

Pregnancy Care Schedule

During your pregnancy you will be offered regular appointments with your Midwife, or GP Obstetrician. At our practice the GP Obstetrician works collaboratively with the midwife and as a team they can assist you with your pregnancy.

The Midwife and GP Obstetrician will check that you and your baby are well, give you support and information about your pregnancy to help you make informed choices. How often these happen varies from woman to woman, and the frequency may need to be adjusted if your circumstances change during the pregnancy.

After each of your appointments, it is important that you know when your next one is, where it will take place and who it is with.

The following table offers a basic guideline of who you will see, when and what will occur. The final decision as to who you choose to see stays with the patient.

Week	Dr/Midwife		Appointment
1 st visit	GP	<ul style="list-style-type: none"> • Measure BP, Urine, weight and height, BMI • Request form for antenatal serology. • Request form for Dating Scan or • First trimester screen counselling/ ultrasound form. • If over 12 weeks give pregnancy health record and ask them to fill out name and address. • Model of care at WWC discussed (give pink folder and bounty bag. 	
14 weeks	Midwife	<ul style="list-style-type: none"> • Discuss results of above tests. • Discuss maternal serum screening (if first trimester screen not done). • Discuss pregnancy health record – purple book – EPDS. • Discuss 18-20 Ultrasound scan and request form given. 	
20+ weeks	GP	<ul style="list-style-type: none"> • Antenatal examination – BP, urine, weight, abdominal palpation and fetal heart auscultated. • Discuss past medical/obstetric history. 	
24	Midwife	<ul style="list-style-type: none"> • Antenatal examination – BP, urine, weight, abdominal palpation and fetal heart auscultated. • Complete pregnancy health record. • Maternal counselling including tobacco/alcohol/drug. • Infant feeding discussed and referral to lactation midwife if wishes (Discuss benefits of breastfeeding) • Request form for 26 – 28 week bloods – Full blood count, Rhesus Antibody blood screen and Diabetes screen for all women. 	
28	Midwife	<ul style="list-style-type: none"> • Antenatal examination – BP, urine, weight, abdominal palpation and fetal heart auscultated. • Discuss blood results. • 1st dose of Anti D for Rhesus negative women. 	
30*	Midwife	<ul style="list-style-type: none"> • Antenatal examination – BP, urine, weight, abdominal palpation and fetal heart auscultated. 	
32	Midwife	<ul style="list-style-type: none"> • Antenatal examination – BP, urine, weight, abdominal palpation and fetal heart auscultated. • Repeat EPDS. 	
34	GP	<ul style="list-style-type: none"> • Antenatal examination – BP, urine, weight, abdominal palpation and fetal heart auscultated. 	
36	Midwife	<ul style="list-style-type: none"> • Antenatal examination – BP, urine, weight, abdominal palpation and fetal heart auscultated. • Request form for Group B Streptococcus Screen, full blood count and Ferritin levels. 	
37*	Midwife	<ul style="list-style-type: none"> • Antenatal examination – BP, urine, weight, abdominal palpation and fetal heart auscultated. • Discuss blood results. 	

38	Midwife	<ul style="list-style-type: none"> • Antenatal examination – BP, urine, weight, abdominal palpation and fetal heart auscultated. • Discuss signs of labour and when to come to hospital. 	
39*	GP	<ul style="list-style-type: none"> • Antenatal examination – BP, urine, weight, abdominal palpation and fetal heart auscultated. 	
40	Midwife/Dr	<ul style="list-style-type: none"> • Antenatal examination – BP, urine, weight, abdominal palpation and fetal heart auscultated. 	
41	Midwife/Dr	<ul style="list-style-type: none"> • Antenatal examination – BP, urine, weight, abdominal palpation and fetal heart auscultated. • Arrange for CTG for fetal wellbeing. • Offer induction of labour at Term + 10-12 i.e 42 weeks. 	