

## SCHEDULE FOR PRENATAL CARE

	Date	Initials	
6-8 weeks			
Orientation visit	_____	_____	Introduction
	_____	_____	Medical History
	_____	_____	Identify High Risk factors
	_____	_____	Order or review prenatal profile
	_____	_____	Order sickle cell screen, if applicable
	_____	_____	Prescription for prenatal vitamins
	_____	_____	<b>NICA brochure/statement signed</b>
	_____	_____	Consent of care signed
	_____	_____	Anesthesia information given
8-12 weeks			
new OB visit	_____	_____	Response of prenatal labs
	_____	_____	Order Tay Sachs screen, if applicable
12-14 weeks			
	_____	_____	Offer Triple Screen
	_____	_____	Schedule amino if desired
	_____	_____	Early O'Sullivans if indicated
	_____	_____	Obtain LTCS report if indicated
16 weeks			
	_____	_____	Discuss prenatal classes
24-28 weeks			
	_____	_____	Pre-registration at hospital
	_____	_____	Confirm anesthesia registration
	_____	_____	O'Sullivans & H&H
	_____	_____	Order rhogam, if needed
30 weeks			
	_____	_____	Sign medicaid BTL consent if desired
36 weeks			
	_____	_____	Records to hospital (Birth Plan if applicable)
	_____	_____	Medicaid BTL consent to hospital
	_____	_____	Labor letter given