



PATIENT INFORMATION

ROUTINE RECOMMENDED PRENATAL SCREENING TESTS

OB ORIENTATION:

Routine Blood Tests for all patients

Blood Type and Rh
Antibody Screen
RPR (Syphilis Test)
Hepatitis B Titer
Urinalysis and Culture
Rubella Immunity Titer
Complete Blood Count
HIV

Other Available Blood Tests

Cystic Fibrosis Gene Carrier Testing
Hepatitis C Antibody Test
Herpes Status
CMV & Parvo Virus Immunity Tests
Sickle Cell Screen
Varicella Titer
Thyroid Function Test
Diabetes Screen

New Ob Appointment

Pap smear (for cervical cancer)
Gonorrhea and Chlamydia culture
Evaluate the size of the uterus and ovaries
Ultrasound for dating confirmation

Later in pregnancy (2nd and 3rd Trimester)

12 Weeks

*Nuchal Translucency/Ultrascreen for Chromosomal Birth Defects

16 Weeks

*Quad Test
*Maternal Serum AFP

20 Weeks

Ultrasound for Fetal Birth Defects

28 Weeks

Glucose Test (for gestational diabetes)
CBC for Anemia
Antibody screen at 28 weeks if RH negative

36 Weeks

Group B Strep vaginal culture

*** Optional test, please speak with your provider to opt out or, if you have questions.**