

A BRIEF GUIDE TO

PRENATAL CARE

VISIT FREQUENCY:

0-28 WEEKS: Q4 WEEKS

28-36 WEEKS: Q2 WEEKS

36-DELIVERY: Q1 WEEK

1ST VISIT

Blood Work:

- Beta-hCG
- CBC, group + screen
- Ferritin
- TSH
- Infectious Screen (VDRL, HBsAg, HIV, Rubella Ab +/- Varicella Ab, +/- parvovirus)
- If at risk for DM, add A1c + FPG
- Consider adding creatinine + eGFR

Urine:

- Dipstick, urinalysis, C+S
- Infectious screen (Chlamydia + GC)

Interventions:

- Flu shot if seasonal
- Folic Acid supplementation
- Genetic counselling in qualified populations
- Pap if due, +/- BV swab

8-12 WEEKS

Dating US:

Confirms IUP, FHR, viability, multiple gestations and gestational age

18-22 WEEKS

Anatomical Scan:

Assesses fetal anatomy, soft markers, fetal sex, placental location and fetal position

27-28 WEEKS

Offer Tdap vaccine

(administer @ 27-36 weeks)

Administer Rho(D) Immune Globulin if mother is Rh- (administer @ 28 weeks)

9+ WEEKS

Prenatal Screening:

- NIPT (BW) 9+ weeks
- eFTS (BW + US), 11w2d-13w3d
- MSS (BW) 14-20 weeks

24-28 WEEKS

Blood Work:

- CBC
- Ferritin
- GCT +/- GTT (test for gestational diabetes sooner if risk factors present)
- Repeat antibody screen if Rh-

34-37 WEEKS

GBS Swab (35-37 weeks)

Antiviral if Hx of genital HSV (36 weeks)

Discontinue ASA (36 weeks)

>40 WEEKS

BPP Q3-4 days (FHR + US)

Schedule Induction

COUNSELLING POINTS

NUTRITION / WEIGHT

- Average weight gain based on maternal pre-conception BMI:
 - BMI <18.5 (+28-40lbs), BMI 18.5-25 (+25-35 lbs), BMI >25 (15-25lbs)
- Pregnant women usually need an additional 200-300 calories per day.
- Foods to avoid during pregnancy:
 - Unpasteurized dairy products, raw fish, and deli meats (cook prior to ingestion to kill off Listeria)
 - Keep caffeine consumption <200mg/day
- Prenatal vitamins (folic acid 1mg for average risk)
 - Start taking 3 months prior to pregnancy and continue throughout pregnancy + breastfeeding

NAUSEA / VOMITING

- Diet: Eat smaller, more frequent meals consisting of non-offensive foods.
- OTC: Vitamin B6 (pyroxine), ginger.
- RX: Diclectin.

SEX / EXERCISE

- Moderate exercise is okay while pregnant if it is:
 - Abdomen sparing, low fall risk, and not at an intensity greater than accustomed to prior to pregnancy.
 - Avoid increase in core body temp (ex. hot yoga) and any valsalva maneuvers.
- Intercourse is safe for pregnant patients if they have no pain or vaginal bleeding.

