

# Prenatal care sheet



Patient	Name		Age		
	G/P		Prior CS		
	Residence		Blood type		
	List of risks				
First prenatal visit	<b>Current complaints</b> <input type="checkbox"/> Pregnancy related <input type="checkbox"/> None-pregnancy related <b>Obstetric history</b> <input type="checkbox"/> Prior IUGR/risks of IUGR <input type="checkbox"/> Prior Macrosomia <input type="checkbox"/> Prior preterm labor <input type="checkbox"/> Prior stillbirth <input type="checkbox"/> Prior hypertension <input type="checkbox"/> Prior hyperemesis gravidarum <input type="checkbox"/> Prior neonate with GBS infection <input type="checkbox"/> Prior ectopic/pelvic infections <input type="checkbox"/> Prior deliveries <input type="checkbox"/> History of PPH <input type="checkbox"/> History of 3-4 <sup>th</sup> perineal tear: <b>Personal medical history</b> <input type="checkbox"/> Medical disorders <input type="checkbox"/> Medications <b>Past surgical history</b> <input type="checkbox"/> Surgeries: <b>Gynecological history</b> <input type="checkbox"/> PCOS/infertility: <input type="checkbox"/> PAP smear: <input type="checkbox"/> Genital herpes: <b>Family history</b> <input type="checkbox"/> Inheritable diseases <b>Travel history</b> <input type="checkbox"/> Travel to areas endemic for malaria, tuberculosis, Zika virus <b>Psychosocial history</b> <input type="checkbox"/> Planned pregnancy: <input type="checkbox"/> Potential barriers to care: <input type="checkbox"/> Stable housing: <input type="checkbox"/> Depression screening: <input type="checkbox"/> Current or prior intimate violence		<b>Physical assessment:</b> <input type="checkbox"/> Baseline weight: <input type="checkbox"/> Target weight gain during pregnancy: <input type="checkbox"/> Baseline blood pressure <input type="checkbox"/> Physical examination: <b>First prenatal visit labs:</b> <input type="checkbox"/> Blood type: <input type="checkbox"/> Antibody screening: <input type="checkbox"/> Hgb and hematocrit: <input type="checkbox"/> Rubella: <input type="checkbox"/> Varicella: <input type="checkbox"/> Urine culture: <input type="checkbox"/> GBS bacteriuria <input type="checkbox"/> Asymptomatic bacteriuria <input type="checkbox"/> HIV status: <input type="checkbox"/> Syphilis: <input type="checkbox"/> Hepatitis B (HBsAg): <input type="checkbox"/> High-risk for hepatitis B: <input type="checkbox"/> Chlamydia/gonorrhea: <input type="checkbox"/> TSH (if indicated): <input type="checkbox"/> Diabetes testing (BMI > 30, FH, prior GDM or macrosomia): <input type="checkbox"/> Hepatitis C testing (high risk): <input type="checkbox"/> TB testing (exposed, immunodeficiency): <input type="checkbox"/> Trichomonas testing (HIV): <input type="checkbox"/> PAP smear: <b>Dating:</b> <input type="checkbox"/> Method of dating: <input type="checkbox"/> EDD: <b>Genetics: (NIPS, materi21, quad testing)</b> <input type="checkbox"/> Aneuploidy screen: <input type="checkbox"/> Cystic fibrosis/muscle dystrophy screen: <input type="checkbox"/> Fragile X screen*: <input type="checkbox"/> Counsel for consanguineous couples: <input type="checkbox"/> Screening for specific conditions <b>Orders:</b> prenatal vitamins/cervical length/Progesterone/anomaly scan		
	14-20 weeks	<input type="checkbox"/> Review of symptoms: <input type="checkbox"/> Review/Update problem list: <input type="checkbox"/> Review 1 <sup>st</sup> trimester labs: <input type="checkbox"/> Review genetic testing:		<input type="checkbox"/> Review of symptoms: <input type="checkbox"/> FHR: <input type="checkbox"/> Cervical length (if indicated) <input type="checkbox"/> Anatomy scan: <input type="checkbox"/> Order return visit:	

24 weeks	<input type="checkbox"/> Vaginal bleeding: <input type="checkbox"/> Leakage of fluid: <input type="checkbox"/> Preterm symptoms: <input type="checkbox"/> Preeclampsia symptoms: <input type="checkbox"/> New symptoms: <input type="checkbox"/> Review/Update problem list:	<input type="checkbox"/> Blood pressure: <input type="checkbox"/> Weight and weight gain: <input type="checkbox"/> Order 28 week labs: CBC, 1 hr GCT, Syphilis <input type="checkbox"/> Review blood type (RhoGAM): <input type="checkbox"/> Antibody screen (if none available) <input type="checkbox"/> Order return visit:
28 weeks	<input type="checkbox"/> New symptoms: <input type="checkbox"/> Vaginal bleeding: <input type="checkbox"/> Leakage of fluid: <input type="checkbox"/> Preterm symptoms: <input type="checkbox"/> Preeclampsia symptoms: <input type="checkbox"/> Fetal movement: <input type="checkbox"/> New symptoms: <input type="checkbox"/> Review/Update problem list: <input type="checkbox"/> Depression (at least once/pregnancy):	<input type="checkbox"/> Blood pressure: <input type="checkbox"/> Weight and weight gain: <input type="checkbox"/> Doptone/SFH <input type="checkbox"/> Review 28 week lab: <ul style="list-style-type: none"> <li><input type="checkbox"/> CBC</li> <li><input type="checkbox"/> 1 hr GCT</li> <li><input type="checkbox"/> Syphilis</li> </ul> <input type="checkbox"/> Schedule and order Tdap vaccine (Tetanus, pertussis vaccine) between 27 and 35 weeks: <input type="checkbox"/> Order STD screening (if early diagnosis was made, persistent or new risk factors) <input type="checkbox"/> Order return visit
32 weeks	<input type="checkbox"/> New symptoms: <input type="checkbox"/> Vaginal bleeding: <input type="checkbox"/> Leakage of fluid: <input type="checkbox"/> Preterm symptoms: <input type="checkbox"/> Preeclampsia symptoms: <input type="checkbox"/> Fetal movement: <input type="checkbox"/> New symptoms: <input type="checkbox"/> Review/Update problem list:	<input type="checkbox"/> Blood pressure: <input type="checkbox"/> Weight and weight gain: <input type="checkbox"/> Doptone/SFH <input type="checkbox"/> Review Tdap administration: <input type="checkbox"/> TOLAC consult <input type="checkbox"/> Return visit
34 weeks	<input type="checkbox"/> New symptoms: <input type="checkbox"/> Vaginal bleeding: <input type="checkbox"/> Leakage of fluid: <input type="checkbox"/> Preterm symptoms: <input type="checkbox"/> Preeclampsia symptoms: <input type="checkbox"/> Fetal movement: <input type="checkbox"/> New symptoms: <input type="checkbox"/> Review/Update problem list:	<input type="checkbox"/> Blood pressure: <input type="checkbox"/> Weight and weight gain: <input type="checkbox"/> Doptone/SFH <input type="checkbox"/> Return visit
36 weeks	<input type="checkbox"/> New symptoms: <input type="checkbox"/> Vaginal bleeding: <input type="checkbox"/> Leakage of fluid: <input type="checkbox"/> Preterm symptoms: <input type="checkbox"/> Preeclampsia symptoms: <input type="checkbox"/> Fetal movement: <input type="checkbox"/> New symptoms: <input type="checkbox"/> Review/Update problem list:	<input type="checkbox"/> Review birth plan & update Birth Prep <input type="checkbox"/> GBS <input type="checkbox"/> Bedside US to confirm vertex <input type="checkbox"/> Return visit
38 weeks	<input type="checkbox"/> New symptoms: <input type="checkbox"/> Vaginal bleeding: <input type="checkbox"/> Leakage of fluid: <input type="checkbox"/> Preterm symptoms: <input type="checkbox"/> Preeclampsia symptoms: <input type="checkbox"/> Fetal movement: <input type="checkbox"/> New symptoms: <input type="checkbox"/> Review/Update problem list:	<input type="checkbox"/> Review indications of IOL <input type="checkbox"/> Offer membrane sweeping on 39 weeks <input type="checkbox"/> Review GBS results <input type="checkbox"/> Bedside US to confirm vertex <input type="checkbox"/> Return visit

39 weeks	<input type="checkbox"/> New symptoms: <input type="checkbox"/> Vaginal bleeding: <input type="checkbox"/> Leakage of fluid: <input type="checkbox"/> Preterm symptoms: <input type="checkbox"/> Preeclampsia symptoms: <input type="checkbox"/> Fetal movement: <input type="checkbox"/> New symptoms: <input type="checkbox"/> Review/Update problem list:	<input type="checkbox"/> Schedule IO; give pamphlet, time and date <input type="checkbox"/> Membrane sweeping <input type="checkbox"/> Bedside US to confirm cephalic: <input type="checkbox"/> Return visit
40 weeks	<input type="checkbox"/> New symptoms: <input type="checkbox"/> Vaginal bleeding: <input type="checkbox"/> Leakage of fluid: <input type="checkbox"/> Preterm symptoms: <input type="checkbox"/> Preeclampsia symptoms: <input type="checkbox"/> Fetal movement: <input type="checkbox"/> New symptoms: <input type="checkbox"/> Review/Update problem list:	<input type="checkbox"/> Schedule IO; give pamphlet, time and date <input type="checkbox"/> Membrane sweeping <input type="checkbox"/> Bedside US to confirm vertex <input type="checkbox"/> Return visit (1 w)
41 weeks	<input type="checkbox"/> New symptoms: <input type="checkbox"/> Vaginal bleeding: <input type="checkbox"/> Leakage of fluid: <input type="checkbox"/> Preterm symptoms: <input type="checkbox"/> Preeclampsia symptoms: <input type="checkbox"/> Fetal movement: <input type="checkbox"/> New symptoms: <input type="checkbox"/> Review/Update problem list:	<input type="checkbox"/> Schedule antenatal testing <input type="checkbox"/> Membrane sweeping <input type="checkbox"/> Discuss IOL vs expectant management <input type="checkbox"/> Bedside US to confirm vertex

\* Family history of intellectual disability, autism, fragile X syndrome, known elevated levels of FSH, family history of premature ovarian insufficiency, Late-onset intention tremor or ataxia, especially with a family history of movement disorders

