**SECOND TRIMESTER PRENATAL CARE**

ACOG Bulletin 77, 471, 496, 504, 518 and 522

The 2nd trimester of pregnancy is the time period beginning with the 14th week through the 27th week of gestation.

Routine prenatal visits should occur monthly.

Women should be enrolled in prenatal care, WIC, home visiting, HANDS, and Resource Persons if applicable.

Typically the mother-to-be feels best in this trimester. The nausea has usually subsided and her energy level increases.

This is a most favorable time to provide anticipatory guidance and counseling as her focus has shifted from herself to her developing baby. Usually the mother and her significant other are ready for new learning opportunities as they prepare to become parents.

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

Begins to gain weight and will need looser clothing for comfort

Increase in appetite and thirst

Feels fetal movement between 15–20 weeks gestation

Breasts enlarge but are becoming less tender

Nipples darken and become more pronounced

Colostrum may be expressed from the nipples

Skin changes such as chloasma, linea nigra, or striae on the breasts, abdomen, thighs, or upper arms may occur

Fatigues more easily than before pregnancy

Gums may bleed more easily

Constipation and excessive gas are common

Intermittent back aches (distinguish from premature labor)

Increasing pressure in the lower abdomen toward the end of the second trimester (distinguish from premature labor or UTI)

Decrease in libido is common

Common Lab Tests/Procedures Performed During the Second Trimester

Baseline ultrasound to confirm EDC and exclude congenital anomalies (if indicated)

Triple screen or quadruple screen for birth defects between 15–20 weeks gestation

Amniocentesis if at risk for congenital defects

Baseline ultrasound to confirm EDC and exclude congenital anomalies (if indicated)

Amniocentesis if at risk for congenital defects

Repeat screening for GDM at 24 – 28 weeks gestation (If they are found not to have GDM at the initial screening)

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)