

Prenatal/Postpartum Management Checklist

Date: _____ Patient Name: _____ Babies First Coupons:

During the initial evaluation, the physician needs to perform a risk assessment. At-risk pregnancies can be referred to the CareSource case management program. If you have questions, please contact CareSource at 1-800-488-0134.

EDD CONFIRMATION (Initial EDD)	18-20 WEEK EDD UPDATE
LMP ___/___/___ = EDD ___/___/___	ULTRASOUND ___/___/___ = ___WKS = ___/___/___
INITIAL EXAM ___/___/___ = ___WKS=EDD ___/___/___	FINAL EDD ___/___/___ INITIALED BY _____
ULTRASOUND ___/___/___ = ___WKS=EDD ___/___/___	
INITIAL EDD ___/___/___ INITIALED BY _____	

To ensure accurate documentation of prenatal care, please document the following in the patient records during each visit:

Gestational Week Weight- current and prepregnancy Fundal Height Presentation Blood Pressure	<u>FHR, Fetal Movement, Preterm Labor, Signs and Symptoms</u> Cervix Exam <i>when indicated</i> (DIL/EFF.STA) Urinalysis Trimester Specific Education
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Prenatal Laboratory Screening

Initial Labs	8-18 weeks	24-28 weeks	32-36 weeks
<input type="checkbox"/> Blood type	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> <i>GCT</i> at 28 weeks	<input type="checkbox"/> HCT/HGB
<input type="checkbox"/> <i>Du</i> (RH) type	<input type="checkbox"/> MSAFP/Multiple Markers - optional	<input type="checkbox"/> <i>Du</i> (Rh) Antibody screen, <i>if indicated</i>	<input type="checkbox"/> Ultrasound - <i>optional</i>
<input type="checkbox"/> Antibody screen	<input type="checkbox"/> <i>Amnio</i> /CVS - optional	<input type="checkbox"/> Anti- <i>Du</i> Immune Globulin (RGIG) given (28 weeks) <i>if indicated</i>	<input type="checkbox"/> STD screening, <i>if indicated</i>
<input type="checkbox"/> HCT/HGB	<input type="checkbox"/> Karyotype - optional	HCT/HGB	<input type="checkbox"/> Group B Strep
<input type="checkbox"/> Pap Test	<input type="checkbox"/> HCT/HGB	-- <i>GTT (IF GCT ABNORMAL)</i>	
<input type="checkbox"/> Rubella <i>screen</i>			
<input type="checkbox"/> STD screening			
<input type="checkbox"/> Urine culture			
<input type="checkbox"/> HBsAg			
<i>CYSTIC FIBROSIS SCREEN/OPTIONAL</i>			

Follow-up visits are scheduled every 4 weeks for the first 28 weeks gestation and every 2-3 weeks until 36 weeks gestation and every week thereafter, minimum, or more if high risk.

Postpartum Care

Postpartum visits should be scheduled between 3 to 8 weeks after delivery; a post-op visit within 7 to 14 days of delivery maybe necessary after a Caesarean delivery or a complicated pregnancy.

Physical Assessment	Education
<input type="checkbox"/> Weight <input type="checkbox"/> Uterine involution <input type="checkbox"/> Blood pressure <input type="checkbox"/> Pelvic exam <input type="checkbox"/> Breasts <input type="checkbox"/> Episiotomy repair <input type="checkbox"/> Abdomen	<input type="checkbox"/> Postpartum depression <input type="checkbox"/> Birth control <input type="checkbox"/> Breast-feeding <input type="checkbox"/> Assess adaptation to newborn