

Prenatal Care

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Prenatal care is the care provided to a pregnant person during the course of the pregnancy. It can be offered as an in-person appointment or as a telemedicine visit.

What to Expect

The first appointment is often labeled the *new obstetric visit* (NOB visit). At this visit, your provider will collect a detailed history - including medical, surgical, family, obstetrical and gynecologic history and social history. You will need to provide a current medication list as medication counseling is also done at this visit.

The rest of the visits usually follow this schedule:

- 🌿 1st and early 2nd trimester: every 4 weeks
- 🌿 latter part of the 2nd and early 3rd trimester: every 2-3 weeks
- 🌿 weekly after 36 weeks, as delivery approaches.

This timing of the visit may be adjusted to meet the needs of the pregnant person and the pregnancy.

During the initial visit the pregnancy due date is determined. This may be based on the person's first day of the last menstrual period or determined by ultrasound. For those who have irregular periods or are not sure about the timing of their last menstrual period, a first trimester ultrasound (sometimes referred to as a *viability ultrasound*) is the most accurate way to determine the due date.

Genetic screening and testing and recommended vaccinations in pregnancy may also be discussed at this visit.

During this visit and all subsequent visits, you will have a weight and blood pressure check. Additionally, attempts to see or hear the fetal heart tones will be made beginning around 10-12 weeks. Fundal height checks (to measure the size of the expanding uterus) start at about 15 weeks. Any concerning findings will lead to additional evaluation.

Obstetric Lab Tests

Routine obstetric labs include:

- 🌿 Blood type
- 🌿 Rubella test, to check for immunity to rubella
- 🌿 Hemoglobin electrophoresis
- 🌿 Complete Blood Count (CBC), to check red and white blood cell counts, among other blood components
- 🌿 Urine culture
- 🌿 STD testing including HIV, hepatitis, syphilis, gonorrhea, and chlamydia



Additional labs may be ordered depending on your history. These may include a Hgb A1C to check blood sugar, an early glucose test, a complete metabolic panel, an EKG, or a 24-hour urine protein and creatinine test.



Ultrasound in Pregnancy

During the course of the pregnancy, the obstetrician will want at least one ultrasound. The most important and most popular ultrasound is the anatomy scan. This is usually done between 18-22 weeks of pregnancy. It is a detailed ultrasound that evaluates the fetal head, chest, abdomen, and extremities. It is during this ultrasound that most fetal anomalies are first identified. During this ultrasound, the baby's sex may be revealed.

Additional ultrasounds may be needed to monitor fetal growth, as part of prenatal fetal testing or as a genetic screening tool.

High Risk Pregnancy

Some people are considered to be high risk during pregnancy. This includes those who have a medical history of any of the following:

- 🍃 obesity
- 🍃 diabetes
- 🍃 high blood pressure
- 🍃 heart disease
- 🍃 depression and/or anxiety
- 🍃 clotting disorders

Pregnant people who are carrying multiple babies or a pregnancy diagnosed with a fetal anomaly are also generally considered high risk. All high-risk individuals will be monitored more closely and may have a maternal fetal medicine specialist as part of the team caring for them during the pregnancy.

Fetal Testing

Fetal testing is testing done to evaluate the fetus of pregnant patients who are considered high risk. Fetal testing will also be done when a pregnant person reports decreased or no fetal movement. Tests such as a *biophysical profile* or *modified biophysical profile* are done to assess fetal wellbeing and provide some assurance to the parents. A *nonstress test* or *contraction stress test* is a test where the pregnant person is hooked up to a monitor and the baby's heart rhythm is recorded over a period of about 40 minutes. The patterns are evaluated as a measure of fetal wellbeing.

Delivery

During the third trimester, as the due date approaches, the *mode of delivery* will be discussed. This is the decision on how the baby will be delivered. While the plan is generally for a vaginal delivery, there are circumstances that will call for cesarean delivery. These situations may include:

- 🍃 multiple previous cesarean sections

- 🍃 previous surgery to the uterus
- 🍃 patient's physical restriction
- 🍃 abnormal fetal presentation

The decision for cesarean is between the patient and the physician and occurs after an in-depth conversation about the benefits and risks of the procedure.

The timing of delivery is also discussed in the third trimester. Generally, the plan is delivery between 39-42 weeks. This may change based on the health of the patient and or the fetus.



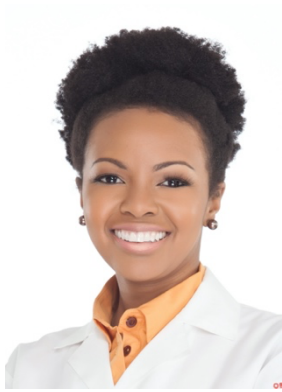
Postpartum Care

Postpartum care is the care provided to a person who was recently pregnant. It is provided outside the hospital. It occurs anywhere between a few days of delivery to as far as 12 weeks after the delivery. The immediate postpartum period is within the first 3 weeks of delivery and allows for close outpatient follow-up, especially for those who had a cesarean delivery and/or have a history of elevated blood pressure, anxiety and/or depression.

Take Home Points

- 🍃 Prenatal care is care provided during pregnancy. It is an important part of any pregnancy.
- 🍃 There are standard lab tests administered throughout the pregnancy. An ultrasound around 20 weeks is also standard care.
- 🍃 Those individuals who are “high risk” may need additional testing and/or ultrasounds.
- 🍃 Care doesn't end with delivery! Postpartum care is also critical, especially for those who had a cesarean delivery and/or have a history of elevated blood pressure, anxiety and/or depression.

About the Author



Roseanne W. Gichuru, DO, MBA, FACOOG CPE, obtained her undergraduate degrees in Cellular Molecular Biology & Women's Studies from West Chester University. She obtained her Medical Degree from Philadelphia College of Osteopathic Medicine and her MBA from St. Joseph University. She completed her OB/GYN residency at Crozer Chester Medical Center, PA. She has received multiple honors, is on a number of academic committees and is a member of the Childbirth and Pelvic Floor Disorders Special Interest Group for the American Urogynecologic Society. She currently practices OB-GYN in Delaware. Dr.

Gichuru has no disclosures to report.