

FIRST PRENATAL VISIT

- Hgb, HepB Antigen, Syphilis
- Group/type and antibody screen
- Rubella: do if immune status is unknown. Vaccination is recommended post partum if non-immune.
- Varicella: do if there is no history of infection, vaccination, or positive serology. Vaccination is recommended post partum if non-immune.
- Human Immunodeficiency Virus (HIV) counseling is provided to all women. HIV testing is offered to all women and is voluntary.
- Urine C&S (or a urinalysis followed by a C&S if the analysis is positive).
- Cervical Cytology: if not done in the last 36 months (depending on results of previous tests and other factors)
- Cervical screening for gonorrhea and chlamydia (see companion document for details about screening)
- Diabetes glucose screen (also known as PC50 or Trutol): Appropriate for women at risk for GDM. Risk factors include: previous delivery of a macrosomic/large for gestational age (LGA) infant, previous diagnosis of GDM, prediabetes, 1st degree relative with diabetes, glycosuria, member of high-risk population (Aboriginal, Hispanic, Asian, and African Canadian), multiple gestation, age ≥ 35years, BMI > 30 kg/m², acanthosis nigricans, corticosteroid use, Polycystic Ovary Syndrome (PCOS), pancreatic insufficient cystic fibrosis, current fetal macrosomia or polyhydramnios and/or history of unexplained stillbirth.
- If twins or multiples suspected, ultrasound for chorionicity (plus or minus nuchal translucency as MST not applicable for multiple gestations)
- If uncertain LMP or irregular cycles, a 1st trimester dating U/S should be completed (preferred timing is 8-12 weeks gestation)

9-13⁺⁶ WEEKS GESTATION

Maternal Serum Testing (MST): 1st Trimester maternal serum testing should be offered to women regardless of age. Note: for the integrated screen both 1st

trimester and 2nd trimester testing must be offered and completed.

11-13⁺⁶ WEEKS GESTATION

Early Pregnancy Review (EPR): Women with specific risk factors and all women over 35years at the Estimated Date of Delivery (EDD) should be offered an early pregnancy review (EPR) in the Fetal Assessment and Treatment Centre (FATC) at the IWK Health Centre. An EPR is an ultrasound that reviews viability, dates, early development and assesses for fetal abnormalities through specific markers, particularly a nuchal translucency. This review is best if used in conjunction with the maternal serum test for assessment of risk for Trisomy 21.

15-20⁺⁶ WEEKS GESTATION

MST: 2nd trimester should be offered to all women regardless of age.

Integrated Maternal Serum Test: This test incorporates maternal age, first trimester maternal serum test (MST) and second trimester maternal serum test (MST) into a combined assessment of risk for fetal chromosomal abnormalities, open fetal defects such as spina bifida and placental abnormalities.

Integrated Prenatal test: this test is the same as above but also includes the EPR in the integration.

18-21 WEEKS GESTATION

Ultrasound: should be offered to all women and includes fetal biometry, amniotic fluid volume, placentation, anatomical review for anomalies, and markers for fetal aneuploidy.

24-28 WEEKS GESTATION

- Repeat HgB
- Diabetes (glucose) screen: for **all** women, including those at risk for GDM whose initial screen was negative
- Antibody screen: for women who are Rh⁺ (see below for Rh⁻ women)

- All pregnant women **at or after 26 weeks of pregnancy** who have not received a dose of a pertussis-containing vaccine in adulthood should be encouraged to receive Tdap vaccination.

Please note at 28 WEEKS GESTATION

- For Rh **Negative** Women: Repeat antibody screen, regardless of partner's Rh type. If partner is Rh⁺ or has an unknown Rh status, the antibody screen should be done prior to the administration of Rho(D) Immune Globulin

35-37 WEEKS GESTATION

- Group B strep: vaginal/rectal swab by patient or physician

After 41 WEEKS GESTATION

- Biophysical profile or NST and amniotic fluid volume measurement

OR

- Induction of labor

REFERENCES:

Reproductive Care Program of Nova Scotia (2015) – *Nova Scotia Prenatal Record Companion Document*

Diabetes Care Program of Nova Scotia (2014). *Pregnancy and Diabetes Guidelines. Approaches to Practice*. Available at: <https://diabetescare.nshealth.ca/sites/default/files/files/Preg%26DMGuidelines2014.pdf>

Detailed reference list in the NS Prenatal Record Companion document.

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