



PATIENT INFORMATION

ROUTINE RECOMMENDED PRENATAL SCREENING TESTS

OB ORIENTATION (with OB Coordinator):

Routine Blood Tests for all patients

Blood Type and Rh
Antibody Screen
RPR (Syphilis Test)
Hepatitis B Titer
Urinalysis and Culture
Rubella Immunity Titer
Complete Blood Count
HIV
HgbA1c

Other Available Blood Tests (can be done anytime)

Cystic Fibrosis Gene Carrier Testing
Hepatitis C Antibody Test
Herpes Status
CMV & Parvo Virus Immunity Tests
Sickle Cell Screen
Varicella Titer
Thyroid Function Test

New Ob Appointment (with a Provider)

Pap smear (for cervical cancer)
Gonorrhea and Chlamydia culture
Evaluate the size of the uterus and ovaries
Ultrasound for dating confirmation

Later in pregnancy (2nd and 3rd Trimester)

12 Weeks

*Nuchal Translucency/Ultrascreen for Chromosomal Birth Defects (includes Ultrasound and bloodwork)

16 Weeks

*Quad Test
*Maternal Serum AFP

18-20 Weeks

2nd trimester anatomy scan done by Ultrasound

28 Weeks

Glucose Test (for gestational diabetes)
CBC for Anemia
Antibody screen at 28 weeks if RH negative

36 Weeks

Group B Strep vaginal culture

*** Optional test, please speak with your provider to opt out or if you have questions.**

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