






ANTENATAL APPOINTMENT SCHEDULE; GP SHARED CARE

This antenatal appointment schedule provides a general overview of the recommended minimum visits in a low risk pregnancy. We may ask to see you more frequently if your clinical condition changes. Alternatively, we are always happy to see you for additional appointments or if you have concerns or would like reassurance!

Scheduled Visit	Outline of recommended assessments and discussions
<p>At each visit your GP will ask to assess;</p> <ul style="list-style-type: none"> • Blood pressure • Symphysial fundal height (a measurement used to track your babies growth) (from 20weeks) • Fetal heart rate (from 12-14 weeks) • Fetal movements (from 20 weeks) • Pregnancy symptoms and concerns 	
<p>First Visit (Prior to 10 weeks where possible)</p> 	<p>Routine blood and urine tests;</p> <ul style="list-style-type: none"> • Complete blood examination (CBE) • Ferritin • Blood group and antibodies • Hepatitis B • Hepatitis C • Human immunodeficiency virus (HIV) • Rubella titre • Syphilis serology • Mid stream urine sample (MSSU) • family/ancestral questionnaire via SA Path <p>Additional targeted screening options your GP may offer;</p> <ul style="list-style-type: none"> • Dating ultrasound (if uncertain of your estimated due date based on dates and cycle) • Vitamin D • Varicella serology if status unknown • Early Oral Glucose Tolerance Test (OGTT) or HbA1c for women at risk of gestational diabetes • Cytomegalovirus (CMV) & parvovirus serology for women in frequent contact with large numbers of young children • Chlamydia for all women aged <25 years and women in sexually transmitted infection (STI) risk groups • Gonorrhoea for women in STI risk groups • Other additional antenatal tests outlined in the South Australian Perinatal Practice Guidelines (SAPPG) • Cervical Screening Test if due • Thyroid function

	<p>Assessment using screening tools;</p> <ul style="list-style-type: none"> • Edinburgh postnatal depression scale (EPDS) • Antenatal Risk Questionnaire (ANRQ) • Screen for smoking, substance and alcohol abuse • Screen for domestic and family violence <p>Chromosomal and structural fetal anomaly screening</p> <ul style="list-style-type: none"> • Discuss reproductive/genetic carrier screening • Discuss non invasive prenatal testing (NIPT) • Offer combined first trimester screening (between 11 to 14 weeks) • Offer second trimester serum screening (between 14+1 to 20+6 weeks) and discuss NIPT • Discuss chronic villus sampling (CVS) and/or amniocentesis for women at increased risk • Book morphology ultrasound for 18-20 weeks, including cervical length <p>Vitamin and mineral supplementation</p> <ul style="list-style-type: none"> • Commence vitamin D supplement for at risk or deficient women • If not already taking, commence folate (0.5mg) until 12 weeks • Commence iodine (150mcg) supplement • Other targeted supplements, depending on blood results <p>Health promotion discussions;</p> <ul style="list-style-type: none"> • Monitoring for changes in fetal movements • Discuss recommended immunisations in pregnancy; influenza, whooping cough, RSV • Discuss risks of alcohol, smoking and illicit substance use in pregnancy • Options for antenatal & postnatal education; AMBC 1:1 BF sessions, AMBC group BF classes, AMBC bringing baby home classes, AMBC circle of security, AMBC online education and hospital education programs. • Prophylactic anti D for women who have a negative blood group • Diet (including listeria), weight changes and exercise • Breastfeeding or feeding preferences
<p>20 weeks</p> 	<ul style="list-style-type: none"> • Discuss maternal blood screening, morphology, cervical length & ultrasound results (refer as required) • Discuss and recommend whooping cough (pertussis) immunisation between 20-32 weeks

<p>24 weeks</p>	<ul style="list-style-type: none"> • Routine Assessment
<p>28 weeks</p> 	<p>Review of routine blood tests</p> <ul style="list-style-type: none"> • CBE • Ferritin • Blood group and antibodies • OGTT (test for gestational diabetes) • Syphilis • Vitamin D (if previously deficient) <hr/> <p>Health promotion discussions;</p> <ul style="list-style-type: none"> • Discuss and recommend respiratory syncytial virus (RSV) immunisation between 28–36 weeks • Administer prophylactic anti D *for women with a negative blood group • Monitoring for changes in fetal movements • Side sleeping from 28 weeks • Repeat EPDS • Confirm booked in at intended birth site
<p>32 weeks</p>	<ul style="list-style-type: none"> • Discuss preferred method of feeding baby +/- strategies to prevent perineal tearing (for women planning a vaginal birth) • Discuss risk factors for still birth, timing of birth and birth preferences/plan
<p>34 weeks</p> 	<ul style="list-style-type: none"> • Routine assessment • Administer prophylactic anti D *for women with a negative blood group
<p>36 weeks</p> 	<ul style="list-style-type: none"> • Offer screening for Group B Streptococcus (GBS) • CBE and ferritin if anaemic • Syphilis testing • Gonorrhoea and chlamydia testing for women at increased risk of STI
<p>38 weeks</p>	<ul style="list-style-type: none"> • Discuss timing of birth and birth preferences
<p>40 weeks</p>	<ul style="list-style-type: none"> • Discuss induction of labour for postdates pregnancy from 41 weeks