

1. Purpose

This guideline outlines the antenatal care schedule for low risk pregnant women receiving antenatal care at the Women's.

2. Definitions

Standard Antenatal Check - refer to [Standard Antenatal Check](#) guideline.

3. Responsibilities

Midwives, Medical staff and Shared Care GP/midwife.

4. Guideline

The Royal Women's Hospital utilises a routine antenatal care schedule of 10 visits summarised in table 1 below.

This schedule aims to guide pregnancy care for well women, and should be used flexibly in accordance with the needs of each woman. This schedule of visits is considered best practice, in terms of perinatal outcomes, client satisfaction and cost effectiveness¹.

However, with reference to flexibility and consumer-centred care, it may be that a well woman requires an increased number of visits and should be given this opportunity.

Depending on the gestation of the woman at her first visit some of timings of the scheduled visits may not be relevant although the Investigations and Discussions would still be required.

Table 1: antenatal care schedule- routine low risk

Routine low risk antenatal care schedule		
WHEN Weeks	WHAT Assessments, Investigations, Discussions	WHO Lead carer
1 st Hospital Visit 16-18	<p>Midwife Assessment & Obstetric Consultation</p> <p>Establish gestation/EDD</p> <p>Discuss/give MSST form (for 15+/40) if Combined Screening test has not been done, Check 18-20 week ultrasound has been ordered Social issues screening, Smoking assessment, Model of care assessment, Inform child birth education available</p> <p>All results are reviewed and discussed</p> <p>Routine: Blood group & antibodies, FBE, Ferritin, Hep B, TPHA, Rubella, HIV with pre-test counselling, MSU & Dipslide,</p> <p>As indicated: Haemoglobinopathy/Thalassaemia screen, Hep C, Vit D, Pap smear</p> <p>Standard Antenatal Check,</p> <p>Available: Social worker Medical Consultation</p>	Consultant/Registrar & Midwife
20-22	<p>Standard Antenatal Model of care confirmed</p> <p>Check, review & discuss 18-22/40 ultrasound</p> <p>Organise GTT, FBE, red cell antibodies for 26/40</p>	Consultant/Registrar & Midwife
26 or 28 if having Anti-D	<p>Standard Antenatal Check</p> <p>Midwife Antenatal Pre-Admission (MAP) for Shared care and Dr only patients</p> <p>Routine: GTT, Hb, red cell antibodies for all women</p> <p>If indicated: FBE, offer Anti-D if Rh(D) negative and organise VBAC appointment with nominated Medical staff</p>	Midwife
WHEN	WHAT	WHO



Antenatal Care Schedule - Routine Low Risk

Weeks	Assessments, Investigations, Discussions	Lead carer
30	Standard Antenatal Check	Midwife/GP
33 (change to 34 if having Anti-D)	Standard Antenatal Check If Rh(D) negative and having Anti-D, change to 34/40 at Royal Women's Hospital or hospital Community Clinic	Midwife/GP
36	Consultant Review Routine: GBS If indicated: Hb Review birth options and book C/section if relevant	Consultant/Registrar
38	Standard Antenatal Check	Midwife/GP
40	Standard Antenatal Check Give request form (red) for CTG / AFI <i>prior</i> to the 41/40 appointment	Midwife/GP
41	Consultant Review CTG / AFI prior to appointment	Consultant/Registrar

5. Evaluation, monitoring and reporting of compliance to this guideline

Compliance to this guideline or procedure compliance may be measured by review of incidents, and/ or audit at targeted times throughout the year.

6. References

Three Centres Consensus Guidelines on Antenatal Care Project, Mercy Hospital for Women, Southern Health and Women's & Children's Health 2001, pp5-7.

Clinical Practice Guidelines: Antenatal care – Module 1, Australian Health Ministers Advisory Council, 2012, Australian Government Department of Health and Ageing, p 31-33

7. Legislation/Regulations related to this guideline

Not applicable.

8. Appendices

Not Applicable.

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