f. 24–28 Weeks

1. Family Planning

The ideal time to begin an in-depth discussion with the patient with respect to family planning goals is 24–28 weeks' gestation. Formulating these goals at this point better prepares the patient for an optimal individualized plan in the event of a preterm delivery or if immediate postpartum contraception is desired. See the Education section for additional details on family planning.

2. Gestational Diabetes Mellitus

Screening for GDM using the 1-hour 50 gram oral glucose challenge (GCT) test is recommended for all pregnant patients beginning at 24 weeks of pregnancy.(276) Screening is ideally completed by 28 weeks of pregnancy. Patients who screen positive should undergo a 3-hour 100 gram oral glucose tolerance test to establish a diagnosis. See the section on Diabetes Mellitus which discusses the potential role of GDM screening before 24–28 weeks. Should a diagnosis of GDM be established during the pregnancy, maternity care providers should take care to perform a 2-hour 75 gram oral glucose tolerance test at the 6–8 weeks postpartum visit to ensure resolution of the GDM. Given the increased lifetime risk for progression to type 2 DM, communication of this pregnancy complication to subsequent primary care providers is important and affects subsequent lifetime DM screening recommendations.

3. Complete Blood Count – Anemia

Because of plasma volume expansion and increased iron requirements during pregnancy, all pregnant patients should be rescreened for anemia between 24–28 weeks of pregnancy.(277) In the second trimester, hemoglobin and hematocrit values below 10.5 and 32.0, respectively, warrant further investigation and treatment. Values below 11.0 and 33.0 in the third trimester require additional investigation and treatment.

4. Tdap

Pregnant patients should receive the Tdap vaccine during each pregnancy to provide passive immunity through breastmilk to newborns, who would not otherwise routinely receive it until 2 months of age.(247) Although a pregnant patient can receive the Tdap vaccine at any time during pregnancy, the optimal time to receive the vaccine is from 27–36 weeks' gestation, maximizing maternal antibody response and passive antibody transfer to the newborn.

5. Rho(D) Immune Globulin

Rhogam for the prevention of Rh(D) alloimmunization should be given to all Rh-negative pregnant patients at the 28-weeks prenatal visit.

"The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks' gestation unless the biological father is known to be Rh(D)-negative."(278)