

# MiPATH Prenatal Care Recommendations:

## A How To Guide for Maternity Care Professionals

Prenatal care is one of the most widely used preventive care services in the US, yet prenatal care delivery recommendations have remained largely unchanged since 1930. COVID-19 forced rapid changes in prenatal care delivery, highlighting the need to revisit prenatal care recommendations.

New MiPATH recommendations incorporate patients' medical, social, and structural determinants of health **and** preferences to create comprehensive, tailored prenatal care plans for their patients with more flexibility around:



**Visit Frequency & Monitoring**



**Telemedicine**



**Support Services**

## Step by Step:

### Designing Your Patient's Prenatal Care Plan



**Start**



Patient presents for care



Screen for medical & social determinants



#### Determine a Tailored Prenatal Care Plan

##### Visit Frequency & Monitoring Schedule

Determine intensity based on medical & social needs  
More frequent contact for patients with pregnancy complications and chronic conditions

##### Telemedicine

Deliver recommended services through 4 in-person visits (1st visit, 28w, 36w, 39w)

Determine visit modality (in-person vs. telemedicine) for additional visits with the patient

Most monitoring can be completed remotely

##### Support for Social & Structural Determinants

Provide additional support based on community/health system resources and patient needs.



Solicit and incorporate patient preferences



**Finalized Plan!**

# MiPATH:

## Additional Tips for Maternity Care Professionals

Screen for medical, social, and structural determinants at the start of pregnancy to guide care planning and connection to resources.

### Medical Determinants of Health

Menstrual History  
Pregnancy History  
Medical History  
Patient and Partner Genetic Risk  
Teratogen Exposure  
Infection History  
Immunizations  
Medications

### Social and Structural Determinants of Health



**Material Needs:** Financial and tangible



**Psychological Needs:** Mental health, cognitive ability, esteem/agency



**Social Needs:** Relationships, community, sense of belonging or discrimination



**Demographic Characteristics:** Age, education, race, ethnicity, immigration status, place of residence

Monitoring in pregnancy can be completed remotely. Patients must have access to reliable, high-quality devices for home use.

### First Trimester

### Second Trimester

### Third Trimester

Blood Pressure (Telemedicine or office visit)

Weight (Telemedicine or office visit)

Fetal Heart Tones  
(Office visit)

Fetal Heart Tones (Telemedicine or office visit)

Fundal Height (Telemedicine or office visit)

Four in-person visits are based on recommended services that cannot be delivered remotely. Others can be completed remotely or in person.

### First Visit

- History & physical exam
- First-trimester labs
- Genetic testing
- Influenza vaccine

### 28 Weeks

- Third-trimester labs (CBC, diabetic screen)
- Tdap vaccine
- Rho(D) immunoglobulin (as needed)

### 36 Weeks

- Group B streptococcus test
- Assessment of fetal presentation

### 39 Weeks

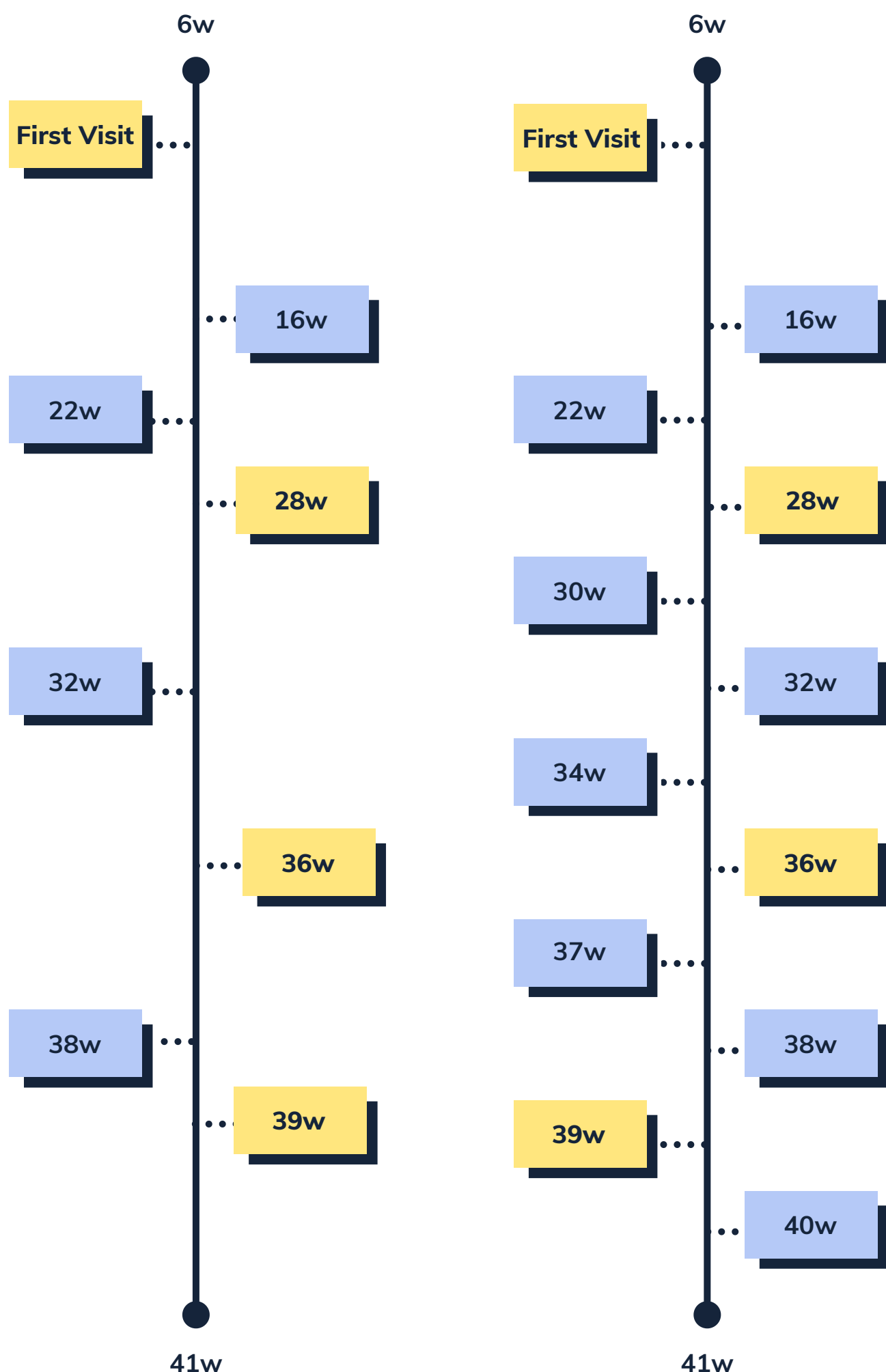
- Delivery planning

# Options for Prenatal Care Plans

Based on patients' medical, social, and structural determinants of health and preferences

Patients without medical conditions or pregnancy complications can select a **less intense** visit schedule.

Patients with medical conditions or pregnancy complications should have a **more intense** visit schedule.



● Required in-person visit

● In-person or Telemedicine visit (based on patient preference)



**Support Options**

**No adverse social and structural determinants:**

- Routine support

**Adverse social and structural determinants:**

- Routine support
- Additional support