

APPENDIX 1. SAMPLE SCHEDULES FOR PRENATAL CARE SERVICES AND VISIT FREQUENCY

Sample Schedules for Prenatal Care Services and Visit Frequency

Additional services should be offered as needed throughout the pregnancy. Common services are highlighted here; timing may vary depending on clinical needs. Please see ACOG Committee Statement No. 736, Optimizing Postpartum Care¹⁰⁹, for postpartum care recommendations.*

SCHEDULE	1 st trimester				2 nd trimester								3 rd trimester									
Weeks of Gestation	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	37	38	39	40		
Average-risk ¹	Intake		1 ^X			2		US	3			4		5		6 ^Y		7	8			
Greater than Average-risk ²	Intake		1 ^X		2		3	US	4		5	6	7	8	9	10 ^Y	11	12	13			
SERVICES:																						
Laboratory tests	Initial prenatal tests ³									1 hour GTT, CBC						GBS screen						
			Aneuploidy screening ⁴								Repeat STI testing (HIV, Syphilis, Gonorrhea/Chlamydia)**											
Imaging		US-Assessment(s)				US- Assessment																
Immunizations / Injections -												Rh(D) ⁵		RSV (seasonal)								
												TDap										
Psychosocial screening	Mental health conditions Substance use/abuse Intimate partner violence/ trauma Social drivers of health				Mental health conditions Substance use/abuse Intimate partner violence							Mental health conditions Substance use/abuse Intimate partner violence										
Anticipatory guidance	Pregnancy options Expected prenatal care Weight gain Nutrition, dietary precautions Exercise Exposures (e.g., Toxoplasmosis, Zika/COVID, heat, work) Use of medications Sexual activity				Signs and symptoms of preterm labor Selecting a newborn care clinician Reproductive life planning & contraception Postpartum care planning							Fetal movement monitoring Signs and symptoms of preeclampsia Labor signs Reproductive life planning & contraception Infant feeding Newborn education Family Medical Leave Act or disability forms Postpartum depression Post-term counseling										

SUPPLEMENTAL DIGITAL CONTENT
**APPENDIX 1. SAMPLE SCHEDULES FOR PRENATAL CARE
 SERVICES AND VISIT FREQUENCY**
 ACOG CLINICAL CONSENSUS NUMBER 8
TAILORED PRENATAL CARE DELIVERY FOR PREGNANT INDIVIDUALS

	Dental care/referral Seat belt use Preparation for birth Breastfeeding		Birth preferences (e.g., birth plan, pain management/coping, trial of labor after cesarean**, induction of labor, labor support, infant medications, feeding, circumcision)
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Green= intake appointment; **Yellow**= in-person visits/service; **Blue**: Screening and guidance may be delivered in any care modality accessible to the individual (e.g. screening forms, telehealth, group care); **Orange**: imaging services

¹Average-risk refers to individuals without medical comorbidities or pregnancy complications. The numbers used within this row represent the sequential number of each visit during prenatal care, with 1 denoting the first visit, 2 the second visit, etc.

²Greater than average-risk refers to individuals with medical comorbidities or pregnancy complications. These individuals may require greater intensity of follow-up and potential referral for subspecialist care, including maternal-fetal medicine care, which isn't covered by this sample schedule.

³Prenatal labs Include: Complete Blood Count (CBC), blood type, Rh(D) Type, antibody screen, urinalysis/urine culture, HBSAg, anti-HBs, anti-HBc, HepC, HIV, VDRL/RPR (Syphilis), rubella immunity, gonorrhea, chlamydia, hemoglobinopathy testing¹¹⁰; as indicated:, PPD/Quant, PAP ± HPV, early diabetes screen, varicella immunity, carrier screening¹¹¹.

⁴Aneuploidy screening may be completed as desired by the patient, and can include non-invasive prenatal genetic testing (e.g., cell-free DNA), ultrasound imaging, or other tests¹¹².

⁵As indicated– Third trimester Rh immunoglobulin for Rh(D)-negative pregnant individuals is not needed if the fetus is known to be Rh(D)-negative by noninvasive prenatal testing or if it is certain that the father or sperm donor is Rh(D) negative¹¹³.

^xPhysical exam components as indicated based on gestational age and individual risk-factors

^yPhysical exam should include assessment of fetal presentation if relevant to planned mode of birth

*Schedule includes only routine prenatal services and does not account for antenatal testing or other condition-specific services

**As indicated based on individual risk-factors

GBS=Group B streptococcus; Rh(D)=Rh(D) Immunoglobulin; GTT= glucose tolerance test for gestational diabetes