



# Canberra Fetal Assessment Centre

## Antenatal Care Checklist

Additional appointments may be required according to individual need. Please discuss any questions or concerns you have during your antenatal, labour or post-natal period with your care providers.

Visit	Activity	Notes
<b>First visit</b> Preferably before 12 weeks Usually done by GP	<input type="checkbox"/> Discuss/order/perform routine investigations and genetic counselling <b>Bloods</b> - group and antibodies, FBC, Vitamin D, syphilis, hepatitis B&C, rubella, HIV and urine dipsticks/MSU <b>Antenatal screening</b> - Nuchal Translucency + bloods at week 11-13+6, NIPT Diagnostic morphology 18-20 weeks <input type="checkbox"/> Offer pap smear if due <input type="checkbox"/> Discuss normal breast changes/examination <input type="checkbox"/> Send hospital referral. Note interest in birth centre care if applicable <input type="checkbox"/> Discuss folate and iodine supplementaion	
<b>12-18 Week Midwife Booking in Visit</b>	<input type="checkbox"/> Confirm expected date of birth <input type="checkbox"/> Discuss preferred model of care <input type="checkbox"/> Commence smoking/alcohol cessation counselling <input type="checkbox"/> EDS (EPDS) <input type="checkbox"/> Discuss recommended weight gain/nutrition & PPSA tool <input type="checkbox"/> Discuss reasons to breast feed <input type="checkbox"/> Offer antenatal classes <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	
<b>20 Week Visit</b>	<input type="checkbox"/> Discuss Anti D prophylaxis <input type="checkbox"/> Review Bloods/scan results <input type="checkbox"/> Discuss skin to skin contact <input type="checkbox"/> Discuss initiation of breast feeding/baby led feeding <input type="checkbox"/> Discuss positioning and attachment of baby	<input type="checkbox"/> Fetal Morphology <input type="checkbox"/> Book GTT <input type="checkbox"/> Information about fetal movements
<b>Subsequent Visits</b> A minimum of every 4 weeks until 28 weeks	<input type="checkbox"/> Discuss benefits of rooming-in (baby/mother staying together) <input type="checkbox"/> Discuss exercise and rest <input type="checkbox"/> Week 26-28: Obtain GCT/FBC/Antibodies (GGT when indicated) <input type="checkbox"/> Review Blood results <input type="checkbox"/> Week 28: Provide first dose of Anti D if applicable	<input type="checkbox"/> GTT
<b>30-32 Week Visit with Midwife</b>	<input type="checkbox"/> Discuss birth preferences <input type="checkbox"/> Discuss discharge planning including post-natal supports <input type="checkbox"/> Discuss exclusive breast feeding for 6 months <input type="checkbox"/> Whooping cough vaccine	
<b>34 Week Visit</b>	<input type="checkbox"/> Week 34: Provide second dose of Anti D if applicable <input type="checkbox"/> Discuss expressing breast milk and safe storage <input type="checkbox"/> Review EDS (EPDS) - If required	
<b>36 Week Visit</b> Then as clinically indicated every 1-2 weeks until 41 weeks	<input type="checkbox"/> Discuss signs of early labour, when to come to hospital <input type="checkbox"/> Book elective caesarean section (if applicable) <input type="checkbox"/> Review Blood results <input type="checkbox"/> Review breastfeeding information	<input type="checkbox"/> GBS vaginal swabs
<b>41 Week Hospital Visit</b>	<input type="checkbox"/> Discuss induction of labour for week 40+10-14 days <input type="checkbox"/> Monitoring if indicated as per current fetal surveillance guidelines	