

CHARLOTTE OB/GYN PRENATAL PASSPORT

**Initial and date when you have completed/addressed each area*

New OB Visit ___ Routine prenatal labs

- Blood type
- Thyroid function
- Cervical cultures
- HIV
- Hepatitis screening
- Syphilis
- Pap smear (if due)
- Urine screen for bacteria/group beta strep
- Schedule an appointment with OB Coordinator (optimal time between 8-10 weeks gestation)

Receive information regarding:

Carrier testing can be done throughout pregnancy

1st trimester screen (NT testing)___

Cell free DNA testing 10 wks. through 13 wks.

(>35 yrs. old)___

CVS (>35 yrs. Old)___

Amino (>35 yrs. Old)___

9-12 Weeks ___ Flu Vaccine (seasonal)

___ Finger stick for NT screen (Downs Syndrome), if desired

___ Carrier testing, if desired

___ Cell free DNA testing, if desired

11-13 Weeks ___ Ultrasound for NT calculation, if desired

___ Carrier testing, if desired

___ Cell free DNA testing, if desired

Receive information regarding: 18 weeks anatomy scan___

- 16-20 Weeks** ___ AFP only for open neural tube risk (If NT scan done earlier)
___ AFP/Tetra (for Downs risk), if desired
___ Cell free DNA testing, if desired

Receive information regarding:

18 weeks anatomy scan, if not given at previous visits_____

- 18-20 Weeks** ___ Ultrasound for anatomy and gender, if desired
___ Cell free DNA testing, if desired

- 22-26 Weeks** **Receive information regarding:** One hour glucose testing_____

T-dap vaccine_____

Rhogam, if needed_____

- 28 Weeks** ___ O'Sullivan test/finger stick for diabetes screen
___ Syphilis screen blood test - **NC state required**
___ Repeat HIV, Hct/Hgb blood test
___ Tdap vaccine for whooping cough

___ Rhogam, if needed

Receive information regarding: Group Beta Strep _____

- 36 Weeks** ___ Group B strep screen
___ Cervical exam, if desired
___ GC/CHAM, if less than 25 years old - **NC state required**
___ Cell free DNA testing, if desired

Receive information regarding:

36 weeks labor precautions_____

___ Choose pediatrician

Turn in FMLA paperwork to front desk (if applicable). Form takes 10-14 business days to process. You will be contacted when completed.

- 6 Weeks PP** ___ Postpartum visit 6 weeks after delivery