ANTENATAL CARE

SUBSEQUENT ANTENATAL VISITS

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KEY POINTS

1. The CMP midwife does not routinely attend the hospital appointments.

2. All clients must consent to an USS in pregnancy, to exclude fetal anomalies and confirm placental location.

3. All clients must consent to **one** FBP and blood group/antibody screen. This must occur between 28 - 34 weeks gestation.

4. Clients must be informed of the risks associated with declining routine screening tests in pregnancy which must be documented in PHR.

SCHEDULE OF ROUTINE ANTENATAL APPOINTMENTS WITH THE CMP AND THE SUPPORT HOSPITAL*

1. 12-16 weeks	Initial appointment/booking (Home visit)	1.5 hours
2. 18-21 weeks	Ultrasound scan (phone call)	30 minutes
3. 25 and 28 weeks	Clinic appointment	30 minutes
4. 31 weeks	Support hospital appointment*	
5. 34 weeks	Clinic appointment	45 minutes
6. 36 weeks	Home visit	1 Hour
7. 38 weeks	Clinic appointment	45 minutes
8. 40 weeks	Clinic appointment	45 minutes
9. 41 weeks	Clinic Appointment	45 minutes

20-25 Weeks Gestation

- Discuss and review results of anatomy scan, record findings in PHR and make a plan of management if deviations from the normal are detected. Consider if early consultation/referral is required.
- Ensure all maternal blood results are available and recorded in the PHR – consult/refer to support hospital if any are abnormal.
- Discuss and provide the client with information on Anti D prophylaxis if Rhesus negative.
- Advise the client regarding the process for obtaining order/blood tests (see CMP guidelines regarding Anti D administration).
- Discuss and recommend Full Blood Picture (FBP) and Gestational Diabetes (GDM) screening at 28 weeks. Provide the client with the information pamphlet on GDM ('Screening for Gestation Diabetes'): the client is to sign the GDM agreement form in PHR. Provide instructions to the client on how to obtain a pathology request form if they wish the screening to be performed (refer to CMP guideline GDM screening in pregnancy).
- Ensure the referral to support hospital has been sent.

28-31 Weeks Gestation

- Ensure all of above has been completed.
- Discuss and review FBP and GDM screening results – consult/refer to the support hospital if either are abnormal.
- Discuss and sign the TOC 2.
- Review the group/antibody blood results. If the patient is Rhesus negative administer Anti-D prophylaxis at 28 and 34 weeks, providing maternal consent has been obtained (See Clinical Guideline Rh(D) Immunoglobulin Administration).
- Discuss Group B Streptococcus (GBS) screening. Provide the CMP client information pamphlet – 'Screening for Group B Streptococcus in Pregnancy'. If the client agrees, refer her for screening between 35-37 weeks. The Client is to sign and date the 'Informed Choice Agreement' in PHR.

34-36 weeks gestation - suggested support/team midwife visit if not already attended to.

- Discuss and sign the TOC 3
- Measure and record weight at 34 weeks gestation. If ≥ 100kg measure and record weight fortnightly thereafter to ensure client remains within the criteria for home birth.
- Refer to obstetrician if BMI >40 or weight >110kg. NB: if the client does not have

adult scales these appointments will need to be conducted in clinic.

- If the client has a breech presentation at 34-35 weeks gestation, refer for obstetric medical review prior to 36 weeks gestation.

- Discuss water birth with those women considering water immersion during labour and birth and provide the Women and Newborn Health Network pamphlet, 'Labour and/or Birth Using Water'. [8] Client to sign water birth agreement form in PHR.

- Ensure the client has attended a booking appointment with her support hospital.If birth at home is intended and deviations occurred during the pregnancy requiring consultation/referral, ensure the client has written confirmation of clearance for homebirth by the support hospital obstetrician.

- Discuss management of the 3rd stage. Provide the CMP client information pamphlet - 'The Birth of My Placenta' and review all records and document any evidence of increased risk factors for PPH, making appropriate recommendations and referrals where appropriate. Client must sign the agreement form in the PHR.

- Revisit birth plan and discuss requests. Ensure appropriate childcare arrangements have been made.

- Check that all equipment for homebirth/water birth is being arranged and offer advice as required – discuss items already prepared/required. If a birth pool is being utilised, discuss appropriate placement in order to ensure the midwife can easily access all side of the birth pool. Ensure the family understand how to inflate, fill and empty the pool – if they are unclear refer them to the supplier.

- Reassess the home environment to identify any new safety risks and confirm continued suitability for home birth. If new safety risks are identified at this stage, consult with the CMP manager.

- Discuss schedule of postnatal care and child health nurse visits following discharge from the CMP at approximately 14 days postnatal.

- Discuss the early signs of labour and when to call a midwife.

- Discuss if the client wishes to keep the placenta, if so provide the information sheet and ensure the client signs the WA Health 'Authorisation and Release of Human Tissue and Explanted Medical Device Consent Form' in the birth book (CMP MR 08).

- Complete and record a second EPDS assessment.

- Recommend GBS screening at 36 weeks.

- Discuss and recommend a full blood picture at 36 weeks.

37-39 weeks

- Review and record FBP results, consult/refer to support hospital if results are abnormal.
- Review and record GBS results, document the agreed management plan agreed upon if culture results are positive (refer to CMP guideline 8.2.8 regarding obtaining IV antibiotics).
- Confirm arrangements for support during labour and birth, including care of children.
- Meet the support people to discuss their role and client/midwife expectations during labour and birth.
- Discuss the signs of labour and suggested coping strategies during the first stage of labour, including when to call the midwife.
- If birth at home is intended and deviations occurred during the pregnancy requiring consultation/referral, ensure the client has written confirmation of clearance for homebirth by the support hospital obstetrician.

Increase Surveillance for Women Age 40 years or over and Booked at KEMH / FBC[17]

- All women who are age 40 years or over require increase surveillance from 38 weeks gestation.
    - At 38 weeks gestation these women require a twice weekly CTG and one ultrasound scan.
    - At 39 weeks gestation they require twice weekly CTG.
    - At 40 weeks gestation they require a CTG ultrasound scan and a discussion regarding induction of labour.
    - Induction of labour is recommended from 40-41 weeks gestation

40 weeks

- Review scan reports and ensure accuracy of EDB.
- Discuss prolonged pregnancy and options. Provide and discuss the CMP pamphlet 'My baby is overdue – what now?'
- If birth at home is intended and deviations occurred during the pregnancy requiring consultation/referral, ensure the client has written confirmation of clearance for homebirth by the support hospital obstetrician.

41 weeks

- Ensure client has read and understands the CMP pamphlet 'My baby is overdue – what now?'
- Discuss the support hospital's policy on post maturity.
- Refer for a biophysical profile as per support hospital policy.

- Discuss and offer ‘stretch and sweep’, record bishop score and discuss induction of labour (IOL).
- Advise home birth is no longer an option with the CMP from 42 weeks (term + 14 completed days).

On or Before Term + 14 days

- Ensure all of above has been completed.
- Advise that home birth is **no longer an option with the CMP after term +14 completed days**. Recommend IOL, plan for hospital birth.
- Ensure the client and her support partner have read and understand the information provided in the CMP pamphlet ‘My baby is overdue – what now?’
- Offer repeat ‘stretch and sweep’.
- Arrange immediate referral back to support hospital obstetrician if plan of management is not already in place.
- Following obstetric consultation make plans for birth in hospital.

REFERENCES / STANDARDs

1. Dept of Health and Ageing, NHMRC, Clinical Practice Guidelines, Antenatal care – Module 1, 2012
2. OD 0482 / 13 WA Health Policy for publicly funded Home Births including guidance for consumers, health professionals and health services
3. ACMI, Consultation and referral guidelines, 2013
4. OD 0417 / 13 Statewide Clinical Guidelines for Women requesting Immersion in Water for Labour and / or Birth
5. Laopaiboon M et al on behalf of the WHO Multicountry Survey on Matgernal Newborn Health Research Network. 2014
6. Gordon A, Raynes- Greenow C.,McGeechan K, Morris J, Jeffery H. Risk factors for antepartum stillbirth and the influence of maternal age in New South wales: a population based study. **BMC Pregnancy Childbirth.** 2013.16;13:12.doi:10.1186/1471-2393-13-12.
7. Mert Ozan Bahtiyar et al. Stillbirth at Term in Women of Advnace Maternal Age in the United States: When Could the Antenatal testing Be Initiated? **American Journal of Perinatology.**25;5: 301-304

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
4 Medication Safety
Legislation - Nil
Related Guidelines / Policies – Antenatal care: The Initial Visit
Other related documents – Midwifery care when a Client Makes a Decision that Is Incompatible with the CMP
Midwifery Standard of Practice

RESPONSIBILITY	
Policy Sponsor	Nursing & Midwifery Director OGCCU
Initial Endorsement	2008
Last Reviewed	January 2016
Last Amended	
Review date	January 2019

Do not keep printed versions of guidelines as currency of information cannot be guaranteed.
Access the current version from the WNHS website.