

Life Course Chart: Pregnancy

RECOMMENDED SCHEDULE OF PRECONCEPTION, PRENATAL, AND POSTPARTUM CARE

PERIOD	Preconception/ Interconception	1st Prenatal Visit	Continuing Prenatal Care										Post- partum
			TRIMESTER 1			TRIMESTER 2			TRIMESTER 3				
TRIMESTER													
MONTH			1	2	3	4	5	6	7	8	9	10	
Alcohol Misuse	All women: screen at the beginning of each pregnancy (and thereafter at the clinician's discretion)												
	All pregnant women and women considering pregnancy: advise on the harmful effects of alcohol At-risk: counsel throughout pregnancy												
Asymptomatic Bacteriuria				All women: screen via urine culture at 12-16 weeks					All women: repeat urine culture				
Breastfeeding	All women: offer structured breastfeeding education and behavioral counseling to promote breastfeeding												
Folic Acid Supplementation	All women: provide information on folic acid during routine healthcare visits and prenatal care visits through the 1st trimester of pregnancy												
	All pregnant women and women planning a pregnancy: folic acid, as medically indicated												
Group B Streptococcal Disease													All women: screen for colonization at 35-37 weeks
										All colonized women: intrapartum antibiotic prophylaxis, as medically indicated			
Hepatitis B*		All women: screen for infection							All women at increased risk: repeat screen				
		All pregnant women at risk of infection: immunize at some point during pregnancy											
HIV		All women: screen						Repeat screen based upon risk or community infection rates ²					
Influenza*		All women who will be pregnant during influenza season (October to mid-May): immunize with trivalent inactivated influenza vaccine											
Iron Deficiency Anemia	Recommendation forthcoming.												
Preeclampsia	All women: screen. Repeat screening every 4 weeks until week 28, every 2-3 weeks until week 36, and weekly thereafter (until delivery)												
Prenatal Diagnosis of Chromosomal Abnormalities & NTDs	All women: offer screening to detect chromosomal abnormalities and NTDs All pregnant women at increased risk: offer testing in place of, or in addition to, screening												
Rh(D) Incompatibility		All women: screen for blood type and antibodies			All unsensitized Rh(D) negative women: screen to confirm Rh(D) antibody status, if medically indicated								
		All Rh(D)-negative women provide immune globulin as medically indicated											
Rubella*	All women: screen at 1st clinical encounter												
		All nonpregnant women ³ : immunize at 1st clinical encounter if not otherwise immune to rubella									Immunize susceptible women immediately after delivery		
Syphilis		All women: screen						All women in high-risk groups: repeat screen at 28 weeks and at labor and delivery					
Tetanus, Diphtheria, Pertussis*		All women: screen			All susceptible women: immunize with Td during the 2nd or 3rd trimester							Tdap [†]	
Tobacco Use	All women: screen at every medical encounter												
	All pregnant women who use tobacco: counsel to quit at every medical encounter												

Screening:
Testing:
Counseling:
Immunization:
Preventive Medication:

*The immunization schedule listed on this chart is a graphic representation of recommendations in force at the time the chart was made. Visit the ACIP website (<http://www.cdc.gov/vaccines/recs/acip/default.htm>) for up-to-date recommendations.

1. All infants need to receive a single dose of the hepatitis B vaccine. All infants born to women with unknown HBsAg status need to receive a single dose of the hepatitis B vaccine (without HBIG).

2. Repeat screening among women at risk of infection, in jurisdictions with elevated HIV or AIDS incidence or for women receiving health care in facilities with at least one diagnosed HIV case per 1,000 pregnant women per year.

3. All women are advised not to become pregnant until 4 weeks after the rubella vaccination.

[†]If a pregnant woman received the last Td vaccination ≥ 10 years previously, administer Td during the second or third trimester. If the last Td vaccination < 10 years previously, defer the Td booster and administer Tdap during the immediate postpartum period.

Campbell KP, Lanza A, Dixon R, Chattopadhyay S, Molinari N, Finch RA, editors. *A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage*. Washington, DC: National Business Group on Health; 2006 (updated May 2009). Available online at: www.businessgrouphealth.org/prevention/purchasers