

Midwifery Services

Care Throughout A Lifetime

ANTEPARTUM TESTING CONSENT/REFUSAL FORM

INITIAL LABS

Blood Draw

Blood type _____ Rh _____ Antibody screen if (-) _____ Yes _____ No

CBC _____ Yes _____ No

Hgb (Finger prick to measure hemoglobin) _____ Yes _____ No

Varicella titer _____ Yes _____ No

Rubella titer _____ Yes _____ No

MSAFP (Alphafetoprotein test. May indicate Downs Syndrome or neural tube defects)
_____ Yes _____ No

Cystic Fibrosis _____ Yes _____ No

VDRL (Venereal Disease Research Laboratory. Syphilis screen) _____ Yes _____ No

Hepatitis _____ Yes _____ No

HIV _____ Yes _____ No

Genetic Screening (Nuchal translucency) _____ Yes _____ No

Thyroid panel _____ Yes _____ No

Speculum Exam

PAP _____ Yes _____ No *Most recent PAP: Date _____ Result _____*

Chlamydia _____ Yes _____ No

Gonorrhea _____ Yes _____ No

Amniocentesis/Chorionic villus sampling (CVS) _____ Yes _____ No

Urine Culture _____ Yes _____ No

Ultrasound _____ Yes _____ No

Physical Exam _____ Yes _____ No

Breast Exam _____ Yes _____ No

Pelvic Exam _____ Yes _____ No

26-28 WEEK LABS

Blood Draw

CBC _____ Yes _____ No

Hgb _____ Yes _____ No

Diabetes Screen (Finger prick to measure glucose level using glucometer)

Glucose Tolerance Test (GTT) with Glucola _____ Yes _____ No

2-hour postprandial _____ Yes _____ No

HIV _____ Yes _____ No

VDRL _____ Yes _____ No

Rh antibody screen _____ N/A _____ Yes _____ No

Rhogam _____ Yes _____ No

32-36 WEEK LABS

Blood Draw

CBC _____ Yes _____ No

Hgb _____ Yes _____ No

Ultrasound _____ Yes _____ No

Group B Strep (GBS) _____ Yes _____ No

With positive test result: IV antibiotics in labor _____ Yes _____ No

Chlorhexadine vaginal wash in labor _____ Yes _____ No

I have discussed the benefits and risks associated with each of the above prenatal labs and screening tests. I have no further questions and understand that the information obtained is not a guarantee of outcome.

Client _____

Midwife _____

Date _____

Date _____