

ANTENATAL SCHEDULE OF VISITS FOR RHW DURING COVID-19 PANDEMIC

FOR CLINICIAN USE ONLY

6-12 weeks	GP	<p>Normal protocol with screening bloods, MSU & prenatal screening for aneuploidy.</p> <p>Give morphology referral Early Glucose Tolerance Test for women at high risk of Gestational Diabetes (GDM) from 12 – 14 weeks Give Flu vaccination.</p> <p>Urgent review by obstetrician and or medical physician is required if any of the following:</p> <p>Significant medical condition (e.g.Type1 or Type 2DM, Hypertension, renal or liver disease, autoimmune disease, medical immuno-compromise), past IUGR, past pre-eclampsia, past pre-term birth, past stillbirth/neonatal death, abnormal antenatal screening test result.</p> <p style="color: red;">FAX REFERRAL, PATHOLOGY AND ULTRASOUND RESULTS (9382 6118)</p> <p style="color: blue;">ASK WOMAN TO ACCESS RHW WEBSITE TO MAKE ONLINE SUBMISSION FOR BOOKING APPOINTMENT.</p>
14-16 weeks	RHW- Telehealth	Hospital Booking Review results
20-21 weeks	GP (Face to Face)	Review morphology scan results and give paper copy to woman Boostrix & Flu Vaccination, if not given Provide request form for 26 week blood test
22 weeks	RHW (Face to Face)	Antenatal visit Psychosocial and Domestic Violence screening.
26-27 weeks	Blood test	2 hour 75mg OGTT, FBC, (Ferritin only if at risk for anaemia), Blood Group and Antibody Screen
28 weeks	GP (Face to Face)	Check results & give paper copies Boostrix & Flu Vaccination, if not given
30 - 31 weeks	RHW (Face to Face)	Administer ANTI-D Specifically discuss fetal movements Promote early postnatal discharge
33-34 weeks	GP (Face to Face)	Antenatal visit
36 weeks	RHW (Face to Face)	Administer ANTI-D LVS, (FBC only if risk factors for anaemia) Bedside scan for presentation LSCS booked/RFA / Letter & chlorhexidine (where applicable)
38 weeks	GP (Face to Face)	Discuss postnatal supports
39 – 41 weeks Weekly visits	RHW (Face to Face)	Offer vaginal examination/sweep @ 40 weeks & IOL to be booked
Postnatal 6 - 8 weeks	GP (Face to Face)	Mother and baby