

# INFORMATION SHEET



## Pregnancy Checklist

Below includes a list of suggested topics you should discuss with your GP/ health professional during your pregnancy and following birth

<input type="checkbox"/>	<a href="#">Models of antenatal care</a> - public hospital based, midwife clinics, GP antenatal shared care, midwifery group practice, private obstetrician
<input type="checkbox"/>	Contact relevant hospital to arrange first hospital “booking in” appointment ASAP. This visit should be scheduled for when you are ~ 12-14 weeks pregnant. <i>RPA Women and Babies</i> <a href="https://www.slhd.nsw.gov.au/RPA/WomenAndBabies/default.html">https://www.slhd.nsw.gov.au/RPA/WomenAndBabies/default.html</a> <i>Canterbury Hospital</i> ph. 9787 0250 <a href="https://www.slhd.nsw.gov.au/canterbury/maternity.html">https://www.slhd.nsw.gov.au/canterbury/maternity.html</a>
<input type="checkbox"/>	Course of action if noticing symptoms of bleeding or pain. If stable, referral to Early Pregnancy Assessment Clinic (EPAS)
<input type="checkbox"/>	Advice regarding pregnancy nutrition and lifestyle - balanced diet, recommended supplements including folic acid and iodine, suggested exercise, recommended weight gain
<input type="checkbox"/>	Advice about ceasing harmful habits - smoking, alcohol, other drugs
<input type="checkbox"/>	Screening for social and emotional wellbeing as well as support networks. Depression is a common and significant complication both during and after the baby is born
<input type="checkbox"/>	Concerns regarding personal or family history of a hereditary and/or genetic condition, previous adverse pregnancy outcome
<input type="checkbox"/>	Assessment of any current medical / health conditions and medication check (if applicable)
<input type="checkbox"/>	Review potential workplace exposures or risks
<input type="checkbox"/>	Attend cervical screen (if due)
<input type="checkbox"/>	Attend recommended routine antenatal blood and urine tests
<input type="checkbox"/>	Complete baseline assessments including blood pressure, weight, body mass index (BMI)
<input type="checkbox"/>	Assessment of risk for gestational diabetes (GDM) and arrange screening early in pregnancy if at high risk
<input type="checkbox"/>	Discuss prenatal screening options including combined first trimester screening (cFTS) and non- invasive prenatal testing (NIPT). These tests give an estimate of your risk of having a baby with a chromosomal abnormality. cFTS can be done between 11-13 <sup>+6</sup> weeks of pregnancy. NIPT from 10 weeks onwards. These tests do not give a definite answer about the health of your baby. Further tests may be recommended.
<input type="checkbox"/>	Recommend influenza vaccination regardless of your stage of pregnancy
<input type="checkbox"/>	18-20 weeks: Morphology scan/ultrasound to check baby’s well-being, size and development
<input type="checkbox"/>	Follow-up visit to review results regarding blood tests, prenatal screening and ultrasound. Don’t assume that that everything is fine if you haven’t been contacted

<input type="checkbox"/>	Antenatal visits to monitor maternal and baby's well-being. These are generally attended per following schedule – every 4 weeks 12-30 weeks, then every 2 weeks 30-37 weeks, then weekly 38-40 weeks. Follow-up at 41 weeks if you have not yet delivered.
<input type="checkbox"/>	Discuss maternal awareness of fetal movements at each antenatal visit. Immediately contact relevant maternity hospital if you notice any change in the pattern of your baby movements.
<input type="checkbox"/>	Start talking about breastfeeding. Any fears or concerns that you may have are best addressed early so that you can deal with them before you are breastfeeding your baby
<input type="checkbox"/>	Contact relevant hospital Parent Education services to arrange classes and/or hospital tour
<input type="checkbox"/>	20-32 weeks: Recommend pertussis 'whooping cough' vaccination
<input type="checkbox"/>	26-29 weeks: Routine screening for gestational diabetes (unless already diagnosed with GDM)
<input type="checkbox"/>	Discuss management/treatment if you are Rhesus negative blood group. If you have any vaginal bleeding, contact the hospital ASAP
<input type="checkbox"/>	35-37 weeks: Genital swab for Group B Streptococcus (GBS)
<input type="checkbox"/>	36-37 <sup>+6</sup> weeks: Ultrasound to check baby's well-being, presentation and placental position
<input type="checkbox"/>	Consider labour and birth plans. Ensure you have contact details for relevant hospital delivery ward/unit
<input type="checkbox"/>	Postnatal: Attend newborn check (2 & 6 weeks) with documentation in baby "blue book"; attend maternal check (6 weeks) including social and emotional wellbeing screening

**NB: This is intended as a guide only developed by the SLHD/CESPHN ANSC GP Program. You may wish to discuss additional information with your GP/health professional.**

## Notes

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