



Defense Health Agency (DHA) Clinical Communities Speaker Series

2024 FEB CCSS: Clinical Considerations and Current Trends in Women's Health

2024 FEB CCSS S05: 2023 Department of Veterans Affairs /Department of Defense Clinical Practice Guideline on Pregnancy: Updates to Clinical Care and Application

Resource List

In the article [Updated Clinical Practice Guidelines on Pregnancy Care](#) (2018) the authors review how the practice guidelines on pregnancy care have been developed to provide reliable and standardized guidance for health professionals providing antenatal care in Australia. They were originally released as the Clinical Practice Guidelines: Antenatal Care in two separate editions (modules 1 and 2) in 2012 and 2014. These modules have now been combined and updated to form a single set of consolidated guidelines that were publicly released in February 2018 as the Clinical Practice Guidelines: Pregnancy Care. Eleven topics have been updated and new guidance on substance use in pregnancy has been added. The updated guidelines include the following key changes to practice: recommend routine testing for hepatitis C at the first antenatal visit; recommend against routine testing for vitamin D status in the absence of a specific indication; recommend discussing weight change, diet, and physical activity with all pregnant women; and recommend offering pregnant women the opportunity to be weighed at every antenatal visit and encouraging women to self-monitor weight gain.

The website for [The American College of Obstetricians and Gynecologists](#) (2024) provides continual updates on different conditions, phases and symptoms of pregnancy. The most recent clinical guidance published in January 2024, addresses First and Second Stage Labor Management. The goal of this guidance is to define labor and labor arrest and provide recommendations for the management of dystocia in first and second stage of labor and labor arrest. This website is a good resource for providers when addressing a variety of clinical cases including management of premenstrual disorders, treatment and management of mental health conditions during pregnancy and postpartum and osteoporosis prevention, screening and diagnosis.

The [American Heart Association Scientific Statement](#) (2017) discusses the statistics demonstrating that most female children born with congenital heart disease will reach childbearing age. For many women with complex congenital heart disease, carrying a pregnancy carries a moderate to high risk for both the mother and her fetus. Many such women, however, do not have access to adult congenital heart disease tertiary centers with experienced reproductive programs. Therefore, it is important that all practitioners who will be managing these women have current information not only on preconception counseling and diagnostic evaluation to determine maternal and fetal risk but also on how to manage them once they are pregnant and when to refer them to a regional center with expertise in pregnancy management.

The authors of [Dietary Approaches to Stop Hypertension Diet and Activity to Limit Gestational Weight: Maternal Offspring Metabolics Family Intervention Trial, a Technology Enhanced Randomized Trial](#) (2018) discuss the results of a randomized clinical trial in a Chicago, Illinois. Overweight and obese ethnically diverse pregnant women were enrolled between October 2012 and December 2015, with antenatal data collection. Participants were randomized when their fetus was gestational age 16 weeks to dietitian-led Dietary Approaches to Stop Hypertension diet and physical activity coaching that was received as three individual and six group counseling sessions by phone and webinar. A commercially available smartphone application was used for self-monitoring diet and physical activity. Telephone, text message prompts, and e-mail reminders encouraged adherence and website viewing. Usual-care, "web-watcher" participants were e-mailed biweekly newsletters and publicly available maternity website links.



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