



**WOMEN'S**  
Medical Center  
**Prenatal Care Consent Form**

**Laboratory/Antenatal Testing**

This is a schedule of the standard test that we will be ordering throughout your pregnancy. Please read the list carefully and sign at the bottom. If you have any questions about the test, please ask.

**First visit:**

**CBC:** a blood test that screens for anemia, infection, and platelet problems.

**BLOOD TYPE AND ANTIDOBODY TITER:** a test to determine your blood type and if your antibodies may become a problem

**SEROLOGY:** a test for syphilis

**RUBELLA:** a test for immunity to German measles

**HIV:** a test for the AIDS virus. This is important because certain medications can decrease transmission rate from mother to baby

**HEMOGLOBIN ELECTROPHORESIS:** a test to measure the types of hemoglobin in the blood.

**PAP SMEAR:** a test for cervical cancer

**GONORRHEA/CHLAMYDIA CULTURES:** a test for sexually transmitted infections

**URINALYSIS, URINE CULTURE, & URINE DRUG SCREEN:** a test to determine if you have a urinary tract infection or any illegal drug use.

**HEMOGLOBIN A1C:** A test to determine how your blood sugar has been controlled over the last 120 days.

**THYROID PROFILE:** A test to show how your thyroid gland is working.

**11 Weeks:**

**FIRST TRIMESTER SCREENING:** An optional test. A vaginal ultrasound is performed to measure the nuchal fold translucency on the baby's neck. Then blood is drawn from your arm to calculate your risk of carrying a baby with Down's Syndrome or Trisomy 18.

**16 Weeks:**

**QUAD SCREEN:** An optional blood test that lets us know if further testing is needed to look for birth defects such as Down's Syndrome, Spina Bifida, or Trisomy 18. An abnormal result of this test does not mean that there is a problem with your baby.

**ULTRASOUND:** Since most insurance companies only cover one ultrasound per pregnancy, we schedule when you are 18-20 weeks pregnant so the baby will be large enough to evaluate. Routine ultrasounds are performed in our office. Should you require a more detailed fetal scan, you will be referred to a specialist

**26-28 weeks:**

**GLUCOLA:** a test for gestational diabetes

**REPEAT ANTIBODY TITER:** This test is repeated depending on results from the initial test. RHogam injections are given for those women who are Rh negative.

**CBC:** a blood test that screens for anemia, infection, and platelet problems.

**36 weeks:**

**GROUP BETA STREP CULTURE:** GBS is a bacteria, which occurs naturally in some women's vagina.

If necessary, we may order other tests, which might include genetic testing (amniocentesis or chorionic villus sampling), non-stress testing, or follow up ultrasounds. These will be discussed with you as the need arises. I consent to prenatal care by the providers at Women's Medical Center and any designates they may choose. I consent to release of medical records and labs including HIV status to Labor and Delivery and any other medical personnel involved in my care. I have read the above information and my questions have been answered fully.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I  CONSENT  DO NOT CONSENT to HIV testing (circle one)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date of birth