



## Antenatal Appointment Schedule for Normal Healthy Women with Singleton Pregnancies



## First Antenatal Contact with the GP

### Rationale for visit - Care to include:

- 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 1st 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 1st trimester combined screen.
- Discuss and provide referral for the 18-20 week morphology scan.
- Obtain MSU for microscopy and culture. Copy result to Mater Mothers' Hospital.
- Obtain routine bloods after discussion and informed consent (FBC, blood group and antibodies, Rubella antibody titre, Hep B, Hep C, HIV, syphilis). Please ensure that all blood results are copied to the Mater Mothers' Hospital.
- Perform Pap smear if due.
- Discuss available models of care and provide leaflet.
- 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.
- Document all in full in Hand Held Record (a printed computerised summary is acceptable.)

## 12-14 week appointment with the Midwife

### Rationale for visit-Care to include:

- Full booking history taken in person.
- Routine antenatal assessment. Check BP and record height weight and 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 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 off results and file in chart.
- Reinforce public health principles (diet, exercise, smoking cessation, domestic abuse, drug and alcohol use, social circumstances).



- Discuss parent education - invite to classes.
- Discuss and plan schedule of antenatal visits with woman and complete appointment form to facilitate administration of future appointments.
- Inform about postnatal homecare and commence referral form.
- Inform about dietician, social work physiotherapy services
- Document in hand held and medical record
- Put ID label in "named midwife" diary for timely follow up of all pathology and identified social needs.
- Named midwife is responsible for obtaining all test results necessary for obstetric review, and making appropriate early referral if necessary.

### 16 Weeks appointment with an Obstetrician Mater Mothers' Hospital

#### **Rationale for visit - Care to include:**

- Review results of screening tests, pathology and action as appropriate (write order for antenatal Anti D for Rh Neg women who are not sharing care with their GP)
- Initiate triple test if appropriate
- Routine antenatal assessment.
- Confirm EDC 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 hand held 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:**

- 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 EDC if not done by obstetrician
- Check placental position on 19-20 week scan and if low lying arrange a further scan for placental position at 34 weeks gestation
- Document in hand held record

### 24 weeks, Primigravida and Multigravida with a different partner this pregnancy

#### Appointment with Primary Carer (GP or Midwife)

#### **Rationale for visit - Care to include:**

- Routine AN assessment.
- Begin assessment of fundal height to measure fetal growth and include at each AN assessment.
- Reinforce aspects of health promotion and parent education.
- Reassess planned schedule of care and identify women who need additional care.
- Midwives document in hand held record and medical record.



- GPs document in hand held record

## 28 Week Appointment with Primary Carer (GP or Midwife)

### Rationale for visit - Care to include:

- Routine AN assessment as above and assessment of fetal growth and well being.
- Reinforce aspects of health promotion and parent education.
- Obtain blood for FBC. If Hb less than 100 for further investigation and appropriate treatment.
- If Rh (D) negative, take antibody screen BEFORE offering administration of 625 IU Anti-D immunoglobulin IM.
- Gestational diabetes screening offered to all women. Non-fasting 75g 1hr glucose challenge test or fasting 75g 2hr oral glucose tolerance test if risk factors for diabetes.
- Discuss infant feeding (written information has been provided at booking).
- Discuss Vitamin K and Hep B vaccination (written information has been provided at booking visit).
- Reassess planned schedule of care and identify women who need additional care – See MMH Guidelines for Consultation and Referral.
- Discuss & commence birth plan.
- Consider discharge planning.
- GPs-Document in hand held record

Midwives- Document in hand held record and medical record.

## 31 Week, Primigravida and Multigravida with a different partner this pregnancy Appointment with Primary Carer (GP or Midwife)

### Rationale for visit-Care to include:

- 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 Hep B vaccination. Obtain verbal consent and written consent if form available. Document in hand held record and medical record.

## 34 Week Appointment with Primary Carer (GP or Midwife)

### Rationale for visit - Care to include:

- Routine antenatal assessment.
- If Rh(D) negative, recommend & administer 625 IU Anti-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.



- GPs-Document in hand held record
- Midwives- Document in hand held record and medical record.
- Computerised GPs to print antenatal record summary and attach into hand held record for MMH.

### 36 Week Appointment with the Midwife or Obstetrician if Shared Care

#### **Rationale for visit - Care to include:**

- 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 Con 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 has not attended parent education.
- Review infant feeding discussion.
- Attach antenatal summary from GP into medical record.
- Document in hand held record and medical record.

### 38 Week Appointment with Primary Carer (GP or Midwife)

#### **Rationale for visit - Care to include:**

- Routine antenatal assessment.
- Confirm understanding of signs of labour and indications for admission to hospital.
- Provide additional information as required.
- GPs-Document in hand held record
- Midwives- Document in hand held record and medical record.

### Term – Primigravida / Multigravida with new partner

#### Appointment with Primary Carer (GP or Midwife)

#### **Rationale for visit - Care to include:**

- Routine AN assessment.
- GPs-Document in hand held record
- Midwives- Document in hand held record and medical record.

### 41 Week Appointment with the Obstetrician or Midwife (MMH)

#### **Rationale for visit - Care to include:**

- 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 IOL and arrange as per MMH Guidelines for Consu referral (Midwife to book IOL by T+12).
- Discuss and offer membrane sweep and follow up in 2 days- Link IOL policy.

Throughout the entire antenatal period, practitioners must remain vigilant to the signs and symptoms of conditions which affect the well being 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 total protein in a 24 hour collection of urine.
  - Blood glucose sampling has outdated glycosuria as a screening test for GDM.
3. Screening for Gestational Diabetes Mellitus- Routine GCT or 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)*.

Compiled by Kay Wilson Midwifery Unit Manager | Multi-disciplinary Antenatal Services Review Team | July 2006

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