



Critical needs in caring for pregnant women during times of disaster for non-obstetric health care providers

What are the critical reproductive health care messages for women and their health care providers?

Pregnancy awareness

- Half of all pregnancies are unplanned; women may not be aware they are pregnant and that they have special health care needs.
- Pregnancy testing must be available to confirm suspicions of pregnancy when there is doubt; the first 8 weeks of pregnancy are critical for organogenesis so it is important for women to have access to health care information.
- Pregnancy prevention requires access to contraception and this can be a problem when access to care has been interrupted.

All pregnant women should receive prenatal care.

- Find an alternate source of routine care if their health care facility is closed.
- Prenatal vitamins should be taken daily.
- There is no known safe amount of alcohol during pregnancy.
- Mass vaccination or prophylaxis must consider the special circumstance of pregnancy; live attenuated vaccines such as varicella and MMR are contraindicated in pregnant women. Influenza vaccine is recommended for all women who are pregnant during influenza season. A summary of recommendations for adult immunization can be found at <http://www.immunize.org/catg.d/p2011b.htm>.
- Pregnant women should avoid children with rashes and adults with shingles in order to minimize the potential exposure to varicella.

What are the critical issues for prenatal care?

General considerations

- Records from prior prenatal care may not be available; providers may have to “start from scratch”
- Consider giving a copy of prenatal records to patients if care is likely to be episodic or the woman is likely to be transient

During the first trimester (before 13 weeks):

- First trimester laboratory testing: Blood type, Rh type, Antibody screen, Hct, Hgb, Platelets, Rubella, RPR, Urine screen/culture, Hgb electrophoresis, PPD, Chlamydia/GC, Pap Smear, HIV

During the second trimester (From 13 to 26 weeks):

- Prenatal visits every 4 weeks
 - Assess blood pressure, fundal height, weight gain, and address concerns

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(continued from previous page)

- Consider ultrasound, if available, for confirming due date
- Screening for diabetes with glucose challenge test (26-28 weeks)

During the third trimester (From 24 to term [>37 weeks])

- Prenatal visits every 2 weeks from 28 until 36 weeks
 - Assess blood pressure, fundal height, weight gain, and address concerns
- Prenatal visits every week after 36 weeks:

What signs and symptoms require emergency obstetric services?

Seek emergency obstetric care for the following:

- Preterm (<37 weeks) contractions
 - Contractions every 10 minutes or more (Cramping)
 - Pelvic pressure
 - Low, dull backache
 - Abdominal cramps with or without diarrhea
- Regular painful uterine contractions at term (increasing in frequency and duration)
- Vaginal bleeding and/or severe abdominal pain
- Leakage of fluid (obvious or suspected ruptured membranes)
- Decreased fetal movement

For more information, visit www.bt.cdc.gov/disasters,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

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Page 2 of 2