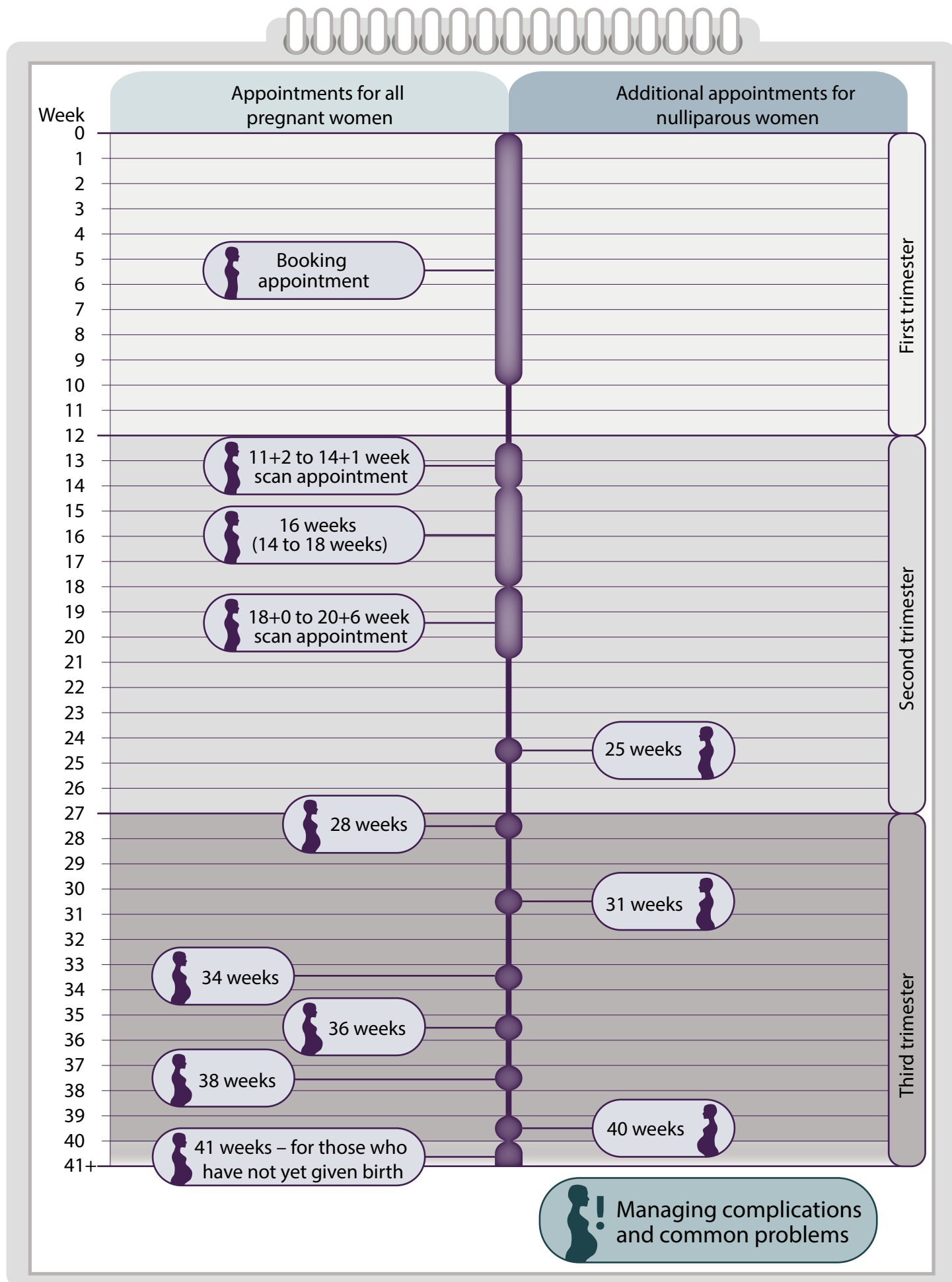
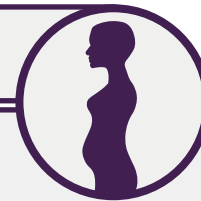


Schedule of antenatal appointments

Click below for details of each appointment.



Booking appointment



Involve partners according to the woman's wishes and tell the woman that her partner is welcome to attend appointments and classes.

Ensure that interpreting services are available if needed. Use independent interpreters rather than the woman's family members or friends.

Provide a safe environment for discussions.

All discussions should support shared decision making and be tailored to the woman's needs, preferences and stage of pregnancy.

Update the woman's antenatal records with details of history, test results, examination findings, medicines and discussions.

Consider reviewing the woman's previous medical records if needed, including records held by other healthcare providers.

If the woman agrees, contact her GP to share information about the pregnancy and potential concerns or complications during pregnancy.

Taking a history

Ask the woman about:

- her general health and wellbeing
- whether she has any concerns that she would like to discuss – also ask her partner about this, if present
- her obstetric history, and the medical and family history of both biological parents

• previous or current mental health concerns, including any severe mental illness, trauma or psychiatric treatment

- current and recent medicines, health supplements and herbal remedies
- allergies
- her nutrition and diet, physical activity, smoking status, alcohol consumption and recreational drug use
- her occupation, discussing any risks and concerns

• her family and home situation – if she is alone, also ask about domestic abuse

- her support network, including other people who may be involved in the baby's care
- any health or other issues affecting her partner or family members that may be significant for her health and wellbeing
- contact details for her partner and her next of kin.

If a woman books late in pregnancy, also ask about the reasons for the late booking because it may reveal social, psychological or medical issues that need to be addressed.

Also see NICE's recommendations on:

- [patient experience in adult NHS services](#)
- [shared decision making](#).

See [NICE's recommendations on recognising mental health problems in pregnancy and the postnatal period](#).

See NICE's recommendations on:

- [domestic violence and abuse](#)
- [pregnant women who experience domestic abuse](#).

Booking appointment

Examinations and investigations

If the appointment is face to face, offer:

- to measure height, weight and body mass index
- a blood test for full blood count, blood group and rhesus D status

• to take blood pressure using a device validated for use in pregnancy (for urgent actions to take when a woman's blood pressure is very high [160/110 mmHg or more], see [managing complications and common problems](#).)

- a urine dipstick test for proteinuria.

Assess the woman's risk of:

- gestational diabetes
- pre-eclampsia
- fetal growth restriction
- venous thromboembolism
- female genital mutilation (FGM).

Take follow-up actions as listed below.

Follow-up actions

For women with a high blood pressure (140/90 mmHg or more), see [managing complications and common problems](#).

If a woman is at risk of gestational diabetes, offer referral for an oral glucose tolerance test to take place between 24+0 and 28+0 weeks in line with the NICE guideline on diabetes in pregnancy.

Advise those at risk of pre-eclampsia to take aspirin.

If there are any medical concerns or review of long-term medicines is needed, refer the woman to an obstetrician or other relevant doctor. This includes referring the woman for a clinical assessment to detect cardiac conditions if her personal or family history suggest this may be needed.

Take appropriate action about risks of FGM.

Other medical concerns

Also see [managing complications and common problems](#) for:

- heartburn
- nausea and vomiting
- smoking
- unexplained vaginal bleeding.

Follow [NICE's recommendations on measuring blood pressure](#).

See NICE's recommendations on:

- [gestational diabetes risk assessment](#)
- [chronic hypertension in pregnancy](#).

Also consider using guidance by appropriate professional or national bodies, for example:

- [Royal College of Obstetricians and Gynaecologists' guideline on investigation and management of the small-for-gestational-age fetus](#)
- [Royal College of Obstetricians and Gynaecologists' guideline on reducing the risk of venous thromboembolism during pregnancy](#)
- [NHS England's saving babies' lives care bundle version 2](#).

See [recommendations on antiplatelet agents in the NICE guideline on hypertension in pregnancy](#).

See [NICE's recommendations on intrapartum care for women with heart disease](#).

Work in line with [UK government guidance on safeguarding women and girls at risk of FGM](#).

Booking appointment

Screening programmes

Offer screening programmes for:

- HIV
- syphilis
- hepatitis B
- sickle cell
- thalassaemia
- fetal anomalies.

Tell the woman she can accept or decline any part of these screening programmes.

Providing information

Discuss and give information on the following in a non-judgemental, compassionate and personalised way:

- changes during pregnancy, including:
 - baby's development
 - what to expect at each stage of the pregnancy
 - physical, emotional and relationship changes
 - support between partners
- staying healthy during pregnancy, including:
 - immunisation for flu, whooping cough and other infections, in line with relevant guidelines
 - infections that can impact on the baby (for example, group B streptococcus)
 - reducing the risk of infections
 - safe use of medicines and health supplements
 - mental health
 - lifestyle, including nutrition and diet, physical activity, smoking, alcohol consumption and recreational drug use
- antenatal care, covering:
 - what antenatal care involves and why it is important
 - which healthcare professionals will be involved in the appointments
 - when and where appointments will take place
 - which screening programmes are offered and why
- contact details for the:
 - midwifery team, for non-urgent advice
 - maternity service, for urgent concerns such as pain and bleeding
- resources and support for expectant and new parents
- how to get in touch with local or national peer support services.

Work in line with the NHS programmes on:

- [infectious diseases in pregnancy screening](#)
- [sickle cell and thalassaemia screening](#)
- [fetal anomaly screening](#).

See the:

- [NICE guideline on flu vaccination](#)
- [Public Health England Green Book on immunisation against infectious disease](#).

See the NICE guidelines on:

- [maternal and child nutrition](#)
- [vitamin D](#)
- [weight management before, during and after pregnancy](#)
- [smoking: stopping in pregnancy and after childbirth](#)
- [pregnancy and complex social factors' section on pregnant women who misuse substances \(alcohol and/or drugs\)](#).

Also see the [UK Chief Medical Officers' low-risk drinking guidelines](#).

Booking appointment

Scheduling antenatal appointments

Plan:

- 10 appointments for nulliparous women
- 7 appointments for parous women.

If the woman opts to have them, book ultrasound scans to take place:

- between 11+2 weeks and 14+1 weeks and
- between 18+0 weeks and 20+6 weeks.

Offer additional or longer antenatal appointments if needed, depending on the woman's medical, social and emotional needs.

Be aware that closer monitoring may be needed for women and their babies from black, Asian and minority ethnic family origins, and those who live in deprived areas, because they are at an increased risk of adverse outcomes.

Also see the NICE guidelines on:

- [pregnancy and complex social factors](#)
- [intrapartum care for women with existing medical conditions or obstetric complications and their babies](#)
- [hypertension in pregnancy](#)
- [diabetes in pregnancy](#) and
- [twin and triplet pregnancy](#).

See the [NICE guideline on antenatal care](#) for detailed recommendations on the topics in this section.

11+2 to 14+1 week scan appointment



Ensure that interpreting services are available if needed. Use independent interpreters rather than the woman's family members or friends.

Update the woman's antenatal records with details of history, test results, examination findings, medicines and discussions.

Only at this appointment

Perform an ultrasound scan and:

- determine gestational age
- detect multiple pregnancy
- if opted for, screen for Down's syndrome, Edward's syndrome and Patau's syndrome.

See the [NHS fetal anomaly screening programme](#).

If the booking appointment was not face to face, offer:

- to measure height, weight and body mass index
- blood tests for full blood count, blood group and rhesus D status.

If there are any unexpected results from examinations or investigations:

- offer referral according to local pathways and
- provide information and support.

See the [NICE guideline on antenatal care](#) for detailed recommendations on the topics in this section.

16-week (14 to 18 weeks) appointment



Ensure that interpreting services are available if needed. Use independent interpreters rather than the woman's family members or friends.

Update the woman's antenatal records with details of history, test results, examination findings, medicines and discussions.

Reassess the plan of care for the pregnancy.

Identify whether the woman needs additional care.

All discussions should support shared decision making and be tailored to the woman's needs, preferences and stage of pregnancy.

Also see NICE's recommendations on:

- [patient experience in adult NHS services](#)
- [shared decision making](#).

New or only at this appointment

Reassess the risk of pre-eclampsia and advise those at risk to take aspirin.

Also reassess the risks of fetal growth restriction if the woman agrees.

Start discussing with the woman:

- her birth preferences
- their implications
- their benefits and risks.

Consider using guidance by appropriate professional or national bodies, for example the:

- [Royal College of Obstetricians and Gynaecologists' guideline on investigation and management of the small-for-gestational-age fetus](#)
- [NHS England's Saving babies' lives care bundle version 2](#).

See NICE's recommendations on

- [planning place of birth \(for healthy women and babies\)](#)
- [planning mode of birth](#).

Update the history

Ask the woman about:

- her general health and wellbeing
- domestic abuse
- mental health
- any other concerns she would like to discuss – also ask her partner about this, if present.

Provide a safe environment for the discussion.

Continue discussions

Discuss and give information on:

- physical, emotional and relationship changes
- support between partners
- resources for expectant and new parents
- bonding with the baby and emotional attachment
- results of any tests from previous appointments.

16-week (14 to 18 weeks) appointment

Repeat examinations and investigations

If the appointment is face to face, offer:

- to take blood pressure using a device validated for use in pregnancy (**for urgent actions to take when a woman's blood pressure is very high [160/110 mmHg or more], see [managing complications and common problems](#)**)
- a urine dipstick test for proteinuria.

If the woman has had any hospital admission or significant health event since her last appointment, assess her risk of venous thromboembolism.

Offer additional or longer antenatal appointments if needed, depending on the woman's medical, social and emotional needs.

Be aware that closer monitoring may be needed for women and their babies from black, Asian and minority ethnic family origins, and those who live in deprived areas, because they are at an increased risk of adverse outcomes.

Also see [managing complications and common problems](#) for:

- heartburn
- high blood pressure (140/90 mmHg or more)
- nausea and vomiting
- pelvic girdle pain
- smoking
- unexplained vaginal bleeding.

Follow [NICE's recommendations on measuring blood pressure](#).

Consider using guidance by an appropriate professional body, for example, the [Royal College of Obstetricians and Gynaecologists' guideline on reducing the risk of venous thromboembolism during pregnancy](#).

See the [NICE guideline on antenatal care](#) for detailed recommendations on the topics in this section.

18+0 to 20+6 week scan appointment



Ensure that interpreting services are available if needed. Use independent interpreters rather than the woman's family members or friends.

Update the woman's antenatal records with details of history, test results, examination findings, medicines and discussions.

Only at this appointment

Perform an ultrasound scan to:

- screen for fetal anomalies
- determine placental location.

See the [NHS fetal anomaly screening programme](#).

If there are any unexpected results from examinations or investigations

- offer referral according to local pathways and
- provide information and support.

See the [NICE guideline on antenatal care](#) for detailed recommendations on the topics in this section.

25-week appointment (nulliparous women only)



Ensure that interpreting services are available if needed. Use independent interpreters rather than the woman's family members or friends.

Update the woman's antenatal records with details of history, test results, examination findings, medicines and discussions.

Reassess the pattern of care for the pregnancy.

Identify whether the woman needs additional care.

All discussions should support shared decision making and be tailored to the woman's needs, preferences and stage of pregnancy.

Also see NICE's recommendations on:

- [patient experience in adult NHS services](#)
- [shared decision making](#).

New at this appointment

Measure symphysis fundal height (SFH) in women with a singleton pregnancy unless the woman is having regular growth scans or SFH has been measured less than 2 weeks ago. Plot the measurement onto a growth chart. If there are concerns that SFH is either large or small for gestational age, see [managing complications and common problems](#) for more information.

Discuss the baby's movements with the woman. Ask her if she has any concerns. If she does, assess her and the baby.

Advise her to contact maternity services at any time of day or night if she:

- has any concerns about her baby's movements
- notices reduced fetal movements.

Start or continue discussing with the woman:

- her birth preferences
- their implications
- their benefits and risks.

Work in line with [NHS England's Saving babies' lives care bundle version 2](#).

See NICE's recommendations on

- [planning place of birth \(for healthy women and babies\)](#)
- [planning mode of birth](#).

Update the history

Ask the woman about:

- her general health and wellbeing
- domestic abuse
- mental health
- any other concerns she would like to discuss – also ask her partner about this, if present.

Provide a safe environment for the discussion.

25-week appointment (nulliparous women only)

Continue discussions

Discuss and give information on:

- physical, emotional and relationship changes
- support between partners
- resources for expectant and new parents
- bonding with the baby and emotional attachment
- results of any tests from previous appointments.

Repeat examinations and investigations

If the appointment is face to face, offer:

- to take blood pressure using a device validated for use in pregnancy (for urgent actions to take when a woman's blood pressure is very high [160/110 mmHg or more], see [managing complications and common problems](#))
- a urine dipstick test for proteinuria.

If the woman has had any hospital admission or significant health event since her last appointment, assess her risk of venous thromboembolism.

Offer additional or longer antenatal appointments if needed, depending on the woman's medical, social and emotional needs.

Be aware that closer monitoring may be needed for women and their babies from black, Asian and minority ethnic family origins, and those who live in deprived areas, because they are at an increased risk of adverse outcomes.

Also see [managing complications and common problems](#) for:

- heartburn
- high blood pressure (140/90 mmHg or more)
- nausea and vomiting
- pelvic girdle pain
- small or large baby for gestational age
- smoking
- unexplained vaginal bleeding.

Follow [NICE's recommendations on measuring blood pressure](#).

Consider using guidance by an appropriate professional body, for example, the [Royal College of Obstetricians and Gynaecologists' guideline on reducing the risk of venous thromboembolism during pregnancy](#).

See the [NICE guideline on antenatal care](#) for detailed recommendations on the topics in this section.

28-week appointment



Ensure that interpreting services are available if needed. Use independent interpreters rather than the woman's family or friends.

Update the woman's antenatal records with details of history, test results, examination findings, medicines and discussions.

Reassess the plan of care for the pregnancy.

Identify whether the woman needs additional care.

All discussions should support shared decision making and be tailored to the woman's needs, preferences and stage of pregnancy.

Also see NICE's recommendations on:

- [patient experience in adult NHS services](#)
- [shared decision making](#).

New or only at this appointment

Offer

- a blood test for full blood count, blood group and antibodies

- anti-D prophylaxis to rhesus-negative women.

Discuss and give information on:

- preparing for labour and birth
- recognising active labour
- the postnatal period, including:
 - caring for the new baby and feeding them
 - vitamin K prophylaxis
 - postnatal self-care (including pelvic floor exercises)
 - awareness of mood changes and postnatal mental health.

Advise the woman to avoid going to sleep on her back after 28 weeks of pregnancy. Discuss ways to maintain her position while sleeping. Explain that there may be a link between sleeping on one's back and stillbirth in late pregnancy (after 28 weeks).

The following is new for parous women (because they do not have an appointment at 25 weeks of pregnancy), and to be repeated for nulliparous women.

Measure symphysis fundal height (SFH) in women with a singleton pregnancy unless the woman is having regular growth scans or SFH has been measured less than 2 weeks ago. Plot the measurement onto a growth chart. If there are concerns that SFH is either large or small for gestational age, see [managing complications and common problems](#) for more information.

Discuss the baby's movements with the woman. Ask her if she has any concerns. If she does, assess her and the baby.

See NICE's recommendations on

- [routine antenatal anti-D prophylaxis for women who are rhesus D negative](#)
- [high-throughput non-invasive prenatal testing for fetal RHD genotype](#).

See [NICE's guideline on postnatal care](#).

Work in line with [NHS England's Saving babies' lives care bundle version 2](#).

28-week appointment

Advise her to contact maternity services at any time of day or night if she:

- has any concerns about her baby's movements
- notices reduced fetal movements.

Update the history

Ask the woman about:

- her general health and wellbeing
- domestic abuse
- mental health
- any other concerns she would like to discuss – also ask her partner about this, if present.

Provide a safe environment for the discussion.

Continue discussions

Discuss and give information on:

- physical, emotional and relationship changes
- support between partners
- resources for expectant and new parents
- bonding with the baby and emotional attachment
- results of any tests from previous appointments.

Repeat examinations and investigations

If the appointment is face to face, offer:

- to take blood pressure using a device validated for use in pregnancy (**for urgent actions to take when a woman's blood pressure is very high [160/110 mmHg or more], see [managing complications and common problems](#)**)
- a urine dipstick test for proteinuria.

If the woman has had any hospital admission or significant health event since her last appointment, assess her risk of venous thromboembolism.

Offer additional or longer antenatal appointments if needed, depending on the woman's medical, social and emotional needs.

Be aware that closer monitoring may be needed for women and their babies from black, Asian and minority ethnic family origins, and those who live in deprived areas, because they are at an increased risk of adverse outcomes.

Follow [NICE's recommendations on measuring blood pressure](#).

Consider using guidance by an appropriate professional body, for example, the [Royal College of Obstetricians and Gynaecologists' guideline on reducing the risk of venous thromboembolism during pregnancy](#).

28-week appointment

Also see [managing complications and common problems](#) for:

- heartburn
- high blood pressure (140/90 mmHg or more)
- nausea and vomiting
- pelvic girdle pain
- small or large baby for gestational age
- smoking
- unexplained vaginal bleeding.

See the [NICE guideline on antenatal care](#) for detailed recommendations on the topics in this section.

31-week appointment (nulliparous women only)



Ensure that interpreting services are available if needed. Use independent interpreters rather than the woman's family or friends.

Update the woman's antenatal records with details of history, test results, examination findings, medicines and discussions.

Reassess the plan of care for the pregnancy.

Identify whether the woman needs additional care.

All discussions should support shared decision making and be tailored to the woman's needs, preferences and stage of pregnancy.

Also see NICE's recommendations on:

- [patient experience in adult NHS services](#)
- [shared decision making](#).

Update the history

Ask the woman about:

- her general health and wellbeing
- domestic abuse
- mental health
- any other concerns she would like to discuss – also ask her partner about this, if present.

Provide a safe environment for the discussion.

Discuss the baby's movements with the woman. Ask her if she has any concerns. If she does, assess her and the baby.

Advise her to contact maternity services at any time of day or night if she:

- has any concerns about her baby's movements
- notices reduced fetal movements.

Continue discussions

Discuss and give information on:

- physical, emotional and relationship changes
- support between partners
- resources for expectant and new parents
- bonding with the baby and emotional attachment
- results of any tests from previous appointments.

Continue the discussions about preparing for labour and birth, recognising active labour, and the postnatal period. Confirm the woman's birth preferences, discussing the implications, benefits and risks of all options.

31-week appointment (nulliparous women only)

Repeat examinations and investigations

If the appointment is face to face, offer:

- To take blood pressure using a device validated for use in pregnancy. **For urgent actions to take when a woman's blood pressure is very high (160/110 mmHg or more), see [managing complications and common problems](#).**

Follow [NICE's recommendations on measuring blood pressure](#).

- A urine dipstick test for proteinuria.

- To measure symphysis fundal height (SFH) in women with a singleton pregnancy unless the woman is having regular growth scans or SFH has been measured less than 2 weeks ago. Plot the measurement onto a growth chart. If there are concerns that SFH is either large or small for gestational age, see [managing complications and common problems](#) for more information.

Work in line with [NHS England's Saving babies' lives care bundle version 2](#).

If the woman has had any hospital admission or significant health event since her last appointment, assess her risk of venous thromboembolism.

Consider using guidance by an appropriate professional body, for example, the [Royal College of Obstetricians and Gynaecologists' guideline on reducing the risk of venous thromboembolism during pregnancy](#).

Offer additional or longer antenatal appointments if needed, depending on the woman's medical, social and emotional needs.

Be aware that closer monitoring may be needed for women and their babies from black, Asian and minority ethnic family origins, and those who live in deprived areas, because they are at an increased risk of developing adverse outcomes.

Also see [managing complications and common problems](#) for:

- heartburn
- high blood pressure (140/90 mmHg or more)
- nausea and vomiting
- pelvic girdle pain
- small or large baby for gestational age
- smoking
- unexplained vaginal bleeding.

See the [NICE guideline on antenatal care](#) for detailed recommendations on the topics in this section.

34-week appointment



Ensure that interpreting services are available if needed. Use independent interpreters rather than the woman's family or friends.

Update the woman's antenatal records with details of history, test results, examination findings, medicines and discussions.

Reassess the plan of care for the pregnancy.

Identify whether the woman needs additional care.

All discussions should support shared decision making and be tailored to the woman's needs, preferences and stage of pregnancy.

Also see NICE's recommendations on:

- [patient experience in adult NHS services](#)
- [shared decision making](#).

Update the history

Ask the woman about:

- her general health and wellbeing
- domestic abuse
- mental health
- any other concerns she would like to discuss – also ask her partner about this, if present.

Provide a safe environment for the discussion.

Discuss the baby's movements with the woman. Ask her if she has any concerns. If she does, assess her and the baby.

Advise her to contact maternity services at any time of day or night if she:

- has any concerns about her baby's movements
- notices reduced fetal movements.

Continue discussions

Discuss and give information on:

- physical, emotional and relationship changes
- support between partners
- resources for expectant and new parents
- bonding with the baby and emotional attachment
- results of any tests from previous appointments.

Continue the discussions about preparing for labour and birth, recognising active labour, and the postnatal period. Confirm the woman's birth preferences, discussing the implications, benefits and risks of all options.

34-week appointment

Repeat examinations and investigations

If the appointment is face to face, offer:

- To take blood pressure using a device validated for use in pregnancy. **For urgent actions to take when a woman's blood pressure is very high (160/110 mmHg or more), see [managing complications and common problems](#).**

Follow [NICE's recommendations on measuring blood pressure](#).

- A urine dipstick test for proteinuria.

- To measure symphysis fundal height (SFH) in women with a singleton pregnancy unless the woman is having regular growth scans or SFH has been measured less than 2 weeks ago. Plot the measurement onto a growth chart. If there are concerns that SFH is either large or small for gestational age, see [managing complications and common problems](#) for more information.

Work in line with [NHS England's Saving babies' lives care bundle version 2](#).

If the woman has had any hospital admission or significant health event since her last appointment, assess her risk of venous thromboembolism.

Consider using guidance by an appropriate professional body, for example, the [Royal College of Obstetricians and Gynaecologists' guideline on reducing the risk of venous thromboembolism during pregnancy](#).

Offer additional or longer antenatal appointments if needed, depending on the woman's medical, social and emotional needs.

Be aware that closer monitoring may be needed for women and their babies from black, Asian and minority ethnic family origins, and those who live in deprived areas, because they are at an increased risk of adverse outcomes.

Also see [managing complications and common problems](#) for:

- heartburn
- high blood pressure (140/90 mmHg or more)
- nausea and vomiting
- pelvic girdle pain
- small or large baby for gestational age
- smoking
- unexplained vaginal bleeding.

See the [NICE guideline on antenatal care](#) for detailed recommendations on the topics in this section.

36-week appointment



Ensure that interpreting services are available if needed. Use independent interpreters rather than the woman's family or friends

Update the woman's antenatal records with details of history, test results, examination findings, medicines and discussions.

Reassess the plan of care for the pregnancy.

Identify whether the woman needs additional care.

All discussions should support shared decision making and be tailored to the woman's needs, preferences and stage of pregnancy.

Also see NICE's recommendations on:

- [patient experience in adult NHS services](#)
- [shared decision making](#).

New at this appointment

To identify possible breech presentation, offer abdominal palpation for women with a singleton pregnancy.

If you suspect breech presentation based on abdominal palpation, see [managing complications and common problems](#) for more information.

Update the history

Ask the woman about:

- her general health and wellbeing
- domestic abuse
- mental health
- any other concerns she would like to discuss – also ask her partner about this, if present.

Provide a safe environment for the discussion.

Discuss the baby's movements with the woman. Ask her if she has any concerns. If she does, assess her and the baby.

Advise her to contact maternity services at any time of day or night if she:

- has any concerns about her baby's movements
- notices reduced fetal movements.

Continue discussions

Discuss and give information on:

- physical, emotional and relationship changes
- support between partners
- resources for expectant and new parents
- bonding with the baby and emotional attachment
- results of any tests from previous appointments.

36-week appointment

Continue the discussions about preparing for labour and birth, recognising active labour, and the postnatal period. Confirm the woman's birth preferences, discussing the implications, benefits and risks of all options.

Repeat examinations and investigations

If the appointment is face to face, offer:

- To take blood pressure using a device validated for use in pregnancy. **For urgent actions to take when a woman's blood pressure is very high (160/110 mmHg or more), see [managing complications and common problems](#).**

Follow [NICE's recommendations on measuring blood pressure](#).

- A urine dipstick test for proteinuria.

- To measure symphysis fundal height (SFH) in women with a singleton pregnancy unless the woman is having regular growth scans or SFH has been measured less than 2 weeks ago. Plot the measurement onto a growth chart. If there are concerns that SFH is either large or small for gestational age, see [managing complications and common problems](#) for more information.

Work in line with [NHS England's Saving babies' lives care bundle version 2](#).

If the woman has had any hospital admission or significant health event since her last appointment, assess her risk of venous thromboembolism.

Consider using guidance by an appropriate professional body, for example, the [Royal College of Obstetricians and Gynaecologists' guideline on reducing the risk of venous thromboembolism during pregnancy](#).

Offer additional or longer antenatal appointments if needed, depending on the woman's medical, social and emotional needs.

Be aware that closer monitoring may be needed for women and their babies from black, Asian and minority ethnic family origins, and those who live in deprived areas, because they are at an increased risk of developing adverse outcomes.

Also see [managing complications and common problems](#) for:

- breech presentation
- heartburn
- high blood pressure (140/90 mmHg or more)
- nausea and vomiting
- pelvic girdle pain
- small or large baby for gestational age
- smoking
- unexplained vaginal bleeding.

See the [NICE guideline on antenatal care](#) for detailed recommendations on the topics in this section.

38-week appointment



Ensure that interpreting services are available if needed. Use independent interpreters rather than the woman's family or friends.

Update the woman's antenatal records with details of history, test results, examination findings, medicines and discussions.

Reassess the plan of care for the pregnancy.

Identify whether the woman needs additional care.

All discussions should support shared decision making and be tailored to the woman's needs, preferences and stage of pregnancy.

Also see NICE's recommendations on:

- [patient experience in adult NHS services](#)
- [shared decision making](#).

New at this appointment

Discuss prolonged pregnancy and options on how to manage this.

Work in line with [NICE guideline on inducing labour](#).

Update the history

Ask the woman about:

- her general health and wellbeing
- domestic abuse
- mental health
- any other concerns she would like to discuss – also ask her partner about this, if present.

Provide a safe environment for the discussion.

Discuss the baby's movements with the woman. Ask her if she has any concerns. If she does, assess her and the baby.

Advise her to contact maternity services at any time of day or night if she:

- has any concerns about her baby's movements
- notices reduced fetal movements.

Continue discussions

Discuss and give information on:

- physical, emotional and relationship changes
- support between partners
- resources for expectant and new parents
- bonding with the baby and emotional attachment
- results of any tests from previous appointments.

38-week appointment

Continue the discussions about preparing for labour and birth, recognising active labour, and the postnatal period. Confirm the woman's birth preferences, discussing the implications, benefits and risks of all options.

Repeat examinations and investigations

If the appointment is face to face, offer:

- To take blood pressure using a device validated for use in pregnancy. **For urgent actions to take when a woman's blood pressure is very high (160/110 mmHg or more), see [managing complications and common problems](#).**

Follow [NICE's recommendations on measuring blood pressure](#).

- A urine dipstick test for proteinuria.

- To measure symphysis fundal height (SFH) in women with a singleton pregnancy unless the woman is having regular growth scans or SFH has been measured less than 2 weeks ago. Plot the measurement onto a growth chart. If there are concerns that SFH is either large or small for gestational age, see [managing complications and common problems](#) for more information.

Work in line with [NHS England's Saving babies' lives care bundle version 2](#).

- To identify possible breech presentation via abdominal palpation, in women with a singleton pregnancy. If you suspect breech presentation based on abdominal palpation, see [managing complications and common problems](#) for more information.

If the woman has had any hospital admission or significant health event since her last appointment, assess her risk of venous thromboembolism.

Consider using guidance by an appropriate professional body, for example, the [Royal College of Obstetricians and Gynaecologists' guideline on reducing the risk of venous thromboembolism during pregnancy](#).

Offer additional or longer antenatal appointments if needed, depending on the woman's medical, social and emotional needs.

Be aware that closer monitoring may be needed for women and their babies from black, Asian and minority ethnic family origins, and those who live in deprived areas, because they are at an increased risk of developing adverse outcomes.

Also see [managing complications and common problems](#) for:

- breech presentation
- heartburn
- high blood pressure (140/90 mmHg or more)
- nausea and vomiting
- pelvic girdle pain
- small or large baby for gestational age
- smoking
- unexplained vaginal bleeding.

40-week appointment (nulliparous women only)



Ensure that interpreting services are available if needed. Use independent interpreters rather than the woman's family or friends.

Update the woman's antenatal records with details of history, test results, examination findings, medicines and discussions.

Reassess the pattern of care for the pregnancy.

Identify whether the woman needs additional care.

All discussions should support shared decision making and be tailored to the woman's needs, preferences and stage of pregnancy.

Also see NICE's recommendations on:

- [patient experience in adult NHS services](#)
- [shared decision making](#).

Update the history

Ask the woman about:

- her general health and wellbeing
- domestic abuse
- mental health
- any other concerns she would like to discuss – also ask her partner about this, if present.

Provide a safe environment for the discussion.

Discuss the baby's movements with the woman. Ask her if she has any concerns. If she does, assess her and the baby.

Advise her to contact maternity services at any time of day or night if she:

- has any concerns about her baby's movements
- notices reduced fetal movements.

Continue discussions

Discuss and give information on:

- physical, emotional and relationship changes
- support between partners
- resources for expectant and new parents
- bonding with the baby and emotional attachment
- results of any tests from previous appointments.

Continue the discussions about preparing for labour and birth, recognising active labour, and the postnatal period. Confirm the woman's birth preferences, discussing the implications, benefits and risks of all options.

Discuss prolonged pregnancy and options on how to manage this.

Work in line with [NICE guideline on inducing labour](#).

40-week appointment (nulliparous women only)

Repeat examinations and investigations

If the appointment is face to face, offer:

- To take blood pressure using a device validated for use in pregnancy. **For urgent actions to take when a woman's blood pressure is very high (160/110 mmHg or more), see [managing complications and common problems](#).**

Follow [NICE's recommendations on measuring blood pressure](#).

- A urine dipstick test for proteinuria.

- To measure symphysis fundal height (SFH) in women with a singleton pregnancy unless the woman is having regular growth scans or SFH has been measured less than 2 weeks ago. Plot the measurement onto a growth chart. If there are concerns that SFH is either large or small for gestational age, see [managing complications and common problems](#) for more information.

Work in line with [NHS England's Saving babies' lives care bundle version 2](#).

- To identify possible breech presentation via abdominal palpation, in women with a singleton pregnancy. If you suspect breech presentation based on abdominal palpation, see [managing complications and common problems](#) for more information.

If the woman has had any hospital admission or significant health event since her last appointment, assess her risk of venous thromboembolism.

Consider using guidance by an appropriate professional body, for example, the [Royal College of Obstetricians and Gynaecologists' guideline on reducing the risk of venous thromboembolism during pregnancy](#).

Be aware that closer monitoring may be needed for women and their babies from black, Asian and minority ethnic family origins, and those who live in deprived areas, because they are at an increased risk of adverse outcomes.

Also see [managing complications and common problems](#) for:

- breech presentation
- heartburn
- high blood pressure (140/90 mmHg or more)
- nausea and vomiting
- pelvic girdle pain
- small or large baby for gestational age
- smoking
- unexplained vaginal bleeding.

See the [NICE guideline on antenatal care](#) for detailed recommendations on the topics in this section.

41-week appointment – for women who have not yet given birth



Ensure that interpreting services are available if needed. Use independent interpreters rather than the woman's family or friends.

Update the woman's antenatal records with details of history, test results, examination findings, medicines and discussions.

Reassess the plan of care for the pregnancy.

Identify whether the woman needs additional care.

All discussions should support shared decision making and be tailored to the woman's needs, preferences and stage of pregnancy.

Also see NICE's recommendations on:

- [patient experience in adult NHS services](#)
- [shared decision making](#).

Update the history

Ask the woman about:

- her general health and wellbeing
- domestic abuse
- mental health
- any other concerns she would like to discuss – also ask her partner about this, if present.

Provide a safe environment for the discussion.

Discuss the baby's movements with the woman. Ask her if she has any concerns. If she does, assess her and the baby.

Advise her to contact maternity services at any time of day or night if she:

- has any concerns about her baby's movements
- notices reduced fetal movements.

Continue discussions

Discuss and give information on:

- physical, emotional and relationship changes
- support between partners
- resources for expectant and new parents
- bonding with the baby and emotional attachment
- results of any tests from previous appointments.

Continue the discussions about preparing for labour and birth, recognising active labour, and the postnatal period. Confirm the woman's birth preferences, discussing the implications, benefits and risks of all options.

41-week appointment – for women who have not yet given birth

Discuss prolonged pregnancy and options on how to manage this.

Repeat examinations and investigations

If the appointment is face to face, offer:

- To take blood pressure using a device validated for use in pregnancy. **For urgent actions to take when a woman's blood pressure is very high (160/110 mmHg or more), see [managing complications and common problems](#).**

Follow [NICE's recommendations on measuring blood pressure](#).

- A urine dipstick test for proteinuria.

- To measure symphysis fundal height (SFH) in women with a singleton pregnancy, unless the woman is having regular growth scans or SFH has been measured less than 2 weeks ago. Plot the measurement onto a growth chart. If there are concerns that the SFH is either large or small for gestational age, see [managing complications and common problems](#) for more information.

Work in line with [NHS England's Saving babies' lives care bundle version 2](#).

- To identify possible breech presentation via abdominal palpation, in women with a singleton pregnancy. If you suspect breech presentation based on abdominal palpation, see [managing complications and common problems](#) for more information.

If the woman has had any hospital admission or significant health event since her last appointment, assess her risk of venous thromboembolism.

Consider using guidance by an appropriate professional body, for example, the [Royal College of Obstetricians and Gynaecologists' guideline on reducing the risk of venous thromboembolism during pregnancy](#).

Be aware that closer monitoring may be needed for women and their babies from black, Asian and minority ethnic family origins, and those who live in deprived areas, because they are at an increased risk of adverse outcomes.

Also see [managing complications and common problems](#) for:

- breech presentation
- heartburn
- high blood pressure (140/90 mmHg or more)
- nausea and vomiting
- pelvic girdle pain
- small or large baby for gestational age
- smoking
- unexplained vaginal bleeding.

See the [NICE guideline on antenatal care](#) for detailed recommendations on the topics in this section.

Managing complications and common problems



Breech presentation

If you suspect a breech presentation based on abdominal palpation, perform an ultrasound scan to determine the presentation.

If breech presentation is confirmed, discuss the different options and their benefits, risks and implications, including:

- external cephalic version (turning the baby so it is head down)
- breech vaginal birth
- elective caesarean birth.

For women who prefer a head-down vaginal birth, offer external cephalic version.

For women considering a caesarean birth, see the NICE recommendations on

- [caesarean birth](#) and
- [intrapartum care for women with obstetric complications](#).

Heartburn

Give dietary and lifestyle advice.

Consider a trial of an antacid or alginate.

High blood pressure

Urgently refer women with blood pressure of 160/110 mmHg or higher to secondary care to be seen on the same day. Determine referral urgency based on an overall clinical assessment.

For women with a blood pressure of 140/90 mmHg or higher:

- If it is a first episode of hypertension after 20+0 weeks of pregnancy, refer the woman to secondary care to be seen within 24 hours.
- For women under 20+0 weeks, follow [NICE's recommendations on managing chronic hypertension in pregnancy](#).

Nausea and vomiting

Recognise that by the time women seek advice from healthcare professionals about nausea and vomiting, they may have already tried several interventions.

Also see recommendations on breech presentation in the NICE guidelines on

- [caesarean birth](#)
- [intrapartum care for women with existing medical conditions or obstetric complications and their babies](#).

Work in line with [recommendations on common elements of care in NICE's guideline on gastro-oesophageal reflux disease and dyspepsia in adults](#).

Also see the NICE guideline on hypertension in adults for recommendations on:

- [diagnosing hypertension](#)
- [managing chronic hypertension in pregnancy](#).

Managing complications and common problems

When considering pharmacological treatment, offer an antiemetic and discuss the advantages and disadvantages of different antiemetics. Take into account the woman's:

- preferences
- experience with treatments in previous pregnancies (if applicable).

For shared decision-making support, see [table 1 in the NICE guideline on antenatal care](#).

Mild to moderate nausea and vomiting

Reassure women that mild to moderate nausea and vomiting are common in pregnancy, and likely to resolve before 16 to 20 weeks.

Suggest ginger as a non-pharmacological treatment for mild to moderate nausea and vomiting.

Moderate to severe nausea and vomiting

Consider:

- intravenous fluids (ideally on an outpatient basis)
- acupressure.

Consider inpatient care if vomiting is:

- severe and
- not responding to primary care or outpatient management.

This includes women with hyperemesis gravidarum.

Pelvic girdle pain

Consider referral to physiotherapy services for exercise advice or a non-rigid lumbopelvic belt, or both.

Small or large symphysis fundal height for gestational age

If there are concerns that, for gestational age, symphysis fundal height (SFH) is

- large: consider an ultrasound scan for fetal growth and wellbeing.
- small: offer an ultrasound scan for fetal growth and wellbeing. Use additional clinical findings to decide on the urgency of the scan (for example, reduced fetal movements or raised maternal blood pressure).

See also the NICE guidelines on:

- [smoking: stopping in pregnancy and after childbirth](#)
- [smokeless tobacco: South Asian communities](#).

Smoking

If the woman or her partner smokes or has stopped smoking within the last 2 weeks, offer a referral to NHS Stop Smoking Services.

Managing complications and common problems

Unexplained vaginal bleeding after 13 weeks

Offer anti-D immunoglobulin if the woman is rhesus D-negative and at risk of isoimmunisation.

Refer the woman to secondary care for a review.

Assess whether to admit the woman to hospital. Take into account:

- the extent of vaginal bleeding
- risk of placental abruption or preterm delivery
- her ability to attend secondary care in an emergency.

If the placental site is not known, offer to carry out placental localisation by ultrasound.

Consider discussing the increased risk of preterm birth with the woman.

See the [NICE guideline on antenatal care](#) for detailed recommendations on the topics in this section.