

# INFORMATION ONLY

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

## Recommended Minimum Antenatal Schedule

<b>First visit</b> GP/Midwife visit preferably before 12 weeks	<ul style="list-style-type: none"> <li>» Pregnancy confirmed- maternal counselling including tobacco/alcohol/other drug cessation</li> <li>» Pre-pregnancy weight, height and BMI</li> <li>» Urine dipstick/MSU</li> <li>» <b>Antenatal blood tests ordered with consent and counselling</b></li> <li>» Blood group and antibodies (<b>status checked/identified</b>), full blood count, syphilis, rubella, hepatitis B, hepatitis C, HIV</li> <li>» <b>Ultrasounds ordered</b></li> <li>» Antenatal screening bloods Free Beta-hCG and Papp A after 10 completed weeks and preferably 3–5 days prior to Nuchal USS <b>Note:</b> Request slip to include EDD and current maternal weight</li> <li>» Nuchal Translucency 11 weeks–13 weeks <sup>+6 days</sup></li> <li>» Diagnostic Morphology 18–20 weeks</li> <li>» Booking in referral sent</li> <li>» <b>Genetic Counselling and testing discussed as appropriate</b></li> <li>» Chorionic Villus Sampling 11–13 weeks/Amniocentesis 16–18 weeks</li> </ul>
<b>12–18 weeks</b> Midwife booking in visit	<ul style="list-style-type: none"> <li>» Booking in Visit – demographic, social, medical and obstetric history ± allied health referrals</li> <li>» SAFE Start or similar tool, tobacco/alcohol/other drug cessation and EDS (EPDS) completed</li> <li>» Maternal counselling including tobacco/alcohol/other drug cessation, and breastfeeding (see pages 6, 18 and 19)</li> <li>» <b>Models of care discussed and preference identified</b></li> </ul>
<b>20 weeks</b> Hospital staff visit	<ul style="list-style-type: none"> <li>» Post diagnostic morphology ultrasound assessment and general health check</li> <li>» Appropriate model of care confirmed (after risk assessment completed)</li> <li>» Maternal counselling including tobacco/alcohol/other drug cessation and breastfeeding</li> <li>» Rh negative women—Consent for prophylactic Anti D stapled inside Pregnancy Health Record</li> </ul>
<b>24 weeks</b> Standard antenatal visit with primary maternity carer	<ul style="list-style-type: none"> <li>» Full assessment including abdominal palpation and fetal auscultation</li> <li>» <b>Request slip given</b> for blood tests to be performed between <b>26–28 weeks</b></li> <li>» Full blood count, Rhesus Antibody blood screen and Glucose Challenge for all women</li> </ul>
<b>28 weeks</b> Standard antenatal visit with primary maternity carer	<ul style="list-style-type: none"> <li>» Check pathology results</li> <li>» 1<sup>st</sup> dose of Anti D for Rhesus negative women</li> </ul>
<b>30–32 weeks</b> Standard antenatal visit with primary maternity carer	<ul style="list-style-type: none"> <li>» Standard antenatal visit including maternal counselling on tobacco/alcohol/other drug cessation and breastfeeding</li> <li>» Discuss birth preferences, length of hospital stay and postnatal community supports</li> </ul>
<b>34 weeks</b> Standard antenatal visit with primary maternity carer	<ul style="list-style-type: none"> <li>» 2<sup>nd</sup> dose of Anti D for Rhesus negative women</li> <li>» EDS (EPDS) completed</li> </ul>
<b>36 weeks</b> Hospital staff visit	<ul style="list-style-type: none"> <li>» Standard antenatal visit including maternal counselling on tobacco/alcohol/other drug cessation and breastfeeding</li> <li>» Perform Full blood count, Rhesus Antibody blood screen</li> </ul>
<b>38 weeks</b> Standard antenatal visit with primary maternity carer	<ul style="list-style-type: none"> <li>» Discuss signs of early labour and when to come to hospital</li> <li>» Review blood results</li> </ul>
<b>40 weeks</b> Standard antenatal visit with primary maternity carer	<ul style="list-style-type: none"> <li>» Standard antenatal visit including maternal concerns</li> </ul>
<b>41 weeks</b> Hospital visit	<ul style="list-style-type: none"> <li>» Assessment of maternal and baby wellbeing (arrange for CTG if indicated)</li> <li>» Uncomplicated pregnancy - offer IOL for T<sup>+10–14</sup> i.e. 42 weeks</li> </ul>

# INFORMATION ONLY

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

## Antenatal Care Checklist

Additional appointments may be required according to individual need. Please discuss any questions or concerns you have during your antenatal, labour or postnatal period with your care providers.

Visit	Activity	Notes
<b>First Visit</b> Preferably before 12 weeks	<input type="checkbox"/> Discuss/order/perform routine investigations and genetic counselling <b>Bloods</b> —group and antibodies, FBC, syphilis, hepatitis B&C, rubella, HIV and urine dipstick/MSU <b>Antenatal screening</b> —Nuchal Translucency + Bloods at week 11–13 <sup>6</sup> Diagnostic morphology 18–20 weeks <input type="checkbox"/> Offer pap smear if due <input type="checkbox"/> Discuss normal breast changes / examination <input type="checkbox"/> Send hospital referral. Note interest in birth centre care if applicable. <input type="checkbox"/> Discuss folate and iodine supplementation	
<b>12–18 Week Midwife Booking in Visit</b>	<input type="checkbox"/> Discuss preferred model of care <input type="checkbox"/> Commence smoking/alcohol cessation counselling <input type="checkbox"/> Complete SAFE Start or similar tool and EDS (EPDS) <input type="checkbox"/> Discuss recommended weight gain/nutrition <input type="checkbox"/> Discuss physiotherapy <input type="checkbox"/> Discuss reasons to breast feed <input type="checkbox"/> Offer antenatal classes: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	
<b>20 Week Visit</b>	<input type="checkbox"/> Obtain consent for Anti D prophylaxis <input type="checkbox"/> Confirm expected date of birth <input type="checkbox"/> Confirm model of care <input type="checkbox"/> Review blood/scan results <input type="checkbox"/> Discuss skin to skin contact <input type="checkbox"/> Discuss initiation of breast feeding/baby led feeding <input type="checkbox"/> Discuss positioning and attachment of baby	
<b>Subsequent Visits</b> A minimum of every 4 weeks until 28 weeks	<input type="checkbox"/> Discuss benefits of rooming-in (baby/mother staying together) <input type="checkbox"/> Discuss exercise and rest <input type="checkbox"/> Week 26–28: Obtain GCT/FBC/antibodies (GTT when indicated) <input type="checkbox"/> Review blood results <input type="checkbox"/> Week 28: Provide first dose Anti D if applicable <input type="checkbox"/> Discuss home safety and hazard identification for injury prevention	
<b>30–32 Week Visit with Midwife</b>	<input type="checkbox"/> Discuss birth preferences <input type="checkbox"/> Discuss discharge planning including post-natal supports <input type="checkbox"/> Discuss exclusive breast feeding for six months	
<b>34 Week Visit</b>	<input type="checkbox"/> Week 34: Provide second dose Anti D if applicable <input type="checkbox"/> Discuss expressing breast milk and safe storage <input type="checkbox"/> Review EDS (EPDS)	
<b>36 Week Visit</b> Then as clinically indicated every 1–2 weeks until 41 weeks	<input type="checkbox"/> Discuss signs of early labour, when to come to hospital <input type="checkbox"/> Book elective caesarean section (if applicable) <input type="checkbox"/> Review blood results <input type="checkbox"/> Review breastfeeding information	
<b>41 Week Hospital Visit</b>	<input type="checkbox"/> Discuss induction of labour for week 40 <sup>+10–14 days</sup> plus or minus membrane sweep <input type="checkbox"/> Monitoring if indicated as per current fetal surveillance guidelines	

DO NOT WRITE IN THIS BINDING MARGIN