



Prenatal Care

a guide

Medical Disclaimer

The exact prenatal care you receive depends on your unique circumstances and medical history, as well as where you live. The following is more or less standard for the United States, and much of Canada (depending on province). The information contained in this guide is meant for general education purposes only and is not a substitute for medical advice, diagnosis or treatment. Do not disregard, avoid or delay obtaining medical advice from a licensed health care provider because of something you read in this workbook. Always seek the advice of a medical professional regarding a medical condition or symptom.

PRENATAL CARE

A WEEKLY GUIDE

8-10 weeks

Start prenatal care (Prenatal care will likely be every 4 weeks from your initial visit until your 3rd trimester)

At any point in pregnancy you may have a consultation with a nutritionist

At any point during flu season, it is safe (and recommended!) to get a flu shot

- Initial prenatal visit:
 - Ultrasound/confirm due date
 - Blood pressure, height & weight
 - In depth history (including medical and surgical history, family history, genetic history, smoking/drinking/drug habits, sexual history, OB/GYN history)
 - Review options for genetic testing
 - Listen to baby's heartbeat if 10+ weeks
 - Assess size of uterus (this will likely be done with Ob provider's hands palpating your lower abdomen, or with a vaginal exam)
 - Physical exam (may include exam of heart, lungs, thyroid, breasts, abdomen, and possible internal vaginal exam → May include pap smear)
 - Blood tests
 - Urine tests

10-14 weeks

- Prenatal visit
 - Listen to baby's heartbeat with Doppler
 - Measure uterine size with palpation
 - Weight and blood pressure, maybe urine test
- Genetic testing options:
 - Nuchal translucency ultrasound & early risk assessment/first trimester screening between 11-13 weeks
 - Chorionic villus sampling (CVS) between 11-13 wks
 - Non-invasive prenatal testing (NIPT) from 10+ weeks

15-20 weeks

- Prenatal visit
 - Listen to baby's heartbeat with Doppler
 - Measure uterine size with palpation
 - Weight, blood pressure, maybe urine test
 - Start to feel fetal movement "quickening" between 16-20 weeks
 - Anatomy ultrasound (ultrasound that evaluates the baby's entire anatomy, may be able to find out the sex of the baby) between 18-20 weeks
 - Genetic testing options:
 - 2nd trimester blood test screening for neural tube defects (called alpha fetoprotein) between 15-20 weeks
 - Amniocentesis between 15-20 weeks

20-24 weeks

- Prenatal care
 - Start to measure uterine size with measuring tape (measuring from pubic bone to top of uterus, called “fundus” - the number of centimeters your uterus measures is generally very close to the number of weeks you are. For example, a 24 week uterus is usually about 24 centimeters, +/- 2 centimeters)
 - Listen to baby’s heart with Doppler
 - Measure weight and blood pressure, maybe urine test
- Pregnancy is “viable”, meaning a baby could live outside the uterus at approximately 23-24 weeks

24-28 weeks

- Prenatal care (prenatal care after 28 weeks is typically every 2 weeks until 36 weeks)
 - Glucose testing
 - Usually this is a 1 hour, non-fasting test with a 50 gram glucose drink → if elevated, will need a 3 hour fasting test with 100 gram glucose load
 - Instead of a 2 step process, some will have a 1 step screening for gestational diabetes with a 2 hr, 75 gram glucose drink → if elevated, will need treatment for gestational diabetes
 - Complete blood count (to test for anemia which is common in the 3rd trimester)
 - Special circumstances
 - If you have Rh negative blood type, you will need a repeat blood type test (called a type and screen), and an injection called Rhogam
 - Some practice will repeat syphilis testing (a sexually transmitted infection) at 28 weeks
 - Listen to baby's heart with Doppler, measure uterine size with measuring tape
 - Weight, blood pressure, maybe urine test
 - 27-36 weeks: optimal time for TDaP vaccine (tetanus diphtheria acellular pertussis)
 - 28 weeks: start monitoring fetal kick movement more closely (can start fetal kick counts)

28-32 weeks

- Prenatal care
 - Listen to baby's heart with Doppler, measure uterine size with measuring tape
 - Weight, blood pressure, maybe urine test
 - Monitor symptoms of preterm labor (contractions, bleeding, loss of fluid) and symptoms of blood pressure issues (headaches, vision changes, upper abdominal pain, and sometimes swelling in feet or hands)
- Some may have ultrasound to assess baby's growth between 28-32 weeks
- Start childbirth education classes
- Consider Doula options
- Start to look for a pediatrician
- Fetal kick counts (exact instructions vary by provider, typical rec is to monitor 1-2/day to ensure at least 10 movements in a 1-2 hr period)
 - If not reaching 10 movements, or movement is noticeably less call provider or proceed to labor and delivery for evaluation
- Can start drinking red raspberry leaf tea at 32 weeks (twice daily) if desired
 - Thought to help strengthen uterus for labor though data is not strong
 - <https://evidencebasedbirth.com/ebb-139-red-raspberry-leaf-tea/>
- Ask your Ob provider about a breast pump
- Set up a mini nursery in your bedroom
- Research and purchase a car seat

32-36 weeks

- Prenatal care
 - Listen to baby's heart with Doppler, measure uterine size with measuring tape
 - Weight, blood pressure, maybe urine test
 - Monitor for any swelling in feet or hands
 - GBS swab between 36-38 weeks
- Start to monitor more closely for any warning signs related to high blood pressure (severe headache, not relieved with tylenol, changes in your vision such as seeing spots, upper abdominal pain)
- Continue Fetal kick counts
- Monitor for symptoms of preterm labor
- If not diabetic can start eating dates (the dried fruit) at 36 weeks
 - Some data that it may help ripen cervix and prepare uterus for labor
 - <https://evidencebasedbirth.com/evidence-eating-dates-to-start-labor/>
- Consider medications for baby at delivery (3 medications offered for baby at delivery include: Vitamin K, erythromycin cream in the eyes, Hepatitis B vaccine)
- Start birth wishlist ("birth plan")
- Consider yes/no to circumcision if having a boy
- Consider what to bring to hospital and who will be your support people in labor - start packing a hospital bag
- Make sure you have a car seat (usually a requirement to bring baby home from the hospital)
- Start to consider what type of birth control you may be interested after baby is born

36-42 weeks

- Prenatal care (now weekly from 36 weeks until delivery)
 - Listen to baby's heart with Doppler, measure uterine size with measuring tape
 - Weight, blood pressure, maybe urine test
 - Monitor for any swelling in feet or hands
- 36-38 weeks: GBS swab
- 37 weeks: confirm presentation with bedside ultrasound or exam
- 39-40 weeks: membrane sweep and vaginal exam (some providers will check you starting around 37 weeks; some providers check your cervix weekly, some only with labor symptoms and/or if desired)
- Review birth plan/wish list with provider
- Your provider may feel your abdomen for an estimated fetal weight
- Fetal testing at 41 weeks
 - Typically a non-stress test (20+ min fetal heart rate monitoring) and ultrasound to assess fluid levels surrounding baby
- Consider induction of labor between 41-42 weeks