

# Antenatal Care Schedule



## Routine Low Risk

<p><b>17 weeks</b></p> <p><b>Initial hospital visit (Midwife)</b></p>	<p><b>1. Review history</b></p> <ul style="list-style-type: none"> <li>• EDD (preferably early ultrasound &lt;14 weeks)</li> <li>• Check screening tests for completeness (Offer any that may have been omitted. See point 3)</li> <li>• Ensure hard copy of results is in the medical record</li> </ul> <p><b>2. Perform examination</b></p> <table border="1"> <tr> <td>Maternal weight and height</td> <td>BP</td> </tr> <tr> <td>BMI (weight [kg]/height[m]<sup>2</sup>)</td> <td>Fetal HR</td> </tr> </table> <p><b>3. Discuss and offer investigations (utilise the relevant printed information)</b></p> <table border="1"> <tr> <td>Blood group and antibody screen</td> <td>Vitamin D screening (if indicated)</td> </tr> <tr> <td>FBE</td> <td>Diabetes testing</td> </tr> <tr> <td>Ferritin (optional)</td> <td>Early ultrasound 19-21 week morphology ultrasound (gestational age, fetal number, placental position, and fetal morphology)</td> </tr> <tr> <td>                     Screening for infections in pregnancy                     <ul style="list-style-type: none"> <li>– Rubella</li> <li>– Syphilis/TPHA</li> <li>– Hepatitis B</li> <li>– Hepatitis C</li> <li>– HIV</li> <li>– Asymptomatic bacteriuria by mid-stream urine for GBS, microscopy, culture and sensitivity, and MSU</li> <li>– Chlamydia (15-29 years of age OR a recent change in sexual partner)</li> </ul> </td> <td>                     Down Syndrome screening:                     <ul style="list-style-type: none"> <li>– Combined first trimester screening (10 week serum screen + 12 week ultrasound) OR</li> <li>– Mid-trimester (15 week serum screen)</li> <li>– First trimester screening must need to be organised through the woman's local GP.</li> </ul> </td> </tr> </table> <p><b>4. Provide Information</b></p> <ul style="list-style-type: none"> <li>• AN booklet</li> <li>• Other information specific to her needs</li> <li>• Child Birth Education Classes</li> <li>• 'Your baby's movements' handout</li> <li>• Obtain consent to share information from other healthcare providers (as appropriate).</li> <li>• Life style considerations:             <ul style="list-style-type: none"> <li>– Nutrition/diet/healthy weight gain (according to initial BMI) 'weight matters' handout</li> <li>– Pregnancy multivitamin including folic acid and iodine supplementation</li> <li>– Smoking behaviour/cessation</li> <li>– Oral and dental health</li> <li>– Recreational drug use and alcohol consumption</li> </ul> </li> <li>• Psychosocial assessment. Perform the Edinburgh Postpartum Depression Score (EPDS) Offer Maternity Support, where appropriate. Consider Complex Care Referral</li> </ul> <p><b>5. Confirm booking</b></p> <ul style="list-style-type: none"> <li>• Complete all relevant fields in BOS. Print the woman's booking in summary from BOS and provide a copy in the medical record and the VMR</li> </ul> <p><b>6. Arrange ongoing care</b></p> <ul style="list-style-type: none"> <li>• Determine/offer appropriate model of care</li> <li>• High risk women book for medical review in two weeks (don't wait for the 19-20 week visit)</li> </ul>	Maternal weight and height	BP	BMI (weight [kg]/height[m] <sup>2</sup> )	Fetal HR	Blood group and antibody screen	Vitamin D screening (if indicated)	FBE	Diabetes testing	Ferritin (optional)	Early ultrasound 19-21 week morphology ultrasound (gestational age, fetal number, placental position, and fetal morphology)	Screening for infections in pregnancy <ul style="list-style-type: none"> <li>– Rubella</li> <li>– Syphilis/TPHA</li> <li>– Hepatitis B</li> <li>– Hepatitis C</li> <li>– HIV</li> <li>– Asymptomatic bacteriuria by mid-stream urine for GBS, microscopy, culture and sensitivity, and MSU</li> <li>– Chlamydia (15-29 years of age OR a recent change in sexual partner)</li> </ul>	Down Syndrome screening: <ul style="list-style-type: none"> <li>– Combined first trimester screening (10 week serum screen + 12 week ultrasound) OR</li> <li>– Mid-trimester (15 week serum screen)</li> <li>– First trimester screening must need to be organised through the woman's local GP.</li> </ul>
Maternal weight and height	BP												
BMI (weight [kg]/height[m] <sup>2</sup> )	Fetal HR												
Blood group and antibody screen	Vitamin D screening (if indicated)												
FBE	Diabetes testing												
Ferritin (optional)	Early ultrasound 19-21 week morphology ultrasound (gestational age, fetal number, placental position, and fetal morphology)												
Screening for infections in pregnancy <ul style="list-style-type: none"> <li>– Rubella</li> <li>– Syphilis/TPHA</li> <li>– Hepatitis B</li> <li>– Hepatitis C</li> <li>– HIV</li> <li>– Asymptomatic bacteriuria by mid-stream urine for GBS, microscopy, culture and sensitivity, and MSU</li> <li>– Chlamydia (15-29 years of age OR a recent change in sexual partner)</li> </ul>	Down Syndrome screening: <ul style="list-style-type: none"> <li>– Combined first trimester screening (10 week serum screen + 12 week ultrasound) OR</li> <li>– Mid-trimester (15 week serum screen)</li> <li>– First trimester screening must need to be organised through the woman's local GP.</li> </ul>												

<p><b>19-20 weeks</b></p> <p><b>Initial Bendigo Health Medical review</b></p>	<p><b>1. Review history</b></p> <ul style="list-style-type: none"> <li>• Health and well being</li> <li>• Results of investigations ordered at last visit</li> <li>• Confirm agreed EDD</li> <li>• Confirm model of care</li> <li>• Smoking behaviour enquiry and cessation advice and support if indicated</li> </ul> <p><b>2. Perform examination</b></p> <table border="1" data-bbox="328 327 1505 663"> <tr> <td>Physical examination including <ul style="list-style-type: none"> <li>– Cardiovascular &amp; respiratory systems</li> <li>– Abdomen</li> <li>– Breasts</li> <li>– Thyroid</li> <li>– Consider taking maternal heart rate</li> </ul> </td> <td>Speculum examination for: <ul style="list-style-type: none"> <li>– Pap test (if due)</li> <li>OR</li> <li>– Symptoms/risk STI</li> </ul> </td> </tr> <tr> <td>BP</td> <td>Abdominal palpation</td> </tr> <tr> <td>FM</td> <td>Auscultate FH</td> </tr> <tr> <td>urinalysis</td> <td></td> </tr> </table> <p><b>3. Discuss and offer investigations</b></p> <table border="1" data-bbox="328 734 1505 1104"> <tr> <td>FBE</td> <td>Vitamin D (if low at booking)</td> </tr> <tr> <td>Antibody screen</td> <td>GTT give pathology slip and patient handout (patient to complete test at 28 weeks)</td> </tr> <tr> <td>Rhesus D negative <ul style="list-style-type: none"> <li>– Order Anti D immunoglobulin (if Rhesus D negative) on the drug chart</li> <li>– Complete consent for blood products</li> <li>– Give patient pathology slip</li> <li>– Book 28 week assessment clinic appointment</li> </ul> </td> <td>Haemaglobinopathy/thalassaemia screen as indicated</td> </tr> </table> <p><i>Note: Advise the woman to have these tests done a few days prior to the next appointment to ensure results are available for this appointment</i></p> <p><b>4. Provide information</b> According to clinical situation and as directed by the woman</p> <p><b>5. Arrange ongoing care</b></p> <p><b>6. Document in BOS (hospital only) and record in the woman's hand held record (VMR)</b></p>	Physical examination including <ul style="list-style-type: none"> <li>– Cardiovascular &amp; respiratory systems</li> <li>– Abdomen</li> <li>– Breasts</li> <li>– Thyroid</li> <li>– Consider taking maternal heart rate</li> </ul>	Speculum examination for: <ul style="list-style-type: none"> <li>– Pap test (if due)</li> <li>OR</li> <li>– Symptoms/risk STI</li> </ul>	BP	Abdominal palpation	FM	Auscultate FH	urinalysis		FBE	Vitamin D (if low at booking)	Antibody screen	GTT give pathology slip and patient handout (patient to complete test at 28 weeks)	Rhesus D negative <ul style="list-style-type: none"> <li>– Order Anti D immunoglobulin (if Rhesus D negative) on the drug chart</li> <li>– Complete consent for blood products</li> <li>– Give patient pathology slip</li> <li>– Book 28 week assessment clinic appointment</li> </ul>	Haemaglobinopathy/thalassaemia screen as indicated
Physical examination including <ul style="list-style-type: none"> <li>– Cardiovascular &amp; respiratory systems</li> <li>– Abdomen</li> <li>– Breasts</li> <li>– Thyroid</li> <li>– Consider taking maternal heart rate</li> </ul>	Speculum examination for: <ul style="list-style-type: none"> <li>– Pap test (if due)</li> <li>OR</li> <li>– Symptoms/risk STI</li> </ul>														
BP	Abdominal palpation														
FM	Auscultate FH														
urinalysis															
FBE	Vitamin D (if low at booking)														
Antibody screen	GTT give pathology slip and patient handout (patient to complete test at 28 weeks)														
Rhesus D negative <ul style="list-style-type: none"> <li>– Order Anti D immunoglobulin (if Rhesus D negative) on the drug chart</li> <li>– Complete consent for blood products</li> <li>– Give patient pathology slip</li> <li>– Book 28 week assessment clinic appointment</li> </ul>	Haemaglobinopathy/thalassaemia screen as indicated														
<p><b>26 weeks</b></p> <p><b>GP visit</b></p>	<p><b>1. Review history</b></p> <ul style="list-style-type: none"> <li>• Health and wellbeing</li> <li>• Results of investigations ordered at last visit.</li> <li>• Ensure GTT booked/pathology slip given</li> <li>• Ensure Anti-D booked for 28 weeks with BH assessment clinic and has pathology slip and forms completed (where indicated)</li> <li>• Order FBE and antibodies for woman to complete at 28 weeks. Give pathology slip</li> <li>• Smoking behaviour enquiry and cessation advice and support, if indicated</li> <li>• Check Child Birth Education Classes have been booked</li> </ul> <p><b>2. Perform examination</b></p> <table border="1" data-bbox="328 1709 1505 1821"> <tr> <td>BP</td> <td>FM</td> </tr> <tr> <td>Auscultate FH</td> <td>S-F height, determine lie and presentation</td> </tr> <tr> <td>Consider need for urinalysis</td> <td>Maternal weight</td> </tr> </table> <p><b>3. Discuss results of investigations</b></p> <p><b>4. Provide information</b> According to clinical situation and as directed by the woman</p> <p><b>5. Arrange ongoing care</b></p> <p><b>6. Document in BOS (hospital only) and record in the woman's hand held record (VMR)</b></p>	BP	FM	Auscultate FH	S-F height, determine lie and presentation	Consider need for urinalysis	Maternal weight								
BP	FM														
Auscultate FH	S-F height, determine lie and presentation														
Consider need for urinalysis	Maternal weight														

<p><b>30 weeks</b></p> <p><b>GP visit</b></p>	<p><b>1. Review history</b></p> <ul style="list-style-type: none"> <li>• Health and wellbeing</li> <li>• Results of investigations ordered at last visit (GTT, FBE and antibodies)</li> <li>• Smoking behaviour enquiry and cessation advice and support, if indicated</li> </ul> <p><b>2. Perform examination</b></p> <table border="1" data-bbox="328 286 1503 398"> <tr> <td>BP</td> <td>FM</td> </tr> <tr> <td>Auscultate FH</td> <td>S-F height, determine lie and presentation</td> </tr> <tr> <td>Consider need for urinalysis</td> <td></td> </tr> </table> <p><b>3. Discuss and offer next visit</b></p> <ul style="list-style-type: none"> <li>• Include labour, birth and early parenting planning</li> <li>• Arrange 34 week Anti-D administration with assessment clinic (to coincide with 34 week appointment)</li> </ul> <p><b>4. Provide information</b> According to clinical situation and as directed by the woman</p> <p><b>5. Arrange ongoing care</b></p> <p><b>6. Document in BOS (hospital only) and record in the woman's hand held record (VMR)</b></p>	BP	FM	Auscultate FH	S-F height, determine lie and presentation	Consider need for urinalysis	
BP	FM						
Auscultate FH	S-F height, determine lie and presentation						
Consider need for urinalysis							
<p><b>34 Weeks</b></p> <p><b>Bendigo Health Obs Consultant Review</b></p>	<p><b>1. Review history</b></p> <p>Health and wellbeing Results of investigations ordered at last visit Smoking behaviour enquiry and cessation advice and support if indicated</p> <p><b>2. Perform examination</b></p> <table border="1" data-bbox="328 898 1503 1010"> <tr> <td>BP</td> <td>FM</td> </tr> <tr> <td>Auscultate FH</td> <td>S-F height, determine lie and presentation.</td> </tr> <tr> <td>Consider need for urinalysis.</td> <td></td> </tr> </table> <p><b>3. Discuss and offer investigations</b></p> <ul style="list-style-type: none"> <li>• Anti D prophylaxis (if Rhesus D negative)</li> <li>• GBS swab and information sheet</li> <li>• NST handout</li> <li>• Consider need for FBE</li> </ul> <p><b>4. Provide information</b></p> <ul style="list-style-type: none"> <li>• According to clinical situation and as directed by the woman</li> <li>• Review birth options</li> <li>• Where indicated book caesarean section with anaesthetic review, and give pathology slips</li> <li>• If breech presentation, discuss management – ultrasound and external cephalic version (ECV), if appropriate</li> </ul> <p><b>5. Arrange ongoing care</b></p> <p><b>6. Document in BOS and record in the woman's hand held record (VMR)</b></p>	BP	FM	Auscultate FH	S-F height, determine lie and presentation.	Consider need for urinalysis.	
BP	FM						
Auscultate FH	S-F height, determine lie and presentation.						
Consider need for urinalysis.							
<p><b>36 weeks</b></p> <p><b>GP visit</b></p>	<p><b>1. Review history</b></p> <ul style="list-style-type: none"> <li>• Health and wellbeing</li> <li>• Results of investigations</li> <li>• Smoking behaviour enquiry and cessation advice and support if indicated</li> </ul> <p><b>2. Perform examination</b></p> <table border="1" data-bbox="328 1765 1503 1877"> <tr> <td>BP</td> <td>FM</td> </tr> <tr> <td>Auscultate FH</td> <td>S-F height, determine lie and presentation.</td> </tr> <tr> <td>Consider need for urinalysis.</td> <td>Measure maternal weight</td> </tr> </table> <p><b>3. Discuss investigation results</b></p> <p><b>4. Provide information</b> According to clinical situation and as directed by the woman. Discuss preparation for labour, birth and parenting</p> <p><b>5. Arrange ongoing care</b></p> <p><b>6. Document in BOS (hospital only) and record in the woman's hand held record (VMR)</b></p>	BP	FM	Auscultate FH	S-F height, determine lie and presentation.	Consider need for urinalysis.	Measure maternal weight
BP	FM						
Auscultate FH	S-F height, determine lie and presentation.						
Consider need for urinalysis.	Measure maternal weight						

<p><b>38 weeks</b></p> <p><b>GP visit</b></p>	<p><b>1. Review history</b></p> <ul style="list-style-type: none"> <li>Health and wellbeing</li> <li>Smoking behaviour enquiry and cessation advice and support if indicated</li> </ul> <p><b>2. Perform examination</b></p> <table border="1" data-bbox="328 250 1505 362"> <tr> <td>BP</td> <td>FM</td> </tr> <tr> <td>Auscultate FH</td> <td>S-F height, determine lie and presentation</td> </tr> <tr> <td>Consider need for urinalysis</td> <td></td> </tr> </table> <p><b>3. Provide information</b> According to clinical situation and as directed by the woman</p> <p><b>4. Arrange ongoing care</b></p> <p><b>5. Document in BOS (hospital only) and record in the woman's hand held record (VMR)</b></p>	BP	FM	Auscultate FH	S-F height, determine lie and presentation	Consider need for urinalysis				
BP	FM									
Auscultate FH	S-F height, determine lie and presentation									
Consider need for urinalysis										
<p><b>40 weeks</b></p> <p><b>Medical review in Bendigo Health Antenatal Clinic</b></p>	<p><b>1 Review history</b></p> <ul style="list-style-type: none"> <li>Health and wellbeing</li> <li>Smoking behaviour enquiry and cessation advice and support if indicated</li> </ul> <p><b>2. Perform examination</b></p> <table border="1" data-bbox="328 719 1505 831"> <tr> <td>BP</td> <td>FM</td> </tr> <tr> <td>Auscultate FH</td> <td>S-F height, determine lie and presentation</td> </tr> <tr> <td>Consider need for urinalysis</td> <td></td> </tr> </table> <p><b>3. Provide information</b> According to clinical situation and as directed by the woman</p> <p><b>4. Arrange ongoing care</b></p> <ul style="list-style-type: none"> <li>Book CTG for 40+4 weeks</li> <li>Book CTG and ultrasound (with AFI) to be completed prior to the 41/40 week appointment</li> <li>Plan and book IOL as close to 42 weeks as possible</li> </ul> <p><b>5. Document in BOS and record in the woman's hand held record (VMR)</b></p>	BP	FM	Auscultate FH	S-F height, determine lie and presentation	Consider need for urinalysis				
BP	FM									
Auscultate FH	S-F height, determine lie and presentation									
Consider need for urinalysis										
<p><b>41 weeks</b></p> <p><b>Medical review in Bendigo Health Antenatal Clinic</b></p>	<p><b>1. Review history</b></p> <ul style="list-style-type: none"> <li>Health and wellbeing</li> <li>Smoking behaviour enquiry and cessation advice and support if indicated</li> <li>Review CTG and ultrasound/AFI</li> </ul> <p><b>2. Perform examination</b></p> <table border="1" data-bbox="328 1328 1505 1440"> <tr> <td>BP</td> <td>FM</td> </tr> <tr> <td>Auscultate FH</td> <td>S-F height, determine lie and presentation</td> </tr> <tr> <td>Consider need for urinalysis</td> <td></td> </tr> </table> <p><b>3. Discuss and offer investigations</b></p> <p><b>4. Prolonged pregnancy management</b></p> <table border="1" data-bbox="328 1547 1514 1693"> <tr> <td>VE to assess 'Bishop score' and consider 'stretch and sweep'</td> </tr> <tr> <td>CTG second daily from 41 weeks</td> </tr> <tr> <td>AFI twice weekly from 41 weeks (eg Monday and Thursday, Tuesday and Friday or Wednesday and Saturday)</td> </tr> </table> <p><b>5. Provide information</b></p> <ul style="list-style-type: none"> <li>According to clinical situation and as directed by the woman</li> <li>Provide 'Induction of labour' information sheet. Complete consent, place sticker in medical record and discuss with Maternity Ward in-charge midwife with IOL book completed.</li> </ul> <p><b>6. Arrange ongoing care. Document in BOS and record in the woman's hand held record (VMR)</b></p>	BP	FM	Auscultate FH	S-F height, determine lie and presentation	Consider need for urinalysis		VE to assess 'Bishop score' and consider 'stretch and sweep'	CTG second daily from 41 weeks	AFI twice weekly from 41 weeks (eg Monday and Thursday, Tuesday and Friday or Wednesday and Saturday)
BP	FM									
Auscultate FH	S-F height, determine lie and presentation									
Consider need for urinalysis										
VE to assess 'Bishop score' and consider 'stretch and sweep'										
CTG second daily from 41 weeks										
AFI twice weekly from 41 weeks (eg Monday and Thursday, Tuesday and Friday or Wednesday and Saturday)										

**EXCLUSION Criteria for low risk clinic**

<b>Medical and social history</b>	<b>Previous obstetric history</b>	<b>Current pregnancy</b>
<ul style="list-style-type: none"><li>• 42 years of age at the time of booking</li><li>• Pre-pregnancy BMI is &gt;35 or &lt;20</li><li>• Cardiac disease, including hypertension</li><li>• Renal disease</li><li>• Diabetes (diet or insulin)</li><li>• Endocrine disorders</li><li>• Major psychiatric disorders</li><li>• Haematological disorders, including thromboembolic disease</li><li>• History of obstetric cholestasis</li><li>• Epilepsy requiring anticonvulsant medication</li><li>• Malignant disease</li><li>• Severe asthma</li><li>• Chemical dependency</li><li>• Human immunodeficiency virus (HIV) positive</li><li>• Hepatitis B or C with abnormal liver function</li><li>• Auto-immune disorders</li><li>• A cone biopsy or ≥2 loop excisions of the transformation zone (LETZ)</li><li>• Drug abuse</li></ul>	<ul style="list-style-type: none"><li>• A stillbirth or neonatal death (unexplained or recurrent reason)</li><li>• Recurrent (3 or more) miscarriage</li><li>• Fetal growth restriction (birth weight &lt;2800g at term)</li><li>• Pre-term birth (≤32 weeks)</li><li>• Severe pre-eclampsia including HELLP</li><li>• Rhesus isoimmunisation or other significant blood group antibodies</li><li>• Placental abruption</li><li>• Cervical insufficiency</li><li>• Congenital abnormalities</li><li>• Uterine rupture</li><li>• Placental abnormalities i.e. placenta accrete, placenta praevia, molar pregnancy</li><li>• Uterine surgery</li></ul>	<ul style="list-style-type: none"><li>• Multiple pregnancy</li><li>• Some congenital abnormalities</li><li>• Pregnancy associated plasma protein-A (PAPP-A) Multiples of Median (MoM) &lt;0.4 on first trimester early combined screening test<ul style="list-style-type: none"><li>– This is a blood marker utilised in the first trimester early combined screening test that is combined with other markers to generate an aneuploidy risk; however, a low level in itself may predict poorer obstetric outcomes.</li></ul></li></ul> <p><b>Note</b> that previous lower uterine segment caesarean section (LUSCS), in vitro fertilisation (IVF) and other assisted conception, treated thyroid disease, subclinical hypothyroidism and previous gestational diabetes do not preclude shared maternity care Antenatal haemorrhage on two occasions Grand multiparty Gestational diabetic Abnormality on ultrasound Abnormal presentation Reduced fetal movements</p>