

TABLE 1: PRENATAL LABORATORY EVALUATIONS

TYPE & TEST	PURPOSE	WHO TO TEST	WHEN TO TEST	RESULTS/COMMENTS
Blood type/ Atypical Antibody Screen	Assess for specific blood type and potential for Rh incompatibility	All pregnant women	Initial visit and repeat as indicated	If Rh incompatibility identified, patient will require Rh immune globulin at around 28 weeks or before if potential blood mixing procedure is done, i.e., amniocentesis
Hgb/Hct (CBC optional)	Detect anemia	All pregnant women	Initial visit & at least 1x in 2 nd and 3 rd trimester	Determination of anemia
MSAFP/Triple Screen	Assess the risk of neural tube defects and Down syndrome	All pregnant women	16--18 weeks (ACOG)	Indication of possible NTDs or Down Syndrome. For positive results further testing required. Informed consent or refusal of testing should be documented in pts. record.
Hepatitis B Virus Surface Antigen (HbsAG)	Assess for hepatitis B infection	All pregnant women who have not been immunized or whose status is unknown	Initial visit (ACOG)	Women who test negative should be offered vaccination during pregnancy. A series of 3 scheduled injections required
Serologic test for syphilis	Assess for syphilis infection	All pregnant women	Initial visit and at beginning of 3 rd trimester	Appropriate treatment for stage of infection at diagnosis. Infants are at risk of congenital syphilis. (Test at initial visit and at delivery, ACOG)
Rubella	Assess for immunity to rubella	All pregnant women without previously documented positive immunity	Initial visit	Seronegative women should be immunized immediately postpartum, not recommended during pregnancy due to teratogenic risk to the fetus (ACOG). Avoid conception for 1 month after rubella vaccination.
Sickle Cell (hemoglobin electrophoresis)	Test for sickle cell disease and trait.	Optional based on ethnic background and family history	Initial visit	Assist in patient identification during pregnancy or helps parents prepare for infant with defects
1Hr plasma glucola test	Test assesses for the development of gestational diabetes	All pregnant women	Test between 26-28 weeks (ACOG)	If 1 hr is abnormal, refer for 3 hr GTT (Glucose Tolerance Test), may refer to clinician. (Appendix J)
Human Immunodeficiency Virus (HIV)	Assesses for the presence of the HIV virus	Offered to all pregnant women	Initial visit and at third trimester, if indicated.	Evaluate for treatment to prevent perinatal transmission. Informed consent/refusal for testing documented in patient's record.
Urinalysis/C&S	Assess for abnormal protein, glucose, and asymptomatic bacteria	All pregnant women	Initial visit and at intervals during pregnancy	Identification of infections of the urinary tract, both symptomatic and non-symptomatic
Urine Dipstick	Screening tool to identify constituents in the urine	All pregnant women	Initial visit and every subsequent visit	Screen for sugar and protein in urine. Positive results require further evaluation.

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Chlamydia	Assess for chlamydia	All pregnant women	Initial visit and repeated in 3 rd trimester if initial test was positive	Positive status indication for treatment
Gonorrhea	Assess for gonorrhea	All pregnant women	Initial visit & 3 rd trimester	Identification of gonorrhea infection
Group Beta Streptococci (GBS)	Assess for GBS	All pregnant women, at 37 weeks (32-36, ACOG)	During third trimester	Positive results require prophylaxis during the intrapartum period with antibiotic treatment to prevent an infant with GBS. Chart should be flagged and patient counseling done.
Papanicolaou smear	Assess for abnormal cervical cells	All pregnant women unless documentation of testing within the last 6 months, at the discretion of clinician	Initial visit (ACOG)	Identification of abnormal cervical cells that may require treatment. Follow the American Society for Colposcopy and Cervical Pathology algorithms. (Appendix G)
Cystic Fibrosis	Carrier status	All pregnant women informed. Screening offered to all couples.	Preconception 1 st and early 2 nd trimester	Positive results require counseling concerning risk to the fetus. (Appendix K)

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