-30.

Misra, D.P., Guyer, B., & Allston, A. (2003). Integrated perinatal health framework: A multiple determinants model with a life span approach. *American Journal of Preventive Medicine*, 25(1), 65-75.

Lu, S. (2006). Editor's choice: The life-course approach to health. *American Journal of Public Health*, 96(5), 768.

Zayas, L.H., Jankowski, K.R.B., & McKee, M.D. (2005). Parenting competency across pregnancy and postpartum among urban minority women. *Journal of Adult Development*, 12(1), 53-62.

This Guide is intended as a resource for clinicians involved in the design and implementation of prenatal care services. This information should not be interpreted as excluding other acceptable course of care based upon medical judgement and patient preferences. The Guide reflects the current opinion of IPN for a standard approach to prenatal care. The use of pre-printed standardized antenatal record is recommended to reduce errors of omission.

Note: It is strongly recommended that prenatal care begin in the first trimester.

INITIAL VISIT	EACH VISIT	8-18 WEEKS	24-28 WEEKS	35-37 WEEKS	POSTPARTUM
HISTORY & PHYSICAL					
<ul style="list-style-type: none"> <input type="checkbox"/> Assess for intent of pregnancy: "How are you/your partner feeling about being pregnant?" <input type="checkbox"/> Medical and reproductive history <input type="checkbox"/> Current pregnancy history <input type="checkbox"/> Family history (including genetic history) <input type="checkbox"/> Sexual History/practices <input type="checkbox"/> Counsel and provide HIV information (required by IN law) <input type="checkbox"/> Social history (including drugs, substance use, smoking, alcohol) <input type="checkbox"/> Work history (including occupational hazards) <input type="checkbox"/> Physical activity <input type="checkbox"/> Domestic violence (physical, sexual, emotional abuse) <input type="checkbox"/> Psychosocial stressors <input type="checkbox"/> Dietary/nutritional assessment <input type="checkbox"/> Physical examination (including dental, height, weight) <input type="checkbox"/> Assign pregnancy risk status <input type="checkbox"/> Other genetic counseling if needed <input type="checkbox"/> Transportation availability <input type="checkbox"/> Screen for health literacy 	<ul style="list-style-type: none"> <input type="checkbox"/> History since last visit; questions and problems <input type="checkbox"/> Smoking status <input type="checkbox"/> Weeks gestation <input type="checkbox"/> Blood pressure <input type="checkbox"/> Weight <input type="checkbox"/> Cumulative weight gain/loss <input type="checkbox"/> Fundal height (in cm) <input type="checkbox"/> Fetal heart tones <input type="checkbox"/> Edema <input type="checkbox"/> Fetal presentation (when appropriate) <input type="checkbox"/> Fetal movement <input type="checkbox"/> Cervical exam (if indicated) <input type="checkbox"/> Other physical exam as indicated Ask regarding: <ul style="list-style-type: none"> <input type="checkbox"/> Uterine contractions/cramping <input type="checkbox"/> Pain/pressure <input type="checkbox"/> Change in vaginal discharge <input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Dysuria 	<ul style="list-style-type: none"> <input type="checkbox"/> Document beginning of fetal movement <input type="checkbox"/> Document auscultation of fetal heart tones with fetoscope 	<ul style="list-style-type: none"> <input type="checkbox"/> Re-evaluate pregnancy risk status 		<ul style="list-style-type: none"> <input type="checkbox"/> Physical exam <input type="checkbox"/> Nutritional assessment <input type="checkbox"/> Lactation assessment if appropriate <input type="checkbox"/> Psychosocial stressors <input type="checkbox"/> Smoking status <input type="checkbox"/> Perinatal Mood Disorders <input type="checkbox"/> Family planning
ROUTINE BIOCHEMICAL EVALUATION					
<ul style="list-style-type: none"> <input type="checkbox"/> Blood type <input type="checkbox"/> Rh type <input type="checkbox"/> Antibody screen <input type="checkbox"/> CBC <input type="checkbox"/> Rubella titre <input type="checkbox"/> Syphilis screening (required by IN law) <input type="checkbox"/> HbsAG* <input type="checkbox"/> Offer/recommend HIV testing <input type="checkbox"/> Cervical cytology <input type="checkbox"/> Gonorrhea culture <input type="checkbox"/> Chlamydia culture <input type="checkbox"/> Urinalysis and culture <input type="checkbox"/> Wet mount for bacterial vaginosis, if symptomatic or previous preterm delivery 	Urine dipstick: <ul style="list-style-type: none"> <input type="checkbox"/> Protein <input type="checkbox"/> Sugar <input type="checkbox"/> Leukocytes <input type="checkbox"/> Nitrites <input type="checkbox"/> Ketosis 	<ul style="list-style-type: none"> <input type="checkbox"/> Offer Maternal Multiple Marker at 15-18 weeks (labs may vary on timing of tests) <input type="checkbox"/> Ultrasound as indicated 	<ul style="list-style-type: none"> <input type="checkbox"/> One hour GCT (if indicated) <input type="checkbox"/> Hct/Hgb <input type="checkbox"/> Syphilis screening > or = 28 weeks (as required by IN law) 	<ul style="list-style-type: none"> <input type="checkbox"/> Group B Beta Strep Culture (unless already plan to treat due to risk factors) 	<ul style="list-style-type: none"> <input type="checkbox"/> Cervical cytology
OTHER BIOCHEMICAL EVALUATION (when indicated)					
<i>If indicated:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Diabetes screen <input type="checkbox"/> Hgb electrophoresis (sickle cell) <input type="checkbox"/> Tay Sachs screen <input type="checkbox"/> TB skin test <input type="checkbox"/> TORCH titers <input type="checkbox"/> Group B Beta Strep culture <input type="checkbox"/> Toxoplasmosis titer <input type="checkbox"/> Varicella titer <input type="checkbox"/> Urine drug screen 	<i>Other tests as indicated:</i> e.g. Antepartum Fetal Surveillance, wet prep for bacterial vaginosis, STD cultures and urine cultures as appropriate	<ul style="list-style-type: none"> <input type="checkbox"/> Ultrasound as indicated 	<i>If indicated:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Antibody screen (if Rh-) <input type="checkbox"/> RhoGAM given (28 weeks if indicated) <input type="checkbox"/> GTT 	<i>If indicated:</i> <ul style="list-style-type: none"> <input type="checkbox"/> GC/Chlamydia <input type="checkbox"/> Herpes culture (if active lesion) <input type="checkbox"/> Hepatitis B* <input type="checkbox"/> HIV test 	<i>If indicated:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Rubella immunization <input type="checkbox"/> RhoGAM <input type="checkbox"/> Varicella vaccine <input type="checkbox"/> dt <input type="checkbox"/> Hgb/Hct <input type="checkbox"/> GIt: 2 hour post 75 grams clucola if GDM during pregnancy

INITIAL VISIT & EACH VISIT (AS NEEDED)	20-24 WEEKS	24-28 WEEKS	34-40 WEEKS	POSTPARTUM
COUNSELING & EDUCATION BY PROVIDER, PRENATAL CARE COORDINATOR OR OTHER EDUCATOR				
<ul style="list-style-type: none"> <input type="checkbox"/> Emotional adaptation to pregnancy <input type="checkbox"/> Screen for perinatal mood disorders (Edinburgh Postpartum Depression Scale) <input type="checkbox"/> Physical changes during pregnancy <input type="checkbox"/> Fetal growth and development <input type="checkbox"/> Available options; Preference/plans for birth <input type="checkbox"/> Benefits of and preparation for breastfeeding <input type="checkbox"/> Violence-free environment <input type="checkbox"/> Prenatal diagnosis <input type="checkbox"/> "Smoke-free" pregnancy education <input type="checkbox"/> Effects of drugs and alcohol <input type="checkbox"/> Teratogen exposures <input type="checkbox"/> Nutrition/prenatal vitamins/folate/calcium/iron <input type="checkbox"/> Safety (seat belt, smoke detector) <input type="checkbox"/> Communicable diseases/STDs/HIV <input type="checkbox"/> Weight gain appropriate for body mass <input type="checkbox"/> Minor discomforts <input type="checkbox"/> Exercise and rest <input type="checkbox"/> When to call, numbers to call, emergency plan <input type="checkbox"/> Danger signs <input type="checkbox"/> Adoption information if indicated 	<ul style="list-style-type: none"> <input type="checkbox"/> Preterm birth prevention education 	<p style="text-align: center;">Repeat as needed to 37 weeks →</p> <ul style="list-style-type: none"> <input type="checkbox"/> Signs and symptoms of pre-eclampsia <p style="text-align: center;">Repeat as needed →</p> <p style="text-align: center;">Repeat as needed →</p> <p style="text-align: center;">Repeat as needed →</p>	<p style="text-align: center;">Repeat as needed →</p> <p style="text-align: center;">Repeat as needed →</p> <p style="text-align: center;">Repeat as needed →</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Parenting and coping with a new baby <input type="checkbox"/> Crying strategies <input type="checkbox"/> Never shake a baby (Happiest Baby skills) <input type="checkbox"/> Perinatal mood disorders (signs and symptoms) <input type="checkbox"/> Domestic violence (physical, sexual, emotional abuse) <input type="checkbox"/> Breastfeeding support <input type="checkbox"/> If HIV positive, do not breastfeed <input type="checkbox"/> Back to work/school <input type="checkbox"/> Siblings <input type="checkbox"/> Family planning/Tubal sterilization <input type="checkbox"/> Safe sleep education <input type="checkbox"/> "Smoke-free" home <input type="checkbox"/> Car seat <input type="checkbox"/> Safety/CPR <input type="checkbox"/> Immunizations <input type="checkbox"/> Feeding <input type="checkbox"/> When to call health care provider <input type="checkbox"/> ASK about tobacco exposure <input type="checkbox"/> Developmental issues <input type="checkbox"/> Child care arrangements
<p><i>Referrals as indicated for:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> WIC <input type="checkbox"/> Dietician/Nutritionist <input type="checkbox"/> Medicaid/managed care <input type="checkbox"/> Prenatal care coordination <input type="checkbox"/> Childbirth education <input type="checkbox"/> Smoking cessation <input type="checkbox"/> HIV care coordination <input type="checkbox"/> High risk management or pregnancy consultation <input type="checkbox"/> Alcohol and drug cessation <input type="checkbox"/> Home care <input type="checkbox"/> Genetic counseling <input type="checkbox"/> Food and housing assistance 		<ul style="list-style-type: none"> <input type="checkbox"/> Fetal movement/kick counts <input type="checkbox"/> Preparation for labor and delivery-VBAC counseling, labor signs and symptoms, pain management for labor, begin childbirth classes, induction of labor <p>Initiate Postpartum Education:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evaluate plans <input type="checkbox"/> Preparation for breastfeeding/Lactation Consultant <input type="checkbox"/> Home preparation <input type="checkbox"/> Choosing/meeting a health care provider for baby <input type="checkbox"/> Family planning <input type="checkbox"/> Circumcision information 	<p>Consents signed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> VBAC, C-section, tubal (at least 30 days prior to EDD if on Medicaid) <p>Preparing to bring baby home:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Safe sleep education <input type="checkbox"/> "Smokefree" home <input type="checkbox"/> Car seat <input type="checkbox"/> Breastfeeding/feeding <input type="checkbox"/> Assistance after going home <input type="checkbox"/> Safety/CPR <input type="checkbox"/> Jaundice <input type="checkbox"/> Rashes <input type="checkbox"/> Cord Care <input type="checkbox"/> Circumcised/Uncircumcised Care <input type="checkbox"/> Immunizations <input type="checkbox"/> Crying strategies <input type="checkbox"/> Never shake a baby <input type="checkbox"/> Temperature taking <input type="checkbox"/> When to call health provider <input type="checkbox"/> Back to school/work <input type="checkbox"/> Newborn hearing screening <input type="checkbox"/> Newborn metabolic screening <input type="checkbox"/> Family planning <input type="checkbox"/> Touching/holding/cuddling 	<ul style="list-style-type: none"> <input type="checkbox"/> Referral to early intervention as indicated

This document reflects the consensus of the Indiana Perinatal Network (IPN) State Perinatal Advisory Board—a constituency of professional organizations (i.e. ACOG, AAP) and individuals (i.e. CNMs, MDs, consumers). It is intended to serve as recommendations—not as established standards or rigid rules. Health care providers must make the best decisions possible within the limitations of the particular situation.