

CLINICAL TESTING REFERENCE GUIDE

| Condition | When to test | Test needed | Timing of test | Reliability | Requirements of the test | Test Result Range | Follow-up | Consult, Refer, Transfer |
|---|--|---|--|--|---|---|---|--|
| Pregnancy | Confirmation of pregnancy/ask patient of Down Syndrome screening | Serum hCG/ urine hCG | initiate to appointment | | | Normal = 4 wks since LMP 5-50 mIU/mL, 6 wks 10,000-80,000, 15-26 wks 5,000-80,000 mIU/mL Abnormal = Elevated | Follow-up with further testing if elevated | Consult/ refer/ transfer if multifetal gestation or down syndrome diagnosed |
| Anemia/iron deficiency anemia - Risk of bleeding during delivery | Routine in pregnancy | CBC/iron Saturation (Ferritin) | initiate to appointment | | | Normal = Hgb 12-15g/dL, Hct 0.36-0.43, Ferritin 10-120 ng/mL RBC 4.0-5.4k 10 ¹² /L Abnormal = Hgb <7.0g/dL or <20.0g/dL, Hct <0.21 or <0.63, Ferritin <10 ng/mL, RBC elevated or decreased | repeat if low Hgb or Hct are symptomatic | Transfer care if Hgb below 9.0 at EDD |
| ABO/Rh - Rh Incompatibility has risk of miscarriage, stillbirth, Rh sensitization for mother | routine in pregnancy for blood type and factor/Rh neg. pregnant person | CBC/Indirect Coombs | initiate to appointment | | | Normal = A, B, AB, O, Positive or Negative | If Rh neg - Repeat at 28 wks and at delivery, administer Rh immunoglobulin when indicated | |
| Rubella - infection during pregnancy can cause miscarriage, stillbirth, or developmental complications | routine in pregnancy | Rubella/German measles antibody | initiate to appointment | | | Normal = Negative for IgM /Positive or Negative for IgG Abnormal = Positive for IgM | | |
| Syphilis - STI - can cause miscarriage, stillbirth, or serious birth defects | routine in pregnancy | VDRL/RPR | initiate to appointment | | | Normal = Negative / nonreactive Abnormal = Positive | | Consult/ refer for treatment if positive |
| HIV/AIDS - infection transmitted by blood or bodily fluids | routine in pregnancy | HIV antibody | initiate to appointment | | | Normal = Negative Abnormal = Positive | Retest if client presents for other STI screening or has a new sexual partner | Consult/ refer for treatment if positive |
| Vitamin D deficiency | often low in US population | 25(OH)D | initiate to appointment | | Serum/Plasma | Normal = 10-30 ng/mL, Abnormal = elevated or decreased | | |
| B12 deficiency | low energy | B12 | initiate to appointment | | Serum | Normal = 148-636 pmol/L, Abnormal = elevated or decreased | | |
| Gonorrhea - STI - Risk of transmission to newborn during vaginal birth | routine in pregnancy/ if high risk | Cervical swab | initiate to appointment | | | Normal = Negative Abnormal = Positive | | |
| Chlamydia - STI - Risk of transmission to newborn during vaginal birth | routine in pregnancy/ if high risk | Cervical swab | initiate to appointment | | | Normal = Negative Abnormal = Positive | If pos. additional testing to confirm and report to health department | |
| Diabetes - | family hx/ at high risk of type 2 diabetes | HbA1C/FBS | Any time | | 12 hr fast | Normal FBS = 63-100 mg/dL, Abnormal = <50 or >300 mg/dL | | Consult/ refer for treatment |
| Gestational Diabetes - uncontrolled blood sugar, risk of LGA baby and blood sugar issues after birth | routine in pregnancy/ if symptomatic | fasting blood glucose/GTT | initiate to appointment/ ~28 wks gestation/ earlier if symptoms appear | | finger stick with portable device/ ingest glucose load, venous blood samples taken at time of ingestion, 30, 60, 90, and 120 min. | Normal = Fasting baseline glucose 70-105 mg/dL, 30min. 130-170 mg/dL, 60min. 120-170 mg/dL, 90min. 100-140 mg/dL, 120min. 70-120 mg/dL | Abnormal = higher than normal values, Counsel client about diet, offer glucose monitor for at home testing | Consult/ refer/ transfer if uncontrolled |
| Thyroid disease - dysfunction of the thyroid gland, affects many body systems | often presents in pregnancy | Thyroid Panel (TSH, Free T4, T4, Free T3, T3, thyroid antibodies) | initiate to appointment or if symptoms present | | | Normal = TSH = 0.4-4.2 mU/L, FT4 = 0.9-2.7 ng/dL, T4 = 64.4-134.4 nmol/L, FT3 = 2.60-4.80 pg/dL, T3 = 0.6-3.1 nmol/L | Abnormal = Elevated or decreased levels indicate Hyperthyroidism or Hypothyroidism | Consult/ refer for diagnosis and treatment |
| Hepatitis B | Routine in pregnancy | HbS Ag | initiate to appointment | | | Normal = Negative Abnormal = Positive | | |
| Group B Streptococcus - bacteria, could cause infection in newborn after vaginal birth | routine in pregnancy | GBS | ~36-37 wks gestation | | | Normal = Negative Abnormal = Positive | | |
| Cholestasis - liver disease that causes intense itching and impairs liver function | if symptomatic | Bile Acids | Any time | | | | Itchy itching | |
| Genetic disorders | family hx | Newborn I Thrombocytopenia/ Newborn Screening | 11-14 wks gestation/ within 7 days of birth | 4.7% false positive/relatively high rate of false pos., false neg. also possible | | Likelihood Ratio Score <1 = normal, NT average measurement 2.3mm or less | More testing to confirm, if pos. transfer care to specialist/ Follow-up if positive | Consult/ refer/ transfer for diagnosis and treatment and care |
| Cervical cancer/HPV | if needed | PAP smear | Women age 21-29 every 2 years, age 30+ every 3 years | | use speculum to visualize cervix, use spatula to take sample | Normal or Abnormal | If normal follow-up in 2-3 years, if abnormal more testing required | Consult/ refer if abnormal |
| Preeclampsia - can cause edema and dangerously high BP | if symptomatic | 24-hour urine Protein | upon symptoms | | Collect urine for 24 hours | Normal = proteinuria level = 40-130 mg/dL, Abnormal = elevated | | Transfer care if diagnosed with preeclampsia |
| Thrombocytopenia - inked blood disorder that causes anemia | family hx/ if symptoms present | CBC with differentiation | Any time | | | | | Consult/ refer/ treatment needed |
| UTI - urinary tract infection | if symptomatic | Urine lys/urine culture | Any time | | | Normal = no growth Abnormal = bacterial count of 10,000 or more | If abnormal treat and follow-up in 2-3 days | Consult for antibiotics if needed |
| Fetionomies - often need medical assistance or surgery immediately after birth | Screening | AFP | 16-18 wks gestation | Can have false pos. due to misclassification of gestational age | | 34.8-47.3 ng/mL | Ultrasound Amniocentesis | Consult/ refer/ if anomalies suspected, transfer care if fetal anomalies present |

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References

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