Antenatal care: routine care fo

The needs of each pregnant woman should be reassessed at each appointment throughout pregnancy

At each appointment, women should be given information with an opportunity to discuss issues and ask questions. The healthcare professional should ensure information has been understood and the woman has had time to make an informed decision.

Women should usually carry their own case notes.

Verbal information should be supported by participant-led classes and a variety of other information media, e.g. leaflets, videos.

Nulliparous (1st pregnancy)
Total appointments = 10

Parous
Total appointments = 7

Identify women who may need additional care.

Give information on diet and lifestyle considerations, pregnancy care services, maternity benefits and screening tests. This should be provided in a setting where discussion can take place.

Inform women about the benefits of folic acid supplementation (400 micrograms per day for up to 12 weeks).

Offer vitamin D supplementation to women at risk of vitamin D deficiency.

➲ Offer screening tests, including haemoglobinopathy screening. The purpose of all tests should be understood before they are undertaken.

Measure body mass index and blood pressure and test urine for proteinuria.

Support women who smoke or who have recently quit by offering anti-smoking interventions.

Prior to 12 weeks (may be 2 appts)

Review, discuss and record results of all screening tests undertaken.
Measure BP and test urine for proteinuria.

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Measure symphysis fundal height + BP.
Urinalysis for proteinuria.

25

Measure SFH + BP. Urinalysis for proteinuria. Offer OGTT for women at risk of GD.
➲ Offer repeat screening for anaemia and atypical red cell alloantibodies.
➲ Offer 1st dose anti-D if rhesus negative.

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SFH + BP + proteinuria urinalysis.
Review, discuss and record results of all screening tests undertaken.

31

Measure SFH + BP. Urinalysis for proteinuria. Offer 2nd dose anti-D if rhesus negative.
For parous women, review, discuss and record results of all screening tests undertaken.

34

Measure SFH + BP. Urinalysis for proteinuria. Check presentation: ➲ Offer ECV if breech

36

SFH + BP + urinalysis for proteinuria.

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SFH + BP + urinalysis for proteinuria.

40

Measure SFH + BP + urinalysis for proteinuria.
➲ Offer membrane sweep.
➲ Offer induction after 41 weeks.

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GESTATIONAL AGE

Key: β-hCG = beta human chorionic gonadotrophin • 'combined test' = nuchal translucency + β-hCG + PAPP-A serum HELLP = haemolysis, elevated liver liver enzymes and low platelet count • LGA = large for gestational age • OGTT = SGA = small for gestational age • USS = ultrasound scan • VE = vaginal examination

r the healthy pregnant woman

Antenatal care should be provided by a small group of carers with whom the woman feels comfortable. There should be continuity of care throughout the antenatal period.

Healthcare professionals should be alert to the symptoms or signs of domestic violence and women should be given the opportunity to disclose domestic violence.

Women who may need additional care

Planning care: assessment

Are any of the following present?

- Conditions such as hypertension, cardiac, hepatic or renal disease, endocrine, psychiatric or haematological disorders, epilepsy, diabetes, asthma, cystic fibrosis, autoimmune diseases, cancer, HIV
- Factors that make the woman vulnerable such as those who lack social support
- Age 40 years and older or 18 years and younger
- BMI greater than or equal to 35 or less than 18
- Previous caesarean section
- Severe pre-eclampsia, HELLP or eclampsia
- Previous pre-eclampsia or eclampsia
- 3 or more miscarriages
- Previous preterm birth or mid trimester loss
- Previous psychiatric illness or puerperal psychosis
- Previous neonatal death or stillbirth
- Previous baby with congenital abnormality
- Previous SGA or LGA infant
- Family history of genetic disorder
- Multiple pregnancy

These women are likely to need additional care which is outside the scope of this guideline. The care outlined here is the *'baseline care'*.

Pregnant women should be informed about the purpose of any screening test before it is performed. The right of a woman to accept or decline a test should be made clear.

To be arranged early in pregnancy (before 16 weeks of gestation)

Blood tests to screen for:

- blood group, rhesus status and red cell antibodies
- haemoglobin (to screen for anaemia)
- hepatitis B virus
- HIV
- rubella susceptibility
- syphilis serology.

Urine test to screen for asymptomatic bacteriuria.

Ultrasound scan to determine gestational age.

Down's syndrome screening:

- 'Combined test' at 11–14 weeks
- Serum screening at 15–20 weeks.

To be arranged between 18 to 20 weeks of gestation

Ultrasound scan for detection of structural anomalies.

If the placenta is found to extend across the internal cervical os at this time, another scan at 32 weeks and again at 36 weeks if placenta within 2 cm of cervical os. If trans-abdominal scan unclear a transvaginal scan should be offered.

The following interventions are *NOT* recommended components of routine antenatal care:

- Repeated maternal weighing
- Breast examination
- Pelvic examination
- Screening for post natal depression using EPDS
- Iron supplementation
- Screening for the following infections
  - *Chlamydia trachomatis*
  - cytomegalovirus
  - hepatitis C virus
  - group B streptococcus
  - toxoplasmosis
  - bacterial vaginosis
- Screening for preterm birth by assessment of cervical length (either by USS or VE) or using fetal fibronectin
- Formal fetal movement counting
- Antenatal electronic cardiotocography
- Ultrasound scanning after 24 weeks
- Umbilical artery Doppler USS
- Uterine artery Doppler USS to predict pre-eclampsia

This algorithm should, where necessary, be interpreted with reference to the full guideline.

screening • ECV = external cephalic version • EPDS = Edinburgh Postnatal Depression Scale • GD = gestational diabetes
oral glucose tolerance test • PAPPA-A = pregnancy-associated plasma protein A • SFH = symphysio-fundal height