

OB CHECKLIST

Discussion by Nurse or Provider

ORDERED BY PROVIDER

NOB VISIT (8-12 weeks)

- PRE-NATAL LABS/PAP/VAG CULTURES
- HIV TESTING
- SICKLE CELL ELECTROPHORESIS
- CF TESTING, TAY-SACHS, FAMILIAL DYSAUTOMIA
- Nutrition/Weight gain
- Toxoplasmosis (cats, raw meats)
- Sexual activity
- Environmental or work exposures/occupation
- Travel
- Tobacco/ETOH use/Illicit drugs
- Medications (exposures/OK to use in pregnancy)
- Seat belts
- Domestic violence
- Folic acid/Iron
- Hep B counseling
- FSB or 1 hour GLUCOLA IF H/O GDM OR BMI > 35
- OFFER 1ST TRIMESTER SCREEN, AMNIO

12 WEEKS

- PRE-NATAL VITAMINS
- INFLUENZA VACCINE (SEASONAL)
- Counsel triple/quad test
- Offer Midwives

16-18 WEEKS

- ORDER TRIPLE/QUAD TEST
- ORDER U/S AT 18-22 WEEKS

20 WEEKS

- Card/Onset
- FMLA
- Counsel pre-term labor
- DISCUSS BTL, (SIGN PAPERS IF MEDICAID)
- Select pediatrician
- Copy and send chart to Covenant L & D

24-28 WEEKS

- ORDER 1 HR GLUCOLA
- ORDER T+S/ RHOGAM (28 weeks)
- Childbirth ed classes
- Fetal kick counts
- SCHEDULE REPEAT C/S
- Discuss VBAC, SIGN CONSENT

30 WEEKS

- Copy and send chart add 1 hour results

32 WEEKS

- NST'S FOR GDM AND TWINS

35-36 WEEKS

- Signs of labor
- Anesthesia
- Signs of PIH
- Circumcision
- Breast/bottle feeding
- Car seat
- PP depression
- PP birth control
- Discuss operative vaginal deliver
- Discuss C/S
- GBS CULTURE (sensitivity if PCN allergy)
- Copy and send chart add GBS results

40 WEEKS

- SCHEDULE NST AND AFI

41 WEEKS

- SCHEDULE INDUCTION
- REPEAT NST AND AFI

Patient's Name: _____

Due Date: _____