

Office Visit Activity (typical)

Below is the questionnaire we will use throughout your pregnancy. It has a lot of information that will be explained to you by your doctor/midwife/nurse

Date	Init	First Visit	Date	Init	24-28 weeks
		Prenatal Labs/PAP/vag cultures			Order 1 hour glucola
		Sickle cell testing <input type="checkbox"/> done <input type="checkbox"/> N/A			Order ABSC, Rhogam for Rh-
		H/O Chicken Pox <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> titer			Signs of labor
		HIV Testing <input type="checkbox"/> yes <input type="checkbox"/> decline			Fetal activity discussion
		CF testing <input type="checkbox"/> yes <input type="checkbox"/> decline			Breast/Bottle feed- benefit talk
		Toxoplasmosis testing			Select pediatrician/family Dr. for infant
		FBS if H/O GDM, macrosomia, 1 ^o family			30 weeks
		MFM (AMA, family/ pt history)			Birth control method Past _____
		Nutrition/weight gain/ folic acid/ PNV/ Ca			Desired _____
		WIC <input type="checkbox"/> yes <input type="checkbox"/> no			BTL – Medicaid Sign
		Environmental/ work exposure			Circumcision <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
		ETOH/illicit drugs H/O			32 weeks
		Tobacco <input type="checkbox"/> yes <input type="checkbox"/> no H/O counsel/ risk			NST's for GDM, twins, or other
		Meds ok in pregnancy			Discuss VBAC, sign consent <input type="checkbox"/> done <input type="checkbox"/> N/A
		Previous delivery records requested from hospital			Breast/nipple assessment
		Cough/ Cold and pregnant handout			34 Weeks
		12-16 weeks			Review signs labor / go to hosp/ danger signs
		Activity- travel, exercise/ sexual			Discuss labor plans
		Domestic violence counsel (current/ past)			Discuss C/S
		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> decline			Discuss operative vag. delivery
		MSS referral <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> decline			35-40 weeks
		Order U/S for 18-22 weeks			GBBS culture
		Interpretation of labs			If +GBBS, treatment discussed
		16-18 weeks			Kick counts
		Order triple/quad test <input type="checkbox"/> yes <input type="checkbox"/> decline			Car seat
		CNM/MD discussion			PP depression
		Give Covenant Manual			40 weeks
		Her Pregnancy discussion			Schedule NST / AFI
					41 weeks
		FOB/ Family Support			Counsel re: induction/methods
					Schedule induction
					Need repeat NST / AFI PRN
		20weeks			
		Childbirth Ed. <input type="checkbox"/> yes <input type="checkbox"/> no			
		Counsel for Danger Signs			
		Card			

* Other significant information or comments: _____