Antenatal Care Schedule Obstetric-led care



Women who are deemed High Risk will be cared for in accordance with the following visit schedule.

The timing and number of visits is a guide and should be flexible to meet individual women's needs.

Visits may be by phone, telehealth or in person. Dependent on clinical need or situation

AT EACH VISIT THE FOLLOWING WILL BE ATTENDEDTO:

- History reviewed and update management plan
- Standard antenatal examination BP, FHR, S-F height, palpation, consider need for FWT
- Discuss and/or offer investigations as indicated
- Provide information according to clinical situation and as directed by the woman
- If BMI >35 weigh at each visit
- Arrange ongoing care
- Document in BOS and print BOS for woman to add to VMR
- Correspondence to GP

12-16 weeks: First visit with a Midwife and Doctor at Ballarat Health (phone booking prior)

- Obtain a health and maternity history. Check current wellbeing. Confirm due date. Check screening tests results
- · Measure weight and height. Calculate BMI
- · Check blood pressure and fetal heart rate
- · Consider need for FWT
- Check Test Results including:
 - Blood group and antibody screen, blood count, iron levels, thalassaemia screening, diabetes testing, vitamin D, infections in pregnancy, 1st trimester screening
 - If first trimester screening not done offer NIPT/second trimester MSST
- Discuss safety at home, substance use and complete EPDS, smokelyser breath test reading; complete Psychosocial assessment on BOS
- · Discuss Aspirin/Caltrate if risk factors present
- · Complete referrals as indicated
- Discuss options for maternity care and visit schedule
- Book Child Birth Education Class/online videos -see BHS website
- Administer flu vaccine if woman consents
- Doctor review request Morphology U/S and 28-week bloods
 - Model of care confirmed
 - FGR risk assessment and document
 - VTE prophylaxis
 - BMI>30 management if applicable
 - Management plan made and document in BOS as indicated
 - Correspondence letter to GP

21-22 weeks: Doctor

- Review morphology ultrasound note cervical length measurement (see flow chart if length is less than 35mm transabdominally)
- · Advise/administer whooping cough and influenza vaccination

25 weeks: Midwife

- Discuss healthy diet and regular exercise. Offer dietitian referral
- Administer Pertussis vaccination if not previously given in pregnancy
- · Complete education checklist on BOS
- Provide handout Safe pregnancy and movement matter brochure, discuss movements and settling to sleep on side

28 weeks: Doctor

- Check results of investigations GTT, antibodies, FBE, Iron studies, Vit D and Ultrasound
- Anti-D immunoglobulin if required –must have recent antibodies (d/w MOP co-ordinator for administration)

30 weeks: Doctor

Routine antenatal review

32 weeks: Doctor

- Routine antenatal review
- Review US (if indicated)
- Request FBE/Iron studies for 36 weeks

34 weeks: Midwife

- Routine antenatal review
- Administer Anti-D immunoglobulin No antibody screen required prior to 34/40 anti-D
- Provide information for expressing breast milk and provide kit (commence 36 wks)
- Repeat EPDS
- Discuss delayed cord clamping/blood gases
- Discuss labour, regular contractions and SROM; when to come to hospital
- 36 week checklist -excluding GBS swab
- Discuss IOL process, methods and potential for delay
- · Repeat smokelyser breath test reading

36 weeks: Doctor

- · Routine antenatal review
- GBS Swab
- Check FBE/Iron studies
- Review US (if indicated)
- · Discuss "when to call the labour ward"

37 weeks: Doctor

Routine antenatal review

38 weeks: Doctor

- Routine antenatal review
- VE to assess 'Bishop score' and consider 'stretch and sweep' if IOL required

39 weeks: Doctor

- Routine antenatal review
- VE to assess 'Bishop score' and consider 'stretch and sweep'

40 weeks: Doctor

• Routine antenatal review