

## **PRENATAL OFFICE VISIT SCHEDULE**

**Note:** For all OB visits- *Labs may not be covered by insurance or may go to your deductible.*

- 4-8 weeks:** Pregnancy Confirmation/Assessment / Labs if needed  
Order early ultrasound if needed – Co-pay due at time of visit
- 12 weeks:** Initial OB: Full exam with Pap test / routine OB lab work  
Circumcision payment information signed / Financial Risk Assessment Form completed /  
Penta screen / Genetic testing (Alpha-Fetoprotein Test discussed) – Co-pay due at time of  
visit
- Global**
- 16 weeks:** 20 week Level 2 sonogram referral given
- 20 weeks:** Discuss birthing classes
- 24 weeks:** Instructions for Glucola (gestational diabetes) test (to be done after 26 weeks)
- 26-28 wks:** Lab done or referral given for Glucola test / Hemoglobin / Antibody screen if needed  
Rhogam shot arranged for Rh-negative moms, give after antibody screen drawn
- 32 weeks:** Discuss labs / pre-term labor info / discuss birth plan / Hep C if waterbirth
- 34 weeks:** Preadmission for Hospital  
VBAC or Waterbirth handout / consent form
- 36 weeks:** Group B Strep culture (GBS) / Hemoglobin  
Cervical check if needed/desired  
Fax OB records and Labs
- 37 weeks:** Routine visit
- 38 weeks:** Routine visit
- 39 weeks:** Routine visit
- 40 weeks:** Routine visit
- 41 weeks:** Non-Stress Test + AFI (Amniotic Fluid Index)  
Discuss scheduling induction
- 42 weeks:** Non-Stress Test + AFI  
Induction by end of 42 weeks

It is the patient's responsibility to verify insurance coverage for prenatal care. Most insurance plans with patient responsibility (co-pay, deductible, etc.) will still require the patient to pay, as they would for an office visit, for a Pregnancy Assessment/Confirmation appointment and the Initial OB appointment. All questions about insurance coverage and patient responsibility should be directed to your insurance company.