



Clinical Report—The Prenatal Visit

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KEY WORDS

pregnancy, prenatal visit, pediatrician, expectant parents, medical home

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abstract

As advocates for children and their families, pediatricians can support and guide expectant parents in the prenatal period. Prenatal visits allow the pediatrician to gather basic information from expectant parents, offer them information and advice, and identify high-risk conditions that may require special care. In addition, a prenatal visit is the first step in establishing a relationship between the family and the pediatrician (the infant's medical home) and in helping the parents develop parenting skills and confidence. There are several possible formats for this first visit. The one used depends on the experience and preference of the parents, the style of the pediatrician's practice, and pragmatic issues of reimbursement. *Pediatrics* 2009;124:1227–1232

INTRODUCTION

Prenatal contact with a pediatrician generally begins with a telephone call from a prospective parent to the physician's office to ask whether the pediatrician is accepting new patients and to inquire about hours, fees, hospital affiliation, health insurance accepted, and emergency coverage. These questions may be answered by a member of the office staff or the physician and establishes an initial relationship between the pediatrician's office and the parent. During this conversation, the parent should be invited to schedule a prenatal visit with the pediatric clinician, which should include both parents if possible.

A prenatal visit with the pediatrician is recommended for all expectant families. It is especially valuable for first pregnancies; parents who are new to the practice; single parents; families with high-risk pregnancies, pregnancy complications, or multiple gestations; and for parents who previously have experienced a perinatal death. This visit can also be valuable to parents who are planning to adopt a child.

The most comprehensive prenatal visit is a full office visit, during which the expectant parent(s) can have time to air their needs, interests, and concerns and receive initial anticipatory guidance. Most pediatricians feel that the prenatal visit is helpful for them as well as for the prospective parents. Because they cannot initiate these visits, pediatricians should discuss the concept with referring obstetricians, who can, in turn, encourage their patients to contact pediatricians for a prenatal visit.

OBJECTIVES

1. Establishing a Positive Pediatrician-Family Relationship

The prenatal period is a good time to start building the health care alliance that should last throughout the child's pediatric care.¹ This is

a particularly good time to invite spouses/partners and other supportive adults, including grandparents,²⁻⁴ to establish a relationship with the pediatrician or other health care provider for the infant and to encourage them to come to future visits and help them support the new mother. A prenatal visit can be used to introduce parents to the concept of a medical home for the child's future health and developmental needs. Parents' comfort level should increase as they become familiar with their pediatric health care provider before the birth of their infant, especially if a referral or transfer of care seems necessary because of unusual medical needs of the infant. Adolescent parents and older first-time parents also can benefit from having the opportunity to share their special concerns with a knowledgeable professional. If grandparents are available and interested in being involved, it is important that ground rules be established so that the parents can feel supported but not controlled by their parents and that all grandparents play by the same rules.

2. Information-Gathering From the Family

The most important information to collect during the prenatal visit concerns the general assets and needs of the parents and their hopes, expectations, and worries about the infant that they are expecting.⁵⁻⁷ In addition to family and parent medical history, including possible problems with previous pregnancies, discreet inquiry should be made into the parents' relationship with each other and other family members, concerns regarding possible domestic violence, anxiety about the present pregnancy, fear of hereditary or congenital disorders (if this information is available), experience with infants, resources for child rearing, delivery plans, feeding choice, and concerns about changes in lifestyle. This is

an appropriate time to identify cultural beliefs, values, and practices related to pregnancy and parenting^{8,9} as well as attitudes toward tobacco, alcohol, and other drug use. Additional issues to consider are the nature and extent of support from family and friends, parents' work arrangements, and child care plans, especially if both parents work outside the home. If there are other children in the family, their feelings, worries, and expectations and sibling rivalry should be considered.

3. Anticipatory Guidance and Enhanced Parenting Skills

One of the pediatrician's most complex but gratifying tasks is to help mothers, fathers, and other supportive adults become more competent caregivers. This can begin with discussion of the parents' concerns and planned strategies. Advice can be offered about shared roles in parenting, such as diapering, bathing, nighttime care, and helping with feeding. Description of the routine in the hospital, including who will be in the delivery room and how new infants behave in the first hours and days, can be reassuring. This discussion might include the newborn's ability to seek and attach to the mother's breast right after delivery. The Appendix is an example of a handout that the pediatrician can offer the parents at the prenatal visit.

This is an appropriate teaching moment for describing to both parents the many advantages of exclusive breastfeeding and how it improves outcomes for both the mother and infant.^{10,11} Special breastfeeding training of expectant fathers has been shown to increase their support of their wives and the duration of breastfeeding.¹² Breastfeeding should be strongly recommended if there are no contraindications, and support services should be discussed.¹³⁻¹⁶ However, ultimately,

decisions about feeding the infant are made by the parents. If bottle feeding is the parents' choice, they should be supported in their decision and given advice on formula type, preparation, and proper bottle use.

Discussion of circumcision, including benefits, risks, the surgical process, and analgesia, can be presented at this visit, with particular attention to the family's religious and cultural views.

Safety is an important topic to present to the parents, particularly advice such as "back to sleep" and proper bedding,^{17,18} proper holding of the infant, bathing and water temperature, proper use of a pacifier, and hand-washing and other sanitation matters. Encouraging good family diet, regular checkups with the family physician or obstetrician¹⁹ and dentist,^{20,21} and appropriate rest and exercise is important also.

During the visit, the parents' emotions and worries should be explored and information should be offered about "baby blues," postpartum depression and the usual parental frustrations and initial feelings of incompetence.²²⁻²⁴ Fathers' or partners' feelings about lack of parenting skills and decreased marital intimacy can be addressed as well. Parents should be given ideas about soothing a fussy infant, such as holding, including cuddling and kangaroo care²⁵; rocking; singing; talking quietly; and dimming lights and playing soft music. They should be assured that they can call the pediatrician for advice if they feel anxious or angry or are afraid that they might hurt the infant.

Although the volume of information and advice may seem overwhelming to expectant parents, they can be given appropriate handouts, CDs, or videotapes to supplement and reinforce visit information. They should also be offered the opportunity for a follow-up

visit or telephone call if they still have questions. A Web page can be a good source of information and can include parent questionnaires for subsequent visits.

4. Identification and Approaches to High-Risk Issues

Neonatal screening and immunization should be explained so that the parents understand the benefit of early diagnosis and therapy. Family history of congenital disease, if known, can be discussed and advance planning arranged if necessary. Adolescent parents often need more guidance than more experienced parents, and older-than-usual parents often feel stressed and insecure also. Single parents may not have family or other support systems and may need referral to social service agencies for help. Absence of the father, parental disagreement, chronic parental physical or mental issues, and preterm birth or birth defect in the infant may require additional medical visits and specialist involvement^{26–28} and can present physical, emotional, and financial burdens for the parents.²⁹ During the pregnancy, maternal obesity and maternal drug use are risk factors for birth defects and/or developmental impairment.^{30,31}

TYPES OF PRENATAL VISITS

1. The Full Prenatal Visit

The most comprehensive form of visit is a scheduled office visit with both parents and other significant family members present. During this visit, the 4 objectives listed previously are discussed in detail. Discussion should include office and telephone hours; fees; office staff; hospital affiliations; coverage for night, weekend, and emergency care; arrangements for delivery at a hospital where the pediatrician is not on the staff; and the pediatrician's expectations of the family. A handout containing this information should be

given to the family. This type of visit is most important for a first pregnancy, for adolescent and other young parents, when pregnancy complications or newborn problems are anticipated, or when parents are unusually anxious for any reason. The establishment of a mutual commitment to a sound and rewarding family-physician relationship usually results from this visit.

As more women have high-risk pregnancies that require bed rest, there may be a need for home prenatal visits and/or telephone calls. These contacts should include the same content as the full prenatal visit and can be conducted by the pediatrician, the office nurse, or other trained office personnel. The outcome should be the same mutual commitment as from the full prenatal visit in the office.

2. The Brief Visit to Get Acquainted

An encounter at the office for 5 to 10 minutes between the physician and an expectant parent may include introduction to other members of the staff and a short tour of the office. Administrative issues may be discussed briefly and/or a handout with the information may be given to the parent. This type of visit is appropriate for parents who are still deciding on a pediatrician and not ready for a full visit. Although such a visit cannot cover all the desirable elements of a full visit, the pediatrician can offer to schedule a longer visit and include both parents and significant family members.

3. The Basic Contact or Telephone Call

The initial prenatal contact often is an expectant parent's call to the pediatrician's office. If the pediatrician is accepting new patients, the staff member can offer a brief description of the practice, as noted above. The parent can be asked for the same identifying information as in the longer visits, such as name, address, telephone

number, source of referral, expected delivery date, and type of insurance and can be invited to make an appointment for a full prenatal visit. The office information handout may be mailed to the expectant parents.

4. No Prenatal Contact

If no prenatal contact has been made, the objectives and discussion of the prenatal visit can be presented to the parents in the newborn visit or first postnatal visit. Unfortunately, the new mother may be too tired or distracted to absorb much of what the pediatrician can offer at the hospital visit, so a handout containing pertinent information may be particularly useful for this type of visit. For the infant's first office visit, parents should be encouraged to have an additional family member on hand to care for the infant while the pediatrician confers with them.

5. The Group Prenatal Visit

The concept of the group well-child visit can be used for the prenatal visit as well. It encourages mutual support among the expectant parents in addition to providing the information and advice of the more traditional session with an individual family. It has the added advantage of saving the pediatrician's participation in a prenatal class is another alternative. Families with children may find group visits an opportunity to discuss sibling rivalry.

REIMBURSEMENT

Reimbursement for a prenatal visit may be problematic. Payment by third-party payers for pediatric prenatal visits rarely, if ever, occurs. Networking—sharing information and ideas with community obstetricians and with health insurance medical directors—might be of benefit in establishing reimbursement methods. If the obstetrician makes a formal referral to the

pediatrician, who in turn sends a report back to the obstetrician about the prenatal discussion with the parents, the visit might be reimbursable. Even without insurance coverage, a modest fee may not dissuade the expectant parents from attending a prenatal visit.

ADVICE FOR PEDIATRICIANS

1. Pediatric practices are encouraged to establish a policy on prenatal visits. Services offered can be flexible and designed to meet the needs of expectant parents. In many cases, a full prenatal visit is ideal, but for some parents, a shorter encounter is sufficient.
2. Communication of the policy on charges for prenatal visits to third-party payers and to families is advised. State chapters of the American Academy of Pediatrics (as through pediatric councils) and pediatric practices can advocate to insurance companies, including Medicaid, the short-term and long-term benefits of prenatal visits for the health of infants and their parents.
3. Pediatricians should share their established policies on prenatal visits with local obstetricians and with expectant parents.
4. During their training, pediatric residents should learn about the content and importance of prenatal visits.
5. A comprehensive review of this topic with suggested questions and specific suggestions for expectant parents can be found in the third edition of *Bright Futures*.³²

APPENDIX: PARENT PAGE

Welcome to the world of parenthood. As you get closer to the time of your delivery, here is some information that can help you get ready to care for your new baby.

Hopefully, when the baby is born, you'll be able to hold him or her right away. Brand new infants like to be cuddled, and they are usually ready to nurse at the breast. Even if you don't want to breastfeed, holding the baby close to you can make you both feel good. It's good, too, if Daddy, grandparents, and siblings can be close by for the labor and delivery. They'll want to cuddle the baby also. They will be important players in the baby's life and can be a great help for the new mother. If breastfeeding is not the family's choice, your pediatrician will advise you about formula preparation and proper bottle feeding.

The first few weeks at home will be a lot different from the time before the baby was born. Both parents will be tired, sometimes not sure how to handle the infant's crying and other behaviors, and often a bit frustrated. When you don't quite know what to do next, or if you feel blue, edgy, or angry, that's a good time to contact your pediatrician for advice.

Your sleeping will be interrupted by the baby needing feedings and diaper changes; new infants may need to be fed every 2 to 4 hours in the first several weeks. Learn to take a nap when the baby does, and let the housework be done by family and friends during the first few weeks.

Your pediatrician can offer you advice or suggestions about supplies, furniture, and other baby needs, as well as

safety tips. For example, it's much safer to put the baby to sleep on his or her back, not on the tummy, and the bassinet or crib should have a firm, smooth mattress. Both alcohol and tobacco use by the pregnant woman can be harmful for the developing fetus. Tobacco smoke anywhere near the baby may lead to breathing problems for the baby then or even months later.

It's amazing and exciting to see babies develop and change in the first few weeks. As you get to know your baby's routine and personality, you'll be more comfortable in handling him or her and making decisions in the baby's best interest.

Remember, there is no such thing as a stupid question. Whenever you need an answer about anything related to your baby, you should feel free to call your pediatrician.

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