

# ACOG UPDATES

2

## Change to Clinical Updates Format

- We will not be presenting all of the changes to Practice Bulletins/Policy Statements etc. We will focus our energy on one or two pertinent updates to OB Clinical Practice
- As a reminder, some documents such as ACOG Committee Opinions are available without a subscription. However, the ACOG Practice Bulletins are copyrighted material available to members with an ACOG subscription
- If you do not have access to any of the subscriptions we present and are interested in obtaining a particular article/practice bulletin/consensus statement, please notify us at [MWHO Outreach@nmhs.org](mailto:MWHO Outreach@nmhs.org) and we will do our best to accommodate you.



**BUSTED!**  
COPYRIGHT VIOLATION

3

# ACOG UPDATES

2025

- Please keep in mind when accessing and reading ACOG Committee Opinion, Practice Bulletins, and Clinical Practice Guidelines:
  - The Strength of the Recommendations
  - The Quality of Evidence
  - Good Practice Points
    - The definitions and guidelines are listed on the right of this page
    - Only Practice Bulletin Information will be contained in this document as ACOG Committee Opinions are accessed without a subscription to ACOG

<b>STRENGTH OF RECOMMENDATION</b>	
<b>STRONG</b>	ACOG recommends Benefits clearly outweigh harms and burdens. Most patients should receive the intervention. ACOG recommends against Harms and burdens clearly outweigh the benefits. Most patients should not receive the intervention.
<b>CONDITIONAL</b>	ACOG suggests The balance of benefits and risks will vary depending on patient characteristics and their values and preferences. Individualized, shared decision making is recommended to help patients decide on the best course of action for them.
<b>QUALITY OF EVIDENCE</b>	
<b>HIGH</b>	Randomized controlled trials, systematic reviews, and meta-analyses without serious methodologic flaws or limitations (eg, inconsistency, imprecision, confounding variables) Very strong evidence from observational studies without serious methodologic flaws or limitations There is high confidence in the accuracy of the findings and further research is unlikely to change this
<b>MODERATE</b>	Randomized controlled trials with some limitations Strong evidence from observational studies without serious methodologic flaws or limitation
<b>LOW</b>	Randomized controlled trials with serious flaws Some evidence from observational studies
<b>VERY LOW</b>	Unsystematic clinical observations Very indirect evidence from observational studies
<b>GOOD PRACTICE POINTS</b>	
Ungraded Good Practice Points are incorporated when clinical guidance is deemed necessary in the case of extremely limited or nonexistent evidence. They are based on expert opinion as well as review of the available evidence.	

4



## LIST OF TITLES — AUGUST 2025

**Clinical Consensus** documents provide recommendations on focused clinical issues based on a careful examination of available scientific data, supplemented with expert opinion when the evidence is limited.

**Committee Opinions** provide ACOG committee assessments of emerging issues in obstetric and gynecologic practice.

**Committee Statements** address issues related to the practice of obstetrics and gynecology, such as ethics and access to care for underserved populations.

**Clinical Practice Guidelines** provide clinical management recommendations that are developed through assessment of the benefits and harms of care options based on a systematic review of the evidence.

**Practice Bulletins** are evidence-based documents that summarize current information on techniques and clinical management issues for the practice of obstetrics and gynecology.

**Obstetric Care Consensus** documents are developed jointly with the Society for Maternal-Fetal Medicine and include high-quality, consistent, and concise clinical recommendations for practicing obstetricians and maternal-fetal medicine subspecialists.

**Technology Assessments** provide an overview of technology in obstetrics and gynecology.

*ACOG documents are reviewed routinely for accuracy and continued relevance. The "reaffirmed date" in the list below indicates when the document was last reviewed.*


5



# Committee on Clinical Consensus— Obstetrics Clinical Consensus



6

- 
- #1 Pharmacologic Stepwise Multimodal Approach for Postpartum Pain Management August 26, 2021-2025
  - #8 Tailored Prenatal Care Delivery for Pregnant Individuals (Obstet Gynecol 2025;145:565-577) April 17, 2025
  - #10 Cannabis Use During Pregnancy and Lactation (Obstet Gynecol 2025;146:600-611) September 18, 2025
    - Replaces Committee Opinion #722, (October 2017)



7



# COMMITTEE OPINIONS REAFFIRMED

8

## ***ACOG COMMITTEE OPINIONS OBSTETRICS REAFFIRMED***

- 579 Definition of Term Pregnancy (Joint with the Society for Maternal-Fetal Medicine)(Obstet Gynecol 2013;122:1139–40) November 2013
- 597 Labor Induction or Augmentation and Autism (Obstet Gynecol 2014;123:1140–2) May 2014
- 644 The Apgar Score (Joint with the American Academy of Pediatrics) (Obstet Gynecol 2015;126:e52–5) October 2015



9

## ***ACOG COMMITTEE OPINIONS OBSTETRICS REAFFIRMED CONTINUED***

- 657 The Obstetric and Gynecologic Hospitalist (Joint with the Committee on Patient Safety and Quality Improvement) (Obstet Gynecol 2016;127:e81–5) February 2016
- 679 Immersion in Water During Labor and Delivery (Obstet Gynecol 2016;128:e231–6) November 2016 2025
- 682 Microarrays and Next-Generation Sequencing Technology: The Use of Advanced Genetic Diagnostic Tools in Obstetrics and Gynecology (Joint with the Society for Maternal-Fetal Medicine) (Obstet Gynecol 2016;128:e262–8) December 2016 2025
- 690 Carrier Screening in the Age of Genomic Medicine (Obstet Gynecol 2017;129:e35–40) March 2017 2025
- 691 Carrier Screening for Genetic Conditions (Obstet Gynecol 2017;129:e41–55) March 2017 2025



## ***ACOG COMMITTEE OPINIONS OBSTETRIC REAFFIRMED CONTINUED***

- 700 Methods for Estimating the Due Date (Joint with the American Institute of Ultrasound in Medicine and the Society for Maternal-Fetal Medicine) (Obstet Gynecol 2017;130:e95–101) (Clinical Practice Update) August 2017
- 712 Intrapartum Management of Intraamniotic Infection (Obstet Gynecol 2017;130:e95–101) (Clinical Practice Update) August 2017
- 725 Vaginal Seeding (Obstet Gynecol 2017;130:e274–8)
- 731 Group Prenatal Care (Obstet Gynecol 2018;131:e104–8)
- 736 Optimizing Postpartum Care (Joint with the Presidential Task Force on Redefining the Postpartum Visit) (Obstet Gynecol 2018;131:e140–50) May 2018 2025



## ***ACOG COMMITTEE OPINIONS OBSTETRIC REAFFIRMED CONTINUED***

- 775 Nonobstetric Surgery During Pregnancy (Joint with the American Society of Anesthesiologists) (Obstet Gynecol 2019;133:e285–6) (Interim Update) March 26, 2019 2025
- 776 Immune Modulating Therapies in Pregnancy and Lactation (Joint with the Society for Maternal-Fetal Medicine) (Obstet Gynecol 2019;133:e287–95) March 26, 2019 2025
- 778 Newborn Screening and the Role of the Obstetrician–Gynecologist (Obstet Gynecol 2019;133:e357–61) April 23, 2019 2025
- 794 Quantitative Blood Loss in Obstetric Hemorrhage (Obstet Gynecol 2019;134:e150–6) November 20, 2019
- 797 Prevention of Group B Streptococcal Early-Onset Disease in Newborns (Obstet Gynecol 2020;135:e51–72) (Interim Update) (Correction) January 23, 2020



12

## **Committee on Clinical Practice Guidelines–Obstetrics Clinical Practice Guidelines**

13

- **# 9 Cervical Ripening in Pregnancy (Obstet Gynecol 2025;146:148–160) June 18, 2025**
  - Replaces Practice Bulletin #107 (2009)
- **# 10 Intrapartum Fetal Heart Rate Monitoring: Interpretation and Management (Obstet Gynecol 2025;146:583-599) September 18, 2025.**
  - Replaces Practice Bulletin #106 (2009), Practice Bulletin #116 (2010) and Practice Advisory, Oxygen Supplementation in the Setting of Category II or III Fetal Heart Tracings (2022).



14

## **# 9 Cervical Ripening in Pregnancy-Recommendations**

- **ACOG recommends use of pharmacologic, mechanical, or combination methods for cervical ripening.** (STRONG RECOMMENDATION, HIGH-QUALITY EVIDENCE)
- **ACOG suggests the use of pharmacologic methods in combination with mechanical methods of cervical ripening to shorten the time from admission to delivery in appropriate candidates.** (CONDITIONAL RECOMMENDATION, HIGH-QUALITY EVIDENCE)
- **ACOG recommends the use of either oral or vaginal misoprostol for cervical ripening.** (STRONG RECOMMENDATION, HIGH-QUALITY EVIDENCE).
- **ACOG recommends the vaginal dinoprostone may be used for cervical ripening.** (STRONG RECOMMENDATION, MODERATE-QUALITY EVIDENCE).
- **ACOG recommends the use of mechanical methods of cervical ripening.** (STRONG RECOMMENDATION, HIGH-QUALITY EVIDENCE).
- **ACOG suggests that outpatient cervical ripening is a safe and effective way to reduce the time from admission to delivery in low-risk patients.** (CONDITIONAL RECOMMENDATION, HIGH-QUALITY EVIDENCE)



15



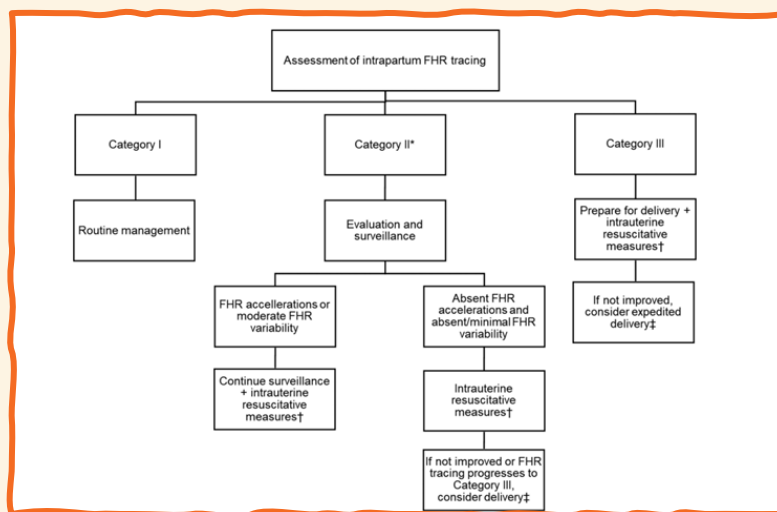
## # 10 Intrapartum Fetal Heart Rate Monitoring: Interpretation and Management

- **“No matter which individual classification system is used, it is crucial that both nurses and obstetric clinicians at a given institution use the same classification system and terminology. Further, although classification systems can be helpful for prompt communication about FHR tracings, they may lose the nuance of individual FHR tracing Characteristics such as baseline heart rate, variability, and decelerations and the changes in these elements over time or in response to specific clinical events. Regardless of the classification system used, it is important to note that categorization of the FHR tracing evaluates the fetus at that point in time; tracing patterns can and will change. An FHR tracing may move back and forth between the categories depending on the clinical situation and management strategies used”.**

• Pg. 589

16

## # 10 Intrapartum Fetal Heart Rate Monitoring: Assessment & Management- Recommendations



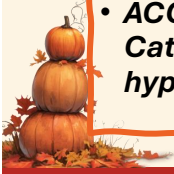
17



## # 10 Intrapartum Fetal Heart Rate Monitoring: Interpretation and Management- Recommendations

### Management of Category I,II, and III Fetal Heart Rate Tracings:

- **ACOG recommends routine intrapartum care in the setting of Category I fetal heart rate tracings.** (STRONG RECOMMENDATIONS, LOW QUALITY EVIDENCE).
- **ACOG recommends initial attempt(s) at intrauterine resuscitation with one or more of the following: maternal position changes, amnioinfusion, maternal intravenous fluid bolus, reduction or cessation of augmentation or induction agents, or correction of maternal pathophysiology thought to be associated with tracing changes, prior to cesarean delivery in the setting of a Category II fetal heart rate tracing.** (STRONG RECOMMENDATION, MODERATE-QUALITY EVIDENCE).
- **ACOG recommends against routine maternal oxygen administration for Category II or III fetal heart rate tracing in the absence of maternal hypoxia.** (STRONG RECOMMENDATION, HIGH-QUALITY EVIDENCE).



18

## # 10 Intrapartum Fetal Heart Rate Monitoring: Interpretation and Management- Recommendations

- **ACOG recommends expedited delivery in the setting of a Category III fetal heart rate tracing not responsive to initial attempt(s) at intrapartum intrauterine resuscitation when indicated.** (STRONG RECOMMENDATION, HIGH-QUALITY EVIDENCE).
- **ACOG suggests treating uterine tachysystole that is associated with Category III or II fetal heart rate tracings with high-risk features, and persists despite pausing oxytocin, with a rapid-acting uterine relaxation agent.** (CONDITIONAL RECOMMENDATION, MODERATE-QUALITY).
- **ADJUNCT MODALITIES FOR INTERPRETATION OF FETAL HEART RATE MONITORING**



19

## # 10 Intrapartum Fetal Heart Rate Monitoring: Interpretation and Management- Recommendations

### ADJUNCT MODALITIES FOR INTERPRETATION OF FETAL HEART RATE MONITORING

- **ACOG recommends against the routine use of ST- segment analysis (STAN) for interpretation and management of the fetal heart rate in labor.** (STRONG RECOMMENDATION, HIGH-QUALITY EVIDENCE).
- **ACOG recommends against the routine use of intrapartum fetal pulse oximetry for the assessment of the fetal status.** (STRONG RECOMMENDATION, MODERATE-QUALITY EVIDENCE).
- **ACOG recommends against primary reliance on computerized approaches for the interpretation and management of the fetal heart rate in labor.** (STRONG RECOMMENDATION, MODERATE-QUALITY EVIDENCE).



20



**PRACTIC BULLETINS  
REAFFIRMED**

21

## ***PRACTICE BULLETINS REAFFIRMED***

### **2025**

- 78 Hemoglobinopathies in Pregnancy (Obstet Gynecol 2007;109:229–37) (Practice Advisory) January 2007 2025
- 105 Bariatric Surgery and Pregnancy (Obstet Gynecol 2009;113:1405–13) June 2009 2025
- 132 Antiphospholipid Syndrome (Obstet Gynecol 2012;120:1514–21) December 2012 2025
- 175 Ultrasound in Pregnancy (Joint with the American Institute of Ultrasound in Medicine) (Obstet Gynecol 2016;128:e241–56) (Clinical Practice Update) December 2016 2025
- 187 Neural Tube Defects (Obstet Gynecol 2017;130:e279–90) December 2017 2025



22

## ***ACOG PRACTICE BULLETINS REAFFIRMED CONTINUED***

- 196 Thromboembolism in Pregnancy (Obstet Gynecol 2018;132:e1–17) (Correction)
- 197 Inherited Thrombophilias in Pregnancy (Obstet Gynecol 2018;132:e18–34) (Correction)
- 198 Prevention and Management of Obstetric Lacerations at Vaginal Delivery (Obstet Gynecol 2018;132:e87–102) (Interim Update)
- 199 Use of Prophylactic Antibiotics in Labor and Delivery (Obstet Gynecol 2018; 132:e103–19) (Correction)
- 201 Pregestational Diabetes Mellitus (Obstet Gynecol 2018;132:e228–48) November 20, 2018 (Clinical Practice Update)



23

## ***ACOG PRACTICE BULLETINS REAFFIRMED CONTINUED***

- 207 Thrombocytopenia in Pregnancy (Obstet Gynecol 2019;133:e181–93) February 21, 2019 2025
- 211 Critical Care in Pregnancy (Obstet Gynecol 2019;133:e303–19) (**Practice Advisory**)
- 212 Pregnancy and Heart Disease (Joint with the Presidential Task Force on Pregnancy and Heart Disease) (Obstet Gynecol 2019;133:e320–56) April 23, 2019 2025
- 219 Operative Vaginal Birth (Interim Update) (Obstet Gynecol 2020;135:e149–59) March 26, 2020 2025



24

## ***ACOG PRACTICE BULLETINS REAFFIRMED CONTINUED***

- 230 Obesity in Pregnancy (Obstet Gynecol 2021;137:e128–44) (**Interim Update**)
- 234 Prediction and Prevention of Spontaneous Preterm Birth (Obstet Gynecol 2021;138:e65–90) (**Practice Advisory**)




25



# OBSTETRIC CARE CONSENSUS REAFFIRMED

26

- #5 Severe Maternal Morbidity: Screening and Review (*Joint with the Society for Maternal-Fetal Medicine*) (Obstet Gynecol 2016;128:e54–60) September 2016-2025
  - #6 Perviable Birth (*Joint with the Society for Maternal-Fetal Medicine*) (Obstet Gynecol 2017;130:e187–99) (**Interim Update**) (**Practice Advisory**) October 2017-2025
  - #7 Placenta Accreta Spectrum (*Joint with the Society for Maternal-Fetal Medicine*) (Obstet Gynecol 2018;132:e259–75) November 20, 2018-2025
  - #8 Interpregnancy Care (*Joint with the Society for Maternal-Fetal Medicine*) (Obstet Gynecol 2019;133:e51–72) December 20, 2018-2025
  - #9 Levels of Maternal Care (*Joint with the Society for Maternal-Fetal Medicine*) (Obstet Gynecol 2019;134:e41–55) (**Correction**) (**Correction**) July 25, 2019-2025
  - #10 Management of Stillbirth (*Joint with the Society for Maternal-Fetal Medicine*) (Obstet Gynecol 2020;135:e110–32) (**Correction**) February 20, 2020-2025
  - #11 Pregnancy at Age 35 Years or Older (*Joint with the Society for Maternal-Fetal Medicine*) (Obstet Gynecol 2022;140:348–66) (**Correction**) July 21, 2022-2025
- 

27



28

**Terminology**

Mary Jane

tweeds

dank

endo

420

pot

cabbage

creeper

Aunt Mary

**Synthetic**  
K2, spice, AK-47, Mr. Happy, Scooby, Snax, Kush, or Kronic

gangster

reefer

blunts

dope

reggie

Ditch weed

29



## Terminology

The document intentionally uses the verbiage of **cannabis** rather than **Marijuana** because:

- Cannabis refers to all products derived from the plants
- The terms marijuana has racist and xenophobic undertones associated with its use throughout the 20<sup>th</sup> century

30

## #10 Cannabis Use During Pregnancy and Lactation

- *Use has increased in the US due to acceptability and accessibility and legalization*
- *Prevalence among pregnant and lactating individuals 3.9-16%*
- *Young adults (19-22) – 43%*
- *Use in pregnancy has been associated with adverse outcomes; spontaneous preterm birth, low birth weight and developmental delay*
- *Not FDA regulate*
- *THC content in cannabis products had increased annually with an approximate fourfold increase since 1995*
- *Purpose of the document:*  
*“To provide obstetrician-gynecologist and other obstetric health care professional with evidenced-based guidelines for counseling, screening, and strategies to reduce cannabis use in prepregnancy and in pregnant and lactating individuals.”*



31



## #10 Cannabis Use During Pregnancy and Lactation

- **Advises all healthcare workers to:**
- **Educate patients of:**
  - **Risks of Cannabis use**
  - **No medical indications for cannabis use during pregnancy or postpartum period**
- **Be aware of procedural, social, and legal consequences of positive screen results in their institutions' local policies and jurisdictions including involvement of CPS and criminalization. Actively work to address inequities inherent in many existing systems**

32

## #10 Cannabis Use During Pregnancy and Lactation

- **Advises all healthcare professionals should perform universal screening by interview, self-report, or validated screening tools for cannabis use during the prepregnancy, pregnancy and post partum periods.**
  - **BIOLOGICAL TESTING SHOULD NOT BE USED AS A SCREEING ASSESSMENT FOR CANNABIS USE !**
- **Example of screening tools for Adults- Tobacco, Alcohol, Prescription medication, and other substance use (TAPS)**
  - <https://nida.nih.gov/taps2/>
- **Example of screening tool for Adolescents- Screening to Brief Intervention- (S2BI) <https://nida.nih.gov/s2bi/> or Car, Relax, Alone, forget, Friends, Trouble – (CRAFTT) <https://craftt.org/about-the-craftt/>**

33

## **#10 Cannabis Use During Pregnancy and Lactation**

- **Healthcare professionals:**

- **Should advise cessation of cannabis during pregnancy and lactation.**
  - However, continued cannabis use is **NOT** a contraindication to breastfeeding and breastfeeding should not be discouraged.
- **May use motivational interviewing, address social determinants of health, and assess barriers to cannabis cessation to guide cessation intervention strategies.**
- **Utilize supportive home visits, psychobehavioral strategies, brief electronic messaging interventions to reduce cannabis use**

