

# Infant Care, Child and Adolescent Care, and Prenatal Care

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**Prenatal care, infant care, and child and adolescent care aim to prevent diseases and detect other possible illnesses. Prenatal care is important for women of childbearing age who are either pregnant or intend to start a family soon. It not only includes profile assessment to check for future risks related to pregnancy but also takes into account aspects related to education, immunization, and chemoprophylaxis. Infant care comprises screening for neonatal jaundice, planned vaccinations, and concerns related to sleep and the use of pacifiers. Screening during early childhood includes monitoring the aspects related to birth history, development, home environment, school readiness, diet, physical activity, and sleep.**



## Introduction

Mother and infant care begin before the actual delivery. Prenatal care revolves around screening maneuvers, counseling, education, and intervention, as well as immunization and chemoprophylaxis. Based on these guidelines, at least 13 visits to the gynecologist are scheduled for prenatal care, including preconception and postpartum visits. The first postpartum visit involves an examination to assess the health of the newborn and is scheduled three to five days after birth. Other visits are scheduled at 1, 2, 4, 6, 9, and 12

months of life.

## Prenatal Care

Schedule for routine prenatal care is as follows:

- Monthly, until 28 weeks estimated gestational age (EGA)
- Bimonthly, from 28—36 weeks EGA
- Weekly until delivery

This schedule is for a normal, healthy woman. Those with a [history of diabetes](#) and complicated pregnancies may require customized care and several additional appointments.

## Milestones for visits



A physician performing a checkup on a pregnant patient.

Each visit consists of all or at least one of the following:

- Screening maneuvers
- Counseling, education, and intervention
- Immunization and chemoprophylaxis

The recommended visits to a gynecologist before and during pregnancy are discussed in the subsequent sections.

## Preconception Visit

### A. Screening maneuvers

#### 1. Profile assessment to check for the following preconception risks:

- Infectious diseases
- Genetic disorders
- Potential for a vaginal birth after Cesarean (VBAC)
- Workplace and lifestyle hazard assessment
- History or risks of preterm labor

#### 2. Screening maneuvers may also include the following assessments:

- Blood pressure
- History and physical examination
- [Rubella](#)
- [Varicella](#)
- Cervical cancer
- [Domestic violence](#)
- Depression

## B. Counseling, education, and intervention

**Counseling on the following topics are undertaken to further educate the expectant mother:**

- Preterm labor
- Substance use/abuse
- Domestic violence
- Nutrition and weight
- Need for recording menstrual dates
- Medications, herbal supplements, and vitamins

## C. Immunization and chemoprophylaxis

Education regarding the use of the tetanus booster, prophylactic vaccines for varicella/VZIG, [influenza](#), and [pertussis](#), and nutritional supplements. Details of each visit are outlined in the subsequent sections.

## Visit 1 (6–8 Weeks)

### A. Screening maneuvers

**Profile assessment to check for the following aspects:**

- Blood pressure
- History and physical examination
- Viruses including Rubella, Varicella, HIV, and hepatitis
- Bacterial infections including gonorrhea, chlamydia, and syphilis
- Cervical cancer
- Domestic violence
- Depression
- Complete blood count (CBC), blood lead levels, and ABO/Rh testing
- Urine culture

### B. Counseling, education, and intervention:

**The following aspects are addressed:**

- Preterm labor and VBAC
- Fetal aneuploidy screening
- Prenatal and lifestyle education
- Physical activity
- Follow-up of modifiable risk factors
- Warning signs
- Nutrition

- Nausea and vomiting
- Course of care
- Pregnancy physiology

## C. Immunization and chemoprophylaxis

Education regarding the use of the tetanus booster, prophylactic vaccines for varicella/VZIG, [influenza](#), and [pertussis](#), and nutritional supplements.

## Visit 2 (10–12 Weeks)

### A. Screening maneuvers

Profile assessment to check blood pressure and weight, auscultation of fetal heart tones, and fetal aneuploidy screening.

### B. Counseling, education, and intervention

**The following aspects are addressed:**

- Preterm labor
- Prenatal and lifestyle habits
- Fetal growth
- Breastfeeding
- Review lab results from visit 1
- Pregnancy physiology
- Nausea and vomiting
- Follow-up of modifiable risk factors

## Visit 3 (16–18 Weeks)

### A. Screening maneuvers

**Profile assessment to check for the following aspects:**

- Weight and blood pressure
- Fetal aneuploidy screening
- Auscultation of fetal heart tones
- OB ultrasound (optional)
- Depression
- Cervical assessment
- Fundal height

### B. Counseling, education, and intervention

**The following topics should be addressed:**

- Preterm labor education
- Preterm labor prevention
- Prenatal and lifestyle education
- Follow-up of modifiable risk factors
- Physiology of pregnancy

- Second-trimester growth
- Quickening

## C. Immunization and chemoprophylaxis

Progesterone is recommended for women at high-risk for preterm delivery.

## Visit 4 (22 Weeks)

### A. Screening maneuvers

**Profile assessment to check for the following aspects:**

- Weight and blood pressure
- Fundal height
- Fetal heart tones
- Cervical assessment

### B. Counseling, education, and intervention

**The following aspects are addressed:**

- Preterm labor education
- Prenatal and lifestyle education
- Follow-up of modifiable risk factors
- Family issues
- Classes
- Length of stay
- Gestational diabetes mellitus
- Preterm labor prevention

## C. Immunization and chemoprophylaxis

- Rho(D) immune globulin

## Visit 5 (28 Weeks)

### A. Screening maneuvers

**Profile assessment to check for the following aspects:**

- Preterm labor risk
- Weight and blood pressure
- Fundal height
- Fetal heart tones
- Gestational diabetes mellitus
- Domestic violence
- Depression
- Rh antibody status
- Gonorrhea/chlamydia
- Hepatitis B surface antigen

## B. Counseling, education, and intervention

### The following aspects are addressed:

- Psychosocial risk factors
- Preterm labor education
- Awareness of fetal movement
- Preterm labor prevention
- Prenatal and lifestyle education
- Follow-up of modifiable risk factors
- Work
- Pregnancy physiology
- Preregistration
- Fetal growth

## C. Immunization and chemoprophylaxis

### Education regarding the following aspects:

- ABO/Rh/Ab
- Rho(D) immune globulin
- Hepatitis B surface antigen

## Visit 6 (32 Weeks)

### A. Screening maneuvers

#### Profile assessment to check for the following aspects:

- Weight and blood pressure
- Fetal heart tones
- Fundal height

### B. Counseling, education, and intervention

#### The following aspects are addressed:

- Preterm labor education
- Prenatal and lifestyle education
- Follow-up of modifiable risk factors
- Travel
- Sexuality
- Contraception
- Episiotomy
- Pediatric care
- Labor and delivery issues (preterm labor prevention)
- Warning signs of pregnancy-induced hypertension
- VBAC

## Visit 7 (36 Weeks)

## A. Screening maneuvers

**Profile assessment to check for the following aspects:**

- Weight and blood pressure
- Fundal height
- Fetal heart tones
- Fetal position
- Cervix exam
- Culture for group B strep

## B. Counseling, education, and intervention

**The following aspects are addressed:**

- Prenatal and lifestyle education
- Follow-up of modifiable risk factors
- Postpartum care
- Management of late pregnancy symptoms
- Contraception
- When to call provider
- Discussion of postpartum depression

## Visit 8–11 (38–41 Weeks)

### A. Screening maneuvers

Profile assessment to check weight and blood pressure, fundal height, fetal heart tones, and the cervix.

### B. Counseling, education, and intervention

**Prenatal and lifestyle education includes the following:**

- Follow-up of modifiable risk factors
- Infant CPR
- Postpartum vaccinations
- Post-term management
- Labor and delivery update
- Breastfeeding

## Visit Post-Partum (4–6 Weeks)

### A. Screening maneuvers

**Profile assessment to check for the following aspects:**

- Cervical cancer screening
- Gonorrhea/chlamydia
- Height and weight
- History and physical examination
- Gestational diabetes mellitus

- Domestic violence
- Depression

## B. Counseling, education, and intervention

Contraception, postpartum depression, and breastfeeding concerns are addressed.

## C. Immunization and chemoprophylaxis

- Tetanus/Pertussis

## Diet in Pregnancy

Foods are broadly categorized based on their safety profiles as follows:

**Safe:** Moderate caffeine intake, artificial sweeteners, fish maximum 12 oz per week

**Unsafe:** Saccharine, unpasteurized foods, swordfish, shark, or raw fish.

**Weight gain goals in pregnancy are as follows:**

- Normal: 25-35 lbs.
- Overweight: 15-25 lbs.
- Obese: 11-20 lbs.

**Other counseling during pregnancy may include the following instructions/topics:**

- Air travel is safe for the fetus for up to 36 weeks EGA
- Moderate exercise for 30 minutes on most days of the week
- Avoid hair treatment
- Avoid hot tubs and saunas during the first trimester of pregnancy
- Acetaminophen is the safest drug for pain relief
- Inclusion of vitamin B6 and change in dietary patterns are recommended for moderate nausea and vomiting

## Examination of the Healthy Infant

Schedule for examination is as follows:

- 3-5 days after birth
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months

## Breastfeeding

Recommended as exclusive feeding for 6 months, with continuation through one year of age. It decreases the risk of asthma, obesity, diabetes, infections, and SIDS in the infant. Breastfeeding also benefits the mother by decreasing the risk of ovarian and breast cancer and improving the bond between mother and child.



## Screening for neonatal jaundice

The following aspects should be kept in mind. Preterm infants at high-risk for jaundice should be monitored every 8–12 hours. Nanograms based on hours since birth should be used for risk stratifications and to initiate phototherapy. Coombs test should be performed to check for rising bilirubin levels.

Infants with glucose-6-phosphate dehydrogenase (G6PD) deficiency are at high risk of developing hyperbilirubinemia. Infants who are deficient in G6PD require intervention at lower bilirubin concentration.

## Prevention and treatment of neonatal jaundice

The following aspects should be kept in mind:

- Maintain 8–12 breastfeeds per day
- Do not reduce breastfeeding in the case of mild jaundice

## Treatment in the case of neonatal jaundice

Infants with severe hyperbilirubinemia or high risk of developing severe hyperbilirubinemia should undergo intensive phototherapy. Most cases do not require admission to a neonatal intensive care unit (NICU) admission; however, careful monitoring is a must.

## Addressing Concerns During Infancy

The following precautions should be taken regarding sleep:

- Always on back to prevent sudden infant death syndrome (SIDS)
- Avoid blankets, toys, and bumpers
- Ensure 14–17 hours of sleep daily (newborns)
- Ensure 12–15 hours of sleep daily (infants)
- Mindful of infants with inadequate night waking by the age of six months
- Watch out for parental anxiety and burnout
- Emphasize bedtime routine

Pacifier use is associated with improvement in the risk of SIDS through six months, increased risk of otitis media and wheezing, and dental malocclusion. It is recommended that you start weaning off the use of pacifiers at six months.

## Vaccinations

The following should be borne in mind regarding vaccines:



Infant receiving a scheduled vaccine on the thigh muscle.

- Infants and children are most vulnerable to potentially life-threatening diseases.
- Recommended vaccination schedules are aimed at the prevention of diseases
- The previous connection between autism and vaccination has been disproved
- Maintain adherence to CDC/ACIP recommendations

## Examination of Healthy Children and Adults

Important parameters during early childhood include screening for the following:

- Birth history
- Development
- Home environment
- School readiness
- Diet
- Physical activity
- Sleep

Head to toe examination includes the measurement of BMI, a cardiac exam, the measurement of the child's hips (through age 2 years), and a genital exam.

Recommended screening exams for children are as follows:

- Hgb at one year (often done annually through the age of five years)
- Consider fluoride varnish at the of age six months to five years
- Hearing and vision tests by the age of four years
- Lipid screening between the ages of nine and eleven years and during late adolescence
- Lead levels

- Tuberculosis

## Vaccinations

The first dose of the meningococcal vaccine should be given between the ages of 11 and 12 years, followed by a booster dose at 16 years. For other vaccinations, the CDC/ACIP recommendations should be adhered to.

## The following screening exams are recommended in adolescents:

- BMI at every general exam
- Chlamydia and gonorrhea screening in sexually active women
- Drugs
- Alcohol
- Home and environment
- Education and employment
- Depression
- Monitoring daily activities

Alcohol use, drug use, and sexual activity are considered risky behavior among adolescents.

## References

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