

## GUIDELINES FOR ANTENATAL LABORATORY SCREENING & TESTING REPRODUCTIVE CARE PROGRAM OF NOVA SCOTIA (July 2007)

### DO 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 chorionicity plus or minus nuchal translucency (MST not applicable for twins or multiples)
- If uncertain LMP, irregular cycles or on oral contraceptives during conception, a 1<sup>st</sup> trimester dating U/S should be completed
- Genetic screening or referral to Maritime Medical Genetics

**\* Note: Risk factors for gestational diabetes are: glycosuria, obesity, maternal age  $\geq$  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.**

### DO AT 9-13<sup>\*6</sup> WEEKS GESTATION

Offer to All:

- First Trimester Maternal Serum Testing

### DO AT 11-13<sup>\*6</sup> WEEKS GESTATION

Offer to Some:

- Early Pregnancy Review

### DO AT 15-20<sup>\*6</sup> WEEKS GESTATION

Offer to All:

- Second Trimester Maternal Serum Testing

### DO AT 18-21 WEEKS GESTATION

Offer to All:

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

### DO 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:
  - a) have declined testing in the first trimester
  - OR**
  - b) 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**)

### DO AT 28 WEEKS GESTATION

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

### DO AT 35-37 WEEKS GESTATION

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

### DO 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:

Reproductive Care Program of Nova Scotia (2007). Nova Scotia Prenatal Record Companion document

Diabetes Care Program of Nova Scotia Pregnancy and Diabetes Subcommittee(2006). Screening for Gestational Diabetes

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

Society of Obstetricians and Gynecologists of Canada (2004). The prevention of early onset neonatal group B streptococcus disease.

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



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