

## ROUTINE ANTENATAL CLINIC:

Offer all women preconception services with the relevant risk stratification. Any high risk client (refer to OB flow guide): MUST have consultant input..... If uncertain CONSULT anyway. Decision to refer to high risk clinic for future follow-up should be made in consultation with consultant and patient should be booked to HRC on Setmore.

TRIMESTER	ACTIVITY	INTERVENTION
<b>Preconception</b>	<ul style="list-style-type: none"> <li>✓ Counsel on fertility days, conception and cervical cancer screening</li> <li>✓ Education on pregnancy confirmation and red flags</li> </ul>	Risk stratification: <ul style="list-style-type: none"> <li>✓ High: Consult</li> <li>✓ Low: start on folic acid 5mg twice weekly</li> <li>✓ Cervical CA screen if without contraindication</li> </ul>
<b>First trimester</b> <b>0 – 12 weeks</b>  1 <sup>st</sup> visit ~8 weeks	<ul style="list-style-type: none"> <li>✓ Confirm pregnancy viability and dates: 1<sup>st</sup> trimester US preferably at 6- 8 wks (see dating chart)</li> <li>✓ Do routine ANC profile (Hb, blood group, HIV, Hep B, RBS, VDRL, UA)</li> <li>✓ Clinical TB screen</li> <li>✓ Baseline BMI</li> <li>✓ Routine evaluation including vital signs and general exam, heart and lung exam</li> <li>✓ Risk stratification and schedule return date at 20 weeks, if routine</li> </ul>	<ul style="list-style-type: none"> <li>✓ Start on ferrous/folic acid (200/0.4mg) supplementation</li> <li>✓ Education on risk reduction, safe pregnancy &amp; danger signs</li> <li>✓ TT1 if primagravid</li> <li>✓ Cervical CA screen if without contraindications</li> <li>✓ If previous scar and VBAC candidate, start risk/benefit discussion</li> </ul>
<b>Second trimester</b> <b>13 - 26 weeks</b>  2 <sup>nd</sup> visit 20 weeks 3 <sup>rd</sup> visit 26 weeks	<ul style="list-style-type: none"> <li>✓ Routine evaluation (VS and general exam, abdominal exam, FHR and FH)</li> <li>✓ Fetal anomaly scan at 18-20 wks</li> <li>✓ OGTT between 24-28 wks</li> <li>✓ Risk stratification and schedule return date</li> <li>✓ ICT and anti-D at 28weeks if RH negative</li> </ul>	<ul style="list-style-type: none"> <li>✓ Action the birth plan preparation check list</li> <li>✓ TT</li> <li>✓ Mebendazole 500mg STAT prophylaxis</li> <li>✓ Continue with ferrous and folic acid supplementation</li> <li>✓ Educate on risk reduction, safe pregnancy, danger signs, family planning and active NHIF status.</li> <li>✓ Continue VBAC discussion</li> </ul>
<b>Third trimester</b> <b>27 – 40 weeks</b>  4 <sup>th</sup> visit 30 weeks 5 <sup>th</sup> visit 34 weeks 6 <sup>th</sup> visit 36 weeks 7 <sup>th</sup> visit 38 weeks	<ul style="list-style-type: none"> <li>✓ Routine evaluation (vital signs and general exam, abdominal exam, FHR, FH and CEFW)</li> <li>✓ Educate on labor and delivery options</li> <li>✓ US scan for size and presentation at 36 weeks</li> </ul>	<ul style="list-style-type: none"> <li>✓ Appraise the birth plan</li> <li>✓ Start counselling on Family planning</li> <li>✓ Educate on risk reduction, safe pregnancy, danger signs, family planning and active NHIF status</li> </ul>

8 <sup>th</sup> visit 40 weeks	<ul style="list-style-type: none"> <li>✓ HIV and Hb at 34 weeks</li> <li>✓ Review EFW (clinical or US) on growth charts</li> </ul>	<ul style="list-style-type: none"> <li>✓ Finalize VBAC discussion</li> </ul>
40+ weeks	<ul style="list-style-type: none"> <li>✓ Routine evaluation and risk stratification: consult MO or consultant before discharge</li> <li>✓ Educate on labor and delivery</li> <li>✓ Offer a cervical sweep</li> <li>✓ CTG if clinically indicated (any danger signs or signs of labor)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Target induction by 41wks + 3days</li> <li>✓ Educate on risk reduction, safe pregnancy, danger signs, family planning and active NHIF status</li> </ul>

### ROUTINE POSTNATAL VISIT

Ideally all women should be accorded routine postnatal services with the relevant risk stratification and intervention. Any high risk client (refer to OB flow guide): MUST have consultant input.... if uncertain CONSULT anyway....

POST DELIVERY	ACTIVITY
Week 1	<ul style="list-style-type: none"> <li>✓ Refer to the IPD notes in case there's an area of focus for the review</li> <li>✓ Routine evaluation for the mother and the baby – vital signs, general, breasts, heart/lungs/abdomen, extremities, perineum as indicated</li> <li>✓ Continue family planning discussion</li> <li>✓ Educate on baby vaccine schedule and danger signs</li> <li>✓ Confirm acceptable healing and coping process</li> <li>✓ Reinforce on recommended nutrition for both baby and mother</li> <li>✓ Reinforce on routine care of the baby (breast feeding, cord care, burping, skin care)</li> <li>✓ Screen for post-partum depression with PHQ-2 and intervene if needed.</li> </ul>
Week 2	<ul style="list-style-type: none"> <li>✓ All of the above</li> <li>✓ Discuss Family Planning.</li> </ul>
Week 6	<ul style="list-style-type: none"> <li>✓ All of the above, discharge the mother and transition the baby to; well-baby clinic.</li> <li>✓ Ensure the mother is on family planning.</li> <li>✓ Explore cervical CA screen once more if need be.</li> </ul>