**FIRST TRIMESTER PRENATAL CARE**

ACOG Bulletins 471, 486, 496, 504, 518,

The first trimester of pregnancy is the time period after conception to the end of the 13th week of pregnancy.

The estimated date of confinement (EDC) or estimated date of delivery (EDD) is calculated by taking the first day of the last menstrual period (LMP) adding 9 months plus 7 days. The LMP method is less reliable in predicting the EDC than first trimester or early second trimester ultrasound dating.

Delivery prior to the beginning of the 38th week is considered preterm and delivery occurring after 42 weeks is called post-dates or post-term.

It is very important to initiate prenatal care as soon as pregnancy is confirmed and routine prenatal visits should begin occurring monthly.

Women should be enrolled in prenatal care, WIC, home visiting, and HANDS if applicable. (It is necessary to document in the medical record the patient’s verbalization of understanding of the services covered under the prenatal program if the prenatal/postpartum services are to be provided by the LHD)

Research has shown that since a pregnant woman shares blood with her unborn baby any infection of the mouth, such as a cavity or periodontal disease, can affect the baby. There is also growing evidence showing the relationship between periodontal disease of the mother and potential risk of low birth weight and preterm births.

Oral health messages include: early dental checkup, brush with fluoride toothpaste and rinse with an antiseptic mouthwash twice daily, floss daily, limit the intake of sweets or starchy snacks daily, get adequate calcium

Certain vaccines are considered safe during pregnancy and can help protect pregnant women and their babies against many serious diseases. According to ACOG guidelines, pregnant women may receive vaccinations with an inactivated virus, bacterial vaccine, or toxoid; however live vaccines should be avoided during pregnancy. Influenza illness can cause complications in both mother and baby, so vaccine should be offered in season regardless of the stage of pregnancy. Refer to the Immunizations Section for details.

Screen/refer for risk factors (including psychosocial)

Screen/refer for domestic violence/intimate partner violence

Screen/refer for use of alcohol, tobacco and other drug use

Common Maternal Changes and Discomforts

Breast tenderness

Nausea/vomiting and morning sickness

Fatigue.

Common Lab Tests/Procedures Performed During the First Trimester

Hemoglobin or Hematocrit

Blood type

Rh/ABO, Rh antibody titer

Rubella titer

HIV counseling/testing/informed consent

Syphilis/VDRL

Hepatitis B

Lead screening/blood lead level (if indicated)

(Dipstick) Urinalysis (and clean-catch midstream) and urine culture, including microscopic exam

Glucose/GDM

HbsAg

Cystic fibrosis screening (testing should be offered to all prenatal patients)

Pelvic exam/Pap test (if indicated)

Other testing may include gonorrhea, chlamydia, TB, screening, sickle cell screen, Hgb electrophoresis, or toxoplasmosis titer if indicated by risk factors.

Further References

ACOG – see [www.acog.org](http://www.acog.org)

Healthy Babies Are Worth the Wait resources

[www.prematurityprevention.org](http://www.prematurityprevention.org)

[www.kfap.org](http://www.kfap.org)

Edinburg Depression Screening Form

[PN-2 Level 1 Substance Use and Pregnancy Questionnaire](http://chfs.ky.gov/NR/rdonlyres/059DD8CD-6A25-4393-96AE-DE4B0AB7A01D/0/PN2Level1SubstanceUseandPregnancyQuestionnaire1106.doc)