

Life Course Chart: Pregnancy

RECOMMENDED SCHEDULE OF PRECONCEPTION, PRENATAL, AND POSTPARTUM CARE

PERIOD	Preconception/ Interconception	1st Prenatal Visit	Continuing Prenatal Care										Post- partum
			TRIMESTER 1			TRIMESTER 2			TRIMESTER 3				
TRIMESTER													
MONTH			1	2	3	4	5	6	7	8	9	10	
Alcohol Misuse	All women: screen at the beginning of each pregnancy (and thereafter at the clinician's discretion)												
	All pregnant women and women considering pregnancy: advise on the harmful effects of alcohol At-risk: counsel throughout pregnancy												
Asymptomatic Bacteriuria					All women: screen via urine culture at 12-16 weeks				All women: repeat urine culture				
Breastfeeding	All women: offer structured breastfeeding education and behavioral counseling to promote breastfeeding												
Folic Acid Supplementation	All women: provide information on folic acid during routine healthcare visits and prenatal care visits through the 1st trimester of pregnancy												
	All pregnant women and women planning a pregnancy: folic acid, as medically indicated												
Group B Streptococcal Disease													All women: screen for colonization at 35-37 weeks
													All colonized women: intrapartum antibiotic prophylaxis, as medically indicated
Hepatitis B*		All women: screen for infection							All women at increased risk: repeat screen				
		All pregnant women at risk of infection: immunize at some point during pregnancy											
													All infants: immunize ¹
									All exposed infants: provide HBIG prophylaxis				
HIV		All women: screen							All pregnant women at risk of infection: repeat screen				
Influenza*		All women who will be pregnant during influenza season (October to mid-May): immunize with trivalent inactivated influenza vaccine											
Preeclampsia		All women: screen		All women: repeat screening every 4 weeks until week 28, every 2-3 weeks until week 36, and weekly thereafter (until delivery)									
Prenatal Diagnosis of Chromosomal Abnormalities & NTDs		All women: offer screening to detect chromosomal abnormalities and NTDs All pregnant women at increased risk: offer testing in place of, or in addition to, screening											
Rh(D) Incompatibility		All women: screen for blood type and antibodies						All women: screen to confirm Rh(D) antibody status, if medically indicated					
Rubella*	All women: screen at 1st clinical encounter												
	All nonpregnant women ² : immunize at 1st clinical encounter if not otherwise immune to rubella									Immunize susceptible women immediately after delivery			
Syphilis		All women: screen						All women in high-risk groups: repeat screen at 28 weeks and at labor and delivery					
Tetanus*		All women: screen			All susceptible women: immunize during the 2nd or 3rd trimester								
Tobacco Use	All women: screen at every medical encounter												
	All pregnant women who use tobacco: counsel to quit at every medical encounter												

Screening: **Testing:** **Counseling:** **Immunization:** **Preventive Medication:**

*The immunization schedule listed on this chart is a graphic representation of recommendations in force at the time the chart was made. Visit the ACIP website (www.cdc.gov/nip/acip/) for up-to-date recommendations.
1. All infants need to receive a single dose of the hepatitis B vaccine. All infants born to women with unknown HBsAg status need to receive a single dose of the hepatitis B vaccine (without HBIG).
2. All women are advised not to become pregnant until 4 weeks after the rubella vaccination.