

Recommended Prenatal Health Care Schedule

Patients are strongly advised to see their physician for a preconception physical. Individual care may differ.
The frequency of visits and any additional testing that may be needed is up to the discretion of each health care professional.

RECOMMENDED VISIT SCHEDULE	EVERY 4 WEEKS FOR 1ST 28 WEEKS			EVERY 2-3 WEEKS		WEEKLY VISITS					Post Partum 4 - 6 Weeks After Delivery	
	6 - 8 Weeks	14 - 16 Weeks	24 - 28 Weeks	32 Weeks	36 Weeks	37 Weeks	38 Weeks	39 Weeks	40 Weeks	41 Weeks		
Screen for tobacco use, alcohol and drug use (and provide augmented pregnancy-tailored counseling to those who do)	X	X	X	X	X	X	X	X	X	X	X	X
History/Risk Assessment (update at each visit)	X	X	X	X	X	X	X	X	X	X	X	X
General Physical Exam	X											X
Pelvic Exam	X											X
Blood Pressure, Weight, UA Dipstick	X	X	X	X	X	X	X	X	X	X	X	Wt, BP
Cervix Exam	X							X	X	X	X	X
Fundal Height			X	X	X	X	X	X	X	X	X	
Fetal Heart Tones		X	X	X	X	X	X	X	X	X	X	
Initial Lab Tests to include: ABO/Rh/Ab, ¹ Hgb/Hct, Pap Smear, Screen for Syphilis, Gonorrhea, Chlamydia ² and HIV (with consent) and HB, Ag, Rubella and Varicella Titres	X											
Multiple Maternal Serum (MMS) Screening		X 16-20 wks										
Offer Aneuploidy Screening (process will vary by care available in community)	X 10-12 wks completed gestation											
UA Culture		X 12-16 wks										
Diabetes Screen			X									
Offer Td Vaccine (for women with uncertain histories of complete vaccination)	Anytime		2nd or 3rd Trimester (ACIP)									
Offer Injectable Flu Vaccine (2nd or 3rd trimester during flu season)		X	X									
Group B Strep Cultures Vaginal and Rectal ³					X 35-37 wks							
Folic Acid (.4 - .8 mg one month prior to conception through 1st trimester)	X	X										
Include cytomegalovirus avoidance counseling/education	During any preconception or prenatal visit											
Promote and support breast feeding	During pregnancy and after birth											

¹Repeat Rh (D) incompatibility screening at 24-28 weeks for unsensitized Rh negative women unless the biological father is known to be Rh negative.

²A chlamydia screen should be done on all pregnant women at first visit if not done at preconception. Rescreen in third trimester for those at continued risk of acquiring chlamydia.

³The CDC and ACOG recommend universal prenatal screening for vaginal and rectal GBS colonization of all pregnant women at 35-37 weeks gestation.

This guideline is a combination of recommendations from the medical literature, including: U.S. Preventive Services Task Force (USPSTF), Obstetrics: Normal and Problem Pregnancies by Gabbe, S., Neibyl, J., Simpson, J.L., Churchill Livingstone, 1996; Centers for Disease Control; Kaiser Permanente Health Plan, Inc.; ACIP; Guidelines for Prenatal Care Fifth Edition 2002; AAP/ACOG; ICSI Guidelines for Routine Prenatal Care 2006; ACOG Committee on Practice Bulletins. ACOG Practice Bulletin no. 77.