

A guide to the antenatal schedule of visits & the tests and investigations recommended at Barwon Health for a normal healthy woman with an uncomplicated pregnancy

Pregnancy care

- The timing and number of visits in this schedule is a guide, and should be flexible to meet individual women's needs.
- Women with medical conditions, or who develop complications during pregnancy, require referral back to the pregnancy care clinic, and may require additional tests, investigations and visits.
- Where assessment reveals higher level of care is needed, appropriate consultation, referral and transfer of care is required. GPs should liaise with the on call registrar to arrange timely review/referral
- Throughout the pregnancy, care providers must remain alert for risk factors, signs or symptoms of psycho-social or medical conditions potentially affecting the health of mother and baby, and seek assessment by a more senior midwife or doctor where indicated, i.e. pre eclampsia, small for gestational age, gestational diabetes, maternal perception of reduced fetal movements, mental health issues, family violence etc.
- Shared care practitioners and BH maternity staff must document care provided at each antenatal visit in the Barwon Health pregnancy record to ensure a single cumulative record of the woman's care is carried by the woman and available to BH maternity staff and her shared care practitioner.
- A preadmission appointment is arranged with a midwife around 34 weeks for all women attending HR clinic or GP shared care.
- Every opportunity must be taken to provide women with information to enable informed decision making. Where care **outside of BH guidelines** is requested, consultation with a senior medical officer must be arranged.

At every visit

A Standard antenatal assessment is to be documented in full at each visit and must include all of the following:

- Review of results of all tests and investigations including imaging
- Assess general well-being
- Perform Blood Pressure check
- Measure fundal height in cms
- Test urine for proteinuria
- Weigh at each visit to assist management of healthy weight gain in pregnancy
- Auscultate Fetal Heart rate from 20 weeks
- Emphasise the importance of maternal awareness of fetal movements particularly in the 3rd trimester
- Assess Fetal presentation from 30 weeks
- Assess smokers / recent quitters using 5A's for smoking status / no. of cigarettes smoked daily / smoking cessation
- Inspect legs for oedema (a sign of pre-eclampsia and thrombo-embolic disease) and look for other symptoms and signs of thrombo-embolic disease.

Tests and Investigations

Recommended antenatal screening tests. Please cc copies of all tests, investigations & imaging ordered to Pregnancy Care Clinic (PCC). Discuss & offer tests:

Initial by G.P. Blood Group, Blood Group Antibodies, FBE, Rubella, Hep B & C, RPR, Pap Test (if due), Varicella, HIV, MSU.

Vitamin D screening for at risk women, Chlamydia urine PCR (if <25yrs).

1st trimester combined screen & pre-test counselling

15 weeks	2 nd T Maternal Serum Screening Test & pre -test counselling
18-20 weeks	Morphology Ultrasound scan
27-28 weeks	OGTT, Vitamin D levels if previously low, FBE, Blood Group antibodies – to be done no more than 7 days prior to 1st dose of Anti D prophylaxis if pt is Rh Negative
34-36 weeks	GBS swab. Hb / FBE as indicated

PG	MG	Visit	Care provider	Discussion points
		9 visits	7 visits	Initial
✓	✓	12-16 wks	Outpatients - PCC Booking visit. Discuss & offer Recommended screening tests if not previously ordered/ review results if ordered previously Morphology USS for 18 – 20 weeks Prenatal screening for Down Syndrome 2nd trimester MSS request for 15 weeks gestation Assess Smoking status / number of cigs smoked / Offer Smoking cessation intervention Assess Rh status: if Rh negative → refer Anti-D protocol / book 1st dose Anti D appointment Assess Depression screen using EPDS Discuss influenza vaccine(during flu season) and pertussis (whooping cough) vaccine and provide information brochures	Scheduling of visits Dating scan if no prior scan for current pregnancy Models of care available Emotional wellbeing Birth Preferences / 3 rd stage document for consent @ 34 week visit Childbirth Education Nutritional needs / Pregnancy weight matters / Vitamin D in pregnancy / Dietetics referral Discomforts of pregnancy: -urinary frequency / S&S, UTI / vaginal discharge / thrush / constipation / cramps Dental hygiene, Morning sickness Breast tenderness / Infant feeding / BF
✓	✓	20-22 wks	General Practitioner or Midwife Review results *18-20 week Ultrasound / prenatal screening for Down syndrome Discuss & offer Diabetes screen (OGTT), Vit D levels if prev low, FBE & Blood group antibodies @ 27-28 weeks Offer FH auscultation using a sonicaid from 20 weeks	Confirm EPDS screen completed @ First Visit Infant feeding / BF Exercise in pregnancy / back care
✓	✓	28 wks	General Practitioner or Midwife Review / action results as required: OGTT / FBE / Antibodies Confirm 1 st prophylactic dose Anti D given/scheduled if Rh negative Discuss & Assess Fetal activity / reduced movements / provide brochure Assess Depression screen using EPDS Encourage Pertussis (whooping cough) vaccination from <u>28 weeks gestation during every pregnancy</u>	Employment / travel Feeding: breast or bottle Infant restraints SIDS & Safe sleeping Infant hearing VHISP test
✓	*Prev CS only	31 wks	General Practitioner or Midwife Outpatients Department Pregnancy Care Clinic if previous caesarean: book / consent / peri-op for C/S Assess Fetal activity / reduced movements	Supports: social / family / community / financial / Psycho-social & mental health. Discuss variances from normal & when to contact hospital
✓	✓	34 wks	MWC or Preadmission clinic if HR or GP SC Discuss & sign Birth Preferences / 3rd stage document / refer senior MO for care outside guidelines Discuss & offer GBS swab @ 36 weeks. (Repeat FBE / Hb if needed) Assess Fetal activity / reduced movements Confirm 2nd prophylactic dose Anti-D given / scheduled if Rh negative Discuss and provide Information sheet: Induction of Labour for post-dates for HR & GP SC women only	Discussion points Discomforts of advancing pregnancy: Backache / fatigue / Sleep problems / Indigestion / Haemorrhoids / varices Psycho-social & mental health. Supports: social / family / community / financial Pelvic floor health / back care. Variances from normal / when to contact hospital Vitamin K / Hepatitis B information Infant feeding / BF
✓		36 wks	General Practitioner or Midwife Review GBS & Hb result Assess Fetal activity / reduced movements	Discussion points Signs of labour / when to contact birth suite Variances from normal / contact hospital
✓	✓	38 wks	General Practitioner or Midwife Review Birth Preference: signed and actioned if for care outside of Guidelines Assess Fetal activity / reduced movements Counsel / provide Information sheet: IOL for post dates	Discussion points Discuss variances from normal / when to contact hospital Signs of labour / contacting birth suite
✓	✓	40 wks	General Practitioner or Midwife Assess Fetal activity / reduced movements Provide Information sheet: Induction of Labour for post-dates / refer senior MO for care outside guidelines	Discussion points Review supports for discharge: Variances from normal / Signs of labour / when to contact birth suite
✓	✓	41 wks	Outpatients Department – Pregnancy Care Clinic – Consultant Assessment	