**Routine Obstetrical Treatment Schedule**

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| **Visit schedule:** |
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| |  |  | | --- | --- | | First OB visit: | Full history and examination including pelvic exam | | 8 – 32 weeks: | routinely one visit every 4 weeks | | 32 – 36 weeks: | routinely one visit every 2 weeks | | 36 weeks until delivery: | routinely one visit every week and possibly a pelvic exam | |
| **Diagnostic testing schedule:** |
| |  |  | | --- | --- | | First visit, 6-7 weeks: | Pregnancy education, Pre-natal blood work (drawn from arm), Urine testing, scheduling of ultrasound for confirmation of pregnancy and pregnancy dating, if not already performed. | | Second visit, 8-9 weeks: | Pap smear (if needed), Gonorrhea and Chlamydia screening, urine culture, pregnancy dating ultrasound performed, optional genetic testing scheduled | | 11-13 weeks: | First Trimester Genetic Screening and Cystic Fibrosis Screening (optional) | | 16 weeks: | Second Trimester Genetic Screening and Cystic Fibrosis Screening (optional) – both are blood tests drawn from the arm. | | 18 – 20 weeks: | Routine Ultrasound for fetal anatomy, and if desired and possible gender. | | 26 – 28 weeks: | Glucose Tolerance Test (blood drawn from arm one hour after glucose drink) If you are Rh negative your glucose test must be performed in your 28th week, at which time you will receive a RhoGAM injection at the hospital (MMH) | | 36 weeks: | Group B Streptococcus (“GBS”) vaginal culture and exam | |
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| The above schedule is for a routine pregnancy. If you develop any problems this schedule may not apply. Please be aware it is up to the physician to provide the appropriate care for your specific needs. |