# Week 1 Prenatal Care and Labs Worksheet

Please answer the questions and complete the tables below. You will use this as a reference throughout the course, so it is helpful to put the effort and detail in now as it will really assist you as you continue in the course. Please cite and reference your answers so that you may go back to your original resource as needed.

## Part 1: Routine Prenatal Care

Please answer the questions below. You should not write in narrative form, but instead should list your answers.

1. What is the normal schedule of routine prenatal care?
2. For each trimester, what are important subjective questions to ask the patient?
	* First trimester questions –
	* Second trimester questions –
	* Third trimester questions –
3. Provide an overview of the objective data (excluding lab test) that you will collect during a routine prenatal visit. Focus on the physical exam for each of the routine prenatal visits.

## Part 2: Anticipatory Guidance

Please complete the following table. Keep the following guidelines in mind as you complete the table:

* Do not write complete sentences. Bullets are okay.
* Ensure every cell in the table is completed.
* If you list an item in the Normal Discomforts and Changes in Pregnancy column, this item must also be clearly addressed in the General Education in This Trimester and Warning Signs columns.
* Please be sure to cite your references at the end of the assignment.

|  | Normal Discomforts and Changes in Pregnancy (List 4 to 5 unique to each trimester) | General Education in This Trimester (This should correspond to the items listed in the prior column) | Warning signs—when should the patient call the office? (This should correspond to the items listed in the prior column) |
| --- | --- | --- | --- |
| First trimester | Example – can count as 1 itemNausea and vomiting2.3.4.5. | Nausea and vomiting are common esp. in the mornings, but can occur any time of day, can try small frequent meals, ginger products, peppermint, SeaBands, and vitamin B6, 25 mg TID | Persistent vomiting, unable to keep down fluids for multiple hours, signs of dehydration such as not voiding for more than 6 hours, vomiting blood |
| Second trimester | 1.2.3.4.5. |  |  |
| Third trimester | 1.2.3.4.5. |  |  |

## Part 3: Pregnancy Lab Interpretation

Please complete the following table related to lab work. Use current information and cite your references.

| Lab | Normal Range | Abnormal Range | When in pregnancy should we check this lab? | What do we do with abnormal results? |
| --- | --- | --- | --- | --- |
| Quantitative HCG |  |  |  |  |
| CBC |  |  |  |  |
| Type and screen |  |  |  |  |
| Varicella titer |  |  |  |  |
| Rubella titer |  |  |  |  |
| HIV screen |  |  |  |  |
| RPR or Treponema |  |  |  |  |
| Urine culture |  |  |  |  |
| Urine dipSpecific gravityGlucoseProtein |  |  |  |  |
| Hep B surface antigen |  |  |  |  |
| Chlamydia |  |  |  |  |
| TSH |  |  |  |  |
| 1-hour glucose test |  |  |  |  |
| Gonorrhea |  |  |  |  |
| Hepatitis C |  |  |  |  |
| Affirm (BV, Trich, yeast) |  |  |  |  |
| Hemoglobin electrophoresis  |  |  |  |  |
| Pap |  |  |  |  |
| Group beta strep culture |  |  |  |  |

\*Please note: There are genetic screenings and other diagnostic testing that also take place in pregnancy. Those will be covered in a later module.

## References