

## SCHEDULE OF ANTENATAL APPOINTMENTS

### ***First Contact with Midwife (usually phone or email)***

Obtain brief medical and obstetric history; calculate expected due date

Discuss antenatal screening and testing options including risks, benefits and limitations of the screening tests and how to obtain forms eg blood pathology and screening tests, USS - Early dating/confirmation of pregnancy, Down's syndrome (1st trimester combined screen, triple test) and Morphology

Discuss models of care and referral to hospital procedure

Give specific information on  
folic acid, multivitamin and iodine supplements  
food hygiene, including how to reduce the risk of a food-acquired infection  
lifestyle, including smoking cessation, recreational drug use and alcohol consumption

Give opportunity to discuss issues and ask questions

Email written information about and web sites for above information

### ***Booking Appointment: 8 - 12 weeks or 16 weeks (if GP earlier)***

Obtain in-depth medical, surgical, family/partner and obstetric / gynaecology history

Measure BP, record weight and height

Antenatal assessment including breast and abdominal examination and foetal heart auscultation with consent

Discuss any past or present severe mental illness or psychiatric treatment. If appropriate complete a depression identification tool (eg Edinburgh)

Identify and discuss risk factors that may require additional care or obstetric consultation. Consult and refer as per ACM guidelines with woman's consent.

Obtain, review, discuss and document test results (if already done by GP) otherwise discuss antenatal screening and testing options including risks, benefits and limitations of the screening tests and how to obtain forms eg blood pathology and screening tests, USS - Early dating/confirmation of pregnancy, Down's syndrome (1st trimester combined screen, triple test) and Morphology

Offer and discuss screening for asymptomatic bacteriuria and chlamydia

Discuss woman's occupation to identify any risks

Discuss and plan schedule of visits, hand-held record and communication process

Discuss statement of service, contract, payment plan, students/research projects and consent forms

Give opportunity to discuss issues and ask questions

Give specific information on  
how baby develops during pregnancy  
nutrition and diet, including vitamin D supplements  
exercise, (including pelvic floor), pregnancy yoga, massage  
work and pregnancy  
antenatal education classes  
common problems in pregnancy  
how and when to seek help

Document in hand-held record

## **16 Weeks**

Review, discuss and record results of screening tests already performed. Follow up ones not yet done.

Discuss risks, benefits and limitations of morphology USS (18 -20 weeks)

Antenatal assessment including BP, abdominal examination and foetal heart auscultation with consent

Give specific information on  
expected weight gain  
sexuality during pregnancy

## **20 Weeks (P) - 22 Weeks (M)**

Review, discuss and record results of morphology USS, follow-up and referral if needed.

Discuss Gestational Diabetes and risks, benefits and limitations of Glucose Challenge and Glucose Tolerance tests

For Rh (D) negative women, discuss risks, benefits and limitations of prophylaxis antenatal Anti-D (given at 28 and 34 weeks) and the importance of seeking advice following any potentially sensitising event

Antenatal assessment including BP, abdominal examination and foetal heart auscultation with consent

Give specific information on  
infant feeding  
breastfeeding, ABA, workshops

## **24 Weeks (P)**

Antenatal assessment including BP, abdominal examination and foetal heart auscultation with consent

Give specific information on  
Vitamin K and vaccinations  
newborn screening tests including heel prick, apgar scoring, newborn baby check and hearing  
caring for newborn  
establishing a support network, child health

## **28 Weeks (P & M)**

Antenatal assessment including BP, abdominal examination and foetal heart auscultation with consent

Obtain, review, discuss and document Gct / Gtt results (if done), action as required

If Rh (D) negative, take antibody screen before offering administration of 625 IU Anti-D immunoglobulin IM

Give specific information on  
postnatal expectations and care

## **31 Weeks (P)**

Antenatal assessment including BP, abdominal examination and foetal heart auscultation with consent

Give specific information on  
labour and birthing  
signs of labour

### **34 Weeks**

Antenatal assessment including BP, abdominal examination and foetal heart auscultation with consent

Discuss Hb / FBC testing

Give specific information on

- birthing preferences and birth plans

- process of labour

- positions in labour and birth

- supporting the labouring woman

### **36 Weeks**

Antenatal assessment including BP, abdominal examination and foetal heart auscultation with consent

If breech presenting discuss options, including risks and benefits, and refer accordingly

Discuss risks, benefits and limitations of GBS screening

Obtain, review, discuss and document FBC / Hb results (if done), action as required

Give specific information on

- complications and what to expect

- baby resuscitation

### **38 Weeks**

Antenatal assessment including BP, abdominal examination and foetal heart auscultation with consent

Give specific information on

### **40 Weeks, 41 Weeks, 42 Weeks, 43 Weeks**

Antenatal assessment including BP, abdominal examination and foetal heart auscultation with consent

Give specific information on

- prolonged pregnancy

- induction of labour - natural and medical

- membrane sweep

- foetal monitoring

## YOUR SCHEDULE OF VISITS

Appointment	Gestation	Gestation Date	Comments
	8 -12 weeks		
	16 weeks		
	20 / 22 weeks		
	24 weeks		
	28 weeks		
	31 weeks		
	34 weeks		
	36 weeks		
	38 weeks		
	40 weeks		
	41 weeks		
	42 weeks		

## TESTS AND INVESTIGATIONS IN PREGNANCY

Recommended	Consent	Ordered	Date	Comment
FBC	Y / N			
Blood Group	Y / N			
Antibodies	Y / N			
Hepatitis B / C	Y / N			
Rubella	Y / N			
HIV / AIDS	Y / N			
Syphilis	Y / N			
Urinalysis/MSU	Y / N			
If Rh D -ve: 28/40 Antibodies Anti D given	Y / N			
34/40 Antibodies Anti D given	Y / N			
36/40 GBS	Y / N			

Consider				
Pap test	Y / N			
Iron studies / ferritin	Y / N			
Thalassemia	Y / N			
10 -12/40 combined screen	Y / N			
10 - 13/40 USS	Y / N			
CVS	Y / N			
Amniocentesis	Y / N			
18 - 20/40 USS	Y / N			
GCT/GTT	Y / N			
36/40 FBC	Y / N			

## DISCUSSION TOPICS

Topic	Date	By Whom	How info given
Nutrition in pregnancy, use of supplements; Expected weight gain; Food Hygiene, listeria			
Lifestyle, smoking, drugs and alcohol; Working in pregnancy; Sexuality in pregnancy; Exercise in pregnancy			
Antenatal screening and tests; Rh-ve; Gestational Diabetes; GBS; Anti-D			
Antenatal education classes			
Common problems and complications in pregnancy; How and when to seek help			
Growth and development of baby/ foetus			
Caring for a newborn			
Infant feeding, breastfeeding, ABA			
Newborn screening tests; Vitamin K; vaccinations,			
Creating a support network, Child Health Clinic			

Topic	Date	By Whom	How info given
Process of labour and birthing; 1st stage; 2nd stage; 3rd stage			
Signs of labour			
Positions in labour and birth			
Supporting the labouring woman			
Birth plans and preferences; preparing your birth space			
Complications in labour - Precipitous birth; Breech; Caesarean section; Postpartum haemorrhage; Retained placenta Baby resuscitation Transfer			
Prolonged pregnancy; membrane sweeping; IOL			
Postpartum expectations and care; postnatal depression and baby blues; parents' rights; parenting skills			

