

Antenatal Care Schedule

Routine Low Risk pregnancy



AT EACH VISIT THE FOLLOWING WILL BE ATTENDED:

- Your history will be reviewed
- Standard antenatal examination – blood pressure, fetal heart rate, symphysis-fundal height, abdominal palpation
- Investigations discussed and/or offered as indicated
- Education and information will be provided according to your needs **you are encouraged to frequently refer to and read the [Pregnancy Handbook](#)**, as well as resources available at [Bendigo Health Website: Women's and Children's Services](#)
- Ongoing care will be arranged
- **Please ensure your clinician documents care in your handheld Victorian Maternity Record (VMR)**

15-17 weeks: Booking In Visit with a Midwife

- *Your email address and consent to communicate via email will be requested and used as a means of communication throughout your pregnancy*
- Your health and maternity history will be obtained and the following will be checked:
 - current wellbeing – emotional/psychological, social and physical wellbeing
 - blood tests and ultrasound results including:
 - blood group and antibody screen, blood count, early glucose tolerance test if required, infections in pregnancy, discussion of first or second trimester screening test
 - discussion re: your weight and height and BMI, these will be calculated and recorded
 - fetal growth restriction screening
- Your midwife will discuss:
 - options of maternity care that are available to you
 - lifestyle considerations and perform a psychosocial assessment
 - complete referrals as indicated
 - resources available for antenatal, birth and postnatal education
 - 20-22 week morphology ultrasound, ensuring it is ordered and booked
 - your Victorian Maternity Record (VMR) and resource pack
- Within the week following your appointment, an Obstetrician will review your history and:
 - confirm your due date
 - confirm your appropriate model of care
 - document the management plan
- *After this you will receive in the mail:*
 - a letter with the date and time of your next appointment

22-24 weeks: Midwife or GP Appointment

- Your doctor or midwife will:
 - Review your 20=22 week ultrasound (gestational age, fetal number, placental position and fetal morphology)

- Discuss FBE/antibodies/OGTT (diabetes screen) to be completed prior to your 28 week visit
 - *Note: blood tests should be done a few days prior to your next appointment to ensure results are available. If requiring anti-D, the antibody screen must be done within 72hrs before anti-D given.*
 - *Please ask all the correspondence to be sent to Bendigo Health/Women's Health*
- Discuss healthy diet and regular exercise
- Provide you with education regarding decreased fetal movements after 26 weeks

28 weeks: Midwife or GP Appointment

- OGTT/FBE/antibodies results will be checked, added to Medical Record, and followed up according to results
- Measure your weight and height, calculate your BMI and document it on Medical Record

28 weeks: Antenatal Assessment Clinic appointment if Rhesus negative

- Anti-D immunoglobulin administered

31 weeks: Midwife or GP Appointment

- Your midwife or GP will begin to discuss labour, birth, third stage and early parenting
- Birth Preferences template available at: [Bendigo Health Website - Labour/birthing](#)

34 weeks: Midwife or GP Appointment

- Your midwife or GP will:
 - Provide you with a Group B Streptococcus (GBS) swab for you to attend at 35-37 weeks. Refer to [Group B Strep Screening Test | Pregnancy to Parenting Australia](#) (pregnancyparenting.org.au) for more information
 - Refer you to the [Pregnancy Handbook](#) for information on the Newborn Screening Test and for education tailored towards your individual needs for birthing. This may include:
 - preparation for labour, birth, 3rd stage management and parenting and birth options/plans
 - non-medical methods of pain relief at home
 - regular contractions 5 minutely lasting 60 seconds over 30 minutes;
 - variances from normal and/or when to call hospital – e.g. premature labour; broken waters, vaginal bleeding, reduced fetal movements
 - Discuss normal baby movements and refer you to the Movements Matter section in the [Pregnancy Handbook](#). Please re-read this section.
- Note: Please call any time of day or night if your movements are reduced***
- Assessment Clinic: 54547288 between 9am - 5pm or Birth Suite: 54548582 after these hours***
- There is a virtual tour of Birth Suite/Women's Ward available to watch on the hospital webpage

34 Weeks: Antenatal Assessment Clinic appointment if Rhesus negative

- Anti-D immunoglobulin given. (Antibody screen not required to be taken prior to 34wk anti-D)

36 weeks: Obstetric Consultant appointment

- The Obstetrician will:
 - Review your birth options/prolonged pregnancy management plan
 - Consider need for further blood test FBE, and order it if indicated
 - Discuss the GBS swab and collect as required
 - Assess other risks as clinically indicated
 - Continue to support you with your journey to parenthood

38 weeks: Midwife or GP Appointment

- Discuss labour and when to call/come to hospital. Discuss regular contractions (5 minutely lasting 60 seconds over 30 minutes) or SRM
- Discuss variances from normal and when to call/come to hospital – eg, reduced fetal movements, vaginal bleeding, concerns
- Discuss the early days with a newborn, discharge planning

40 weeks: Midwife Appointment at the Hospital

- Your midwife will:
 - Book a cardiotocograph (CTG) for 41 weeks in Antenatal Assessment Clinic to assess wellbeing of your baby
 - Book an Ultrasound to assess Amniotic Fluid volume (AFI) for 41 weeks
 - Review supports for discharge

41 weeks: Medical review at the Hospital

- The doctor will:
 - Review CTG and ultrasound/AFI (if available and completed)
 - Plan and book your Induction of labour (IOL) if required, as close to 42 weeks as possible
 - Provide 'Induction of labour' information sheet
 - Offer a vaginal examination to assess the 'Bishop Score' and consider a 'stretch and sweep'
 - Arrange CTG and ultrasound/AFI twice weekly from 41 weeks

