



## Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Routine Prenatal and Postnatal Care](#)

Released: June 2022

This alert provides a summary of only the recommendations which were updated. Refer to the complete guideline for all recommendations and level of evidence.

### Updated recommendations include:

#### Education and counseling

- Changed both “mother” and “women” to “patient” in this section and throughout document
- Deleted: word “transmission” in bullet point “Safety and importance of dental care...”

#### Revisions to Table of Recommendations

- Revised: time frame for “Confirm EDD, gestational age using ultrasound [D]” from 7-13 weeks to 7-14 weeks
- Added: Repeat HIV counseling and testing at 28-32 weeks (now mandated to repeat at 28-32 weeks, not only for high risk)
- Revised: STD screening to say “Screening for (GC, Chlamydia, and Hepatitis” and indicated on grid to repeat “if high risk, rescreen 3<sup>rd</sup> trimester”
- Added: repeat Screening for Hepatitis and Syphilis at 28-32 weeks (mandated to repeat at 28-32 weeks)
- Added: repeat Hemoglobin and hematocrit at 24-28 weeks
- Revised: Offer screening for Down Syndrome and Neural Tube Defects, gestational age changed to 9-21 weeks
- Changed: Ultrasound for fetal anatomy age changed from 18-24 weeks to 18-22 weeks
- Added: separate line for “offer genetic carrier screening if not previously performed, e.g. cystic fibrosis, SMA” on the grid under “Offer screening for Down Syndrome” at 6-8 weeks
- Added: COVID vaccine to table on same line with Influenza vaccine
- Added: “Need for early/consistent prenatal care should be emphasized” to Education and Counseling section title line