

**Virginia Department of Health**  
**Standards of Care: Maternity Addendum I: Minimum Periodicity Chart**

The following schedule for diagnostic testing and clinical exams during pregnancy will provide the basis for acceptable medical practice. Individual clinicians may adjust and/or add testing as they deem necessary in their medical judgement.

**Physical Exam:** Comprehensive exams must be performed on the initial visit and postpartum visit. Record on the appropriate visit record for maternity or family planning services. Other than the designated times in the periodicity chart, cervical checks are to be done at the discretion of the clinician, but should coincide with selected times for repeat or followup cervical cultures. The regular schedule of visits will be monthly until twenty-eight weeks, every two weeks from twenty-eight to thirty-six weeks and weekly thereafter until delivery.

**Laboratory Testing:** Laboratory testing will be performed according to the schedule in the periodicity chart. Other testing may be indicated by psychosocial, medical or cultural assessment. These include urine culture, blood glucose, PPD, Hgb electrophoresis or STD testing not included in the regular testing. A rubella antibody screen must be done if the client does not have a previous antibody titer or documented rubella immunization. Ultrasounds will be ordered by the clinician based upon medical need. Postpartum lab testing will follow the guidelines outlined in the Family Planning protocol. For Nutrition Assessment, refer to Division of Chronic Disease Prevention and Nutrition's Nutrition Guide: Nutrition Standards for Documentation by Exception Record System: Maternity.

**The following minimum periodicity schedule may be altered based upon EGA at entry into care, local health department policy, or clinician discretion.**

	Initial Visit/First Trimester	Second Trimester	Third Trimester
Comprehensive P.E.	X		
Cervical Check	X		
Blood group/RH	X		
HBV surface antigen	X		
Atypical. antibody screen	X	X draw at 28 wk visit & give Rhogam	
HIV antibody	X		
Rubella screen	X		
Hgb/Hct	X	X	X
MSAFP		16-20 wks	
Urinalysis/Culture	As ordered during any trimester		
Urine protein/glucose ketone/nitrates	q visit X	q visit X	q visit X
Pap Smear	X		
STS	X	X or	X
G.C. culture	X		X
Chlamydia	X		
1 hr. 50 gm glucose		24-28 wks	
Nutrition Assessment	X	X	X
Group B strep			X

