Preconception

- Pre-existing illness and/or medication review
- Family history of inherited disorders
- Determine risks — referral for specialist advice (e.g., obstetrician, specialist, genetic counsellor, Fetal Medicine Unit as appropriate)
- Consider pre pregnancy blood tests
- Take history of diet, smoking, alcohol, drug use (including illicit drugs)
- Suggest woman keeps diary of her menstrual cycle
- Check Rubella immunity and Varicella immunity if no clinical history of chickenpox or varicella vaccination
- Start folic acid
- Pap test if due
- Give out the *Having a Baby in Canberra* brochure

**GP 6–10 weeks  First Visit**

- Confirm pregnancy
- Explain shared care and discuss options for antenatal care. Provide referral to nominated care provider
- Commence Maternity Record – record date and calculate EDB (Estimated Date of Birth)
- If unsure of dates organise scan for dates (before 12 weeks)
- Check BP, weight, height and calculate Body Mass Index (B.M.I.). Refer for advice from dietician if B.M.I. > 30
- Take full medical and family history
- Assess risk and refer for genetic counselling
- Offer written information on the antenatal screening tests (as documented in these guidelines)
- Order all routine investigations (see section 7 of guidelines) FBC, blood group, antibodies, Hep BsAg, Rubella titre, Syphilis EIA, MSU. Offer HIV testing & Hep C as appropriate
- Physical examination including breast, thyroid and heart and consider pap smear if due

**Make sure the woman is taking folic acid**
**Provide information about nutrition in pregnancy, Listeria and foods to be avoided (provide information sheet – see Information Sheets for Women)**
**Discuss implications of smoking and substance abuse, advise cessation and offer referrals as appropriate**
**Advise woman to book pre admission visit at preferred hospital for approx 16 weeks**
**Discuss baby feeding**
**Advise woman to ring chosen hospital to book Pre Admission Visit (PAV) for when they are approx 12–16 weeks**

**GP 12–14 weeks**

- Routine antenatal observations
- Book 18–20 week morphology U/S
- Discuss baby feeding
- Organise for 50g glucose load at 16–20 weeks if multiple risk factors are present (see section 7 of Guidelines)
- Discuss Anti D prophylaxis with Rh neg women

**PAV 12–16 weeks (MIDWIFE)**

- Provide pregnancy information
- Education, advice re Antenatal Education Sessions including physio
- Explain pregnancy care options
- Complete hospital documentation
- Discuss baby feeding
- Discuss birth plan. If previous caesarean commence on Birth After Caesarean pathway
- Edinburgh Postnatal Depression Scale (EPDS) should be offered and completed before the 32 week visit

**ANC 20 weeks**

- Routine antenatal check/observations
- Review all investigations & progress
- Give 50 g glucose load, Hb, +/- Rh antibodies request forms. Blood tests to be done at 26–28 weeks. Rh neg women should be advised to have their tests done just prior to 28 weeks
**GP 26 weeks**
- Routine antenatal observations
- Review all investigations (including 50g glucose load, Hb) & progress
- Remind Rh neg women to make an appointment to receive Rh (D) immunoglobulin at 28 weeks (if Anti D prophylaxis chosen)

**ANC 28 weeks**
- Rh negative women ONLY
  - Anti D prophylaxis administered

**ANC 30 weeks**
- Review blood test results
- Routine antenatal observations
- Check Edinburgh Postnatal Depression Scale (EPDS) score
- Check for education needs and any additional services ie. physio, special needs

**ANC 34 weeks**
- Rh negative women ONLY
  - Anti D prophylaxis administered

**ANC 36 weeks**
- Routine antenatal observations especially growth and presentation
- If breech presentation commence on breech pathway
- Group B Strep (low vaginal) swab

**GP 38, 39 & 40 weeks**
- Routine antenatal observations especially growth and presentation
- Inform about post-partum care options

**ANC 41 weeks until birth**
- Monitor fetal wellbeing until timing of birth
- Discuss options for induction or continuation of pregnancy
- Discharge planning: discuss follow up and any concerns eg. Who to contact after hours. Discuss the woman’s support networks and what services are available

**Antenatal checks include**
- emotional wellbeing
- BP check
- Fetal movements
- Fundal height
- Fetal heart
- Fetal positioning

**Postnatal care checklist**

**GP Early postpartum**
(1 week if early discharge)
- Psychological well-being of mother (assess support network)
- Discuss birth and any complications
- check bowel and bladder function
- Check any suturing or LUSCS scar if necessary
- BP prn
- Is rubella vaccination necessary?
- Discuss contraception options
- Check mother, feeding, family relationships and intercourse resumption
- Examine infant – special emphasis on examination of the heart and hips
- Discuss attending Maternal and Child Health Clinic/GP

**GP 6 weeks postpartum**
- Psychological well-being of mother
- History from mother about PV bleeding, passing urine and bowel motions; examine abdomen, pelvis, breasts, perineum, BP as indicated
- Check normal post pregnancy progress
- Check mother, feeding, family relationships, intercourse +/- start contraception
- Examine infant and discuss maternal satisfaction with progress
- Discuss attending Maternal and Child Health clinic/GP
- Remind re 8 week immunisations
- Examine abdomen, BP, breasts and perineum as indicated
- Is Pap test due?