



Progressive Women's Healthcare

Estimated Appointment Schedule

Appointments will be every four (4) weeks until 32 weeks gestation. At 32 weeks you will be seen every 2 weeks and weekly after 36 weeks. Depending on progression, visits may be more frequent according to the provider recommendation. Each appointment is very important and should be followed through with completely. If you are unable to keep a scheduled appointment, please call the office immediately and reschedule.

Each office visit includes: *weight, blood pressure, urine dip, fetal heart rate (after 12 weeks gestation), measurement of growth, and time for your questions concerns. Further testing will be done as necessary.*

Weeks 6-9

You will have your first visit with our office. At this visit we will draw hormone levels along with other routine labs that will help determine if the pregnancy is viable and approximately how far into the pregnancy you are. If your hormone levels indicate that you are between the 6-8th week of pregnancy, then a transvaginal ultrasound will be offered. Prior to the 6th week of pregnancy we are not able to detect fetal heartbeat on ultrasound. We will also go over your medical and

obstetrical history and answer any questions that you may have. We will also discuss medications that are safe for common complaints like nausea and vomiting (see handout) and make sure you are on an adequate prenatal vitamin. We will give you brochures on two blood tests that we recommend. The first test is carrier screening (see Foresight brochure). This test determines if you are a carrier for common genetic disorders that could affect the baby. The most common is Cystic Fibrosis. If this test is negative then it is unlikely that we will need to repeat this test in future pregnancies. If your test comes back that you are a carrier for any of the tested genes, then we will test your partner to see if there is any risk to the baby. The second test is aneuploidy screening (see Prequel brochure). This cannot be done until the 10th week of pregnancy and looks at any chromosomal abnormalities that the baby may have. The most common is Down Syndrome. This test also has the ability to determine the gender of the baby.

Weeks 10-14

At this visit you will have a pelvic exam. The exam will include a pap smear and a vaginal culture to rule out any infections that could affect the baby. We will also draw the carrier



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and aneuploidy screening if desired. At 12 weeks gestation, heartbeat can be detected in the office.

Weeks 15-18

You will be offered another optional blood test called Alpha-Fetoprotein or AFP. This test screens for Open Neural Tube defects that could affect the babies' spine. We will also order your fetal anatomy ultrasound to be performed at the 20th week of pregnancy. It is possible to start feeling your baby move at this time.

Weeks 25-28

A Complete Blood Count (CBC) and Glucose Challenge Test (CGT) will be drawn at this visit. These tests determine anemic conditions and gestational diabetes. If you have the blood type RH negative, you will also have an antibody test drawn and receive a Rhogam injection. You will not be required to fast for these tests, unless requested by the provider. You do need to plan to be at this appointment for at least one hour. During this time frame a decision should be made about whether you are going to bank your baby's cord blood. Please see the brochure on cord blood banking and gestational diabetes.

Weeks 30-34

During this time frame the Center of Disease Control or CDC recommends for you to get the Tdap vaccine. This vaccine will provide protection to the baby against Pertussis. You can get the vaccine at most local pharmacies. This is recommended with each pregnancy. Please see handout on Tdap.

Weeks 35-36

A vaginal and rectal culture will be obtained for Group B strep (GBS) bacteria. If you have a positive test result, you will be given antibiotics during delivery. Please see handout on GBS. A pelvic exam will also be performed to check for progression of dilation and effacement. This will be done at each visit until delivery. We will discuss labor precautions, fetal kick counts, (see handouts) and discuss more details about the best time for you to deliver the baby.