VA/DoD Clinical Practice Guidelines

Management of Pregnancy

Quick Reference Guide

Version 4.0 | 2023

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF PREGNANCY

Department of Veterans Affairs
Department of Defense

Quick Reference Guide

Recommendations **Algorithm**

Recommendations

The evidence-based clinical practice recommendations listed in Table 1 were developed using a systematic approach considering four domains as per the GRADE approach (see Summary of Guideline Development Methodology in the full CPG). These domains include confidence in the quality of the evidence, balance of desirable and undesirable outcomes (i.e., benefits and harms), patient values and preferences, and other implications (e.g., resource use, equity, acceptability).

Table 1. Evidence-Based Clinical Practice Recommendations with Strength and Category

Topic	Sub-topic	#	Recommendation	Strength[a]	Category[b]
Routine Care	*Aneuploidy Screening*	1.	We recommend offering non-invasive prenatal testing as the prenatal screening test of choice for all patients with singleton pregnancies who choose aneuploidy screening.	Strong for	Reviewed, New-added
		2.	We suggest non-invasive prenatal testing for patients with twin pregnancies who choose aneuploidy screening.	Weak for	Reviewed, New-added
	Lactation	3.	We suggest assessing all patients for risk factors that impact initiation and continuation of lactation, including obesity, depression, inappropriate gestational weight gain, and gestational diabetes mellitus.	Weak for	Reviewed, New-added
		4.	We suggest individual or group lactation education delivered via in-person, telemedicine, or multimedia modalities be provided for all pregnant and postpartum patients to improve the probability of initiating and continuing lactation.	Weak for	Reviewed, New-replaced
	Pelvic Floor Health	5.	We suggest all patients have an early prenatal evaluation of pelvic floor muscle function and receive pelvic floor muscle exercise instruction during pregnancy for the prevention of urinary incontinence in late pregnancy and up to 6 months postpartum.	Weak for	Reviewed, New-added
		6.	We suggest referral to pelvic health rehabilitation for patients with reported urinary incontinence in the postpartum period.	Weak for	Reviewed, New-added

Topic	Sub-topic	#	Recommendation	Strength[a]	Category[b]
Routine Care (cont.)	*Selected Conditions*	7.	We recommend offering scheduled delivery to patients who reach 41 weeks and 0/7 days undelivered. Antepartum fetal testing should begin at 41 weeks and 0/7 days if not delivered.	Strong for	Not reviewed, Amended
		8.	We suggest that patients with uncomplicated pregnancies may continue a standard work schedule throughout their pregnancy.	Weak for	Not reviewed, Amended
		9.	We suggest offering telemedicine as a complement to usual perinatal care.	Weak for	Reviewed, New-added
		10.	There is insufficient evidence to recommend for or against specific interventions that would diminish disparities in perinatal care access and maternal and childbirth outcomes.	Neither for nor against	Reviewed, New-added
Complicated Obstetrics	*Preterm Delivery*	11.	We recommend considering fetal fibronectin testing as a part of the evaluation strategy in patients between 24 0/7 and 34 6/7 weeks' gestation with signs and symptoms of preterm labor, particularly in facilities where the result might affect management of delivery.	Strong for	Not reviewed, Amended
		12.	We suggest vaginal progesterone or cerclage for singleton pregnancy with short cervix, history of spontaneous preterm birth, or both depending on patient characteristics and preferences.	Weak for	Reviewed, New-added
		13.	There is insufficient evidence to recommend for or against the use of aspirin to reduce recurrent spontaneous preterm birth.	Neither for nor against	Reviewed, New-added
	Hypertensive Disorders	14.	We recommend initiating aspirin therapy at or before 16 weeks' gestation in patients at risk of developing preeclampsia.	Strong for	Reviewed, New-replaced
		15.	We suggest low-dose aspirin of 100–150 mg daily for patients at risk of preeclampsia.	Weak for	Reviewed, New-replaced
		16.	We suggest patients with cardiometabolic disorders (e.g., gestational diabetes mellitus, hypertension, and obesity) be counseled on the benefits of following the Dietary Approaches to Stop Hypertension diet.	Weak for	Reviewed, New-added
		17.	There is insufficient evidence to recommend for or against self-monitoring for blood pressure during pregnancy and the postpartum period.	Neither for nor against	Reviewed, New-added
	Bariatric Surgery	18.	We suggest patients who have undergone bariatric surgery be evaluated for nutritional deficiencies and the need for nutritional supplementation where indicated (e.g., vitamin B12, folate, iron, calcium).	Weak for	Not reviewed, Amended
		19.	There is insufficient evidence to recommend for or against the routine supplementation of vitamins A, D, E, or K for pregnant patients who have undergone bariatric surgery.	Neither for nor against	Not reviewed, Amended

Topic	Sub-topic	#	Recommendation	Strength[a]	Category[b]
Mental Health	*Screening*	20.	We recommend screening for use of tobacco and nicotine products, alcohol, cannabis, illicit drugs, and inappropriate use of prescription medication. See VA/DoD Substance Use Disorders CPG.	Strong for	Not reviewed, Amended
		21.	We recommend screening for depression periodically using a standardized tool, such as the Edinburgh Postnatal Depression Scale or the 9-item Patient Health Questionnaire, during pregnancy and postpartum.	Strong for	Not reviewed, Not changed
		22.	We suggest screening patients with posttraumatic stress disorder (PTSD) for active PTSD and offering PTSD treatment. See VA/DoD PTSD CPG.	Weak for	Reviewed, New-added
	Treatment	23.	We recommend offering individual or group Interpersonal Psychotherapy or cognitive behavioral therapy for pregnant patients at risk of perinatal depression.	Strong for	Reviewed, New-added
		24.	We recommend offering Interpersonal Psychotherapy for treating depression during pregnancy or postpartum.	Strong for	Reviewed, New-added
		25.	We suggest offering cognitive behavioral therapy for treating depression during pregnancy or postpartum.	Weak for	Reviewed, New-added
		26.	We suggest offering peer support for people with perinatal depression or risk of perinatal depression to improve depressive symptoms.	Weak for	Reviewed, New-added
		27.	We suggest exercise, mindfulness, yoga, or any combination of these interventions for depressive symptoms in perinatal patients.	Weak for	Reviewed, New-added
		28.	We suggest offering psychotherapies (e.g., cognitive behavioral therapy, Interpersonal Psychotherapy) or yoga or both for anxiety symptoms during and after pregnancy.	Weak for	Reviewed, New-added

[a] For additional information, see *Determining Recommendation Strength and Direction* in the full CPG

[b] For additional information, see *Recommendation Categorization* in the full CPG

Algorithm

A. Algorithm Key

Table 2. Algorithm Key

Symbol	Meaning
P	Action to be carried out by obstetric provider
R	Referral to be made to an advanced prenatal care provider (e.g., obstetrician, maternal-fetal medicine physician) or other allied health professional
L	Lab or labs to be ordered
Dotted	Pregnant patient to receive this action at this time (Timing is not ideal, but it is still helpful for the patient rather than not at all.)
V1	First visit
PP	Postpartum visit

B. Interventions by Weeks' Gestation

Table 3. Interventions by Weeks' Gestation

Interventions	Weeks' Gestation																																			
	First Trimester							Second Trimester														Third Trimester														
	V1	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	PP
Screen for tobacco and nicotine products, alcohol, cannabis, illicit drugs, caffeine use, herbal supplements, and inappropriate use of prescription medication; if positive, recommend cessation, and offer assistance. See Recommendation 20 in the full CPG.																			P																	
Provide prenatal education (e.g., dental health, breastfeeding, exercise, weight gain, work schedules, dietary supplementation). See *Education* in the full CPG.																			P																	
Recommend influenza vaccination (seasonal) for pregnant patients and family. See *Immunization Assessment* in the full CPG.																			P																	
Recommend COVID-19 vaccination. See *Immunization Assessment* in the full CPG.																			P																	
Screen for indications for referral to advanced prenatal care provider. See Table 11 in the full CPG.																			R																	
Screen for intimate partner violence using a validated tool (e.g., HITS). See *IPV Screening* in the full CPG.	P																					P														P
Screen for depression using a standardized tool (e.g., EPDS, PHQ-9). See Recommendation 21 in the full CPG.	P																					P														P
Perform routine prenatal lab evaluation for all pregnant patients and selective labs as indicated. See Table 8 in the full CPG.	L																																			
Screen for infectious diseases; treat or manage as indicated. See *Infectious Disease Screening* in the full CPG.	L																																			
Screen for Rh status, anemia, and hemoglobinopathies.	L																																			

Interventions	Weeks' Gestation
	First Trimester: V1, 8, 9, 10, 11, 12, 13 — Second Trimester: 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 — Third Trimester: 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41 — PP
Evaluate for nutritional deficiencies in patients who have undergone bariatric surgery. See Recommendations 18 and 19 in the full CPG.	P, L
Refer patients who have undergone bariatric surgery or are on a restrictive diet to an RDN. See Table 13 in the full CPG.	R
Perform dating ultrasound. See *Early (Dating) Ultrasound* in the full CPG.	P
Perform pelvic muscle function evaluation and provide training on pelvic muscle exercises during pregnancy. See Recommendation 5 in the full CPG.	P
Offer group model of prenatal care. See *Group Prenatal Care* in the full CPG.	P
Offer prenatal screening for aneuploidy with NIPT and common genetic disorders. See Recommendation 1 in the full CPG.	P
Offer prenatal diagnostic testing for aneuploidy as an accepted alternative to screening.	P
Initiate low-dose aspirin therapy for patients at risk for preeclampsia. See Recommendations 14 and 15 in the full CPG.	P
Offer MSAFP screening for open spine defects to pregnant patients who did not have serum aneuploidy screening or who had NIPT.	L
Offer antenatal progesterone therapy in consultation with an advanced prenatal care provider for patients at high risk for recurrent spontaneous preterm delivery. See Recommendation 12 in the full CPG.	P
Complete fetal anatomy ultrasound. See *Anatomy (Dating) Ultrasound* in the full CPG.	P
Measure fundal height. See *Fundal Assessment* in the full CPG.	P

Interventions	Weeks' Gestation																																			
	First Trimester							Second Trimester														Third Trimester														
	V1	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	PP
Screen for GDM with one-hour GCT (use patterned glucose monitoring for patients at risk for dumping syndrome).																			L																	
Perform fetal fibronectin test for patients with signs or symptoms of preterm labor if test would change clinical management. See Recommendation 11 in the full CPG.																			L																	
Assess and educate patients regarding fetal movements, signs/symptoms of preterm labor or ROM, and signs/symptoms of preeclampsia.																							P													
For patients with a prior cesarean delivery, assess the plans for delivery and provide TOLAC counseling for those who are candidates.																																				
Recommend Tdap vaccination. See *Immunization Assessment* in the full CPG.																									P											
Discuss family planning and contraception. See *Education* in the full CPG.																										P										P
Assess the plans for infant feeding and provide a breast pump prescription to patients who desire it.																											P									
Screen for group B strep carrier status. See *Infectious Disease Screening* in the full CPG.																														L						
Initiate HSV prophylaxis, if indicated.																														P						
Assess fetal presentation.																																	P			
Assess and educate patients regarding fetal movements, signs/symptoms of labor, and signs/ symptoms of preeclampsia.																																	P			
Offer scheduled delivery or initiate antepartum fetal testing if undelivered. See Recommendation 7 in the full CPG.																																			P	
Educate patients about lifetime risk of CVD and DM for patients with GDM, HTN, preeclampsia or any combination of these problems.																																				P

Interventions	Weeks' Gestation																																				
	First Trimester							Second Trimester															Third Trimester															
	V1	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	PP
Screen for current vaccination status in accordance with CDC guidance. See *Immunization Assessment* in the full CPG.																																				P
Screen for type 2 DM with a 2-hour GCT in patients who had GDM.																																				P
Screen for pelvic floor dysfunction and urinary incontinence; refer to Pelvic Health Rehabilitation if positive. See Recommendation 6 in the full CPG.																																				P R

Abbreviations: CDC: Centers for Disease Control and Prevention; COVID-19: coronavirus disease of 2019; CVD: cardiovascular disease; DM: diabetes mellitus; EPDS: Edinburgh Postnatal Depression Scale; GCT: glucose challenge test; GDM: gestational diabetes mellitus; HITS: Hits, Hurts, Insult, Threaten, Scream tool; HSV: herpes simplex virus; HTN: hypertension; IPV: intimate partner violence; MSAFP: maternal serum alpha-fetoprotein; NIPT: non-invasive prenatal testing; PHQ-9: 9-item Patient Health Questionnaire; RDN: registered dietician nutritionist; rh: rhesus; ROM: rupture of membranes; Tdap: tetanus, diphtheria, pertussis; TOLAC: trial of labor after cesarean

Access to the full guideline and additional resources is available at: https://www.healthquality.va.gov/.