

Preventive Service Guidelines for a Healthy Pregnancy

Medical care during pregnancy can help both mother and child stay healthy. Even if you've had other children, you need prenatal care during each pregnancy. These guidelines* are recommended for a healthy pregnancy. Depending on your personal health care needs or risk factors, your doctor may give you different advice.

To verify your benefits, check your benefits contract, your enrollment materials or log in to *My Account* at carefirst.com/myaccount.

Doctor visits

As soon as you think you're pregnant, see your doctor to make sure that you and your baby are healthy. Talk with your doctor about special care you may need and ask any questions you may have about your pregnancy. Your doctor may develop a different plan of care for you depending on your personal needs.

After the first visit see your doctor:

- Every 4 to 5 weeks until you are 28 weeks pregnant
- Every 2 to 3 weeks from 28 weeks until you are 36 weeks pregnant
- Every week after you are 36 weeks pregnant

At each visit, your doctor will check:

- Your height, weight, blood pressure
- Your urine for glucose and protein
- Your baby's heart rate (after 12 weeks) and baby's growth
- Signs of depression
- Signs of bleeding, leakage and other problems

Education, screenings, counseling or referrals

During your pregnancy, your doctor may offer education, screenings, counseling or referrals regarding the following topics:

- Childbirth classes
- Newborn car seat
- Signs & symptoms to report
- Physical and sexual activity
- Domestic violence
- Depression
- Selecting a pediatrician
- Options for care during labor
- Anesthesia during childbirth
- Environmental/work hazards
- Prenatal discussions, including desire for timing of any future pregnancies, provide context for shared decision-making regarding contraceptive options
- Postpartum care as an ongoing process with services and support tailored to each woman's individual needs
- Anticipatory guidance during pregnancy with development of postpartum care plan including transition to parenthood and well-woman care
- Women with pregnancies complicated by preterm birth, gestational diabetes, or hypertensive disorders are associated with a higher lifetime risk of maternal cardiometabolic disease
- Breast and bottle feeding
- Tobacco, drug & alcohol use
- Scope of care provided in the office
- Expected course of the pregnancy
- Use of over-the-counter drugs and herbal products

* Guidelines are adapted from a variety of sources including: American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care, 7th Edition. (2012); American Academy of Pediatrics; American Diabetes Association, and United States Preventive Services Task Force.

Education (Continued)

- Prevention of sexually transmitted infections (STIs)
- Plans to treat pain and discomfort when giving birth
- Nutrition & normal weight gain
- Vaginal birth after cesarean section (C-section)
- Continuing of asthma medication if you have asthma
- Preventing toxoplasmosis, a disease that is caused by a small organism which can be dangerous for pregnant women
- Women with chronic medical conditions, such as hypertensive disorders, obesity, diabetes, thyroid disorders, renal disease, mood disorders, and substance use disorders, should be counseled regarding the importance of timely follow-up with their obstetrician-gynecologists or primary care providers for ongoing coordination of care
- Labor signs
- Circumcision
- Folic acid
- Healthy lifestyle
- Travel
- Schedule of visits
- Lab tests

Pre-Pregnancy

If you are planning or capable of pregnancy, visit with your doctor to discuss:

- Daily supplementation containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid

0–13 weeks

During the first 3 months of pregnancy, your first trimester, you need to visit your doctor to find out if you are at high risk for any condition. This visit should include:

- Family and social history
- Medical and pregnancy history
- Substance abuse and mental health history, including depression
- Lab work (including hemoglobin, hematocrit, urinalysis, Pap test)
- Iron deficiency anemia in women with no symptoms
- Diabetes screening if you are at risk for type 2 diabetes
- Physical exam
- Genetic risk assessment and birth defect counseling
- Hepatitis B surface antigen, blood type and Rh factor antibody
- Rubella, syphilis and HIV screening
- Screening for anything wrong with the baby

Your doctor might perform special tests if you are at high risk for any of these conditions: hepatitis A, B and C; STIs; tuberculosis (TB) exposure; sickle cell anemia; diabetes; or cystic fibrosis.

Your doctor may advise a flu shot during flu season

Your doctor may prescribe the use of low-dose aspirin to prevent preeclampsia, if you are at high risk for preeclampsia.

14–26 weeks

Your doctor will check for some high-risk conditions. Some of the tests your doctor might do include:

- Alpha-fetoprotein screening (15–18 weeks)
- Blood sugar screening for diabetes (about 24–28 weeks)

Your doctor may advise a flu shot during flu season.

27–42 weeks

During your third trimester, your doctor might do the following:

- Group B strep screen (35–37 weeks)
- Blood test (including hemoglobin and hematocrit)
- Test for STIs (28–36 weeks)
- Rh factor for antibody screening (about 28–29 weeks)
- Administer 1 dose of Tdap during each pregnancy, preferably in the early part of gestational weeks 27–36

Your doctor may advise a flu shot during flu season.

Before and after delivery

Lactation Consultations include comprehensive breastfeeding education, support, counseling, clinical management and interventions provided to women during the antenatal, perinatal, and postpartum period to support the initiation, maintenance and continuation of breastfeeding, including when provided to women who encounter difficulties breastfeeding due to anatomic variations, complications, and feeding problems with newborns.

3 weeks after delivery

You should have contact with your maternal care provider within the first 3 weeks after you give birth. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth. If you have a C-section or difficult pregnancy, ask your doctor if you need to see him or her 7–14 days after giving birth. You can expect your doctor to do the following:

- Physical exam, including weight and blood pressure
- Screen for depression, counsel or refer for counseling as appropriate
- Nutritional counseling, including breast-feeding
- Review methods of birth control
- Timing of the comprehensive postpartum visit should be individualized and woman centered
- Comprehensive postpartum visit should include a full assessment of physical, social, and psychological well-being
- Counseling about having more children, when to have them and plans for good health

For a woman who has experienced a miscarriage, stillbirth, or neonatal death, it is essential to ensure follow-up with an obstetrician-gynecologist or other obstetric provider.

Women with gestational diabetes should be screened for diabetes 4–12 weeks after giving birth. They should have a follow-up screening for diabetes or pre-diabetes.

CareFirst Preventive Service Guidelines are for physician practice and patient care and do not define member benefits. These guidelines are general recommendations for members with no special risk factors. Variations are appropriate based on individual circumstances. Approved by CareFirst's Quality Improvement Council—April 2020.

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