### Guidelines for Antenatal Laboratory Screening & Testing

#### Reproductive Care Program of Nova Scotia (July 2007)

#### 1. At First Prenatal Visit

Offer to All:
- Hemoglobin
- Hepatitis B Surface Ag screen (unless known)
- Rubella antibody titre (if immune status not known). *Those who are non-immune require postpartum vaccination*
- Varicella serology (if no hx of infection, vaccination, or pos serology). *Those who are non-immune require postpartum vaccination*
- Syphilis/VDRL screen
- Blood group and Rh type, antibody screen
- Urine culture or urinalysis followed by culture if urinalysis positive
- Cervical cytology (if not done in the last 12 months)
- Cervical screening for chlamydia and gonorrhea
- Human Immunodeficiency Virus (HIV) Serologic Testing (routine counselling/voluntary testing)
- Flu vaccine if during flu season

As Clinical Judgement Dictates:
- Glucose (diabetes) screen for women at risk for gestational diabetes*
- If twins or multiples suspected, ultrasound for choriionicity plus or minus nuchal translucency (MST not applicable for twins or multiples)
- If uncertain LMP, irregular cycles or on oral contraceptives during conception, a 1st trimester dating US should be completed
- Genetic screening or referral to Maritime Medical Genetics

*Note: Risk factors for gestational diabetes are: glycosuria, obesity, maternal age ≥ 35 at the time of delivery, previous gestational diabetes mellitus, previous LGA baby, history of unexplained stillbirth, family history of diabetes in a first degree relative, member of an ethnic group predisposed to diabetes (e.g. First Nations), polyhydramnios.

#### 2. At 9-13th Weeks Gestation

Offer to All:
- First Trimester Maternal Serum Testing

#### 3. At 11-13th Weeks Gestation

Offer to Some:
- Early Pregnancy Review

#### 4. At 15-20th Weeks Gestation

Offer to All:
- Second Trimester Maternal Serum Testing

#### 5. At 18-21 Weeks Gestation

Offer to All:
- Detailed ultrasound (includes fetal biometry, amniotic fluid volume, placentation, anatomical review for anomalies)

#### 6. At 24-28 Weeks Gestation

Offer to All:
- Repeat hemoglobin
- Glucose (diabetes) screen unless had a previous positive screen in this pregnancy *(Note: Women at risk for gestational diabetes whose initial screen was negative should have a repeat glucose screen.)*
- Repeat antibody screen *(for both Rh negative and Rh positive women)*

Offer to Some:
- Human Immunodeficiency Virus Serologic Testing for women who:
  - have declined testing in the first trimester
  OR
  - are known to be at risk for contracting HIV

Appropriate for Rh Negative Women:
- Repeat antibody screen, regardless of partner’s Rh type *(if partner is Rh positive or has an unknown Rh status, antibody screen should be done prior to administration of Rho(D) Immune Globulin)*

#### 7. At 28 Weeks Gestation

- For Rh negative women: provide Rho (D) Immune Globulin

#### 8. At 35-37 Weeks Gestation

- Routine vaginal-rectal GBS culture between 35-37 weeks gestation followed by intrapartum chemoprophylaxis if appropriate.

#### 9. At 41 Weeks Gestation (i.e.: 1 week post dates)

Offer to All:
- Biophysical profile or NST and amniotic fluid volume measurement
  OR
- Induction of labor

#### References:


Society of Obstetricians & Gynecologists of Canada (2006). HIV Screening in Pregnancy


Detailed reference list available in the NS Prenatal Record Companion document.

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