

Antenatal Care Schedule - Routine Low Risk



Women who are deemed Low Risk according to the *Exclusion Criteria for Midwife Led care and GP shared care* will be cared for in accordance with the following pathway.

AT EACH VISIT THE FOLLOWING WILL BE REVIEWED:

- History reviewed
- Standard antenatal examination – BP, FHR, S-F height, palpation
- Discuss and/or offer investigations as indicated
- Provide information according to clinical situation and as directed by the woman
- Arrange ongoing care.

17 weeks: Booking In Visit with a Midwife at Bendigo Health

- Obtain a health and maternity history. Check current wellbeing. Estimate 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, down syndrome screening
- Hand out the Pregnancy Booklet and other information as required. Discuss lifestyle considerations and perform a psychosocial assessment
- Complete referrals as indicated
- Discuss options for maternity care
- Book Child Birth Education Class
- Staff specialist review
 - Model of care confirmed
 - Management plan made and documented in BOS as indicated

19-20 weeks: Midwife or GP Appointment

- Review 12-21 week morphology ultrasound (gestational age, fetal number, placental position and fetal morphology)

26 weeks: Midwife or GP Appointment

- Order FBE/antibodies/OGTT to be completed at 28 weeks
- Note: blood tests should be done a few days prior to the next appointment to ensure results are available. If requiring anti-D, the antibody screen must be done within 72 hours preceding anti-D administration
- Discuss healthy diet and regular exercise

28 weeks: Antenatal Assessment Clinic appointment if Rhesus negative

- Anti-D immunoglobulin administered

30 weeks: Midwife or GP



- Check results of investigations (GTT, FBE and antibodies)
- Begin to discuss labour, birth, third stage and early parenting
- Where indicated book caesarean section +/- anaesthetic review

34 weeks: Midwife or GP

- GBS swab explained and given to the woman to attend at 36-37 weeks
- Give NST handout
- Discuss preparation for labour, birth and parenting planning, tailored towards the individual needs of the woman. Encourage the woman to re-read the pregnancy handbook
- Review birth options/plans
- Encourage families to attend the birth suite/women's ward tour Saturday 2:30pm or Wednesday 5pm. Meet at lift lobby 3rd floor
- Give [Your baby's movements in pregnancy](#) handout and discuss normal movements
- Discuss regular contractions 5 minutely lasting 60 seconds over 30 minutes or SROM before contact to birthing suite
- Discuss non-pharmacological methods of pain relief at home

34 Weeks: Antenatal Assessment Clinic appointment if Rhesus negative

- Anti-D immunoglobulin given. No antibody screen required prior to 34/40 anti-D

34-36 weeks: Obstetric Consultant appointment at the hospital

- Review birth options and book caesarean section, if appropriate. If the baby is a breech presentation, discuss management options
- Discuss GBS swab and collect as required
- Consider need for FBE

38 weeks: Midwife or GP

- Discuss labour, when to come to hospital and other relevant information
- Discuss regular contractions 5 minutely lasting 60 seconds over 30 minutes or SROM before contact to birthing suite

40 weeks: Medical review at the hospital

- VE to assess 'Bishop score' and consider 'stretch and sweep'
- Book CTG for 40+4 weeks
- Book CTG and Ultrasound (with AFI) to be completed prior to the 41 week appointment
- Plan and book IOL as close to 42 weeks as possible

41 weeks: Medical review at the hospital

- Review CTG and ultrasound/AFI
- VE to assess 'Bishop score' and consider 'stretch and sweep'
- CTG second daily from 41 weeks
- AFI twice weekly from 41 weeks
- Provide 'Induction of labour' information sheet
- Book IOL on share point site

Contact

- Women's Clinics – 5454 7288
- Pregnancy Assessment Clinic – 5454 7291
- Birthing Suite – 54548582

Specific Practitioner / Patient Notes

Exclusion Criteria for Midwife Led care and GP shared care

Note:

Underlined / Italic conditions: Women presenting with these conditions in the table below require Obstetric Consultation. Once a management plan is made, if deemed appropriate by Obstetric Team, care can be transferred back to the Midwifery Care Clinic/GP for ongoing care.

Care can be transferred between high risk and low risk clinics as indications for transfer of care arise and / or resolve.

<u>Anaesthetic Difficulties</u>	Autoimmune disease SLE/connective tissue disorder	BMI / Maternal weight BMI <18 and >35
Cardiovascular disease <ul style="list-style-type: none"> - Arrhythmia/palpitations; murmurs: recurrent, persistent or associated with other symptoms - Cardiac valve disease - Cardiac valve replacement - Cardiomyopathy - Congenital cardiac disease - Hypertension - Ischaemic heart disease - Pulmonary hypertension 	Endocrine <ul style="list-style-type: none"> - Addison's Disease, Cushing Disease or other endocrine disorder requiring treatment - Diabetes: Type 1, Type 2, GDM - Hyperthyroidism - <u>Thyroid disease - New diagnosis or hypothyroidism</u> 	Coagulation disorders <ul style="list-style-type: none"> - Decline blood products - Haemoglobinopathies - Haemolytic anaemia - Other antibodies detected - Rhesus antibodies - Thalassaemia - Thrombophilia including antiphospholipid syndrome
Drug dependence	Gastro-intestinal <ul style="list-style-type: none"> - Hepatitis B with positive serology - Hepatitis C - Inflammatory bowel disease includes ulcerative colitis and Crohn's disease - Previous major abdominal/pelvic trauma 	Genetic <ul style="list-style-type: none"> - Any condition
Haematological <ul style="list-style-type: none"> - Anaemia at booking Hb < 90g/L - NAIT - ITP 	Organ transplants	Perinatal Mental Health <ul style="list-style-type: none"> - Puerperal Psychosis - History severe PND - Bipolar Schizophrenia Personality disorders Severe anxiety/depression requiring medication Previous suicide attempt <u>Other Mental health disorder</u>
Infectious diseases <ul style="list-style-type: none"> - Cytomegalovirus - HIV infection - Parvo virus infection - Rubella - Syphilis - Toxoplasmosis - Tuberculosis - Varicella/Zoster - Genital Herpes - <u>Other infectious disease</u> 	Neurological <ul style="list-style-type: none"> - AV malformations - Epilepsy with medication - Multiple sclerosis - Muscular dystrophy or myotonic dystrophy - Myasthenia gravis - Spinal cord lesion (paraplegia or quadriplegia) - Subarachnoid haemorrhage, aneurysms. 	Renal function disorders <ul style="list-style-type: none"> - Abnormal renal function - Previous urinary tract surgery - Recurrent urinary tract infections - Abnormal renal function - <u>Continence issues</u>

	<ul style="list-style-type: none"> - Previous CVA - Spinal surgery - Brain surgery/brain lesions 	
Respiratory disease <ul style="list-style-type: none"> - Asthma requiring oral steroids and adult hospital admission - Severe lung function disorder - Sarcoidosis - Smoking >10/day 	Skeletal problems <ul style="list-style-type: none"> - History of developmental skeletal disorders - Osteogenesis Imperfecta - Scoliosis - Spinal surgery 	System / connective tissue diseases <ul style="list-style-type: none"> - Anti-phospholipid syndrome - arfan syndrome, Raynaud's disease - Periarteritis nodosa - Scleroderma - Rheumatoid Arthritis - Systemic Lupus Erythematosus (SLE) - <i>Other connective tissue conditions</i>
Pre-existing gynaecological disorders <ul style="list-style-type: none"> - Cervical abnormalities - <u>Abnormal pap smear results requiring follow up in pregnancy</u> - Cervical surgery including <i>cone biopsy, laser excision or LLETZ biopsy</i> - <u>Fibroids</u> - Abdominal/Pelvic deformities (trauma, symphysis rupture) - Pelvic floor reconstruction - Colposuspension following prolapsed, fistula and/or previous rupture. - <u>IVF pregnancy</u> - Uterine abnormalities - Myomectomy - Bicornuate uterus, unicornate uterus - Vaginal septum 	Previous maternity history <ul style="list-style-type: none"> - Age >40years - ABO incompatibility - Active blood incompatibility(Rh, Kell, Duffy, Kidd) - Auto-immune thrombocytopenia - Cervical weakness and or cervical suture - Cholestasis - Congenital and /or hereditary disorder of previous child - Eclampsia - Gestational hypertension – previous or current - Hypertension – previous or current - Grand-multipara ≥ 5 - IUGR <10 percentile - Macrosomia >4.5kg – previous or current - Multiple pregnancy - Non-cephalic presentation >34 weeks - Placental abruption - Placenta accreta - Postpartum haemorrhage requiring additional treatment/transfusion - Pre-eclampsia - Pre-term birth < 35 weeks in a previous pregnancy - Previous baby transfer to external NICU - Previous birth injury to mother or baby - Previous HELLP syndrome - Previous serious psychological disturbance - Previous second or third trimester loss - Previous LUSCS - Recurrent miscarriage (3 or more first trimester) - Rhesus ISO immunisation - Shoulder dystocia - Trophoblastic disease: hydatidiform mole or vesicular mole within last 12 months - Third or fourth degree laceration - <u>Ultrasound abnormality</u> 	