

OB VISIT GUIDELINES

I. New OB Visit History

- PMH
- PSH (including anesthetic reactions or complications)
- FH (including genetic issues, such as cystic fibrosis or sickle cell)
- Current Medications (including herbs, OTC, teratogens, etc.)
- Allergies (note details including reaction)
- Immunizations (Tdap, MMR, Influenza, COVID vaccine history)
- Occupational/Environment (dangers or exposures)
- Social History (include tobacco, alcohol, drugs, barriers to care)
- Obstetric History (previous pregnancies and/or miscarriages and complications. If c-section, ask for prior records/indication, VBAC, birth weight or largest child.)
 - STD history
 - GYN history
 - Pap Smear history
- Discuss future birth control after pregnancy

II. Physical Exam for First Visit

- Vitals; BMI/Weight
- HEENT, Thyroid, CV, Lungs, Abdomen, Pelvic (including bimanual), Extremities, Skin
- Fetal Heart Tones at 10-12 weeks
- Check Fundal Height at 20 weeks
- Pap Smear (if >21 years) with HPV (>30 years); bimanual uterine exam, cervical exam, culture for GC/Chlamydia and Trichomonas (Nuswab)

III. Routine OB Labs to Order at First Visit

- CBC

- UA + Cx
- Pap if age>21 years / add HPV if age>30 years
- Vaginal GC, Chlamydia, Trichomonas with Nuswab (if positive, then TOC 6 weeks later)
- Antibody Screen and ABO/RH
- Rubella Antibody
- VDRL, Hep C Ab, Hep B Surface Antigen, HIV
- If high risk for DM, order an early 1-hour Glucola Testing at 1st OB visit thru 20 weeks and again at 24-28 weeks).
 - History of gestational DM
 - BMI>30
 - Hispanic or African American
 - Family History
 - h/o Macrosomia
 - Multiple Gestation
- If Concern for CV or Renal, obtain baseline 24-hour urine protein or Protein/Creatinine Ratio
- Discuss genetic screening options and implications
 - Panorama Test – can test starting at 10 weeks+ (usually during 1st trimester)
 - Quad Screen – tested at 15-20 weeks
- GBS PCR (peri-vaginal then perianal) at 36 weeks
- TB screening if at risk (known exposure or environmental risk)
- Non-Routine Tests (consider if medical history supports it)
 - CMP
 - TSH
 - HbA1c
 - COVID Testing

IV. Ultrasound for Dating

- a. LMP Estimate (EDC subtract 3 months and add 7 days to the 1st day of LMP)
- b. Dating transvaginal u/s if <14 weeks to determine EDC
- c. Anatomy U/S at 18-20 weeks (pre-order in case of delay; Dx Code: Z36.3)

V. Immunizations

- Flu Shot (any trimester between October – May)
- Tdap at 27-36 weeks for ALL patients
- COVID Vaccine at anytime (benefits>>>>risk)
- MMR post-partum if Rubella antibody is negative
- Indirect Coombs Blood Test FIRST and then Rhogam Injection (after blood test) at 28 weeks
- Rhogam again Post-Partum if mother is Rh Negative and infant is Rh+

VI. Other Considerations

- a. Schedule Visits ahead of time
 - Every 4 weeks until 28 weeks**
 - Every 2 weeks until 36 weeks
 - Weekly after 36 weeks
 - b. Gestational DM
 - Glucola > 200 at 1 hour or
 - 3-hour Glucola Test shows 2 or more abnormal levels
 - a. Fasting >105
 - b. 1hr > 190
 - c. 2hr > 165
 - d. 3hr > 145
 - c. Pregnancy-Induced HTN if BP > 140/90 after 20 weeks
 - d. Check EKG if patient has HTN
 - e. Thyroid Issues
 - If known Grave's Disease, check TSH and Thyroid Antibody at 28 weeks
 - If known Hypothyroid, check TSH every trimester
 - If known Hyperthyroid, check TSH and Free T4 every trimester
- * Routine TSH in all patients is not a recommendation*

Routine Antepartum Visit Checklist

Follow-up Appointments

- Every 4 weeks until 28 weeks then
- Every 2 weeks until 36 weeks then
- Every 1 week until delivery

10-12 Weeks

- Vitals, Doptones, Fundal Height at every visit
- Full H&P with breast/bimanual/Cervical exam and Pap
- Collect GC/Chlamydia/Trichomonas Swab
- Review Prenatal labs
- Discuss options/impact of genetic testing
- Order 18-20 weeks U/S (order ahead of time)
- Start on prenatal vitamin with folate (800 mcg) and iron (preferably started at time of diagnosis or prenatal)

16 Weeks

- Vitals, FHR (Doptones), Fundal Height every visit
- Discuss/Offer Quad Screen at 15-20 weeks

20 Weeks

- Vitals, FHR (Doptones), Fundal Height
- Review 18-20 weeks sonogram

24 Weeks

- Vitals, FHR (Doptones), Fundal Height
- Order 28 weeks labs (50 gm GTT; CBC; HIV; VDRL)
- Discuss birth control after delivery (birth control vs. BTL vs vasectomy)

28 Weeks

- Vitals, FHR (Doptones), Fundal Height
- RHOGAM if Rh Negative
- Review 28 weeks labs (CBC, RPR, HIV)
- Review 50 gm 1-hour GTT
 - <140 is normal
 - If >140, needs 100 gm 3-hours GTT
- Encourage flu vaccine and COVID vaccine (anytime)
- Give Tdap at 27-36 weeks
- Educate patient on kick counts
 - 5 movements in 1 hour
 - 10 movements in 2 hours

30-32 Weeks

- Vitals, FHR (Doptones), Fundal Height
- Labor precautions
- Breast feeding discussion
- Sign up for breastfeeding classes or childbirth classes

34-36 Weeks

- Vitals, FHR (Doptones), Fundal Height
- @36-38 weeks, collect GBS swab from vagina (1st) and then sweep to rectum
- Check fetal presentation (if not cephalic (check sonogram), then schedule for version at 37 weeks.

37-38 Weeks

- Vitals, FHR (Doptones), Fundal Height, Cervical Check, Chart Review

39 Weeks

- Vitals, FHR (Doptones), Fundal Height, Cervical Check, Chart Review
- Consider placing on induction list with L&D

40 Weeks

- Vitals, FHR (Doptones), Fundal Height, Cervical Check, Chart Review



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