



# The birth tribe

## Midwifery Services

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### INITIAL PRENATAL VISIT (INITIAL LABS, PHYSICAL & PAP SMEAR)

Prenatal care is a type of preventive healthcare with the goal of providing regular check-ups. Midwives use various screening methods throughout your pregnancy to help prevent and/or treat potential health problems. Midwives simultaneously promote healthy lifestyles through education that benefit both mother and child.

At the initial appointment we offer a full physical exam, a pap smear which screen for cervical cancer, vaginal cultures to screen for gonorrhea and chlamydia, blood draw to screen for Hepatitis B, Syphilis, HIV, Sickle Cell and we collect a complete blood count and titers for Rubella.

At the initial appointment we also collect a clean catch urine sample that screens for possible urinary tract infections. We also assess levels of protein and glucose in the urine. The Florida Midwifery Law 467, Rule 64B24-7.007 Responsibilities of Midwives During the Antepartum Period, suggest we screen for all of the above.

Throughout your pregnancy, many of these tests will be offered again. Repeat testing is recommended to ensure low-risk pregnancy. At 28 weeks, repeat testing for HIV, Hep B and Syphilis are recommended. At 36 weeks repeat CBC and testing for Gonorrhea and Chlamydia are also recommended. Refusing testing is the client's right. This information is given for all testing whether at the initial visit, 28 week visit, or the 36 week visit. A signed informed consent will be collected during each of these visits.

- **Physical Exam:** A physical exam is used to check your overall health and to ensure you don't have any medical problems that you're unaware of. The exam also gives you a chance to talk to them about any ongoing pain or symptoms that you're experiencing or any other health concerns that you might have. A physical examination is recommended at least once a year.
- **Pap smear:** The United States Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS) released new guidelines recommending cervical cancer screening in March 2015 suggesting that women ages 21-65 get testing every three years. Human papillomavirus (HPV) infection is associated with nearly all cases of cervical cancer. Other factors that put a woman at increased risk of cervical cancer include HIV infection, a compromised immune system, in utero exposure to



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diethylstilbestrol, and previous treatment of a high-grade precancerous lesion or cervical cancer (USPSTF, 2012).

- **STI Testing:** Sexually transmitted infections are caused by many different bacteria and viruses that are transmitted from person to person during sexual contact. These infections can be transmitted during vaginal, anal and oral sex. Many STI's are also spread by genital to genital contact without penetration. The United States Preventative Services Task Force recommend screening to all pregnant women for hepatitis B, HIV, and syphilis; additionally, screen all pregnant women at increased risk of chlamydia and gonorrhea infection. This testing consists of blood work and vaginal cultures.
- **CBC:** A complete blood count (CBC) is a blood test used to evaluate your overall health and detect a wide range of disorders, including anemia, infection and leukemia. A complete blood count test measures several components and features of your blood, including: Red blood cells, which carry oxygen, the hemoglobin and hematocrit which is the iron content in your blood and platelets which contribute to blood clotting. These values are important to check several times throughout pregnancy. A CBC can be a great indicator of several issues that usually have an easy fix.
- **Urinalysis:** Urinalysis is a test that evaluates a sample of your urine. Urinalysis is used to detect and assess a wide range of disorders, such as urinary tract infection, kidney disease and diabetes. Urinalysis involves examining the appearance, concentration and content of urine. A urine sample can help aid in screening for issues like preeclampsia.
- **Titers:** A titer is a way of expressing concentration. Titer testing employs serial dilution to obtain approximate quantitative information from an analytical procedure that inherently only evaluates as positive or negative. Testing for Rubella (German measles) titers can help us see if you have antibodies against Rubella. This is important in pregnancy because Rubella can cross the placental blood barrier and cause serious problems to the baby such as birth defects, hearing loss, brain damage and or result in miscarriage or stillbirth. The Rubella vaccination is contraindicated in pregnancy.

### Resources

1. U.S. Preventive Services Task Force (March 2012) Screening for Cervical Cancer Retrieved from: <http://www.uspreventiveservicestaskforce.org/uspstf/uspstfscerv.htm>
2. ACOG (2016) Sexually Transmitted Infections: Resource Overview Retrieved from: <http://www.acog.org/Womens-Health/Sexually-Transmitted-Infections>
3. ACOG (2016) Routine Tests During Pregnancy Retrieved from: <http://www.acog.org/Patients/FAQs/Routine-Tests-During-Pregnancy>
4. Frye, Anne. Understanding Diagnostic Tests in the Childbearing Year: A Holistic Approach. Portland: Labrys, 2007. Print.



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**Consent:** I understand the importance of preventative healthcare and understand why screening is recommended. I have been provided resources for further education regarding screening and preventative healthcare. I have read and understand this information and have had an opportunity to ask questions about lab work. I will in no way hold the midwives at The Birth Tribe liable for my decision. I understand that untreated STD's and UTI's can impose risk on both myself and the fetus during pregnancy and after birth. I am aware of the risks of refusing screening and testing methods and have freely chosen to take the following action:

**Initial** next to your decision(s):

\_\_\_\_\_ I **Consent** to all initial lab work including  
CBC, Antibody Screen, ABO, HIV, HEP B, RPR (Syphilis) and Rubella Titers, U/A w/ C/S  
and Gonorrhea and Chlamydia testing.

\_\_\_\_\_ I **Consent** to a full physical examination

\_\_\_\_\_ I **Consent** to an initial Pap Smear

\_\_\_\_\_ I **Refuse** all initial lab work including  
CBC, Antibody Screen, ABO, HIV, HEP B, RPR (Syphilis) and Rubella Titers, U/A w/ C/S  
and Gonorrhea and Chlamydia testing.

\_\_\_\_\_ I **Refuse** a full physical examination

\_\_\_\_\_ I **Refuse** an initial Pap Smear

\_\_\_\_\_ I **refuse** all screening and understand all consequences regarding my decision.

If you would like Other Screening done, please fill out what screening you consent to have and if you refuse screening please write a brief explanation regarding why you chose to refuse: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Consent: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Midwife's Signature: \_\_\_\_\_