WOMEN'S HEALTHCARE OF ILLINOIS

OB CHECKLIST

Patient Name: ______________________ Date of Birth: ______________________

Initial Checklist

- ❑ Insurance Pre-Certification
- ❑ Educational Handouts Received (Breastfeeding, Prenatal Care, Expectant Mother Guidelines, Prenatal Classes)
- ❑ Prenatal Vitamins (Samples and Prescription Given)
- ❑ Discussion regarding exercise, diet, intercourse, activity, social habits

Testing	Date Ordered	Comments/Notes
Week 4-10 – Initial Visit		
Pap Smear		
GC/Chlamydia		
Vaginal Cultures		
CBC		
HIV		
HbsAG		
Rubella		
RPR		
Abo & Rh		
Sickle Cell Screen (If Needed)		
Cystic Fibrosis Screen (If Needed)		
Urine Culture / Drug Screen		
Ultrasound (8-10 Weeks)		
Week 11-13		
First Trimester Screen		
Ultrasound (NT) (11w4d-13w6d)		
Week 15-22		
AFP		
Ultrasound Level 1 Detailed (18-22 W)		
Week 24-28		
1 hour GTT		
3 hour GTT (If Indicated)		
Antibody Screen & Rhogam if Rh-		
Hemoglobin/Hematocrit		
Week 28-32		
Antenatal Testing (If Indicated)		
NST		
BPP		
Week 34-37		
GBBS		
Repeat HIV		

Women's Healthcare of Illinois
Keeping Women Healthy

OB CHECKLIST

Repeat RPR		
Breast Pump Referral Generated		
Growth Ultrasound (36-37 W)		