



**Risks and Benefits**

- Women who receive early and regular prenatal care are more likely to have healthier babies. By participating in prenatal care, you will become more informed about your pregnancy and become more aware of things you should and should not do while you are pregnant. You will also have tests to check for infection and other problems that could affect you and your baby.

**What To Do If You Have A Problem**

- If you are having a problem or have a question about your pregnancy, please call 252.744.4611, Monday through Friday, 8 am – 5 pm. Please identify that you are pregnant and ask to speak with the OB Nurse.
- If you are having a problem or have a serious question about your pregnancy at night or during a weekend or holiday, please call 252.744.4611. Please identify that you are pregnant and ask to speak with the Family Medicine OB Resident On Call.

**To Schedule, Cancel or Reschedule An Appointment**

- Call 252.744.4611, preferably 24 hours in advance.
- Identify yourself as a pregnant patient.
- Identify your regular Doctor and the Color Module where you usually see your doctor.

**PATIENT’S STATEMENT OF CONSENT**

Information describing prenatal care has been explained to me. I have read this consent form. All my questions so far have been answered to my satisfaction. I consent to receiving my prenatal care at the Family Medicine Center of the ECU Brody School of Medicine.

\_\_\_\_\_  
Printed Patient’s Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Person obtaining consent:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ROUTINE PRENATAL LABORATORY STUDIES

This table provides information about laboratory tests routinely done during a pregnancy that are recommended or required.

### At the first prenatal visit:

Blood Type	Some maternal blood types are associated with risks to the baby.
Blood Antibody Screen	Identifies whether the mother has been previously exposed to a blood type different from her own. The presence of certain antibodies might put the baby at risk of low blood counts (anemia in the fetus or baby).
Screening for Hemoglobinopathy (Sicklelex)	Identifies women who have inherited less common hemoglobin from their own parents. Examples are sickle cell disease, sickle trait and thalassemia. These more unusual hemoglobins may be inherited by the baby. When unusual hemoglobin is identified in the mother, we may recommend testing the father of the baby also. Women with unusual hemoglobin may be more prone to anemia and/or bladder infections.
Complete Blood Count	Makes sure the mother is not anemic.
Rubella Immunity	Rubella infections during pregnancy may harm the baby. If a woman is not immune to rubella, then we recommend vaccination post-partum.
Varicella Immunity	Varicella infections (chicken pox or shingles) during pregnancy may harm the baby or may cause a severe form of pneumonia in the pregnant mother. If a woman is not immune to varicella, then we recommend vaccination post-partum.
Diabetes Screen (Glucola)	Test done at the first prenatal visit in women with risk factors for pre-existing diabetes or the development of gestational diabetes. All women will be screened later in pregnancy.
Urinalysis and Urine Culture, especially for GBS (Group B Strep)	Untreated bladder infection (also called cystitis or UTI) in pregnant mothers can lead to kidney infection (pyelonephritis), pneumonia, severe infection in the fetus, premature delivery and other bad outcomes. Screening for and treating bladder infections helps prevent these complications. Screening for GBS in the urine and treatment of GBS with antibiotics during labor helps prevent neonatal infection. <b>CDC RECOMMENDATION.</b>
Hepatitis B Surface Antigen	Children of chronic carriers of Hepatitis B virus should have special immunizations at birth to prevent Hepatitis B infection in the newborn child. <b>STATE LAW.</b>
Syphilis Test (RPR or VDRL)	Identifies women who currently have or who have had syphilis in the past. Treatment of current infection prevents the baby from becoming infected. <b>STATE LAW.</b>
HIV Test	Identifies women with HIV virus infection. If HIV virus is present in the mother, treatment is started – both to keep the mother healthier and to prevent the baby from becoming infected. <b>STATE LAW.</b>

**At the First Examination:**

PAP Smear	Screening test for cervical cancer. Recommended at least yearly.
Gonorrhea and Chlamydia (Genprobe)	Screening test for asymptomatic infection. If infection is present and untreated, the baby may deliver prematurely and/or may be infected. <b>STATE LAW.</b>

**Later in Pregnancy:**

Maternal Serum Screening	15-18 weeks (optional)	Measures Alpha-fetoprotein, Estriol, hCG and Inhibin in mother's blood stream. The results predict the risk of Down's Syndrome, Spina Bifida (open neural tube defect) and Trisomy 18.
Diabetes Screen (Glucola)	24-28 weeks; ideally done at 27-28 weeks	Looks for the development of gestational diabetes.
Repeat Blood Antibody Screen	28 weeks	Done in women who are Rh negative. It guides us in the use of Rh immune globulin to prevent problems with the baby in this and future pregnancies.
Group B Strep	35-37 weeks	Identifies women who are carriers of the Group B Strep bacteria. These women are treated with antibiotics during labor to help reduce the risk of peri-natal infection. <b>CDC RECOMMENDATION.</b>
Syphilis Test (RPR or VDRL)	28-30 weeks	Identifies mothers who had infection too early to detect at their first visit or who have become infected since being tested. Treatment of current infection prevents the baby from being infected. <b>STATE LAW.</b>
HIV Test	Around 30 weeks	Identifies mothers who had infection too early to detect at their first visit or who have become infected since being tested. If HIV virus is present in the mother, treatment is started – both to keep the mother healthier and to prevent the baby from becoming infected. <b>STATE LAW.</b>
Gonorrhea and Chlamydia (Genprobe)	36 weeks	Identifies mothers who had infection too early to detect at their first visit or who have become infected since being tested. Treatment of current infection prevents the baby from becoming infected. <b>STATE LAW for women age 25 or younger.</b>

**At Delivery:**

Gonorrhea or Chlamydia (Genprobe)	See table above. Test is done in women age 25 or younger if it was not done at 36 weeks. <b>STATE LAW.</b>
Syphilis Test (RPR or VDRL)	See table above. Test is done on all women who deliver. If the infant is stillborn, the test result may help identify the cause of the stillbirth. <b>STATE LAW.</b>
HIV Test (Mother)	Mandatory testing of the mother if it was not done during the pregnancy. <b>STATE LAW.</b>
HIV Test (Infant)	Mandatory testing of the infant if the mother was not tested during pregnancy and not tested during labor and delivery. <b>STATE LAW.</b>