The Life Course Perspective to Prenatal Care

Prenatal care has been a cornerstone strategy for improving pregnancy outcomes, yet racial disparities in birth outcomes persist. The life course perspective represents an innovative and holistic approach to women’s and perinatal health, which may play an important role in addressing long-troubling health disparities and poor birth outcomes.

This perspective views health as the product of risk behaviors, protective factors, and environmental forces that arise throughout the life span and have cumulative, additive, and multiplicative impacts on specific outcomes. It suggests that:

- Racial/ethnic differences arise over a woman’s life course, not simply during her current pregnancy;
- Life course events are the more important risk factors for understanding poor birth outcomes;
- The current pregnancy-focused single risk factor model needs to be reevaluated within a longitudinal context; &
- Eliminating disparities in birth outcomes requires interventions, policy development, and new research that are longitudinally and contextually integrated (Kotelchuck, 2003).

This perspective provides a framework for interpreting how peoples’ experiences in their early years influence their later health and functioning (Lu, 2006). It holds that past behaviors, particularly during periods of risk, may affect future reproductive success to a similar, if not greater, extent as current behavior. To expect prenatal care, in less than nine months, to reverse the impact of early life programming and cumulative burden on reproductive health may be unrealistic (Lu & Halfon, 2003). Exposure to risk and protective factors occur not only during pregnancy, but also over the life course of a woman.

Emerging research has shown that some of the most powerful influences on pregnancy outcome occur long before pregnancy begins, such as past nutritional status (Misra, Guyer & Allston, 2003), past socioeconomic status (Lu & Halfon, 2003) and previous episodes of depression. (Zayas, Jankowski & McKee, 2005)

While the life course perspective requires thinking outside traditional biomedical approaches to women’s health, it represents a promising and innovative approach to improving individual and community care, and may play an important role in addressing long-troubling health disparities and poor birth outcomes. By approaching prenatal care from a life course perspective, our goal is to improve outcomes for women in all periods and aspects of reproductive potential, which in turn might enhance outcomes for their offspring, both at birth and beyond.

References


Assess for intent of pregnancy: “How are you/your partner feeling about being pregnant?”

Medical and reproductive history
- Current pregnancy history
- Family history (including genetic history)
- Sexual history/practices
- Counsel and provide HIV information (required by IN law)
- Social history (including drugs, substance use, smoking, alcohol)
- Work history (including occupational hazards)
- Physical activity
- Domestic violence (physical, sexual, emotional abuse)
- Psychosocial stressors
- Dietary/nutritional assessment
- Physical examination (including dental, height, weight)
- Assign pregnancy risk status
- Other genetic counseling if needed
- Transportation availability
- Screen for health literacy

**HISTORY & PHYSICAL**

<table>
<thead>
<tr>
<th>INITIAL VISIT</th>
<th>EACH VISIT</th>
<th>8-18 WEEKS</th>
<th>24-28 WEEKS</th>
<th>35-37 WEEKS</th>
<th>POSTPARTUM</th>
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</thead>
<tbody>
<tr>
<td>History since last visit; questions and problems</td>
<td>Smoking status</td>
<td>Weights gestation</td>
<td>Blood pressure</td>
<td>Weight</td>
<td>Cumulative weight gain/loss</td>
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**ROUTINE BIOCHEMICAL EVALUATION**

- Blood type
- Rh type
- Antibody screen
- CBC
- Rubella titre
- Syphilis screening (required by IN law)
- HbsAG*
- Offer/recommend HIV testing
- Cervical cytology
- Gonorrhea culture
- Chlamydia culture
- Urinalysis and culture
- Wet mount for bacterial vaginosis, if symptomatic or previous preterm delivery
- Urine dipstick:
  - Protein
  - Sugar
  - Leukocytes
  - Nitrates
  - Ketosis
- Offer Maternal Multiple Marker at 15-18 weeks (labs may vary on timing of tests)
- Ultrasound as indicated
- One hour GCT (if indicated)
- Hct/Hgb
- Syphilis screening > or = 28 weeks (as required by IN law)
- Physical exam
- Nutritional assessment
- Lactation assessment if appropriate
- Psychosocial stressors
- Smoking status
- Perinatal Mood Disorders
- Family planning

**OTHER BIOCHEMICAL EVALUATION**

If indicated:
- Diabetes screen
- High electrophoresis (sickle cell)
- Tay Sachs screen
- TB skin test
- TORCH titers
- Group B Beta Strep culture
- Toxoplasmosis titre
- Varicella titre
- Urine drug screen

Other tests as indicated:
- e.g. Antepartum Fetal Surveillance, wet prep for bacterial vaginosis, STD cultures and urine cultures as appropriate
- Ultrasound as indicated
- Antibody screen (if Rh-)
- RhoGAM given (28 weeks if indicated)
- GC/Chlamydia
- Hepatitis B*
- HIV test
- Rubeola immunization
- RhoGAM
- Varicella vaccine
dt
- Hgb/Hct
- Gtt 2 hour post 75 grams clucola if GDM during pregnancy

* If positive, notify OB department at delivering hospital and physician caring for infant.
<table>
<thead>
<tr>
<th>Initial Visit &amp; Each Visit (As Needed)</th>
<th>20-24 Weeks</th>
<th>24-28 Weeks</th>
<th>34-40 Weeks</th>
<th>Postpartum</th>
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<tbody>
<tr>
<td>Emotional adaptation to pregnancy</td>
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<td>Screen for perinatal mood disorders</td>
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<td>Physical changes during pregnancy</td>
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<td>Fetal growth and development</td>
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<td>Available options; Preference/plans for birth</td>
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<td>Benefits of and preparation for breastfeeding</td>
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<td>Violence-free environment</td>
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<td>Prenatal diagnosis</td>
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<td>“Smoke-free” pregnancy education</td>
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<td>Effects of drugs and alcohol</td>
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<td>Teratogen exposures</td>
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<td>Nutrition/prenatal vitamins/folate/calcium/iron</td>
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<td>Safety (seat belt, smoke detector)</td>
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<td>Communicable diseases/STDs/HIV</td>
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<td>Weight gain appropriate for body mass</td>
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<td>Minor discomforts</td>
<td>Repeat as needed</td>
<td>Repeat as needed</td>
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<td>Repeat as needed</td>
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<tr>
<td>Exercise and rest</td>
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<td>When to call, numbers to call, emergency plan</td>
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<td>Danger signs</td>
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<td>Adoption information if indicated</td>
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| Emotional adaptation to pregnancy     | Repeat as needed to 37 weeks | Repeat as needed | Repeat as needed | Repeat as needed |
| Preterm birth prevention education    | Repeat as needed to 37 weeks | Repeat as needed  | Repeat as needed | Repeat as needed |
| Signs and symptoms of pre-eclampsia   | Repeat as needed  | Repeat as needed | Repeat as needed | Repeat as needed |

**Referrals as indicated for:**
- WIC
- Dietician/Nutritionist
- Medicaid/managed care
- Prenatal care coordination
- Childbirth education
- Smoking cessation
- HIV care coordination
- High risk management or pregnancy consultation
- Alcohol and drug cessation
- Home care
- Genetic counseling
- Food and housing assistance

**Initiate Postpartum Education:**
- Evaluate plans
- Preparation for breastfeeding/Lactation Consultant
- Home preparation
- Choosing/meeting a health care provider for baby
- Family planning
- Circumcision information

**Preparing to bring baby home:**
- Safe sleep education
- “Smoke-free” home
- Car seat
- Breastfeeding/feeding
- Assistance after going home
- Safety/CPR
- Jaundice
- Rashes
- Cord Care
- Circumcised/Uncircumcised Care
- Immunizations

**Consents signed:**
- VBAC, C-section, tubal (at least 30 days prior to EDD if on Medicaid)

**Parenting and coping with a new baby**
- Crying strategies
- Never shake a baby (Happiest Baby skills)
- Perinatal mood disorders (signs and symptoms)
- Domestic violence (physical, sexual, emotional abuse)
- Breastfeeding support
- If HIV positive, do not breastfeed
- Back to work/school
- Siblings
- Family planning/Tubal sterilization
- Safe sleep education
- “Smoke-free” home
- Car seat
- Safety/CPR
- Immunizations
- Feeding
- When to call health care provider
- ASK about tobacco exposure
- Developmental issues
- Child care arrangements

**Ask about tobacco exposure**
- Safety/CPR
- Jaundice
- Rashes
- Cord Care
- Circumcision information
- Immunizations

**Danger signs**
- Fetal movement/kick counts
- Preparation for labor and delivery-VBAC counseling, labor signs and symptoms, pain management for labor, begin childbirth classes, induction of labor

This document reflects the consensus of the Indiana Perinatal Network (IPN) State Perinatal Advisory Board—a constituency of professional organizations (i.e. ACOG, AAP) and individuals (i.e. CNMs, MDs, consumers). It is intended to serve as recommendations—not as established standards or rigid rules. Health care providers must make the best decisions possible within the limitations of the particular situation.