

# PRENATAL SCREENING MILESTONE CHART

Patient Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

DONE	TIMING	SCREENING / TEST NAME	PURPOSE & DETAILS
<b>FIRST TRIMESTER (Weeks 1-12)</b>			
	Weeks 8-10	<b>Confirmation Ultrasound</b>	Confirm heartbeat, gestational age, and singleton/multiples.
	Weeks 10-13	<b>NIPT (Cell-free DNA)</b>	Blood test for chromosomal abnormalities (Down syndrome, etc.) and fetal sex.
	Weeks 11-13	<b>Nuchal Translucency (NT)</b>	Ultrasound measuring fluid behind the baby's neck.
<b>SECOND TRIMESTER (Weeks 13-27)</b>			
	Weeks 15-20	<b>Quad Screen</b>	Blood test screening for neural tube defects and genetic disorders.

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	Weeks 18-22	<b>Anatomy Scan</b>	Detailed ultrasound to check physical development of organs and limbs.
	Weeks 24-28	<b>Glucose Screening</b>	Drink test to screen for Gestational Diabetes.

### **THIRD TRIMESTER (Weeks 28-40)**

	Week 28	<b>Rh Antibody Screening</b>	Blood test for Rh-negative mothers (RhoGAM injection if applicable).
	Weeks 35-37	<b>Group B Strep (GBS)</b>	Swab test to check for bacteria that could affect the baby during birth.

*Note: This chart is for educational purposes only. Always consult with your healthcare provider for clinical advice.*