

OB CHECKLIST

(Below is a sample checklist that physicians use during your pregnancy.

This will help you to anticipate what will happen at each visit.)

NAME: _____ **DOB:** _____

AGE: _____ **G:** _____ **P:** _____ **LMP:** _____ **EDC:** _____

HIGH RISK DX: _____

DATE	NEW OB VISIT	INITIALS
	Insurance Pre-certification	
	Education Handouts given (breastfeeding, prenatal care, expectant mother guidelines, <u>Miracle in the Making</u>) prenatal classes discussed and handout given.	
	Prenatal vitamins (samples and RX~1 PO QD,#120-2 refills)	
	Discussion regarding exercise, diet, intercourse, activity, social habits	
DATE	TESTING	INITIALS
	PAP SMEAR:	
	GC/CHL PROBE:	
	CBC:	
	OFFERED HIV:	
	HbsAG:	
	RUBELLA:	
	RPR:	
	T&S:	
	URINE CULTURE:	
	ULTRASOUND:	
WEEK 16-22		
	QUAD SCREEN:	
	ULTRASOUND:	
WEEK 24-28		
	1hr GTT:	
	3hr GTT(if indicated):	
	ANTIBODY SCREEN & RHOGAM IF RH-:	
	REVIEW SIGNS OF PRETERM LABOR:	
WEEK 28-32		
	ANTENATAL TESTING (DX):	
	NST:	
	BPP:	
WEEK 35-37		
	GBBS:	
	PREREGISTER FOR HOSPITAL:	
	REVIEW SIGNS OF LABOR (when to go to hospital):	
	RECORDS FAXED TO HOSPITAL:	
WEEK 40-42		
	CONSULT RE: INDUCTION	
	SCHEDULE INDUCTION:	
	NST:	
	BPP:	