

HBHS Recommended Prenatal Schedule*			Every 4 weeks for first 28 weeks						2-3 wks	Weekly		Postpartum
Covered Visit Contents	Before	First Visit	4-8	8-12	12-16	16-20	20-24	24-28	28-36	36-40	41	4-6 after
History												
Dates, Calculate EDD		X	X		Update as indicated							
OB/Gyn history	X	X										Update
Genetic/STD history of parents	X	X										
Tobacco/alcohol/drug use?	X	X			Follow up as indicated							X
PMH, Medications/Risk Assessment	X	X			Update at each visit as indicated							Family Plan
Examination												
CPE	Optional	X										X
Pelvic Exam, Pap/STD testing		X						Optional as clinically indicated				X
BP, Weight, Edema, DTRs	X			At each visit			Assess for toxemia				X	
Fundal Height, FHT, Urine dipstick			Each visit after fundus is palpable			Assess presentation						
Genital/Cervical Exam						As indicated						
Testing (see HBHS handout)												
Routine Lab Tests	SC screen	PN+, HIV	U/A C&S					Gest DM	GBS	HELLP?		Hgb/Hct
Optional Genetic Testing	CF screen	1 st 11-14		Quad screen 16-18								
Ultrasound, etc.	If dates uncertain		18-20 wks					NST/AFI				
Actions												
Prescriptions	Folate	PN Vits						Iron supplement?				Family Plan
RhoGam if indicated								28 wks				
Offer Td Vaccine if due					Anytime							
Offer Injectable Flu Vaccine					During flu season							
Counseling												
WIC, Social Work, High risk OB referral?												
Avoiding tobacco/alcohol/drug use												
Medications: Rx/OTC/herbal remedies	X	X			Follow up as indicated							X
Exercise, good nutrition												
Potential workplace issues												
Discuss/encourage breast feeding			X		X			X				X
Childbirth education class referral					X			X				
Discuss birth plan, preadmission forms								X	Signs, symptoms, when to call			
Avoiding air travel										Beyond 36 weeks		

*His Branches Health Services recommendations derived from those made by CDC/ACIP, AAFP, ACOG, NCQA, and others