

PRENATAL CHECKLIST

LMP: _____ EDC: _____ EDB: _____

Place of Delivery: Thunder Bay ☐ Winnipeg ☐ Sioux Lookout ☐ Other ☐ _____

Initial Appointment (approximately 10-12 wks) – Date booked _____ Antenatal 1 ☐ Completed: _____ Antenatal 2 ☐

CBC (purple), Group & Screen (1 purple top)	Date Completed: _____	Results _____
Urine for C&S	Date Completed: _____	Results _____
Pap test (plastic spatula), GC & Chlamydia (swab or urine)	Date Completed: _____	Results _____
Trich, BV & Yeast – Gram stain (C&S swab)	Date Completed: _____	Results _____
RBS (Yellow top)	Date Completed: _____	Results _____
Rubella, Hep B, VDRL, (Varicella), Offer HIV screening	Date Completed: _____	Results _____

(Same requisition & 1 Red top tube)

Initial Ultrasound (for dating a.s.a.p) (7-8 wks) Date due: 1st- _____ Date done: _____ Results _____

Second Ultrasound (fetal assessment) (17-20 wks) Date due: 2nd- _____ Date done: _____ Results _____

Placenta Placement: _____

Monthly Visits until 28 Weeks (low risk)

08 weeks	due: _____
12 weeks	due: _____
16 weeks	due: _____
20 weeks	due: _____
24 weeks	due: _____
28 weeks	due: _____

16- 17 week- offer MSS Date offered/done _____
Results _____

24 - 28 week Blood work

50 gram load (NON FASTING, random thru day), CBC, Rh antibodies

If 50 gram load is = or > 7.8 mm then consult MD for 75 gram load

75 gram load – fasting, 1 hr & 2hr

Date Due: _____
Date Completed: _____ Results _____

Date Completed: _____ Results _____

Biweekly Visit until 36 weeks (low risk)

30 weeks	due: _____
32 weeks	due: _____
34 weeks	due: _____
36 weeks	due: _____

Confirm Confinement/Referral Letter: _____

Vag. - Anal GBS Date Completed: _____ Results _____

Travel arrangements done Date Completed: _____

Weekly Visit until 38 weeks

37 weeks due: _____

38 weeks Out for Confinement: _____ Chart photocopied - Date Completed: _____

Physician Visits (at least once per trimester) or as per Community M.D.

1 st trimester (around 12 weeks)	due: _____	date seen _____
2 nd trimester (18-20 weeks)	due: _____	date seen _____
3 rd trimester (18-20 weeks)	due: _____	date seen _____

Record prenatal vitamin refills and or iron/folic acid on Antenatal #2

Reminders

Hemoglobin:

Check once a month; if under 10.0 do every 2 weeks

Bloodsugar:

Check each visit with glucometer

Urinalysis:

Check each visit for glucose/protein

Repeat Rh antibodies as required

Pelvic exam for adequacy at 34-36 weeks gestation in the primigravida

Discuss plans for confinement - date of referral.

Vitamin/Mineral Supplements:

Prenatal Vitamins – 1 tab daily – best to take at night with food

Folic Acid – dosage according to risk factors

Iron Supplements – Dosed according to CBC

Hgb < 10.0 Ferrous Gluconate 300 mg TID

10.1 – 11.0 Ferrous Gluconate 300 mg BID

Initial prenatal exam

Blood work

CBC – short lavender tube

RED CROSS - Lavender – use small pink edged Req.

PUBLIC HEALTH SCREEN - Red top unspun - rubella, syphilis, hep B, HIV

SEND C&S - microbiology Req. – C&S container for urine

PAP – use Broom or spatula, not cytobrush – both documented on Cervical Cytology Requests form

Spatula smeared on slide then sprayed with Fixate;

Broom head removed & placed in the Sure Path bottle of medium

SMEAR – vagina gram stain – microbiology Req. – label "vag smear"

GC & Chlamydia: use Public Health form

Sent together as urine in STI transport vial

Or unisex swab endocervical (female) or urethral (male) sample

C& S SWAB – vaginal – Bacterial vaginosis, Trich., Yeast

DO COMPLETE PHYSICAL, MEDICAL HISTORY, OBS HX.

TAKE TIME TO DO TEACHING, ANSWER QUESTIONS AND CONCERNS

DISPENSE PRENATAL VITAMINES. IF UNDER 12 WEEKS DISPENSE FOLIC ACID