Antenatal appointment schedule for normal healthy women with singleton pregnancies

Confirm pregnancy between six and 12 weeks

Rationale for visit—care to include the following:

- Obtain medical and obstetric history.
- Measure BP, record height and weight, and calculate BMI.
- Discuss antenatal screening and testing options, including Down syndrome screening, with all women irrespective of maternal age. Order first trimester combined screen (nuchal translucency + PAPPa, HCG) if requested at 11^{+0} to 13^{+6} weeks.
- Order dating scan if requests serum screening for Down syndrome (triple test done at 15–20 weeks) and presents too late for first trimester combined screen.
- Discuss and provide referral for the18–20 week morphology scan.
- Obtain routine bloods after discussion and informed consent: FBC, blood group and antibodies, rubella antibody titre, Hep B, Hep C, HIV, syphilis, random venous glucose, (unless high risk then OGTT), urine MSU. If BMI > 30 OGTT, baseline ELFT, urine protein/creatinine ratio. Please ensure that all blood results are copied to Mater Mothers' Hospital.
- Perform Pap smear if due.
- Discuss available models of care.
- Known Rh (D) negative women—discuss antenatal anti-D prophylaxis and the importance of seeking advice following any potentially sensitising events.
- Refer to hospital electronically/paper copy and include above information.

12–14 week appointment with the midwife

Rationale for visit—care to include the following:

- Full booking history taken in person.
- Routine antenatal assessment. Check BP and record height and weight, and calculate BMI.
- Identify risk factors and those women requiring additional care. Consult and refer if necessary (see *MMH Guidelines for consultation and referral*).
- Confirm model of care based on *MMH Guidelines for consultation and referral* and woman's informed choice.
- Take bloods and MSU as above if not already obtained.
- Dipstick urinalysis for blood, protein, nitrites and leucocytes to screen for chronic renal disease.
- Check blood group result. Rh (D) negative women—discuss antenatal anti-D prophylaxis and the importance of seeking advice following any potentially sensitising events.
- If Rh (D) negative ensure that 28 and 34 week anti-D appointments are booked. If GP shared care, ensure need for anti-D is highlighted and forward appropriate letter advising of the current recommendations for anti-D prophylaxis.
- Confirm that each woman understands the screening tests and answer any questions raised. If required, refer to appropriate professional for ongoing management.
- Review, discuss and document all results available. Print results and file in hospital health record.

- Reinforce public health principles (diet, exercise, smoking cessation, domestic abuse, drug and alcohol use, social circumstances).
- Discuss parent education—invite to attend classes.
- Discuss and plan schedule of antenatal visits with woman and complete appointment form to facilitate administration of future appointments.
- Inform about postnatal homecare.
- Inform about dietician, social work and physiotherapy services.
- Document in pregnancy health record and hospital health record.

16 week appointment with an obstetrician at Mater Mothers' Hospital

Rationale for visit—care to include the following:

- Review results of screening tests, pathology and action as appropriate.
- Initiate triple test, if appropriate.
- Routine antenatal assessment.
- Confirm EDB if information available.
- Obstetrician to make final recommendation regarding model of care after consideration of any risk factors.
- Discuss planned schedule of antenatal visits and confirm.
- Document in pregnancy health record and medical record.

18–20 week morphology ultrasound scan followed by an appointment with the GP as soon as possible

Rationale for visit—care to include the following:

- Review morphology USS results and refer, if necessary, to Maternal Fetal Medicine or specialist obstetrician.
- Review triple test result if taken and action as appropriate.
- Confirm EDB if not done by obstetrician.
- Check placental position on 18–20 week scan and, if low-lying, arrange a further scan for placental position at 32 weeks gestation if the placenta is over the OS and 35–36 weeks if more than 2 cm from the OS.
- Document in pregnancy health record and hospital health record.

24 week primigravida, and multigravida with a different partner, appointment with primary carer (GP or midwife)

Rationale for visit—care to include the following:

- Routine antenatal assessment.
- Begin assessment of fundal height to measure fetal growth and include at each antenatal assessment.
- Reinforce aspects of health promotion and parent education.
- Reassess planned schedule of care and identify women who need additional care.
- Midwives document in electronic health record and hospital health record.
- GPs document in pregnancy health record or provide printout for PHR.

28 week appointment with primary carer (GP or midwife)

Rationale for visit—care to include the following:

- Routine antenatal assessment.
- Reinforce aspects of health promotion and parent education.
- Obtain blood for FBC. If Hb less than 105 for further investigation and appropriate treatment.
- If Rh (D) negative, take antibody screen before offering administration of 625 IU Rh (D) immunoglobulin IM.
- Gestational diabetes screening offered to all women: fasting 75 g two-hour oral glucose tolerance test.
- Discuss benefits of breastfeeding.
- Discuss vitamin K and hepatitis B vaccination.
- Reassess planned schedule of care and identify women who need additional care—see *MMH Guidelines for consultation and referral*.
- Discuss and commence birth plan.
- Consider discharge planning.
- Document in pregnancy health record.

31 week appointment with primary carer (GP or midwife) (primigravida and multigravida with a different partner this pregnancy or risks identified)

Rationale for visit—care to include the following:

- Routine antenatal assessment.
- Review, discuss and document results of tests taken at 28 weeks and action as required.
- Reassess planned schedule of care and identify women who need additional care. See *MMH Guidelines for consultation and referral*.
- Discuss neonatal vitamin K and hepatitis B vaccination. Obtain verbal consent and written consent if form available.
- Document in pregnancy health record.

34 week appointment with primary carer (GP or midwife)

Rationale for visit—care to include the following:

- Routine antenatal assessment.
- Order FBC for 36 week appointment.
- If Rh (D) negative, recommend and administer 625 IU R (D) immunoglobulin IM.
- For women not seen at 31 weeks, review as above.
- Repeat ultrasound scan if low lying placenta at morphology scan.
- Reassess planned schedule of care and identify women who need additional care as per *MMH Guidelines for consultation and referral*.
- Discuss birth plan.
- Document in pregnancy health record or print antenatal record summary and attach into pregnancy health record for MMH.
- Use the EDPS to assess for antenatal depression.

36 week appointment with the midwife or obstetrician

Rationale for visit—care to include the following:

- Routine antenatal assessment. Identify and document fetal presentation.
- If breech presentation discuss external cephalic version (ECV) and refer accordingly.
- Reassess planned schedule of care and identify women who need additional care as per *MMH Guidelines for consultation and referral*.
- Obtain blood for FBC. If Hb less than 100 for further investigation and appropriate treatment.
- Check follow-up ultrasound for placental position if low lying placenta at 18–20 weeks.
- Review birth plan and discuss active birth/labour and pain relief, especially if woman has not attended parent education.
- Review infant feeding discussion.
- Attach antenatal summary from GP into hospital health record.
- Document in electronic health record and provide printed copy for PHR.

38 week appointment with primary carer (GP or midwife)

Rationale for visit—care to include the following:

- Routine antenatal assessment.
- Confirm understanding of signs of labour and indications for admission to hospital.
- Provide additional information as required.
- Document in pregnancy health record

40 week appointment with primary carer (GP or midwife)

Rationale for visit—care to include the following:

- Routine antenatal assessment.
- Provide additional information as required.
- Document in pregnancy health record.

41 week appointment with the obstetrician or midwife (MMH)

Rationale for visit—care to include the following:

- Routine antenatal assessment.
- Ensure dates are correct. If uncertain refer for consultant opinion.
- For all women who have not given birth by 41 weeks, discuss induction of labour (IOL) and arrange as per *MMH Guidelines for consultation and referral* (midwife to book IOL by T^{+12}).
- Discuss and offer membrane sweep and follow up in two days [Link to IOL policy].

Throughout the entire antenatal period, practitioners must remain vigilant to the signs and symptoms of conditions which affect the wellbeing of the mother and unborn baby.

1. Please note there is no conclusive evidence for the practice of weighing women at every antenatal visit as it is not a clinically useful screening tool for the detection of growth restriction, macrosomia or pre eclampsia (Mercy Hospital 2001).
2. Use of dipstick measurement for routine screening of proteinuria in healthy pregnant women is not recommended (Mercy Hospital 2001).
    - If midwives and doctors detect hypertension then the use of dipstick for testing urine is indicated. If women present with urinary symptoms an MSU should be ordered.
    - Assessment of hypertensive pregnancies requires estimation of urine protein/creatinine ration.
    - Blood glucose sampling has out dated glycosuria as a screening test for GDM.
3. Screening for Gestational Diabetes Mellitus—routine OGTT in pregnancy is recommended between 26–28 week gestations.
4. Prevention of early onset group B streptococcal disease as per MMH policy.

References

Mercy Hospital for Women, Southern Health and Women's and Children's Health (2001) *Three Centres Consensus* Guidelines on Antenatal Care Project. NICE (2001) *Antenatal Care-Routine care for healthy pregnant women.* ADIPS (1998) *Gestational Diabetes Management Guidelines* Medica Journal of Australia (Vol 169, 93-97).

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