PRENATAL WORKSHEET - 1/24/24 njm		
ROUTINE INITIAL SCREEN	BLOODS / Cultures	Low Risk Schedule
□ Family Health Resources	□ CBC	□ First Prenatal
□ PPD if high risk	□ Syphilis screen	□ 16 to 18 weeks
□ History and Physical	□ HIV	□ 24 to 28 weeks
□ Offer Dietician visit	□ Hgb A 1C	□ 30 to 32 weeks
□ Nutaq NFP Referral	□ Rubella	□ 36 weeks
□ WIC Referral	□ Random blood sugar	□ 38 weeks
□ Domestic violence screen	□ Prenatal Blood type, Antibody Screen	□ 40 weeks
□ BHC Referral (if did not meet at + HCG test)	□ Hep B screen	
□ Dating Ultrasound (prefer 8-10 wks)	If Hep BSAg(+) (initiate HBV, 2 copies)	
- Dating Ultrasound ASAP if h/o ectopic	Mandatory State reporting: see Hep B guideline	
SPECIAL PROTOCOLS	Report pos pregnancy test and immed postpartum	EDUCATION
	□ Hep C Antibody	EDUCATION
□ Identify risk as early as possible (Med/Soc)	□ Ferritin	□ Lactation Education
<ul><li>□ General vaccine discussion, influenza, etc</li><li>□ Education on avoidance of teratogens</li></ul>	□ Vitamin D level URINE	<ul><li>□ Encourage Dental Care</li><li>□ Genetic Testing Handout</li></ul>
☐ Discuss exercise, work, wt. gain, other adjustments		□ Tobacco Education
□ Ces Del OP Report(s)	□ Urine Drug Screen (at risk population)	□ TOLAC Info Packet prn
□ Rubella immune if MMR x3 or lab positive	a cimo brag corcon (at non population)	□ Breech Education prn
□ Varicella: discuss Hx / immunization status	CERVIX	□ Elective IOL Handout prn
and screen with IgG if indicated	□ Cervical Ca Screening per guideline (PAP/HPV)	□ Contraception
□ Heptavax x3	□ GC, CT Aptima (Cervical, or vaginal)	
□ New Prenatal Intake w/ RN CM (PCC)		VACCINATIONS
□ Rhogam PRN	GENETIC TESTING	□Tdap 27-36w
(at Aminocentesis if RH Neg, repeat PN Ab Screen	□ Counsel PAPP-A / NT drawn 11-14 wks	□ Maternal RSV 32-36w
prior if greater than 2 weeks old)	□ Counsel NIPT/Fetal Free Cell DNA>=11wk	□ Flu prn
□ GDM 'at risk'- obtain Fastig Glucose <24wks	~Requires ANMC Genetic Testing Consent	□ COVID prn
□ 81 mg ASA qd if high risk for PEC	□ Offer MFM Referral for Genetic Counseling	□ HPV (postpartum)
□ Add 1,000 IU Vit D in addition to PNV	- Advanced Maternal Age	□ MMR (postpartum)
□ See below regarding PPD guidance	- Hx Fetal Aneuploidy - Multiple Gestation	
	- Multiple Gestation	
At 11+ wks	At 17+ wks	
□ Counsel and provide Genetic Testing, if desired	□ Sign Federal Steriilzation Form: 17-35 wks	
		***AT 28 WEEKS***
At 20 + weeks	24-28 WEEKS	□ Rh neg mom- repeat PNAb screen
□ Vaccine (if needed)	□ CBC	□ Rhogam (if Ab screen neg)
□ TOLAC consent with OB/GYN (20-32 wks)	□ 2 hr OGTT	□ Vitamin D level
□ Fetal Anatomy US (20-22 wks)	□ Childbirth Classes - Sign up	
□ Domestic Violence Screen	□ Tdap (prefer 27-36 wks)	
□ Contraception Counseling	□ Vaccine PRN -(if needed)	
- Sign 30-day Federal Consent (PP Tubal)	□ Syphilis screen	
28-32 WEEKS	30-34 weeks	
□ Chart review (by CNM)	□ Twins: Visit with OB/GYN for delivery counseling	□ Maternal RSV Vaccine (32-36wks)
□ Pre-Admission @ ANMC Central Registration	□ Sign Federal Steriilzation Form: 17-35 wks	
□ Encourage Tour of L&D/MBU (online available)	(if not done previosly or if may go out of date)	
36 WEEKS		DELIVERY
□ CBC	□ Vaccine PRN (see above)	□ Repeat syphilis screen
□ Cervical or vaginal Aptima (CT/GC)	□ Maternal RSV Vaccine (32-36wks)	□ CBC
Depart of the second	□ Domestic Violence Screen	□ Blood type, Antibody Screen
Repeat syphilis screen	□ Lactation Education	
GBS		
□ Establish fetal presentation  ~ If breech, Breech Education sheet and schedu	Ile FCV	
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\*\*\*Only administer a PPD if you are willing to treat pt during this pregnancy: No need to screen low risk patients\*\*\*

The State of Alaska recommends we screen the following high risk pts in pregnancy:

Symptoms suggestive of TB disease, HIV infection, Behavioral risk factors for HIV, Medical conditions other than HIV infection that increase the risk for TB disease,

Close contact with a person who has pulmonary or laryngeal TB disease, Immigration from an area of the world where incidence of TB is high