

Appointment Schedule

Your first visit

When you come to the office for your first visit, we ask that you bring your completed medical history forms and other registration materials. During this visit, you may have a physical exam including breast and pelvic exam with pap smear if needed. There will also be a series of prenatal labs that will test for your blood type and screen for infections (syphilis, hepatitis B and C, HIV and rubella). Your urine will also be screened for infection.

After your first visit

Several additional tests may be done at specific times throughout your pregnancy. Between your first visit and 28 weeks, we would like you to schedule a visit every four weeks. Around 28 weeks, your visits will increase to every two weeks, and then once a week after 36 weeks until delivery. We will request to see you more frequently if you are high risk requiring additional surveillance. During each visit, you will have your weight, blood pressure, urine, and fetal heart rate evaluated. Bring a list of questions!

Routine Testing:

Anemia and gestational diabetes screening – This screening is performed between 24-28 weeks. You will be given a glucose drink with instructions for how/when to drink it. One hour after you finish the drink, your blood will be drawn. You do not need to fast, but try to avoid consuming carbohydrates the day of this testing.

Vaginal culture for group B strep – This swab of your vaginal area is performed at your 36 week appointment. Group B strep is a bacteria that is naturally found in the vagina and is not harmful to women or a developing fetus. It can be harmful to your infant if exposed to the bacteria at time of delivery. If you test positive for this bacteria, you will receive antibiotics while in labor.

Ultrasounds – We recommend an ultrasound around 20-22 weeks gestation to evaluate fetal anatomy. Additional ultrasounds will be performed based on medical need. Some ultrasounds may be recommended to occur at the high-risk OB specialist's office.

The Rh factor – We will test your blood for the Rh factor. If your blood type is Rh negative, then you may be at risk for Rh disease. Rh disease is a pregnancy complication in which your immune system can attack the baby's blood and can result in a life-threatening situation for the baby. Fortunately, it can be prevented with a shot

called Rhogam, which is given to the pregnant mother at 28 weeks or anytime vaginal bleeding occurs. If you are Rh negative, contact our office immediately if you develop bleeding or experience trauma to your abdomen.

Vaccinations

The Centers for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu shot. Also, pregnant women should get a dose of Tdap (vaccine to protect mom and baby against tetanus, diphtheria and pertussis), at approximately 28 weeks. Receiving the vaccine in pregnancy gives your baby extra protection against whooping cough, which can be very dangerous for newborns. Spouses or partners and other adults with close contact with the baby should also receive the Tdap and flu vaccinations as well. The RSV vaccine is recommended for pregnant patients who will be between 32 and 36 weeks gestation during RSV season (September through January).

Prenatal vitamins

We recommend a prenatal vitamin that contains folic acid prior to conception, throughout pregnancy, and postpartum while breastfeeding. DHA can be added during pregnancy.