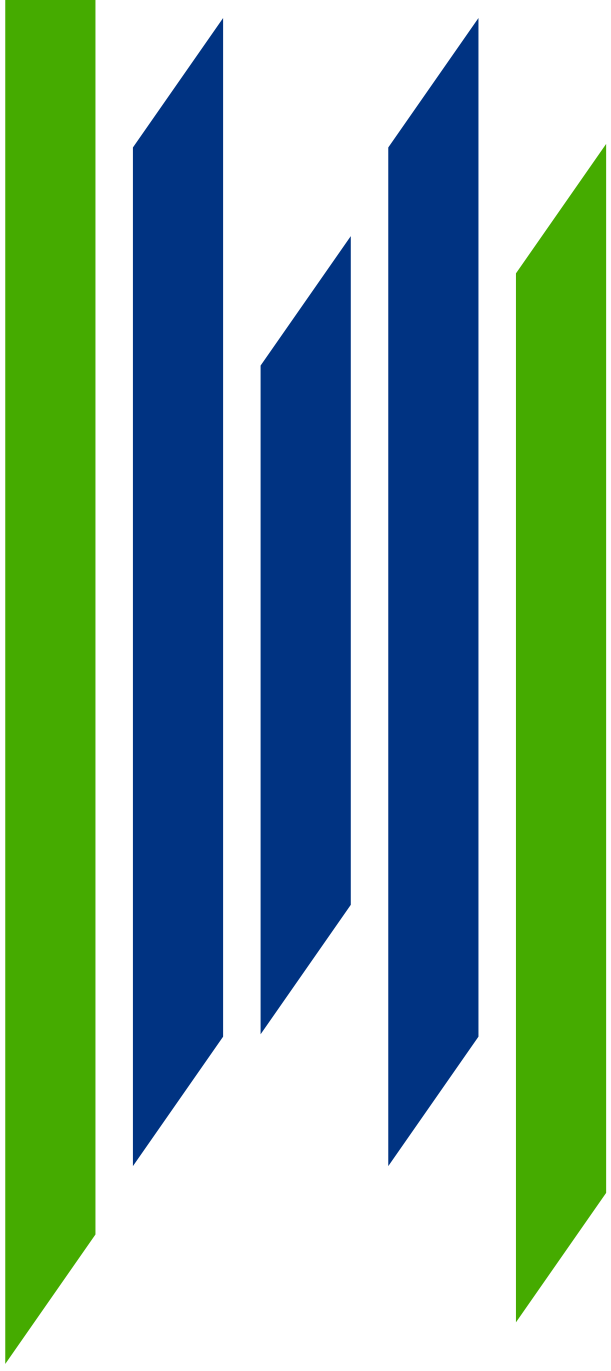

Massachusetts
Health Quality Partners

2024
PERINATAL CARE GUIDELINES

Contents

About the MHQP Perinatal Preventive Care Guidelines

MHQP's 2024 guidelines were developed by a collaborative group of Massachusetts healthcare organizations. These are recommendations for providing perinatal care to pregnant persons from the general population. The guidelines should not supplant clinical judgment or the needs of individual patients. These guidelines are intended as quality practice recommendations and are not intended as a description of benefits, conditions of payment, or any other legal requirements of any particular health plan or payer. Each health plan or payer makes its own determination of coverage and benefits. In the event that these practice recommendations are inconsistent with any applicable laws or regulations, such laws or regulations take precedence.

First Prenatal Visit (Six to 12 Weeks)

If the first visit is before 8 weeks, bring the patient back for prenatal labs between 8-12 weeks.

Social Determinants of Health (SDoH)

- Review a completed SDoH screening tool, such as PRAPARE or the Social Needs Screening Tool, and incorporate into the plan of care
- Develop an action plan at each visit with information available
  - Make sure that social determinants that are being targeted for recommendations are modifiable, like food insecurity, homelessness, lack of transportation, or inaccessibility to quality education
- Unmodifiable social determinants, like race, should be subject to increased screenings as indicated
- Refer patients to additional team members for education, resources, and referrals as needed
- Assess health literacy by asking: "How confident are you filling out medical forms by yourself?"

Screening Tools and Action Plans:

Protocol for Responding and Assessing Patient's Assets, Risks and Experiences (PRAPARE): The PRAPARE screening tool screens for four main health-related social needs, including patient demographics; housing, food, transportation, and utilities; finance; and social and emotional health.

Social Needs Screening Tool: The Social Needs Screening tool screens for five core health-related social needs, which include housing, food, transportation, utilities, and personal safety, using validated screening questions, as well as the additional needs of employment, education, child care, and financial strain.

Develop an Action Plan: A quick form to guide a discussion with patients about their social determinants of health and document a plan to address them. The form is available in seven languages.

Community Resources:

2-1-1: This resource helps individuals obtain information about receiving assistance in the event of a crisis, emergency, or natural disaster.

Find Help: This interactive tool helps individuals find free or reduced cost services related to food, housing, or transportation.

HelpSteps: This interactive tool provides information on how to access social services related to food, housing, and medical care.

General Resources:

The EveryONE Project Toolkit: This toolkit offers strategies for use among clinicians to promote diversity and advance health equity in all communities.

THRIVE: THRIVE is also a tool for engaging community members and practitioners in assessing the status of community determinants, prioritizing them, and taking action to change them in order to improve health, safety, and health equity.

A Practitioner's Guide for Advancing Health Equity: The purpose of the Health Equity Guide is to assist practitioners with addressing the well-documented disparities in chronic disease health outcomes.

Cancer Disparities: This webpage provides examples of disparities in cancer, and the contributing factors behind these disparities.

Short Assessment of Health Literacy–Spanish and English (SAHL-S&E): The Short Assessment of Health Literacy–Spanish and English (SAHL–S&E) is a new instrument, consisting of comparable tests in English and Spanish, with good reliability and validity in both languages.

DEFINITION OF THE SOCIAL DETERMINANTS OF HEALTH FOR MHQP'S GUIDELINES PROGRAM:

Social Determinants of Health (SDoH) are the conditions under which people are born, grow, live, work, and age. SDoH can either help a patient's health (like living in a low crime neighborhood), or adversely affect it (such as living in a neighborhood with poor air quality and pollutants). Conditions can be modifiable, like food insecurity or homelessness, or unmodifiable, like race. (AAFP, WHO)

Racism, Discrimination, and Health

A growing body of research shows that centuries of racism in this country has had a profound and negative impact on Black, Indigenous, and People of Color (BIPOC) communities. The impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships and plays and creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment. These social determinants of health are key drivers of health inequities within BIPOC communities, placing those within these populations at greater risk for negative health outcomes (adapted from CDC).

Jones and the CDC style guide have defined 3 levels of racism.

- *Systemic, institutionalized, and structural racism*: "Structures, policies, practices, and norms resulting in differential access to the goods, services, and opportunities of society by 'race' (e.g., how major systems—the economy, politics, education, criminal justice, health, etc. — perpetuate unfair advantage)."
- *Interpersonal and personally mediated racism*: "Prejudice and discrimination, where prejudice is differential assumptions about the abilities, motives, and intents of others by 'race,' and discrimination is differential actions towards others by 'race.' These can be either intentional or unintentional."
- *Internalized racism*: "Acceptance by members of the stigmatized 'races' of negative messages about their own abilities and intrinsic worth."

It is important for providers to examine the potential effects of racism in causing race-associated differences in health outcomes. Moreover, providers should acknowledge the influence of racism and discrimination in perpetuating disparities related to access to preventive services, the utilization of screening services, and delays in care. Providers should also examine whether their own implicit biases may lead to making inequitable care decisions.

The downstream effects of systemic racism, including race-based unfair interpersonal treatment and unequal access to resources and opportunities, can result in chronic stress, which has been shown to cause adverse health consequences within BIPOC communities (Health Affairs, 2022).

Other historically marginalized communities are also disproportionately subjected to discrimination. Discrimination is also attributed to gender identity, sexual orientation, and can also be directed toward individuals or communities with a variety of physical and social attributes such as age, body size, ability, social class, or religion—as well as the multiple intersections of these identities and characteristics (Health Affairs, 2020).

These guidelines stratify risk by modifiable and unmodifiable patient factors. Note that missing health equity data elements (such as granular race, ethnicity, gender identity, sexual orientation, and disability data) and the lack of diversity in health research studies make it difficult to assess disparities in risk for many diseases and conditions. Subpopulations are referenced throughout the document as they are described in the cited literature.

Centuries of discrimination have led to substantial medical mistrust, particularly within the Black community (Bazargan et al. 2022; Jack, 2021). The social stigmatization of an individual's intersecting identities, including gender identity, sexual orientation, body type, and ability, can also perpetuate medical mistrust. Medical mistrust leads to lower quality of care and the potential for adverse outcomes in multiple ways, including reduced usage of preventive services, loss of continuity of care, lack of follow up care, and dissatisfaction in patient-provider interactions (Allen et al. 2022); Bazargan et al., 2021; Duthely et al., 2021; Graham et al., 2015; Musa et al., 2009; Parnitzke Smith, 2017; Rokoske, 2022), highlighting the need for healthcare providers to address the role of racism and discrimination in perpetuating mistrust. Healthcare mistrust can be at the interpersonal and institutional levels (Ward, 2017).

This guidance acknowledges that race is a social construct and not based in biology. Race was included in our risk-based analysis because race is a proxy for systemic racism, which perpetuates racial health inequities. Other social risk factors that intersect with racism (e.g., housing, education, and access to healthy foods) are also included to emphasize the multiple pathways to negative health outcomes.

RESOURCES

Confronting Institutionalized Racism: This article by Camara Phyllis Jones explores the pervasive and systemic nature of racism within institutions and offers a framework for addressing and dismantling this deeply rooted issue in society.

CDC Resources & Style Guides for Framing Health Equity & Avoiding Stigmatizing Language: This resource provides links to references, other resources, and style guides to frame health equity and avoid stigmatizing language.

Systemic And Structural Racism: Definitions, Examples, Health Damages, And Approaches to Dismantling:
This article underscores that racism isn't always overt but can manifest as systemic and structural racism deeply ingrained in policies, practices, and beliefs, perpetuating unfair treatment and adverse health consequences for people of color, with examples such as residential aggregation, biased policing, and suggests the need for concerted, cross-sector efforts to dismantle these pervasive forms of racism.

Discrimination: A Social Determinant of Health Inequities: This article highlights the significant and wide-reaching impact of discrimination as a social determinant of health, discussing its role as a pervasive stressor with direct and indirect effects on the well-being of historically underserved communities, shedding light on its contribution to various health disparities.

Building Trust in Health Care—Why, Where, and How: This editorial discusses the significant decline in trust in the US healthcare system over the past half-century, citing statistics and high-profile events that have contributed to this erosion of confidence in medical leaders and institutions.

Re-Building Trust: This article discusses a collaborative effort involving over 120 healthcare stakeholders, exploring trust in various healthcare aspects and providing recommendations for improvement.

Black, American Indian, and Alaska Native women have higher rates of pregnancy-related death compared to White women (KFF, 2022). Black, American Indian, Alaska Native, and Native Hawaiian and Other Pacific Islander women also have higher rates of preterm births, low birthweight births, or births for which they received late or no prenatal care compared to White women (KFF, 2022)

Initial Medical History

- Review last menstrual period and estimated delivery date
- Discuss current and past health problems/treatments, past pregnancies and their outcomes, medication allergies, surgical history, family history, genetic history, sexually transmitted infections, HIV, and gynecological conditions
- Review current and past cigarette and/or nicotine use (e.g., gum, patch, e-cigarettes)
- Review current and past marijuana, opioid, and unhealthy substance use
- Review current and past alcohol use
- Review current and past caffeine use
- Discuss and record the use of medications, supplements, and complementary remedies
- Discuss any history of past mental illness or perinatal mood and anxiety disorders, including any medication taken or treatments received
- Discuss additional topics such as environmental exposures (smoke, seafood, chemicals, etc), recent travel, exercise routine, hobbies, and household pets, along with dietary habits and/or restrictions
- Ask people with obesity or a BMI ≥ 30 about snoring, excessive daytime sleepiness, or witnessed apneas. If symptoms are present, refer patient for sleep evaluation

Resources:

Massachusetts Child Psychiatry Access Project for Moms: MCPAP for Moms promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.

EPDS: The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a screening tool to identify patients at risk for postnatal depression.

Behavioral/Social/Emotional Health

Discuss the patient's ability to provide care for a child and self-care by asking about the following topics.

Consider a behavioral health referral or other follow-up if warranted.

WELL-BEING AND SAFETY

- Do you have any concerns that prevent you from keeping your health care appointments?
- Do you or does any member of your household go to bed hungry?
- Do you have family/friends who can provide help and support during your pregnancy and after your baby is born?
- How many times have you moved in the past 12 months?
- How do you rate your current stress level?
- If you could change the timing of this pregnancy would you want it earlier, later, not at all, or no change?
- Are there any barriers for you to be able to care for yourself and your baby (homelessness, financial concerns, etc.)?
- Have you ever been hurt or threatened by your partner, or anyone else (e.g., ex-partner, other family member)?
- Do you ever feel afraid, controlled, or isolated by your partner or anyone else?

Resource:

Domestic Violence Programs: This webpage connects survivors of abuse with transitional living programs in Massachusetts

PERINATAL MOOD AND ANXIETY DISORDERS

- Administer the EPDS or other validated screening tool to screen for maternal depression
- Administer the GAD-7 or other validated screening tool to screen for anxiety
- Provide or refer pregnant persons who are at increased risk of perinatal depression and/or anxiety to counseling interventions

RISK FACTORS

Black and Hispanic/Latino mothers have the highest rates of postpartum mood and anxiety disorders among all racial and ethnic groups (Ceballos et al., 2016). Women of color, including Black, Hispanic/Latino, Asian, American Indian, and Alaska Native individuals are less likely to be screened for mood disorders and anxiety, compared with their White counterparts, during the postpartum period (Lyer, 2021). Note that postpartum research focused on mothers from racially and ethnically diverse groups is limited.

Risk factors for perinatal depression include:

- Experiencing life stress
- Having low social support
- Having a history of depression
- Experiencing marital or partner dissatisfaction
- Having a personal history of prior life stressors, reduced social support, sexual violence, poor partner relationship, or unhealthy substance use
- Being a teenager

Risk factors for anxiety include:

Anxiety prevalence varies among racial and ethnic groups, gender identities, and sexual orientations. Black individuals are more likely to meet the criteria for post-traumatic stress disorder than other racial groups, while White individuals are more likely to be diagnosed with social anxiety disorder, generalized anxiety disorder, and panic disorder than other racial groups (Asnaani et al., 2010). Women (McLean et al., 2011) and members of the LGBTQIA+ community (American Psychiatric Association, 2019) are also more likely to experience anxiety. These differences are likely due to complex interactions of social determinants of health, including access to health care, experiences of discrimination, and socioecological factors, including mental health stigma. Anxiety disorder is underdiagnosed and undertreated at disproportionally greater rates in majority Black and Hispanic/Latino communities, leading to unnecessary suffering (Mental Health American, 2020; Williams et al., 2013)

Risk factors for anxiety include:

- Having a family history of anxiety, depression, or other psychiatric disorders
- Having a personal history of anxiety including postpartum mood and anxiety disorders, depression, or other psychiatric disorders, and/or having other chronic illnesses or medical issues
- Using alcohol or nicotine products
- Being widowed or divorced
- Having gone through recent stressful life events or traumatic experiences
- Having experienced adverse childhood experiences (ACEs)
- Low socioeconomic status

Resources:

EPDS: The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a screening tool to identify patients at risk for postnatal depression.

PHQ-2: This quick, 2 question tool screens for depression and other mental health disorders in adolescents.

PHQ-9: This 9 question screening tool is used to screen for Major Depressive Disorder and other depressive disorders.

Massachusetts Child Psychiatry Access Project for Moms: MCPAP for Moms promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.

GAD-7: This screening tool is used to determine whether or not a patient may have an anxiety disorder that needs treatment.

ALCOHOL AND DRUG USE

- Do you currently drink or use any drugs?
- Did either of your parents have a problem with alcohol/drug use?
- Does your partner have a problem with alcohol/drug use?
- Before you knew you were pregnant, did you drink any beer, wine, or liquor, or use any drugs?
- In the past month, did you drink any beer, wine, or liquor, or use drugs?

RISK FACTORS

Substance use disorder prevalence varies among racial and ethnic groups, gender identities, and sexual orientations. Estimates of unhealthy alcohol and substance use are higher for American Indian and Alaska Native people than for all other racial/ethnic groups (SAMSHA, 2019). People with disabilities, and members of the LGBTQIA+ community are also more likely to report unhealthy alcohol and substance use patterns (Czeisler et al., 2021; NIH, 2020). These differences are likely due to complex

interactions of social determinants of health, including access to health care, socioeconomic status, and experiences of discrimination.

Risk factors for unhealthy alcohol and substance use patterns include:

- Age (individuals who are ages 18-25 are more likely to engage in unhealthy substance use)
- Having a family history of unhealthy alcohol or substance use
- Having a personal history of mental health issues, and/or tobacco or alcohol dependence or binge drinking
- Having started using substances early on in life, and/or having used addictive substances like stimulants or opioids in the past
- Having a history of trauma, physical or sexual abuse, and/or childhood neglect

Resources:

Massachusetts Substance Use Helpline: The Helpline is a statewide, public resource for finding substance use treatment, recovery, and problem gambling services.

Massachusetts Child Psychiatry Access Project for Moms: MCPAP for Moms promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.

Massachusetts Drug and Alcohol Addiction Treatment Centers: This webpage lists drug and alcohol addiction treatment centers in Massachusetts.

Physical Examination

Perform complete physical exam, including blood pressure, height, and weight with calculation of body mass index (BMI); and breast, heart,lung, abdominal, and pelvic examinations.

- Note that the BMI should be used in conjunction with other clinical assessments before making a diagnosis of obesity and overweight. The correlation between BMI and percentage body fat is fairly strong; however, two people with the same BMI may have different percentages of body fat based on differences in skeletal and muscle mass.

Immunizations

- Check immunizations status (e.g., Flu, COVID, MMR, RSV, Tdap, Varicella (or history of disease), Hepatitis A, Hepatitis B)

Resources:

Immunizations and Pregnancy: This webpage gives women information about vaccinations before, during, and after pregnancy.

Guidelines for Vaccinating Pregnant Women: These guidelines provide general recommendations for vaccinating a pregnant women with certain vaccines.

Laboratory Evaluation and Additional Testing

The following tests should be completed:

- Hemoglobin/hematocrit
- Hemoglobin electrophoresis (at-risk populations)
- Blood type and antibody screen
- Rubella (if immunity not previously documented)
- Syphilis
  - Repeat syphilis testing in third trimester for pregnant persons who are at high risk
- Hepatitis B surface antigen
- Hep C
- HIV
  - Repeat HIV testing in the third trimester, preferably before 36 weeks of gestation for pregnant people with initial negative HIV antibody tests who are known to be at high risk of acquiring HIV infection
- Genetic testing, as discussed by provider and patient
- Urine culture (12 to 16 weeks or at the first prenatal visit)
- Urine dipstick for protein and glucose determination, as indicated
- Pap smear for cervical cancer if due for screening
- Test for chlamydia and gonorrhea, as indicated
  - Note ACOG recommends universal testing for chlamydia, with re-testing later in pregnancy for those <25 years or at high risk
  - Note ACOG recommends testing for gonorrhea in patients at risk
- TB test for at-risk populations (may delay until 15 to 20 weeks)
- Offer 1 ultrasound, as indicated, between 10-12 weeks to establish due date and viability
- Consider glucose tolerance screen for patients at high risk for gestational diabetes (obesity or BMI ≥ 30, known impaired glucose metabolism, or prior history of gestational diabetes)

Genetic Counseling, Screening, and Testing

- Discuss the benefits and risks of screening and diagnostic tests for genetic and structural abnormalities
- Review risk factors that may influence the likelihood of genetic abnormalities (e.g., maternal age, family history)
- Discuss expanded carrier, pan-ethnic, or ethnic-specific screening for genetic abnormalities including Tay-Sachs, Canavan's disease, and familial dysautonomia with all patients
- Discuss testing for cystic fibrosis, hemoglobinopathies (thalassemias, sickle cell disease) and spinal muscular atrophy with all patients
- Discuss information on aneuploidy screening and neural tube defect screening
- Document all testing discussions, decisions, and results; do not repeat screening for heritable conditions if individual has been screened previously
- Discuss plan for support and advocacy for patient during labor and delivery, including partner(s), family members, friends, or doulas

Preeclampsia

- Recommend the use of low-dose aspirin (81 mg/dl) as preventive medication after 12 weeks of gestation for those who are at high risk for preeclampsia
- Consider the use of low-dose aspirin (81 mg/d) for those with more than one moderate risk factor

RISK FACTORS

Black women are more likely to be diagnosed with preeclampsia than their White counterparts (Fasanya et al., 2021). These differences are likely due to complex interactions of social determinants of health, including access quality and equitable health and maternal care, the stress of systemic racism, and experiences of discrimination.

Risk factors that indicate high-risk for preeclampsia include:

- Having a personal history of previous preeclampsia, chronic hypertension, chronic renal disease, multifetal pregnancy, pregestational type 1 or type 2 diabetes mellitus, and/or autoimmune disease

Patients may be at moderate risk for developing preeclampsia if they:

- Are age 35 or older
- Have a mother or sister with a history of preeclampsia
- Are experiencing their first pregnancy, and/or are obese or have a BMI of 30 or higher
- Have a personal history of giving birth to a low birth weight/small for gestational age baby, had previous adverse pregnancy outcomes, or it has been 10 years or more since giving birth
- Are of low socioeconomic status

Preeclampsia Resource:

Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality from Preeclampsia: This resource provides information for risk factors for preeclampsia, and suggests medication to prevent morbidity and mortality.

General Counseling/Discussion

SDOH

- Review perinatal visit schedule and ask if there are any potential barriers to accessing care

NUTRITION, WEIGHT, AND SELF CARE

- Counsel on nutrition, and weight management (review gestational weight-gain goal, based on patient's BMI). Note that the USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.
- Refer to SNAP, WIC or other food assistance as indicated
- Recommend 30 minutes of moderate activity per day
- Recommend the use of folic acid (0.4 to 0.8 mg) daily supplements
- Discuss the use of iron supplements
- Discuss foods to avoid or limit during pregnancy
- Ask about oral health status. If last dental visit took place more than six months prior, or if any issues are identified, advise to schedule an appointment with a dentist
- Review personal care and hygiene with attention to specific cultural/ethnic practices

SMOKING AND DRUG USE

- Recommend not using tobacco, nicotine, marijuana, alcohol, other drugs, and limiting exposure to second-hand smoke
- Discuss lung illnesses associated with use of vaping products and urge patients who vape to stop
- Review the use of any medications or treatments (prescribed, over-the-counter, herbal/dietary supplements, alternative), and the need to discuss with a clinician before starting any regimen

STIS

- Review risk factors for sexually transmitted infections
- Discuss HIV prevention for mother and baby
- Use shared decision making for pregnant patients who are considering starting or continuing PrEP during pregnancy

COVID-19

- Counsel patients about the potential increased risk of severe illness associated with COVID-19 infection during pregnancy
- Recommend COVID-19 vaccination if unvaccinated
- Emphasize the importance of taking precautions to prevent infection with COVID-19 when counseling pregnant patients and their families including vaccination, with particular attention to advocating for protection measures for individuals with increased risk of exposure and infection due to occupation

FLU

- Recommend flu vaccine to patients who will be pregnant during flu season, regardless of stage of pregnancy

RSV

- If between 32-36 weeks gestation from September through January through most of the continental United States, administer appropriate RSV vaccine regardless of previous RSV infection

GENERAL SAFETY

- Counsel to avoid activities with high risk of falling or abdominal trauma
- Stress the continued use of seat belts during pregnancy
- Counsel on environmental/occupational exposure, such as contact with cat feces, high temperatures (saunas/hot tubs, etc.), second-hand smoke

EDUCATION ABOUT BABY

- Promote breastfeeding as the best form of infant nutrition, especially for the first 6 months
- Recommend breastfeeding for at least 1 year
  - Note that the AAFP and AAP recommend breastfeeding for the first 2 years
- Discuss registering for childbirth, breastfeeding, and infant CPR classes
- Suggest registering for Text4Baby, a free text- messaging service for pregnant patients and new parents

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Resource:

Frequently Asked Questions About RSVpreF (Abrysvo) Vaccine for Pregnant People: This resource includes answers to frequently asked questions about the RSVpreF vaccine for pregnant people.

At Each Subsequent Prenatal Visit

- Record gestational age; assess well-being of mother and fetus; review presence of any pain, nausea, or mood or anxiety disorders; and ask patient about stress level/ emotional well-being
- Check urine protein in patients at risk for preeclampsia
- Perform physical exam, including blood pressure and weight
- Listen for fetal heart tones, check and record uterine size, check fetal position, and perform cervical exam, as indicated
- Beginning at 20 weeks (or when fetal movement is first noted), ask about fetal movements, contractions, bleeding, and leaking fluid

15 to 35 Weeks

Immunizations

- Administer Tdap vaccine during each pregnancy between 27 and 36 weeks
- Recommend flu vaccine to patients who will be pregnant during flu season, regardless of stage of pregnancy
- Recommend COVID-19 vaccine if not already fully vaccinated, stressing advantage of giving antibodies to baby
- If between 32-36 weeks gestation from September through January through most of the continental United States, administer RSV vaccine regardless of previous RSV infection

Laboratory and Additional Testing

- Revisit results from genetic screenings (if performed), and discuss the benefits and risks of any recommended follow-up tests
- Offer 1 ultrasound between 18-22 weeks to screen for fetal growth, placenta location, umbilical cord vessels, and baby's general health and anatomy, including neural tube defects. Limit additional ultrasounds to those considered high risk or who have a suspected fetal abnormality
- Offer maternal serum AFP for neural tube defect screening if high quality second trimester ultrasound is not available
- Perform TB testing in at-risk populations (if not done previously) with follow-up, as indicated
- HIV test in third trimester, preferably before 36 weeks, in patients at high risk or not previously tested

RISK FACTORS

The TB case rate is higher among Black, Hispanic/ Latino, and Asian individuals than for White individuals (CDC, 2021). These disparities are likely due to complex interactions of social determinants of health, including access to affordable and equitable medical care.

Risk factors for tuberculosis include:

- Having a personal history of being immunosuppressed (HIV positive or using immunosuppressant drugs) and/or have silicosis
- Having been born in or were a resident of a country with high rates of TB, living in or having lived in communities where prevalence of TB is high (prisons, shelters, migrant farm settings), being contacts of patients with active TB, and/or workers exposed to high risk populations.

24 to 28 weeks

Labs

- Hemoglobin/hematocrit
- Perform antibody testing for Rh-negative patients, and administer Rh immune globulin as indicated
- Screen for gestational diabetes
- Screen for HIV, chlamydia, gonorrhea, syphilis, and other sexually transmitted infections (STIs) in at-risk populations
- Repeat HIV test in third trimester in pregnant persons who tested negative earlier in pregnancy but are at increased risk for acquisition

RISK FACTORS

Note that research shows that there are higher rates of STIs among Black, Hispanic/Latino, American Indian, Alaska Native, and Native Hawaiian and other Pacific Islander individuals compared with their White counterparts (CDC, 2023). Individuals who identify as transgender and gender diverse are at increased risk for contracting STIs (CDC, 2021). These differences are likely due to complex interactions of social determinants of health, including socioeconomic status, access to affordable and equitable healthcare and sexual health services, socioecological factors, and experiences of discrimination.

Risk factors for sexually transmitted infection include:

- Having a personal history of or currently having sexually transmitted infections
- Having new or multiple sex partners, or their current partner(s) having other sexual partner(s)
- Using condoms inconsistently, using injection drugs, exchanging sex for money or drugs, or having recently entered correctional facilities

Resource:

STI Resources: CDC STDs during Pregnancy: These guidelines for clinicians include specific testing and treatment for sexually transmitted diseases during pregnancy.

Counseling/Education

- Screen for depression using EPDS at 24-28 weeks
- Consider psychosocial re-assessment, if warranted.
- Screen for physical and behavioral signs of intimate partner abuse.
- Provide or refer pregnant persons who are at increased risk of perinatal depression to counseling interventions

Mental Health Resources:

MCPAP for Moms Toolkit: MCPAP for Moms promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.

EPDS: The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a screening tool to identify patients at risk for postnatal depression.

Domestic Violence Programs: This webpage connects survivors of abuse with transitional living programs in Massachusetts.

GETTING READY FOR BABY

- Discuss childbirth options. Counsel on risk of early elective pre-term delivery
- Encourage registration for childbirth, breastfeeding, and infant CPR classes
- Discuss postpartum contraception
- Review travel restrictions during pregnancy, including avoiding travel to an area with active Zika virus transmission. The CDC provides steps you should take to try to protect yourself from getting Zika.
- Discuss umbilical cord blood banking
- Recommend prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum

Travel Restriction Resources:

CDC Travelers' Health: This webpage provides travel health notices in certain areas in the world, and suggests ways to prevent illness.

Zika Virus: This webpage provides steps for pregnant women on how to avoid Zika infection when travelling, as well as guidelines for screening and testing.

Medical Eligibility Criteria for Contraceptive Use: This guide includes recommendations for using specific contraceptive methods by women and men who have certain characteristics or medical conditions.

PLANS FOR LABOR AND DELIVERY

- Develop a plan for possible urgent/emergent medical needs (e.g., transportation to hospital, child care)
- Review signs and symptoms of preterm labor, preeclampsia (nausea, vomiting, visual changes, headaches, epigastric pain, or malaise), premature rupture of membrane, and other potential danger signs that require patient to call clinician immediately
- Discuss signs and symptoms of labor
- Discuss birth plan (preferences and concerns about birthing, pain control, others to be present), and what to expect in the hospital, including length of stay
- Review plans and methods of feeding baby, including the benefits of breastfeeding and the availability of a referral to lactation consultant, if necessary

DOULA CARE

- Discuss use of a doula to achieve improved pregnancy outcomes
- Recommend doula care to all pregnant patients who are at increased risk of adverse outcomes
- Use shared decision-making with pregnant patients who are considering working with a doula
  - ♦ Emphasize that doula care is now covered by MassHealth

KEEPING BABY HEALTHY AND SAFE

- Recommend Tdap vaccine to be administered to any person who has not been previously vaccinated and who will have close contact with baby aged ≤ 12 months
- Discuss the need for a car seat for the baby
- Review choosing a clinician for the baby, and consider scheduling a visit with baby's clinician
- Discuss circumcision, including preferences and what to expect
- Discuss need for medical insurance coverage for baby
- Discuss safe sleep practices

Prescription Medication Safety Resource:

Mass. Drug Drop Box Locations: This webpage provides a list of prescription medication drop boxes around Massachusetts.

Car Seat Resources:

Seatcheck.org: This webpage provides the important steps on how to choose the right seat, install it correctly and keep children safe.

MA Child Passenger Safety: This resource provides information regarding car seat installation, car seat laws, and locating a local car seat inspection site.

Safe Sleep Resource:

Parent's Guide to Safe Sleep: This webpage provides parents with information on how to prevent sudden infant death syndrome (SIDS).

POST-BIRTH HEALTH

- Counsel on postpartum mood and anxiety disorders and how to differentiate milder postpartum mood changes that resolve within a few days
- Review contraception after delivery.
- Discuss the possibility of perineal laceration and treatment.

Resource:

Medical Eligibility Criteria for Contraceptive Use: This guide includes recommendations for using specific contraceptive methods by women and men who have certain characteristics or medical conditions.

Action Plan for Mood Changes during Pregnancy or After Giving Birth: This resource is designed for women and includes green, yellow, and red zones to indicate severity of how she may be feeling.

36 to 42 Weeks

Laboratory Evaluation (36 to 38 weeks)

- Group B streptococcus culture
- Repeat syphilis at delivery in pregnant persons who are at high risk
- Repeat HIV testing in the third trimester, preferably before 36 weeks of gestation for pregnant people with initial negative HIV antibody tests who are known to be at high risk of acquiring HIV infection
- Note ACOG recommends universal testing for chlamydia, with re-testing later in pregnancy for those <25 years or at high risk

Counseling/Discussion

PREPARING FOR LABOR AND DELIVERY

- Discuss awareness of fetal movements and calling clinician if patterns of movement change
- Discuss signs and symptoms of labor and when to call clinician
- Discuss doula care
- Revisit childbirth plan
- 39-40 weeks, discuss possibility of passing due date, and options in this situation
- Discuss preparation for admission to hospital/birthing center: transportation plans, child care, etc.
- Discuss plan for support and advocacy for patient during labor and delivery, including partner(s), family members, friends, or doulas
- Review anesthesia, pain-control issues, and options
- Discuss benefits of breastfeeding for infant and mother and available supports (lactation consultants, community, etc.)

POST DUE DATE

- Assess fetal well-being
- Counsel patient to be aware of fetal movements and to call clinician if patterns of movement change

KEEPING BABY HEALTHY AND SAFE

- Review discharge from hospital, need newborn car seat and clothing, home health services options, and notifying baby's clinician of anticipated neonatal complications, if applicable
- Discuss importance of safe sleep practices
- Recommend scheduling first visit to baby's clinician at 3-5 days
- Discuss importance of learning infant CPR
- Refer to WIC if indicated

POST-BIRTH HEALTH

- Discuss timing of and readiness for returning to work and/or other activities and related issues post-childbirth, including mental/physical health and disability
- Counsel on signs and symptoms of postpartum mood and anxiety disorders, and the need to contact clinician
- Review signs and symptoms of postpartum mood and anxiety disorders with partner, or other support person.
- Review the need for postpartum visits and vaccinations

Postpartum Visit

INITIAL CONTACT WITHIN 3 WEEKS OF DELIVERY

Initial Contact within 3 weeks of delivery. Comprehensive visit at 4-8 weeks, timing and frequency determined by the individual needs of the patient. Note: Consider post- partum care as an ongoing process that is individualized and patient centered rather than a single visit.

Interval History

- Counsel on bleeding, symptoms of infection (e.g., mastitis, endometritis), and resumption of menstruation
- Confirm that patient has received rubella immunization (for non-immune mothers)
- Review the need for diabetic screening if patient was diagnosed with gestational diabetes mellitus (GDM) during pregnancy
- Ask about bowel and urinary incontinence
- Ask about medication use (including herbal and alternative medicines), allergies, etc. with attention to how this might affect breastfeeding mothers
- Discuss chronic disease status in high-risk patients
- Assess patient's physical, social, and psychological well-being at every visit

Physical Examination

- Perform complete check of vital signs (height, weight, BMI, blood pressure)
- Assess uterine involution, and perineal and vaginal care as indicated
- Consider performing breast exam, especially for those who are breastfeeding

Behavioral/Social/Emotional Health

- Perform psychosocial assessment, if warranted
- Screen for postpartum mood and anxiety disorders and adaptation to new baby
- Administer EPDS or other validated assessment tool to screen for postpartum mood and anxiety disorders
- Provide or refer postpartum persons who are at increased risk of perinatal mood and anxiety disorders to counseling interventions

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Resources:

Postpartum Support: Massachusetts: PSI-MA is the Massachusetts state chapter of Postpartum Support International (PSI), the world's leading non-profit organization dedicated to helping those suffering from perinatal mood disorders, the most common complication of childbirth.

MCPAP for Moms Toolkit: MCPAP for Moms promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.

EPDS: The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a screening tool to identify patients at risk for postnatal depression.

GAD-7: This screening tool is used to determine whether or not a patient may have an anxiety disorder that needs treatment.

Action Plan for Mood Changes during Pregnancy or After Giving Birth: This resource is designed for women and includes green, yellow, and red zones to indicate severity of how she may be feeling.

Perinatal Mental Health: This resource for providers includes the ACOG summary of mental health for pregnant and postpartum people.

Counseling/Discussion

EDUCATION ABOUT BABY

- Discuss breastfeeding and recommend lactation support if needed.
- Promote breastfeeding as best form of infant nutrition, especially for the first 6 months. Discuss related issues, such as returning to work while breastfeeding, safe medications for breastfeeding, etc.
- Recommend breastfeeding for at least 1 year
  - Note that the AAFP and AAP recommend breastfeeding for the first 2 years
- Recommend that infants weaned before 12 months should receive iron- fortified infant formula. Whole milk can be given to children at age 1 year
- Counsel for breastfed infants to receive 400 IU of oral vitamin D drops daily beginning soon after birth and continuing until the daily consumption of fortified formula or milk is 500 mL. (16 ounces/2 cups)

NUTRITION AND WEIGHT

- Discuss diet and exercise, including losing weight gained during pregnancy, plus additional weight loss if overweight or initial BMI >25
- Ask about access to healthy, affordable, and culturally appropriate food options
- Refer to SNAP, WIC, and other food assistance as indicated
- Counsel on continued use of prenatal vitamins or folic acid

SMOKING AND DRUG USE

- Ask about smoking, use of tobacco and nicotine products, and exposure to secondhand smoke. Advise all tobacco and nicotine users to quit and counsel previous users not to resume use of tobacco products
- Assist tobacco and nicotine users in quitting by providing behavioral intervention for cessation
- Discuss lung illnesses associated with use of vaping products and urge people who vape to stop

MEDICAL FOLLOW-UP

- Counsel patients with preterm birth, gestational diabetes, preeclampsia, or hypertensive disorder of pregnancy that these disorders are associated with a higher lifetime risk of maternal cardiometabolic disease
- Counsel patients with chronic medical conditions, such as hypertensive disorders, obesity, diabetes, thyroid disorders, renal disease, mood disorders, and substance use disorders regarding the importance of timely follow-up with their primary care providers for ongoing coordination of care

SEXUAL ACTIVITY AND FAMILY PLANNING

- Discuss resuming sexual activity, family planning, and contraception
- Provide preconception counseling and risk factors for future pregnancies
- Discuss reproductive planning and pregnancy spacing
- Counsel that an interpregnancy interval of less than 6 months is associated with a higher incidence of low birth weight and preterm delivery

DOMESTIC VIOLENCE

- Screen for domestic violence

IMMUNIZATIONS

- Encourage infant well visits and immunizations

Resources:

La Leche League of MA (Spanish): La Leche League organization dedicated to helping parents, families, and communities to breastfeed their babies through parent-to-parent support.

WIC: This website provides information about who is eligible for the Women, Infants and Children (WIC) program, and how to apply if you qualify.

Medical Eligibility Criteria for Contraceptive Use: This guide includes recommendations for using specific contraceptive methods by women and men who have certain characteristics or medical conditions.

1-800-QUIT-NOW: 1-800-QUIT NOW offers free and confidential one-on-one coaching to help quit tobacco products — whether cigarettes, e-cigarettes, chew, or other tobacco or nicotine products.

PREGNANCY AND NEONATAL LOSS

- Provide emotional support and counseling in the setting of pregnancy or neonatal loss. While there is no clear evidence to support any specific counseling approach, it is generally agreed that physician, family and social supports are all needed
- Refer patient and family to organizations that can help connect to support groups and other resources
- Assist with understanding cause of late pregnancy loss or neonatal death if possible
- Reassure patient that early pregnancy loss is not usually indicative of future fertility problems or repeat pregnancy loss

- Encourage patient involvement in decision making around spontaneous abortion management
- With spontaneous abortion it is reasonable to counsel a couple that may try to get pregnant as soon as they feel ready

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Resources:

The Compassionate Friends: The Compassionate Friends provides highly personal comfort, hope, and support to every family experiencing the death of a son or a daughter, a brother or a sister, or a grandchild, and helps others better assist the grieving family.

Share Pregnancy & Infant Loss: The mission of Share Pregnancy and Infant Loss Support, Inc. is to serve those whose lives are touched by the tragic death of a baby through pregnancy loss, stillbirth, or in the first few months of life.

Hope After Loss: Hope After Loss helps those who experience pregnancy and infant loss to find the inspiration of hope by providing connections, comfort and care.