



WOMEN'S HEALTH ADVANTAGE

PRENATAL VISIT SCHEDULE AND TESTING

First Prenatal Visit

This visit generally occurs around 10-12 weeks.

- First, an ultrasound will be done to confirm a heartbeat and establish the due date.
- Your provider will review your medical and obstetrical histories to determine if there are any factors that are considered high risk or any significant issues that need to be discussed such as a history of a Cesarean delivery.
- A physical exam might be done depending on when you had your last preventative exam. The exam might include a breast exam and possible Pap smear.
- Your blood will be drawn to perform the routine prenatal labs which include determining your blood type and antibody screen, your immunity to rubella, and screening for anemia and sexually transmitted diseases including HIV, syphilis, and hepatitis B. Also, your urine will be collected to screen for a urinary tract infection and chlamydia and gonorrhea.
- Genetic testing will be offered which will include noninvasive prenatal testing (NIPT).

Typical Visit Schedule

- Your visits will occur approximately every 4 weeks until you are in your third trimester. Around 30 weeks, your visits will increase to every 2 weeks, then once a week after 36 weeks.
- During each visit, you will have your weight and blood pressure checked. We will also check your baby's heartbeat. Sometimes your urine may be checked as well.
- Starting at approximately 24 weeks, your provider will measure your fundal height (where the top of your uterus is) to assess your baby's growth.
- In addition to the above, the following will occur at specific appointments.

16 Week Visit

- Your baby's heartbeat, your weight and blood pressure will be checked.
- Your lab results from the first visit will be reviewed.

20 Week Visit

- A screening ultrasound will be performed and reviewed with you immediately afterwards by your provider. This looks at your baby's development and is the second "routine ultrasound" for your pregnancy. Any other ultrasounds will likely require a medical reason to be performed and might need precertification by your insurance company. Your baby's sex can possibly be determined, if desired.

24 Week Visit

- You will receive a handout that discusses the 28 week visit and a routine visit will be performed.

28 Week Visit

- A screening test for gestational diabetes will be performed. You will start the visit with a sugar drink called Glucola. After 1 hour, your blood will be drawn. You will not know the results the same day. You do NOT need to fast for this.
- Other blood work will also be done to check for anemia and syphilis (called the RPR test, which is mandated by the state).
- If your blood type is Rh negative, then you will also receive an injection called Rhogam.
- It will be recommended that you receive the TDap vaccination to help protect your baby from pertussis (whooping cough).
- If it is flu season, a flu vaccination will also be recommended.

30-34 Week Visits (every 2 weeks)

- Routine visits will be performed every 2 weeks to check your weight, blood pressure, possibility your urine, and the baby's growth and heartbeat.

36 Week Visit

- A vaginal swab will be done to screen for GBS (Group B Strep). This is performed around 36 weeks. GBS is a normal bacteria that is naturally found vaginally and is not harmful to you or your developing fetus. However, it can be harmful to your baby if exposed at the time of delivery. If you test positive for it, you will receive antibiotics during labor and delivery.
- Your provider might start performing vaginal exams, called "cervical checks," to check the baby's position and to determine if your cervix is starting to open (dilate) or thin out (efface).
- Your visits will now be weekly.
- Signs of labor will be discussed.

37-39 Week Visits

- Your provider will likely perform cervical checks at each visit to continue to determine if your cervix is dilating and effacing.
- There will be further discussions about what to expect during labor and delivery.

40 Week Visit

- If you are still pregnant at or around your due date, your provider will talk to you about your options. This will include a discussion about continuing to wait for natural labor versus inducing labor or possible additional monitoring of your baby. This will be highly individualized for each patient.

NOTES
