



OB ORIENTATION

Name \_\_\_\_\_ DOB \_\_\_\_\_

Topics reviewed:

\_\_\_\_\_ Office policy

\_\_\_\_\_ OB teams, call group, hospital

\_\_\_\_\_ Telephone calls (office hours, after hours)

\_\_\_\_\_ Consent to prenatal care, labor and delivery, postpartum care

\_\_\_\_\_ Lab work, including HIV testing

\_\_\_\_\_ Cystic fibrosis screening

\_\_\_\_\_ Prenatal vitamins

\_\_\_\_\_ Ultrasounds

\_\_\_\_\_ Expanded AFP testing

\_\_\_\_\_ Prenatal classes

\_\_\_\_\_ Nutrition during pregnancy, appropriate weight gain

\_\_\_\_\_ Eating fish during pregnancy

\_\_\_\_\_ Exercise in pregnancy

\_\_\_\_\_ Umbilical cord blood collection

\_\_\_\_\_ Working while pregnant, maternity leave

\_\_\_\_\_ Newborn screening

\_\_\_\_\_ Special testing for women over 35 at the time of delivery,  
(first trimester screening, special AFP, genetic counseling,  
high resolution ultrasound, amniocentesis, CVS)

Signature \_\_\_\_\_ Date \_\_\_\_\_