

At-a-Glance: Guidelines for Prenatal Laboratory Screening and Testing
Revised from PEI Reproductive Care Program, June 2011 (updated June 2, 2015)

First Trimester: 9 - 13 ⁺⁶ Weeks Gestation	Second Trimester	Third Trimester
<p>Complete Part 1 of the Prenatal Record At preconception or first prenatal visit</p> <p>Offer to all:</p> <ul style="list-style-type: none"> ▪ Hemoglobin/CBC ▪ Hepatitis B Surface Ag screen (unless known) ▪ Hepatitis C serology should be offered to at risk women ▪ Rubella antibody titre. <i>Those who are not immune require postpartum vaccination</i> ▪ Varicella serology (if no hx of infection, two doses of vaccine, or positive serology indicating immunity). <i>Those who are non-immune require postpartum vaccination</i> ▪ Syphilis serology ▪ Blood group and Rh type, antibody screen ▪ Urinalysis/urine culture ▪ Cervical cytology (spatula only as required as per 2013 PEI Cervical Screening Guidelines) ▪ Cervical screening for gonorrhea and Chlamydia ▪ Human Immunodeficiency Virus (HIV) Serologic Testing ▪ T-ACE screen ▪ Flu vaccine at any point in pregnancy during flu season ▪ Glucose (diabetes) screen for gestational diabetes (GDM) <p>Offer to all: Integrated Maternal Serum Testing (IMST)</p> <ul style="list-style-type: none"> ▪ First Trimester Maternal Serum Testing – 1st part of IMST – 2nd trimester testing must be performed in conjunction with 1st trimester testing for IMST <p>As Clinical Judgment Dictates:</p> <ul style="list-style-type: none"> ▪ TSH ▪ If twins or multiples suspected, ultrasound for chorionicity plus or minus nuchal translucency (MST not applicable for twins or multiples) ▪ If uncertain LMP, irregular cycles or on contraceptives during conception, a 1st trimester dating ultrasound should be completed ▪ Genetic screening or referral to Maritime Medical Genetics (further information in the detailed guidelines) <p>At 11 – 13 Weeks: Offer to some: For women ≥ 35 years at EDB/with specific risk factors</p> <ul style="list-style-type: none"> ▪ Early Pregnancy Review Ultrasound fax referral form to FATC 	<p>At 12-13 weeks, with scheduled pap test if required; screen for gonorrhoea, chlamydia</p> <p>At 15 – 20⁺⁶ Weeks Gestation (opt 16-18 weeks) Offer to all: Integrated Maternal Serum Testing (IMST)</p> <ul style="list-style-type: none"> ▪ Second Trimester Maternal Serum Screening (2nd part of IMST) <p>NOTE: Standard Second Trimester MST (offer only if the patient missed the First Trimester MST)</p> <p>At 16 – 20+ or later Weeks Gestation</p> <ul style="list-style-type: none"> ▪ Prenatal Psychosocial Health Assessment <p>At 18 – 20 Weeks Gestation Offer to all:</p> <ul style="list-style-type: none"> ▪ Detailed ultrasound (indicates fetal biometry, amniotic fluid volume, placentation, anatomical review for anomalies) <p>At 24 – 28 Weeks Gestation Offer to all:</p> <ul style="list-style-type: none"> ▪ Repeat hemoglobin/CBC ▪ Glucose (diabetes) screen with 50g OGTT <u>unless</u> had a previous screen in this pregnancy (women at risk for GDM whose initial screen was negative should have a repeat glucose screen) ▪ Repeat antibody screen (for both Rh negative and Rh positive women) 	<p>Offer to some early 3rd trimester for high risk patients</p> <ul style="list-style-type: none"> ▪ HIV Serologic Testing for women who: <ul style="list-style-type: none"> a) Have declined testing in the 1st trimester or, b) Are <u>known</u> to be at risk for contracting HIV ▪ Repeat Syphilis serology for women at high risk ▪ Rescreen for Hepatitis B if required <p>At 28 Weeks Gestation</p> <ul style="list-style-type: none"> ▪ For Rh negative women: provide Rho (D) immune Globulin 300 mg dose within 2 weeks of abnormal testing <p>At 35 – 37 Weeks Gestation</p> <ul style="list-style-type: none"> ▪ Routine vaginal-rectal GBS culture followed by intrapartum chemoprophylaxis if appropriate <p>At 41 Weeks Gestation Offer to all:</p> <ul style="list-style-type: none"> ▪ Biophysical profile or Non-Stress Test (NST) and amniotic fluid volume measurement <p>At Delivery</p> <ul style="list-style-type: none"> ▪ Repeat syphilis serology for women at high risk[^]